



Division of Medical Services
Program Planning & Development

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TO: Arkansas Medicaid Health Care Providers – ElderChoices
DATE: October 1, 2008
SUBJECT: ElderChoices Update #96

Table with 4 columns: REMOVE Section, REMOVE Date, INSERT Section, INSERT Date. Rows include 211.000, 213.100, 213.110, 213.800, and 262.100 with their respective update dates.

Explanation of Updates

211.000 is included to change the name of Adult Foster Care to Adult Family Homes.
213.100 is included to change the name of Adult Foster Care to Adult Family Homes and to provide information about Adult Family Homes.
213.110 is included to change the name of Adult Foster Care to Adult Family Homes throughout the section.
213.800 is included to change the name of Adult Foster Care to Adult Family Homes and to add the statement that an individual receiving Adult Family Homes services cannot receive other waiver services.
262.100 is included to change Adult Foster Care to Adult Family Homes and to add modifiers for the different levels of care.
Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.
If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-8323 (Local); 1-800-482-5850, extension 2-8323 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).
If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

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Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website:
www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

TOC required**211.000****Scope****10-1-08**

The Arkansas Medical Assistance (Medicaid) Program offers certain home and community-based outpatient services as an alternative to nursing home placement. These services are available to individuals aged 65 years or older who require an intermediate level of care in a nursing facility. The community-based services offered through the ElderChoices Home and Community-Based 2176 Waiver, described herein as ElderChoices, are as follows:

- A. Adult **Family Homes**
- B. Homemaker Services
- C. Chore Services
- D. Home-Delivered Meals
- E. Personal Emergency Response System
- F. Adult Day Care
- G. Adult Day Health Care
- H. Respite Care
- I. Adult Companion Services

These services are designed to maintain Medicaid eligible persons at home in order to preclude or postpone institutionalization of the individual.

In accordance with 42 CFR 441.301(b)(1)(ii) ElderChoices services may not be provided to inpatients of nursing facilities, hospitals or other inpatient institutions.

213.100**Adult **Family Homes******10-1-08**

Procedure Code	Modifier	Description
S5140	U1	Adult Family Homes Level A
S5140	U2	Adult Family Homes Level B
S5140	U3	Adult Family Homes Level C

Adult **Family Homes** provide a family living environment **for adults** who are functionally impaired and who, due to the severity of their functional impairments, are considered to be at imminent risk of death or serious bodily harm and, as a consequence, are not capable of fully independent living.

There are three (3) different reimbursement rates for Adult Family Homes based on the Level of Care required for the individual participant. Level of Care is indicated by using a modifier with CPT Code **S5140**.

The number of participants served by an Adult Family Home may not exceed three (3) and participants must be unrelated to the adult family home provider. Immediate family members or

caregivers residing in the adult family home with the waiver participant are prohibited from receiving Medicaid reimbursement for direct provision of any ElderChoices services.

Adult Family Homes add a dimension of family living to the provision of supportive services such as:

- A. Bathing
- B. Dressing
- C. Grooming
- D. Care for occasional incontinence (bowel/bladder)
- E. Assistance with eating
- F. Enhancement of skills and independence in daily living
- G. Transportation to allow access to the community

Services are provided in a home-like setting. The provider must include the participant in the life of the family as much as possible. The provider must assist the participant in becoming or remaining active in the community.

Services must be provided according to the participant's written ElderChoices plan of care.

One (1) unit of service equals one (1) day. Adult Family Homes are limited to a maximum of thirty-one (31) units per month. Room and board costs are not included as a part of this service. Service payments are for the provision of daily living care to the participant.

For any given year of the ElderChoices waiver, Adult Family Homes shall charge waiver residents no more than 90.8% of the current Individual SSI Benefit amount rounded to the nearest dollar for room and board. For any given year of the ElderChoices waiver, ElderChoices waiver participants shall receive 9% of the current Individual SSI Benefit amount rounded to the nearest dollar for personal needs allowance.

The waiver eligible person will cover the cost of room and board in the Adult Family Home, and Medicaid will cover the cost of waiver services provided to the waiver eligible person. The personal needs allowance is adequate to meet the other expenses of the waiver eligible person in the Adult Family Home and exceeds the personal needs allowance for recipients in long term care facilities.

PARTICIPANTS RECEIVING ADULT FAMILY HOMES SERVICES ARE NOT ELIGIBLE TO RECEIVE ANY OTHER ELDERCHOICES SERVICE.

213.110 Adult Family Homes Certification Requirements

10-1-08

Enrollment as an ElderChoices Adult Family Homes provider requires certification by the Department of Human Services, Division of Aging and Adult Services, as an Adult Family Home.

An Adult Family Home, for the purpose of the ElderChoices Program, does not include any house, institution, hotel or other similar living situation that supplies room and board only, room only, or board only.

As a condition of certification, each Adult Family Homes provider shall execute with and provide to each client an admission agreement specifying services to be provided, the client's cost for room and board, conditions and rules governing the client and grounds for termination of

residency. Each Adult **Family Homes** provider will also be required to develop and maintain written program policies.

213.800 Adult Companion Services

10-1-08

Procedure Code	Required Modifier	Description
S5135	U1	Adult Companion Services

Adult companion services include non-medical care, supervision and socialization services provided to a functionally impaired adult. Companions may assist or supervise the individual with such tasks as meal preparation, laundry and shopping, but do not perform these activities as discrete services. The provision of companion services does not entail hands-on nursing care. Providers may also perform light housekeeping tasks which are incidental to the care and supervision of the individual. This service is provided in accordance with a therapeutic goal in the plan of care, and is not diversionary in nature. When required and in accordance with a therapeutic goal in the plan of care, a companion who meets state standards for providing assistance with bathing, eating, dressing and personal hygiene may provide these services when they are essential to the health and welfare of the individual and in the absence of the individual's family. Companion services must be furnished outside the timeframe of other waiver services and state plan personal care. An individual receiving Adult **Family Homes services cannot receive waiver adult companion services or any other waiver services.**

Services must be provided according to the participant's written ElderChoices plan of care.

Providers of Adult Companion Services must bill procedure code **S5135 and the required modifier U1**. One (1) unit of service for procedure code **S5135** equals 15 minutes. Eligible participants may receive up to 4800 units (1200 hours) per SFY of Adult Companion Services, In-Home Respite, Facility Based Respite Care or any combination of the three.

262.100 HCPCS Procedure Codes

10-1-08

The following procedure codes must be billed for ElderChoices Services.

Electronic and paper claims now require the same National Place of Service code.

Procedure Code	Modifiers	Description	Unit of Service	National POS for Claims
S5100		Adult Day Care, 6 to 8 hours per date of service	15 min	99
S5100	U1	Adult Day Care, 4 or 5 hours per date of service	15 min	99
S5100	TD	Adult Day Health Care, 6 to 8 hours per date of service	15 min	99
S5100	TD, U1	Adult Day Health Care, 4 or 5 hours per date of service	15 min	99
S5120		Chore Services	15 min	12
S5130		Homemaker Services	15 min	12

Procedure Code	Modifiers	Description	Unit of Service	National POS for Claims
S5135		Respite Care – Short-Term Facility-Based	15 min	99, 21, 32
S5140	Level A – U1 Level B – U2 Level C – U3	Adult Family Homes	1 day	99
S5150		Respite Care – In-Home	15 min	12
S5160		Personal Emergency Response System – Installation	One installation	12
S5161	UA	Personal Emergency Response System	1 day	12
S5170		Frozen Home-Delivered Meal	1 meal	12
S5170	U1	Emergency Home Delivered Meals	1 meal	12
S5170	U2	Home-Delivered Meals	1 meal	12
T1005		Respite Care – Long-Term Facility-Based	15 min	21, 32, 99
S5135	U1	Adult Companion Services	15 min	12