



**Division of Medical Services  
Program Planning & Development**

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**TO:** Arkansas Medicaid Health Care Providers – Independent Choices  
**DATE:** August 1, 2009  
**SUBJECT:** Provider Manual Update Transmittal #11

<u>REMOVE</u>		<u>INSERT</u>	
Section	Date	Section	Date
200.200	4-1-08	200.200	8-1-09

**Explanation of Updates**

Section 200.200 is revised to remove the sentence “The participant may live in a single family home of the personal assistant regardless of whether or not the personal assistant is a relative.” This has been determined incorrect by the Centers for Medicare and Medicaid Services (CMS).

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.

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](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director

*TOC not required*

## 200.200

## Eligibility

8-1-09

To be eligible for IndependentChoices, a participant must:

- A. Be 18 years of age or older
- B. Be eligible for Medicaid, as determined by the DHS Division of County Operations, in a category that covers personal care, or be eligible for Supplemental Security Income (SSI) through the Social Security Administration, or be eligible for ElderChoices and determined in need of Adult Companion Services or personal care by the DAAS Registered Nurse (RN)
- C. Be receiving personal assistant services or be medically eligible to receive personal assistant services. Personal assistant services include state plan personal care or ElderChoices adult companion services.
  1. **Personal Care:** In determining eligibility and level of need for personal care, IndependentChoices follows policy found in the Arkansas Medicaid Personal Care Provider Manual.
  2. **Adult Companion Services:** The ElderChoices RN must determine and authorize adult companion services based on ElderChoices policy.
- D. Not be living in a home or property owned, operated or controlled by a provider of services unless the provider is related by blood or marriage to the participant. This includes **single family homes**, group homes, adult family homes, congregate settings, a living situation sponsored or staffed by an agency provider, etc.
- E. Be willing to participate in IndependentChoices and understand the rights, risks and responsibilities of managing his or her own care with an allowance; or, if unable to make decisions independently, have a willing representative decision-maker who understands the rights, risks and responsibilities of managing the care of the participant with an allowance.