



# Arkansas Department of Health and Human Services

## Division of Medical Services



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**TO:** Arkansas Medicaid Health Care Providers – Alternatives for Adults with Physical Disabilities Waiver

**DATE:** December 26, 2006

**SUBJECT:** PROPOSED - Provider Manual Update Transmittal #31

**REMOVE**

<b>Section</b>	<b>Date</b>
201.000	10-13-03

**INSERT**

<b>Section</b>	<b>Date</b>
201.000	12-26-05

**Explanation of Updates**

Section 201.000 has been revised to add an additional requirement for Division of Aging and Adult Services certification of attendant care providers. Attendant care provider certification is contingent upon participation in the financial management services process as required by federal guidelines for consumer-directed programs. All requirements for Medicaid provider participation are included in this section.

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) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

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

**SECTION II - ALTERNATIVES FOR ADULTS WITH PHYSICAL DISABILITIES WAIVER**

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<b>200.000</b>	<b>ALTERNATIVES FOR ADULTS WITH PHYSICAL DISABILITIES WAIVER GENERAL INFORMATION</b>	<b>10-13-03</b>
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<b>201.000</b>	<b>Arkansas Medicaid <b>Enrollment</b> Requirements for Alternatives for Adults with Physical Disabilities (Alternatives Waiver)</b>	<b>12-26-05</b>
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Provider participation in the Arkansas Medicaid Alternatives for Adults with Physical Disabilities Waiver Program (Alternatives Waiver) requires the following:

- A. Providers of Alternatives Waiver attendant care and environmental accessibility/adaptation services must be certified by the Division of Aging & Adult Services (DAAS) as having met all CMS approved provider criteria for the service(s) to be provided.
  1. It is the responsibility of all providers of Alternatives Waiver services to maintain current Division of Aging and Adult Services (DAAS) certification to avoid loss of provider eligibility. Required materials must be submitted to the Division of Aging and Adult Services. [View or print the Division of Aging and Adult Services contact information.](#)
  2. Effective December 26, 2005, DAAS certification of attendant care providers is contingent upon participation in the financial management services process as required by federal guidelines for consumer-directed programs. Participation in the financial management services process does not change the procedure for filing claims. Claims will continue to be submitted to EDS and are processed by EDS. Prior to payment the fiscal intermediary deducts appropriate withholdings and mails the Medicaid payment to the provider.
- B. Providers must complete a provider application (form DMS-652) a Medicaid contract, (form DMS-653) and a Request for Taxpayer Identification Number and Certification (W-9) for submission to the Arkansas Medicaid Program. [View or print a provider application \(Form DMS-652\), Medicaid contract \(Form DMS-653\) and Request for Taxpayer Identification Number and Certification \(Form W-9\).](#)
  1. A copy of the current DAAS certification, licensure, etc., must accompany the provider application and Medicaid contract.
    - a. Subsequent renewals of certification must be forwarded to Provider Enrollment within 30 days of issuance. [View or print DMS Provider Enrollment Unit contact information.](#)
    - b. If the renewal document(s) have not been received within thirty (30) days, the provider will have an additional, and final, thirty (30) days to comply.
  2. Enrollment as a Medicaid provider is conditioned upon approval of a completed provider application and the execution of a Medicaid Provider Agreement.
  3. Persons and entities that are excluded or debarred under any state or federal law, regulation or rule, are not eligible to enroll, or to remain enroll, as Medicaid providers.