



Arkansas Department of Human Services

Division of Medical Services

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TO: Arkansas Medicaid Health Providers - ElderChoices Services

DATE: March 31, 2004

SUBJECT: Provider Manual Update Transmittal No. 43

REMOVE

Section	Date
213.210 – 213.220	10-13-03
213.600	10-13-03
213.710 – 213.711	10-13-03
262.100	10-13-03

INSERT

Section	Date
213.210 – 213.220	10-13-03
213.600	10-13-03
213.710 – 213.711	10-13-03
262.100	10-13-03

Explanation of Updates

The purpose of this update is to correct errors that occurred as a result of the implementation of HIPAA.

Section 213.210 is included to explain that the unit of service for homemaker services changed from 1 hour to 15 minutes. The monthly service limitation is changed from 43 units to 172 units.

Section 213.220 is included to explain that the unit of service for chore services changed from 1 hour to 15 minutes. The maximum number of units per month has changed from 20 units to 80 units.

Section 213.600 is included to change service unit limitations per week to 160 units and per month to 736 units for adult day health care. The unit size change to 15 minutes necessitated the weekly and monthly increases.

Section 213.710 is included to change the unit size for in-home respite care from 1 hour to 15 minutes not to exceed 2,400 per state fiscal year (July 1 – June 30).

Section 213.711 is included to change the unit size from 1 hour to 15 minutes for facility-based respite care providers that provide 8 hours or less service per date of service. The maximum units per day equals 32 units. The unit size for facility-based respite care providers that provide 24 hours of service per date of service also changed to 15 minutes which changed the maximum number of units per state fiscal year to 2,400 units.

Section 262.100 is included to make the unit size changes described above.

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.

Thank you for your participation in the Arkansas Medicaid Program.

Roy Jeffus, Director

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.

213.210 Homemaker Services**10-13-03**

National Code	Local Code	Local Code Description
S5130	Z1689	Homemaker Services

In-home services are designed to reduce or prevent inappropriate institutionalization by maintaining, strengthening or restoring an eligible client's functioning in his or her own home.

Homemaker services provide basic upkeep and management of the home and household assistance, such as:

- A. Menu planning;
- B. Meal preparation;
- C. Laundry;
- D. Essential shopping and errands and
- E. Simple household tasks.

Simple household tasks may include, but are not limited to, washing windows, cleaning ceiling fans and light fixtures, cleaning the refrigerator and washing inside walls.

Medically oriented personal care tasks are not included as a part of this service.

Homemaker services must be provided according to the client's written plan of care and must be prescribed by the client's attending physician.

A brief description of the service(s) provided, including the signature and title of the individual rendering the service, must be documented in the client's case record. See Section 214.000 for additional documentation requirements.

One (1) unit of service equals **15 minutes**. Homemaker services are limited to a maximum of **172** units per month.

An ElderChoices client who spends more than five (5) hours at an adult day care, adult day health care facility or is receiving short-term facility-based respite care will not be eligible for homemaker services on the same date of service unless authorized by the DHS RN.

An ElderChoices client receiving long-term facility-based respite care is not eligible for homemaker services on the same date of service.

213.220 Chore Services**10-13-03**

National Code	Local Code	Local Code Description
S5120	Z1709	Chore Services

Chore services provide heavy cleaning and/or yard and sidewalk maintenance only in extreme, specific and individual circumstances when lack of these services would make the home uninhabitable.

Chore services do not include small outside painting jobs, routine lawn mowing or trimming, raking or mulching of leaves for aesthetic purposes.

Chore services must be provided according to the client's written plan of care and must be prescribed by the client's attending physician.

When justified and included on the Plan of Care by the ElderChoices RN, the chore service must be specific naming the chore authorized and the estimated amount of time for completion.

A brief description of the service(s) provided, including the signature and title of the individual rendering the service, must be documented in the client's case record. Family members of the client may not be reimbursed by Medicaid for chore services. Family members are not eligible for consideration as chore specialists. Section 214.000 contains information regarding additional documentation requirements.

One (1) unit of service equals 15 minutes. Chore services are limited to a maximum of 80 units per month.

An ElderChoices client who spends more than five (5) hours at an adult day care, adult day health care facility or is receiving short-term facility-based respite care will not be eligible for chore services on the same date of service unless authorized by the DHS RN.

An ElderChoices client receiving long-term facility-based respite care is not eligible for chore services on the same date of service.

213.600 Adult Day Health Care (ADHC)**10-13-03**

National Code	Required Modifier	Local Code	Local Code Description
S5100	TD, U1	Z2270	Adult Day Health Care, 4-5 Hours Per Date of Service
S5100	TD	Z1703	Adult Day Health Care, 6-8 Hours Per Date of Service

Adult day health care facilities are licensed to provide a continuing, organized program of rehabilitative, therapeutic and supportive health and social services and activities to individuals who are functionally impaired and who, due to the severity of their functional impairment, are not capable of fully independent living.

Adult day health care programs provide rehabilitative and health services directed toward meeting the health restoration and maintenance needs of the client that cannot be provided by adult day care programs. ADHC is appropriate only for individuals whose facility developed care plans specify one or more of the following health services:

- A. Rehabilitative therapies (e.g., physical therapy, occupational therapy);
- B. Pharmaceutical supervision;
- C. Diagnostic evaluation or
- D. Health monitoring.

When prescribed by the client's attending physician and provided according to the client's written plan of care, ElderChoices clients may receive adult day health care services for four (4) or more hours per day not to exceed eight (8) hours per day. Adult day health care services of less than four (4) hours per day are not reimbursable by Medicaid. Adult day health care may be utilized up to forty (40) hours (160 units) per week, not to exceed one hundred eighty-four (184) hours (736 units) per month.

As required, clients who are present in the facility for more than five (5) hours a day **S5100 TD (Z1703)** must be served a nutritious meal that equals one-third of the Recommended Daily Allowance. Therefore, ElderChoices clients are not eligible to receive a home-delivered meal on the same day they receive more than five (5) hours of adult day health care. Additionally, clients who attend an adult day health care for more than five (5) hours are not eligible to receive homemaker or chore services on the same date of service unless authorized by the DHS RN.

Adult day health care providers are required by licensure to maintain a daily attendance log of participants. See Section 214.000 for additional documentation requirements.

NOTE: As stated in this manual, home-delivered meals may not be provided on the same day for an individual who attends Adult Day Care, Adult Day Health Care, or facility-based respite care for more than 5 hours. When applying this policy, the time of day the client is receiving day care or respite services is also a factor. The time of day services are received will be considered when considering duplication in services and the intent of both services to those participating in the ElderChoices Program.

When considering whether a Home-Delivered meal is billable for an individual receiving day care or facility-based respite services on a specific date of service, the following must be considered.

If an ElderChoices client is receiving day care or facility-based respite between the hours of 11:00 a.m. and 1:30 p.m., and the noon meal is routinely served to others at the facility during this timeframe, the noon meal must also be served to the individual. A home-delivered meal is not allowable on the same date of service. **This is true regardless of the total number of day care or respite hours provided.**

213.710 In-Home Respite Care**10-13-03**

In-Home Respite care may be provided by licensed personal care or home health agencies and certified homemaker agencies. Reimbursement will be made for direct care rendered according to the client's plan of care by trained respite workers employed and supervised by certified in-home respite providers.

Providers rendering respite care services in the client's home must bill procedure code **S5150 (Z1885)**. One (1) unit of service for procedure code **S5150 (Z1885)** equals **15 minutes**. Eligible clients may receive up to 96 units of in-home respite care per date of service, not to exceed **2,400** units per SFY. This benefit limit is separate from the benefit limit established for facility-based respite care services.

When respite care is provided, the provision of or payment for other duplicate services under the waiver is prohibited. When a respite care provider is in the home to provide respite care services they are responsible for all other in-home ElderChoices services included on the client's plan of care. For example, if homemaker, chore and/or home-delivered meals (meal preparation) are included on the plan of care, the respite provider must provide these services while in the home. No other ElderChoices service, other than PERS, may be reimbursed for the same time period. This policy does not prohibit other ElderChoices services on the same date of service as respite care.

213.711 Facility-Based Respite Care**10-13-03**

Facility-based respite care may be provided outside the client's home on a short or long-term basis by licensed adult foster care homes, residential care facilities, nursing facilities, adult day care facilities, adult day health care facilities and hospitals.

Facility-based providers rendering services for eight (8) hours or less per date of service must bill **S5135 (Z1878)** for short-term facility-based respite care. One (1) unit of service for procedure code **S5135 (Z1878)** equals **15 minutes**. Eligible clients may receive up to **32** units of short-term facility-based respite care per date of service.

Facility-based providers rendering services for twenty-four (24) hours per date of service must bill **T1005 (Z1704)** for long-term facility-based respite care. One (1) unit of service for procedure code **T1005 (Z1704)** equals **15 minutes**. Providers must render **provide 96** units of service per date of service in order to bill procedure code **T1005 (Z1704)**.

The benefit limit for facility-based respite care services is **2,400** units occurring from July 1 to June 30 of any state fiscal year. This benefit limit is inclusive of procedure codes **S5135 (Z1878)**, **T1005 (Z1704)** or any combination of the two. Facility-based respite care services include short-term and long-term respite care services.

Clients receiving long-term facility-based respite care services may only receive ElderChoices PERS services concurrently.

Please refer to the NOTE found in Section 213.500 regarding Home-Delivered Meals and facility-based respite services.

262.100 HCPCS Procedure Codes

10-13-03

The following procedure codes must be billed for ElderChoices Services:

National Code	Required Modifier	Local Code	Local Code Description	Unit of Service	POS for Paper Claims	POS for Electronic Claims
S5140	—	Z1688	Adult Foster Care	1 day	0	99
S5130	—	Z1689	Homemaker Services	15 min	4	12
S5170	U2	Z1700	Home-Delivered Meals	1 meal	4	12
S5161	22	Z1701	Personal Emergency Response System	1 day	4	12
S5100	—	Z1702	Adult Day Care 6 to 8 hours per date of service	15 min	5	52
S5100	TD	Z1703	Adult Day Health Care 6 to 8 hours per date of service	15 min	5	52
T1005	—	Z1704	Respite Care - Long-term Facility-Based	15 min	1 or 7	21 or 33
S5120	—	Z1709	Chore Services	15 min	4	12
S5135	—	Z1878	Respite Care - Short-term Facility-Based	15 min	5, 1, 7	52, 21, 33
S5150	—	Z1885	Respite Care - In-Home	15 min	4	12
S5100	TD, U1	Z2270	Adult Day Health Care 4 or 5 hours per date of service	15 min	5	52
S5100	U1	Z2271	Adult Day Care 4 or 5 hours per date of service	15 min	5	52
S5170	U1	Z2282	Emergency Home Delivered Meals	1 meal	4	12

S5160	—	Z2283	Personal Emergency Response System - Installation	1 installation	4	12
S5170	—	Z2547	Frozen Home- Delivered Meal	1 meal	4	12

NOTE: Where both a national code and a local code (“Z code”) are available, the local code can be used only for dates of service through October 15, 2003; the national code must be used for both electronic and paper claims for dates of service after October 15, 2003. Where only a local code is available, it can be used indefinitely, but it can be billed only on a paper claim. Where only a national code is available, it can be used indefinitely for both electronic and paper claims.