ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services

Program Development & Quality Assurance

P.O. Box 1437, Slot S-295 · Little Rock, AR 72203-1437
501-682-8368 · Fax: 501-682-2480

TO: **Arkansas Medicaid Health Care Providers – ElderChoices Home and Community-Based 2176 Waiver**

DATE: **July 1, 2011**

SUBJECT: **Provider Manual Update Transmittal #ELDER-3-10**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
212.410	7-15-09	212.410	7-1-11

Explanation of Updates

Section 212.410 is updated to revise policy regarding ElderChoices services provided on the date of admission to an inpatient facility.

The paper version of this update transmittal includes revised pages that may be filed 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 have questions regarding this transmittal, please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-0593 (Local); 1-800-482-5850, extension 2-0593 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

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.

Eugene I. Gessow, Director

TOC not required

212.410 Institutionalization 7-1-11

An individual cannot receive ElderChoices waiver services while in an institution. However, the following policy will apply to any inpatient stay where Medicaid pays the facility for the date of admission, i.e. hospitals, nursing homes, rehab facilities, etc., for active waiver cases when the individual is hospitalized or enters a nursing facility.

A. Hospitalization

When a waiver beneficiary enters a hospital, the DHS county office will not take action to close the waiver case unless the beneficiary does not return home within 30 days from the date of admission. If the beneficiary has not returned home after 30 days, the DHS RN will notify the county office via form DHS-3330 and action will be initiated by the county office to close the waiver case. **It is the responsibility of the provider to notify the DHS RN immediately via form AAS-9511 upon learning of a change in the beneficiary's status.**

NOTE: The Arkansas Medicaid Program considers an individual an inpatient beginning with the date of admission to an inpatient facility. Therefore, payment to the inpatient facility begins on the date of admission. Payment to the inpatient facility does not include the date of discharge.

Payment for ElderChoices services may be allowed for the date of a beneficiary's admission to an inpatient facility if the provider can provide verification that services were provided before the beneficiary was admitted. In order for payment to be allowed, providers are responsible for obtaining the following:

- **Copies of claim forms or timesheets listing the times that services were provided**
- **A statement from the inpatient facility showing the time that the beneficiary was admitted**

This information must be submitted to DAAS within 10 working days of receiving a request for verification.

If providers are unable to provide proof that ElderChoices services were provided before the beneficiary was admitted to the inpatient facility, then payments will be subject to recoupment. ElderChoices services provided on the same day the beneficiary is discharged from the inpatient facility are billable when provided according to policy and after the beneficiary was discharged.

B. Nursing Facility Admission

When an ElderChoices beneficiary has entered a nursing facility and it is anticipated that the stay will be short, the waiver case will be closed effective the date of admission, but the Medicaid case may be left open until the DHS county office is notified that the individual has returned home. When the individual returns home, the ElderChoices case may be reopened effective the date of the return home if the DHS RN has provided the DHS county office with a copy of Page 2 of the plan of care, showing the election of ElderChoices. A new assessment and medical eligibility determination will not be required unless the last review was completed more than 6 months prior to the beneficiary's admission to the facility.

NOTE: Nursing facility admissions, when referenced in this section, do not include ElderChoices beneficiaries admitted to a nursing facility to receive facility-based respite services.

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

DATE: **July 1, 2011**

SUBJECT: **Provider Manual Update Transmittal #APDWVR-2-10**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
212.300	7-15-09	212.300	7-1-11

Explanation of Updates

Section 212.300 is updated to revise policy regarding attendant care services provided on the day of admission to an inpatient facility.

The paper version of this update transmittal includes revised pages that may be filed 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 have questions regarding this transmittal, please contact the HP Enterprise Services 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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Thank you for your participation in the Arkansas Medicaid Program.

Eugene I. Gessow, Director

TOC not required

212.300 Temporary Absences From the Home 7-1-11

Once an application has been approved, waiver services must be provided in order for eligibility to continue. Unless stated otherwise below, the county Department of Human Services (DHS) office must be notified immediately by the DAAS RN/Counselor when waiver services are discontinued and action will be initiated by the DHS county office to close the waiver case.

A. Absence from the Home – Institutionalization

An individual cannot receive waiver services while in an institution. The following policy applies to any inpatient stay where Medicaid pays the facility for the date of admission, i.e. hospitals, nursing homes, rehab facilities, etc., for active waiver cases when the participant is hospitalized or enters a nursing facility for an expected stay of short duration.

1. When a waiver beneficiary is admitted to a hospital, the DHS county office will not take action to close the waiver case, unless the beneficiary does not return home within 30 days from the date of admission. If, after 30 days, the beneficiary has not returned home, the DAAS RN/Counselor will notify the DHS county office via form DHS-3330 and action will be initiated by the DHS county office to close the waiver case.
2. If the DHS county office becomes aware that a participant has been admitted to a nursing facility and it is anticipated that the stay will be short (30 days or less), the waiver case will be closed effective the date of admission, but the Medicaid case will be left open. When the participant returns home, the waiver case may be reopened effective the date the participant returns home.

NOTE: The Arkansas Medicaid Program considers an individual an inpatient of a facility beginning with the date of admission. Therefore, payment to the inpatient facility begins on the date of admission. Payment to the inpatient facility does not include the date of discharge.

Payment for attendant care services may be allowed for the date of a beneficiary's admission to an inpatient facility if the provider can provide verification that services were provided before the beneficiary was admitted. In order for payment to be allowed, providers are responsible for obtaining the following:

- **Copies of claim forms or timesheets listing the times that attendant care was provided**
- **A statement from the inpatient facility showing the time that the beneficiary was admitted**

This information must be submitted to DAAS within 10 working days of receiving a request for verification.

If providers are unable to provide proof that attendant care services were provided before the beneficiary was admitted to the inpatient facility, then payments will be subject to recoupment. Attendant care services provided on the same day the beneficiary is discharged from the inpatient facility are billable when they are provided according to policy and after the beneficiary was discharged.

When a waiver participant is absent from the home for reasons other than institutionalization, the DHS county office will not be notified unless the participant does not return home within 30 days. If, after 30 days, the participant has not returned home and the

providers can no longer deliver services as prescribed by the plan of care (e.g., the participant has left the state and the return date is unknown), the DAAS RN/Counselor will notify the DHS county office. Action will be taken by the DHS county office to close the waiver case. No alternatives services are covered during a participant's absence.