Attachment 3.1 - K

State Plan Under Title XIX of the Social Security Act

ARKANSAS:

Arkansas Community First Choice State Plan Program

# CFCO SERVICE DEFINITIONS

| CFCO Required Services | |
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| Arkansas has chosen to allow providers to become certified as an Attendant Services and Supports provider or as a Supported Living provider, or become certified in a combined certification category by obtaining required credentials and training in both categories. Supported Living is focused on the acquisition, maintenance, and enhancement of skills necessary to accomplish ADLS, IADLS, whereas Attendant Services and Supports is focused more on actual performance of ADLs, IADLs and health related tasks. However, some individuals need both and it is not always possible to draw a sharp line between Supported Living and Attendant Services and Supports in such cases. For instance, an adult may need assistance with taking a bath and dressing due to developmental or physical disabilities, but may also need training to acquire the cognitive skills to know when to take a bath, how to pick out appropriate work clothes, etc. A person may go through changes in life, and even on a day to day basis, in which a skill that they once were able to accomplish with assistance has been lost. For example, on some days an elderly person may have the skills to perform an ADL with or without assistance and on other days find he or she has lost the skill completely. With a combined certification, the same aide is able to provide services from both categories as needed. | |
| Assistance with ADLs, IADLs, and health-related tasks through hands-on assistance, supervision, or cueing. | |
| Attendant Services and | Attendant services and supports consists of assistance with activities of daily living (ADLs), instrumental activities of daily living (IADLs), and health-related tasks through hands-on assistance, supervision, or cueing. |

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| Supports | Hands-on assistance, supervision, and/or cueing are defined as:<br><br>• “Cueing and/or reassurance" means giving verbal or visual clues and encouragement during the activity to help the individual complete activities without hands-on assistance.<br>• "Hands-on" means a provider physically performs all or part of an activity because the individual is unable to do so.<br>• "Monitoring" means a provider must observe the individual to determine if intervention is needed.<br>• "Redirection" means to divert the individual to another more appropriate activity.<br>• "Set-up" means getting personal effects, supplies, or equipment ready so that an individual can perform an activity.<br>• “Stand-by" means a provider must be at the side of an individual ready to step in and take over the task should the individual be unable to complete the task independently.<br>• "Support" means to enhance the environment to enable the individual to be as independent as possible.<br>• “Memory care support” includes services related to observing behaviors, supervision, and intervening as appropriate in order to safeguard the service recipient against injury, hazard or accident. These specific supports are designed to support individuals with cognitive impairments. |

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| | Activities of daily living:<br>• Eating<br>• Bathing<br>• Dressing<br>• Personal hygiene (grooming, shampooing, shaving, skin care, oral care, etc.)<br>• Toileting<br>• Mobility/ambulating, including mastering the use of adaptive aids and equipment<br><br>Instrumental activities of daily living:<br>• Meal planning and preparation<br>• Managing finances<br>• Laundry<br>• Shopping and errands<br>• Communication<br>• Traveling and participation in the community<br>• Light housekeeping<br>• Chore services<br>• Assistance with medications (to the extent permitted by nursing scope of practice laws)<br><br>Attendant services and supports may include Homemaker/Chore services that consist of general household tasks and are intended to ensure that the individual's home is safe and allows for independent living. Examples of "general household tasks" may include meal preparation, routine household care, laundry, etc. These services must me incidental to other attendant services and supports and may not exceed 20% of total service time provided. |

The provision of ADLs and IADLs does not entail nursing care.

Health-Related Tasks:
Health-related tasks are tasks beyond activities of daily living that are delegated or assigned by a licensed medical professional. Arkansas recognizes two types:

A. Consumer Directed Care (assigned by licensed medical professional): All health maintenance activities (to include oral medication administration/assistance, shallow suctioning, catheterization, oxygen supplementation, maintenance and use of intral-feeding and breathing apparatus /device), except injections and IV's, can be done in the home by a designated care aide. With the exception of injectable medication administration, tasks that participants would otherwise do for themselves, or have a family member do, can be performed by a paid designated care aide at their direction, as long as the criteria specified in the Arkansas Nurse Practices Consumer Directed Care Act has been met:

1. The task is being performed in the client's home, not in a nursing facility, assisted living facility, residential care facility, intermediate care facility, or hospice facility.
2. A competent adult, or caretaker of a child or incompetent adult, has authorized the aide to perform the task;
3. The aide has adequately demonstrated to the competent adult or caretaker that the aide can safely perform the task;
4. The attending physician, advanced practice nurse or registered nurse has determined a designated care aide under the direction of the competent adult or caretaker can safely perform the activity in the child or adult's home; and
5. The task is not among those exceptions stated above.

B. Delegated Nursing Services and Consultation (delegated by licensed medical professional). The state will reimburse nursing services to support health related tasks within the state's nurse practice act. These services include nurse delegation. They do not include direct nursing care. "Delegation" means that a licensed nurse authorizes an unlicensed person to perform a task of nursing

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| | care in selected situations and indicates that authorization in writing and pursuant to other criteria promulgated by the State Board of Nursing (ASBN Rules, Chapter 5, Delegation). The delegation process includes nursing assessment of a client in a specific situation, evaluation of the ability of the unlicensed persons, teaching the task, ensuring supervision of the unlicensed person and reevaluating the task at regular intervals." These services are designed to assist the individual and care provider in maximizing the individual's health status and ability to function at the highest possible level of independence in the least restrictive setting.<br><br>Services include:<br>Evaluation and identification of supports that minimize health risks, while promoting the individual's autonomy and self-management of healthcare; Medication reviews; Collateral contact to the person-centered plan coordinator regarding the individual's community health status to assist in monitoring safety and well-being and to address needed changes to the person-centered service plan; and Delegation of nursing tasks, within the requirements of Arkansas' nurse practice act, to an individual's caregivers so that caregivers can safely perform health related tasks. |
| Chore Services | Chore services are services needed to maintain the home in a clean, sanitary and safe environment. This service includes heavy household chores such as washing floors, windows and walls; tacking down loose rugs and tiles; moving heavy items of furniture in order to provide safe access and egress; and/or yard and sidewalk maintenance. Chore services are provided only in extreme circumstances when lack of these services would make the home uninhabitable. Yard and sidewalk maintenance does not include routine lawn mowing, trimming, raking or mulching leaves for aesthetic purposes. |
| The acquisition, maintenance and enhancement of skills necessary for the individual to accomplish ADLs, IADLs, and health-related tasks | |

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| Supportive Living | Supportive Living services are an array of individually tailored services and activities to enable persons to reside successfully in the community. Services include functional skills training, coaching, prompting or other means to enable the individual to acquire, maintain, or enhance skills necessary to accomplish ADLs, IADLs or health related tasks. Services will be specifically tied to the assessed needs and person-centered service plan and are a means to increase independence, preserve functioning, and reduce dependency of the service recipient. These services can be provided integrally with the performance of ADLs, IADLs, and health related tasks as described in the earlier section. Assistance may entail hands-on assistance, supervision and/or cueing, as defined above. Supported Living includes:<br>Decision making includes the identification of and response to dangerously threatening situations, making decisions and choices affecting the participant's life and initiating changes in living arrangement or life activities;<br>Money management includes handling personal finances, making purchases and meeting personal financial obligations;<br>Socialization includes participation in general community activities, and includes establishing and maintaining relationships with peers and other significant persons in the participant's life.<br>Community integration experiences include activities intended to instruct the participant in community living skills in a clinic and integrated settings. Included are such activities as shopping, church attendance, sports, participation in clubs, etc. Community experiences include activities and supports to accomplish individual goals or learning areas including recreation and specific training or leisure activities. Each activity is then adapted according to the participant's individual needs.<br>Communication includes training in vocabulary building, use of augmentative communication devices, receptive and expressive language;<br>Behavior shaping and management includes developing appropriate expressions of emotions or desires, compliance, assertiveness, acquisition of socially appropriate behaviors or reduction of inappropriate behaviors;<br>Reinforcement of therapeutic services consist of conducting exercises or otherwise reinforcing physical, occupational, speech and other therapeutic services, including range of motion exercises, to the extent permitted by state scope of practice laws.<br>Companion and activities animal therapy are services and activities to provide reinforcement of other attendant care services. This reinforcement is accomplished by using animals as modalities to motivate participants to meet functional goals established for the |

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| | participant's habilitative training. Through the utilization of an animal's presence, enhancement and incentives are provided to participants to practice and accomplish such functional goals as follows: 1) Language skills; 2) Increase range of motion; 3) Socialization by developing the interpersonal relationships skills of interaction, cooperation and trust and the development of self-respect, self-esteem, responsibility, confidence and assertiveness; This service does not include veterinary or other care, food, or ancillary equipment that may be needed by the animal that is providing reinforcement.<br>Employment Supports. Employment Supports are those attendant services and supports that enable the participant to acquire, retain or improve skills that directly affect the participant's ability to work and thereby live in the community as independently as possible. Activities may include but not be limited to assistance getting ready for work, including personal hygiene, packing lunch etc.; help with ADLs and IADLs, and health-related needs in the workplace including hand-on assistance and cueing, help with transportation to work and job interviews, coaching on use of public transportation, cueing to help individuals manage behaviors and symptoms while in the workplace, cueing to help individuals stay focused on employment tasks, shopping for work clothing.<br>Recreation and exercise are included to the extent necessary to increase independence and avoid institutionalization. |

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| Habilitative and Rehabilitative Services | Habilitative services assist a person to attain, maintain or improve a skill or function that was never learned or acquired and is due to a disabling condition.Rehabilitative services, on the other hand, are provided to help a person regain, maintain or prevent deterioration of a skill that has been acquired but then lost or impaired due to illness, injury, or disabling condition.Habilitative and rehabilitative services address skills necessary for the individual to perform ADLs, IADLs, and health-related tasks, with or without assistance.Such services address skills in five domains: Motor Cognitive Communication Social/emotional Self-help/adaptive Habilitative and rehabilitative services are provided by attendant care aides who may also have additional training in services to people with developmental disabilities. Although licensed therapists also may be involved in the care of participants, therapy services are not covered through CFC.Habilitative and rehabilitative activities that involve the management of behavior during the activities, must use positive behavior management techniques.Habilitative and rehabilitative activities do not include therapy (e.g., occupational, physical, speech therapy) or nursing services that must be performed by a licensed therapist ornurse, but may be used to complement therapy or nursing goals when authorized and coordinatedthrough the support plan.The majority of these services will be provided by state authorized programs that have demonstrated expertise in assisting individuals in the acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish activities of daily living and instrumental activities of daily living.Community nursing services are also in this category of services. Community nurses, within the scope of the state's nurse practice act requirements, assist individuals in the acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish health related tasks. |
| **Backup systems or mechanisms to ensure continuity of services and supports (including PERS)** | |
| PERS | Personal emergency response system (PERS) is a 24-hour support system with a two-way verbal electronic communication with a battery backup and an emergency control/response center. PERS includes an electronic device that enables certain participants at high risk of institutionalization to secure help in an event of an emergency. The participant may also wear a portable waterproof "help" button to allow for mobility. The system is programmed to signal a response center once a "help" button is activated. The response center is staffed by trained professionals, as specified herein. |

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| | For participants with limited or no hand function, PERS devices may include hands-free or voice activated devices. Allowable items under this service may also include a cellular telephone, other cellular devices, and cellular service when a conventional PERS system is not feasible.<br>PERS services are limited to those participants who live alone or who are alone for significant parts of the day and have no regular caregiver for extended periods of time, and who would otherwise require extensive routine supervision to protect their safety.<br>Included in this support are assessment, purchase, installation, maintenance (such as replacing batteries or charger cords) and monthly rental fee.<br>The goals of the personal emergency response system are:<br>1. To provide a high-risk participant with the security and assurance of immediate assistance in an emergency, making it possible for them to remain in their home.<br>2. To eliminate the need for costly in-home supervision provided by a paid attendant that also affords the participant the emotional satisfaction of independent living.<br><br>(PERS) can be approved when it can be illustrated to be necessary to protect the health and safety of the participant. PERS is not intended to be a universal benefit. It is specifically for those "high-risk" participants whose needs are determined through the assessment/reassessment process. The criteria for eligibility are based on the participant's level of medical vulnerability, functional impairment and social isolation. Participants receiving PERS services must be physically and mentally capable of utilizing the service or reside in the home with a caregiver who is capable of utilizing the service for the benefit of the waiver participant. |
| Respite Care Services | The participant's multi-disciplinary care team assists with identifying a regularly-scheduled respite care provider as part of the person-centered care plan or identifies back-up providers or care setting alternatives as part of the care plan in case the participant's primary attendant(s) becomes ill or is suddenly no longer available or is otherwise in need of respite. Providers may utilize 24 hour, community-based care settings if they are unable to locate an in-home worker to meet immediate care needs. |

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| Consultation Services | Consultant services are backup supports for individuals with challenging behaviors or other special conditions who are at risk of institutionalization without additional interventions. Consultation may be in the form of Risk Management Plans and Crisis Intervention.Risk Management Plans. The person-centered care plan identifies the person or organization that will provide backup supports in the form of consultation, training, or support to participants, family members, and service providers for participants with special conditions. The services are indirect and include but are not limited to such measures as training direct services staff or family members in carrying out the individual's person-centered care plan; providing information and assistance to persons responsible for developing the person-centered service plan; designing a behavior intervention plan to be followed by staff and family; developing cross systems crisis plans; training staff or family members in de-escalation techniques; designing special meal plans; assisting with exercise regimens; training the participant, family, or staff to address special medical conditions; determining the need for and assisting in the selection of assistive technology and environmental and home modifications; training or assisting in the set up and use of assistive technology and environmental and home modifications; and training regarding self-advocacy.Crisis Intervention. Crisis intervention is a backup support that offers immediate, short-term help to participants who experience an event that produces emotional, mental, physical, or behavioral distress or problems. A number of events or circumstances can be considered a crisis, including but not limited to: life-threatening situations, such as natural disasters, power outages, sexual assault or other criminal victimization, medical illness, mental illness, cognitive impairment, behavioral issues, income/financial issues, safety/cleanliness of a residence, loss of natural supports, poor access to services, thoughts of suicide or homicide, and loss or drastic changes in relationships. The service is provided as a nonscheduled emergency intervention. Activities include but are not limited to: Assessing the situation and the individual's response to the situation.Making contact and begin establishing collaborative relationship.Identifying dangers, problems, or crisis triggers.Educating the participant about alternative response and new coping strategies.Restoring functioning through implementation of an action plan.Planning follow-up to avoid further crises. |

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| Positive Behavior Support Services | Positive Behavioral Support Services are provided to assist individuals with behavioral challenges due to their disability, that prevent them from accomplishing ADLs, IADLs, and health related tasks. Positive Behavior Support Services include coaching and support of positive behaviors, behavior modification and intervention supports to allow individuals to develop, maintain and/or enhance skills to accomplish ADLs, IADLs and health related tasks. The need for these services is determined through a functional needs assessment and the individual's goals as identified in the person centered planning process. Positive Behavioral Support Services may also include consultation to the care provider on how to mitigate behavior that may place the individual's health and safety at risk and prevent institutionalization.<br><br>Services may be implemented in the home and/or community, based on an individual's assessed needs. All activities must be for the direct benefit of the Medicaid beneficiary. Behavior Consultants will work with the individual and, if applicable, the caregiver or other key persons, to assess the environmental, social, and interpersonal factors influencing the person's behaviors. The consultants will develop, in collaboration with the individual and if applicable, caregivers, a specific positive behavioral support plan to address the needs of the person to acquire, maintain and enhance skills necessary for the individual to accomplish activities of daily living, instrumental activities of daily living and health related tasks. These services do not include rehabilitation or treatment of mental health conditions. The provision of this service will not supplant the provision of personal attendant services that are based on the individual's assessed needs that are identified in the person-centered plan. Services are provided according to processes directed by best practice. |
| Voluntary training on how to select, manage, and dismiss attendants. | |
| Counseling Support | This service is intended for the self-directed model. Counseling support services is one of two required services a state must offer to support Medicaid recipients in a participant-directed service delivery model. The counseling support system must possess an understanding of the philosophy of participant-direction, person-centered and directed planning, the ability to facilitate the participant's independence and preferences, the ability to develop budget plans and ensure appropriate documentation, and knowledge of the resources available in the participant's community and how to access them.<br>The support system must be available to the individual prior to enrollment, and as requested, throughout the period of an |

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| | individual's enrollment. Counseling support services must be accessible to participants, have regularly scheduled phone and in person contacts with participants, monitor whether participants' health status has changed and whether expenditure of funds are being made in accordance with service budget plans.<br>The supports offered by the counselor to a participant include the following activities:<br>1. Provide information on the range and scope of individual choices and options;<br>2. during the initial counseling session the individual is informed about disenrollment;<br>3. initial counseling and on-going counseling includes information about preventing worker discrimination and violation of labor laws and regulations;<br>4. provide information, training, counseling and assistance, and assist participants with their employer-related responsibilities, including managing their workers and budgets, as desired by participants, that help participants effectively manage their services and budgets;<br>5. help participants develop their service budget plans by allowing the participant to involve family, friends, and professionals;<br>6. help participants effectively fulfill their employer related responsibilities;<br>7. act as agents of the participant and are primarily responsible for facilitating the participants' needs in a manner that agrees with participants' preferences;<br>8. help locate and access providers of personal assistance services needed by a participant;<br>9. assist the participant in managing their personal assistance services and budget plans, including how to hire the person most suitable to the participant, and how to discharge the worker if necessary;<br>10. provides supportive services so that:<br>a. the participant has knowledge about the specific dollar amount available for their personal assistance services;<br>b. how they can adjust their budget plan;<br>c. how they can purchase goods and services that increase independence or substitute for human assistance;<br>d. how discretionary funds may be spent; and<br>e. how the participant may request a fair hearing if a request for a budget adjustment is denied or the amount of the budget is |

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| | reduced.<br>11. prior to recommending that a participant is unable to self-direct their personal assistance services can only occur after additional information and training was provided to the participant by the counselor; and<br>12. should a participant's health condition change, more frequent face-to-face and phone monitoring by the counselor;<br>13. Provide information on the risks and responsibilities of self-direction and assist the participant in developing a back-up plan |
| Fiscal Management Services | The entity selected to provide Financial Management Services (FMS) will meet the requirements of 441.545(b)(1) by acting as a Vendor Fiscal/Employer Agent under Section 3504 of the IRS code, Revenue Procedure 70-6 and Notice 2003-70. Additionally, the FMS provider will coordinate criminal background checks for in-home Medicaid caregivers as required by the State while adhering to 441.555 (B). The FMS provider maintains the results of the criminal background check electronically and provides original documentation to the Arkansas Department of Human Services upon receipt. |

| CFCO Permissible Services |
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| Transition costs such as rent and utility deposits, first month's rent and utilities, bedding, basic kitchen supplies, and other necessities required for an individual to transition from a nursing facility, institution for mental disease, or ICF/IID to a community-based home setting where the individual resides. |

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| Community Transition Services | Community Transition Services are non-recurring set-up expenses linked to an assessed need for participants who are transitioning from a nursing facility, institution for mental disease, or intermediate care facility for individuals with intellectual disabilities to a home and community-based setting where the participant is directly responsible for his or her own living expenses. Funds can be accessed once it has been determined that Medicaid is the payer of last resort. Allowable expenses are those necessary to enable a participant to establish a basic household that does not constitute room and board and may include:<br>(a) Security deposits that are required to obtain a lease on an apartment or home;<br>(b) Set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;<br>(c) First month's rent;<br>(d) First month's utilities;<br>(e) Moving expenses;<br>(f) Essential household furnishings required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens;<br>(g) Services necessary for the participant's health and safety such as pest eradication and one-time cleaning prior to occupancy; and<br>(h) Necessary home accessibility adaptations;<br><br>Community Transition Services are furnished only to the extent that they are reasonable and necessary as determined through the service plan development process clearly identified in the person-centered service plan and the participant is unable to meet such expense or when the services cannot be obtained from other sources. Duplication of Environmental Modifications will be prevented through DMS control of prior authorizations for approvals. Costs for Community Transition Services furnished to participants returning to the community from a Medicaid institutional setting, may be billable while in the institution as long as the individual is reasonably expected to return to the community and will be eligible for Medicaid in the community.<br>Exclusions: Community Transition Services may not include payment for room and board except for the first month's rent; monthly rental or mortgage expense; food, regular utility charges except for the first month's utilities; and/or household |

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| | appliances or items that are intended for purely diversional or recreational purposes. Community Transition Services may not be used to pay for furnishing living arrangements that are owned or leased by a Medicaid provider where the provision of these items and services are inherent to the service they are already providing. Diversional or recreational items such as televisions, cable TV access or video players are not allowable. |
| Expenditures that increase independence or substitute for human assistance, to the extent those expenditures would otherwise be made for human assistance. | |
| Non-Medical Transportation | Non-medical transportation can be provided for eligible participants receiving CFC services |
| Environmental Modifications | Environmental modifications provide physical adaptations and other modifications necessary to ensure health, welfare and safety of the participant to function with increase independence or accessibility, which are made to or at the eligible participant's private residence. |
| Vehicle Modifications | Vehicle Modifications are adaptations to an automobile or van to accommodate the special needs of the participant. Vehicle adaptations are specified by the Person Centered Service Plan as necessary to enable the participant to integrate more fully into the community and ensure the health, welfare and safety of the participant. Payment for permanent modification of a vehicle is based on the cost of parts and labor, which must be quoted and paid separately from the purchase price of the vehicle to which the modifications are or will be made Permanent vehicle modifications may be replaced if the vehicle is stolen, damaged beyond repair as long as the damage is not through negligence of the vehicle owner, or used for more than its reasonable useful lifetime. |

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| | Vehicle modifications apply only to modifications and are not routine auto maintenance or repairs for the vehicle. Exclusions: The following are specifically excluded:<br>1) Adaptations or improvements to the vehicle that are of general utility and are not of direct medical or remedial benefit to the individual;<br>2) Purchase, down payment or lease of a vehicle;<br>3) Regularly scheduled upkeep and maintenance of a vehicle except upkeep and maintenance of the modifications. |
| Specialized Medical Supplies | Specialized medical equipment and supplies covered under CFC include: 1) Specialized medical supplies and equipment as available under State Plan2) Items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items; 3) Such other durable and non-durable medical equipment not otherwise available under the state plan that is necessary to address participant functional limitations; 4) Necessary medical supplies not otherwise available under the state plan.Items reimbursed with CFC funds are in addition to any medical equipment and supplies furnished under the state plan and exclude those items that are not of direct medical or remedial benefit to the participant. All items shall meet applicable standards of manufacture, design and installation. Additional supply items not covered under state plan can be covered under CFC a Waiver service when they are considered essential for home and community care. A physician must order all items. When such items are included as a Medicaid state plan service, CFC can provide for extension of such services. A denial of extension of benefits by utilization review will be required prior to approval for CFC funding by DDS.Additional items covered by CFC include:1) Nutritional supplements; 2) Non-prescription medications. Alternative medicines not Federal Drug Administration approved are excluded from coverage. 3) Prescription drugs minus the cost of drugs covered by Medicare Part D when extended benefits available under the state plan are exhausted. |

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| Assistive Technology/ Adaptive Equipment | Assistive technology is "any item, piece of equipment, or product system, hardware or software, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities" in accordance with assessed functional need and person-centered plan. It includes devices, controls and appliances that will enable participants to perceive, control or communicate with the environment in which they live and to perform daily life tasks that would not be possible otherwise. Assistive technology can be a product purchased off the shelf, modified, or commercially available which is used to help an individual perform some task of daily living. The term assistive technology encompasses a broad range of devices from "low tech" (e.g., pencil grips, splints, paper stabilizers) to "high tech" (e.g., computers, voice synthesizers, braille readers). These devices include the entire range of supportive tools and equipment from adapted spoons to wheelchairs and computer systems for environmental control.<br><br>This service includes all of the following possibilities:<br>• evaluation of the technology needs of the individual, including a functional evaluation in the individual's customary environment;<br>• purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices for individuals with disabilities;<br>• selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing of assistive technology devices;<br>• coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;<br>• assistive technology training or technical assistance with assistive technology for an individual with a disability, or, where appropriate, the family of an individual with disabilities;<br>• training or technical assistance for professionals, employers, or other individuals who provide services to, employ, or otherwise are substantially involved in the major life functions of individuals with disabilities. |

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| | This service includes (a) evaluation of the individual's technology needs, (b) acquisition of the necessary technology, (c) coordination of technology use with other therapies and interventions, and (d) providing training for the individual, the individual's family, and the school staff in the effective use of the technology.<br><br>All requests must be prescribed by a physician.<br><br>Educational aids and therapeutic tools that therapists employ in the course of therapy are not included.<br><br>Monitoring/Surveillance/Video-Telecommunication Equipment: Electronic equipment needed to monitor medical or behavioral conditions when the need is documented by medical or behavioral professionals and such equipment will serve to lessen the need for hands on direct care staff. The system includes patented technology that identifies developing health problems and alerts for potential emergencies by detecting changes in key behaviors. It detects changes such as prolonged inactivity, extreme temperatures, and other activity and captures this to a web-based program that is monitored by around the clock emergency response operators.<br><br>This service includes the cost of installation, training individual(s) in equipment use and monthly fees charged by monitoring entities. Video communication equipment to allow participant to communicate electronically with service providers, in lieu of face to face visits, can be approved to purchase and install equipment for the participant but in no way can be used to reimburse for any provider expenses in this regard.<br><br>Recognizing that electronic monitoring /video communication can be intrusive, it can be approved only with the consent of the participant/legal representative with a written, signed and witnessed agreement acknowledging that at any time the participant/legal representative so requests, the entire Monitoring/Surveillance System or any component thereof (cameras specifically) will be turned off. |

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| | Medication Monitoring Device: Stores dosages of medication and provides reminder to take the medicine. It also has a button to push which notifies the monitoring company that he/she has acknowledged taking the medication. If the person does not acknowledge, the medication will be rotated around into a locked area (to prevent taking meds too close to the next dosage time) and will call to notify somebody of the need to make contact with the participant. Service includes battery backup and notification when unit needs to be refilled. |
| Home-Delivered Meals | Home-delivered meals are services that provide one (1) meal per day of nutritional content equal to one-third of the Recommended Daily Allowance. Provision of home-delivered meals reduces the need for reliance on paid staff during some meal times by providing meals in a cost-effective manner.The goals of home-delivered meals are: 1. To facilitate participant independence by allowing participants the choice to remain in their own homes rather than entering an institution; 2. To provide one (1) daily nutritious meal to participants at risk of being institutionalized; 3. To provide a daily social contact to participants to insure the participant's safety and wellbeing.Home-delivered meals under CFC are allowed for participants: 1. Who have an assessed need for meal preparation and shopping; and2. For whom the provision of a home-delivered meal is the most cost-effective method of ensuring a nutritionally adequate meal. |
| Goods and Services | Goods and Services allows the program participant, who has chosen participant directed model, to purchase those items and services that help the program participant receive assistance at times of the day that best meet his or her assessed needs and individual preferences. The service supports the purchase of goods and services that lessen the need for human assistance while increasing the participant’s ability to maintain independence in the community.<br>Following is a list of possible uses of goods and services:<br>A. Prescription Medication Not Covered by Insurance, Medicaid or Medicare Part D<br>B. Non-prescription health and personal hygiene items<br>C. Emergency Food and Clothing<br>D. Safety Devices<br>E. Emergency Pest Control |

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| | F. Emergency Housing<br>G. Emergency Utilities<br>H. Education/training<br>I. Service Animal Purchase and Maintenance<br>J. Other items and services that directly address assessed need of an individual and increase independence or reduce the need for human assistance |

# BENEFIT LIMITS

| ACFC REQUIRED SERVICES | | | |
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| ACFC Service | Service Delivery Model | Transitional Benefit Limits* | Payment Method |
| Assistance with ADLs, IADLs, and health-related tasks through hands-on assistance, supervision, or cueing; | | | |
| Attendant Services and Supports | | None | Reimbursement level will be determined as a part of a prospective bundle amount commensurate to individual's level of need established by a standardized assessment process. |
| Chore Services | | 172 units per month | Reimbursement level will be determined as a part of a prospective bundle amount commensurate to individual's level of need established by a standardized assessment process. |
| The acquisition, maintenance and enhancement of skills necessary for the individual to accomplish ADLs, IADLs, and health-related tasks | | | |

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| Supportive Living | | None | Reimbursement level will be determined as a part of a prospective bundle amount commensurate to individual's level of need established by a standardized assessment process. |
| Habilitative and Rehabilitative Services | | 5 units per day (1 unit = 1 hour) | Reimbursement level will be determined as a part of a prospective bundle amount commensurate to individual's level of need established by a standardized assessment process. |
| Backup systems or mechanisms to ensure continuity of services and supports (including PERS) | | | |
| PERS | | Monitoring: 31 units per month; appropriateness of new installations will be determined based on assessed need | Reimbursement level will be determined as a part of a prospective bundle amount commensurate to individual's level of need established by a standardized assessment process. |
| Respite Care Services | | None | Reimbursement level will be determined as a part of a prospective bundle amount commensurate to individual's level of need established by a standardized assessment process. |
| Consultation Services | | The maximum annual amount is $2,000.00 and is reimbursable at no more than $136.40 per hour, not to exceed 24 units per day. | Reimbursement level will be determined as a part of a prospective bundle amount commensurate to individual's level of need established by a standardized assessment process. |

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| Positive Behavior Support Services | | The maximum annual amount is $2,000.00 and is reimbursable at no more than $136.40 per hour, not to exceed 24 units per day. | Reimbursement level will be determined as a part of a prospective bundle amount commensurate to individual's level of need established by a standardized assessment process. |
| Voluntary training on how to select, manage, and dismiss attendants. | | | |
| Counseling Support | Self-Directed Only | | Per Member Per Month payment |
| Fiscal Management Services | Self-Directed Only | | Per Member Per Month payment |
| ACFC Permissible Services | | | |
| ACFC Service | Service Delivery Model | Transitional Benefit Limits* | Payment Method |
| Transition costs such as rent and utility deposits, first month's rent and utilities, bedding, basic kitchen supplies, and other necessities required for an individual to transition from a nursing facility, institution for mental disease, or ICF/IID to a community-based home setting where the individual resides. | | | |
| Community Transition Services | | Maximum Benefit: $5,000 per transition from nursing home; lifetime maximum of $10,000 under MFP combined for both Community Transition/Goods | Package, varies by cost |

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| | | and Services.<br>Must use MFP funds first. | |
| Expenditures that increase independence or substitute for human assistance, to the extent those expenditures would otherwise be made for human assistance. | | | |
| Non-Medical Transportation | | None | Reimbursement level will be determined as a part of a prospective bundle amount commensurate to individual's level of need established by a standardized assessment process. |
| Environmental Modifications | | A beneficiary's annual expenditure for environmental modifications cannot exceed $7,700 per person per year. If the beneficiary is also receiving adaptive equipment services, the COMBINED total cannot exceed $7,700. | Reimbursement level will be determined as a part of a prospective bundle amount commensurate to individual's level of need established by a standardized assessment process. Cost varies per item. |
| Vehicle Modifications | | A beneficiary's annual expenditure for environmental modifications cannot exceed $7,700 per person per year. If the beneficiary is also receiving adaptive equipment services, the COMBINED total cannot | Reimbursement level will be determined as a part of a prospective bundle amount commensurate to individual's level of need established by a standardized assessment process. Cost varies per item. |

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| | | exceed $7,700. | |
| Specialized Medical Supplies | | A beneficiary's annual expenditure for specialized medical supplies cannot exceed $1000 per person per year. | Reimbursement level will be determined as a part of a prospective bundle amount commensurate to individual's level of need established by a standardized assessment process. Cost varies per item. |
| Assistive Technology/ Adaptive Equipment | | A beneficiary's annual expenditure for adaptive equipment cannot exceed $7,700 per person per year. If the beneficiary is also receiving Environmental modifications services, the COMBINED total cannot exceed $7,700. | Reimbursement level will be determined as a part of a prospective bundle amount commensurate to individual's level of need established by a standardized assessment process. Cost varies per item. |
| Home-Delivered Meals | | 31 meals per month | Reimbursement level will be determined as a part of a prospective bundle amount commensurate to individual's level of need established by a standardized assessment process. Cost varies per item. |
| Goods and Services | Self-Directed Only | Must not exceed participant's individual budget | Reimbursement level will be determined as a part of a prospective bundle amount commensurate to individual's level of need established by a standardized assessment process. Cost varies per item. |

Attachment 3.1 - K

State Plan Under Title XIX of the Social Security Act

ARKANSAS:

Arkansas Community First Choice State Plan Program

* The ACFC SPA and DD HCBS Waiver application are expected to become effective July 1, 2014. Based on the fact that most ACS Waiver services are being transitioned to ACFC without substantive changes, on the effective date Arkansas Medicaid will consider existing individual Plans of Care (POC) valid under ACFC and will initiate reimbursement for those services under approved ACFC State Plan. As each individual POC comes up for annual renewal, each POC will be revised to reflect the services transitioned to ACFC as non-waiver services utilizing the ACFC guidelines and assessment-based episode payment methodology. During the period between ACFC SPA effective date and individual's transition to episode-based payment, transitional benefit limits will stay in effect. Once individual has transitioned to episode-based payment, all benefit limits will be lifted.

# PROVIDER QUALIFICATIONS

| CFCO Services | Certifying Agency | Provider Type Title | Provider Qualifications |
|---|---|---|---|
| **CFCO Required Services** | | | |
| Providers must meet population specific requirements through appropriate Certifying Agency in order to provide services to CFCO eligible individuals. DAAS: adults 21-64 years of age with physical disabilities, adults 65 years of age and older with physical or age-related disabilities. DDS: individuals of all ages with Intellectual/Developmental Disabilities, children with physical disabilities. | | | |
| Assistance with ADLs, IADLs, and health-related tasks through hands-on assistance, supervision, or cueing; | | | |
| Attendant Services and Supports, Chore Services | DAAS | Licensed Home Health Agency | Provider must be licensed by the Arkansas Department of Health as a Class A or Class B Home Health Agency, as cited in Arkansas Code Annotated section 20-10-809; and Certified by the Division of Aging and Adult Services or Division of Developmental Disabilities Services to provide attendant care services OR Licensed by the Arkansas Department of Health as a Class A or Class B Home Health Agency as required by Ark. Code Ann. 20-10-807, History: Acts 1987, No. 956, 4; and must be certified by the Division of Aging and Adult Services or Division of Developmental Disabilities Services to provide attendant care services. |

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| | | Licensed Private Care Agency - Medicaid Personal Care | Licensed by the Arkansas Department of Health as a private care agency enrolled as an Arkansas Medicaid Personal Care Provider, as cited in Act 2273 of 2005; and must be certified by the Division of Aging and Adult Services or Division of Developmental Disabilities Services to provide attendant care services OR Licensed by the Arkansas Department of Health as a Private Care Agency - Medicaid Personal Care as was first required in Act 1537 of 1999, Sect. 133; Act 17 of 2003, first extraordinary session; and Act 2273 of 2005; and must be certified by the Division of Aging and Adult Services or Division of Developmental Disabilities Services to provide attendant care services. |
| | | Licensed Adult Day Care (at the Adult Day Care center only) | Licensed by the Arkansas Department of Human Services, Division of Medical Services, Office of Long Term Care as a provider of Adult Day Care services as required by Ark. Code Ann. 20-10-201, et seq. |
| | | Licensed Adult Day Health Care (at the Adult Day Health Care center only) | Licensed by the Arkansas Department of Human Services, Division of Medical Services, Office of Long Term Care as an Adult Day Health Care agency as required by Ark. Code Ann. 20-10-201, et. seq. |
| | | Certified Adult Family Home | Certified by the Arkansas Department of Human Services, Division of Aging and Adult Services or Division of Developmental Disabilities Services as a provider of Adult Family Home services. |
| | DDS | Certified CFC Provider of Attendant Services and Supports | Certified by the Arkansas Department of Human Services, Division of Developmental Disability Services as a CFC Provider of Attendant Services and Supports. |

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| | | Licensed Provider of Center-Based Community Services (at the clinic site only) | Licensed as a provider of Center-Based Community Cervices by the Arkansas Department of Human Services, Division of Developmental Disabilities Services (DDS). |
| The acquisition, maintenance and enhancement of skills necessary for the individual to accomplish ADLs, IADLs, and health-related tasks | | | |
| Supportive Living Services | DA AS | Licensed Home Health Agency | Provider must be licensed by the Arkansas Department of Health as a Class A or Class B Home Health Agency, as cited in Arkansas Code Annotated section 20-10-809; and Certified by the Division of Aging and Adult Services or Division of Developmental Disabilities Services to provide attendant care services OR Licensed by the Arkansas Department of Health as a Class A or Class B Home Health Agency as required by Ark. Code Ann. 20-10-807, History: Acts 1987, No. 956, 4; and must be certified by the Division of Aging and Adult Services or Division of Developmental Disabilities Services to provide attendant care services. |
| | | Licensed Private Care Agency - Medicaid Personal Care | Licensed by the Arkansas Department of Health as a private care agency enrolled as an Arkansas Medicaid Personal Care Provider, as cited in Act 2273 of 2005; and must be certified by the Division of Aging and Adult Services or Division of Developmental Disabilities Services to provide attendant care services OR Licensed by the Arkansas Department of Health as a Private Care Agency - Medicaid Personal Care as was first required in Act 1537 of 1999, Sect. 133; Act 17 of 2003, first extraordinary session; and Act 2273 of 2005; and must be certified by the Division of Aging and Adult Services or Division of Developmental Disabilities Services to provide attendant care services. |
| | | Licensed Adult Day Care (at the | Licensed by the Arkansas Department of Human Services, Division of Medical Services, Office of Long Term Care as a provider of Adult Day Care services as required by Ark. Code Ann. 20-10-201, et |

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| | | Adult Day Care center only) | seq |
| | | Licensed Adult Day Health Care (at the Adult Day Health Care center only) | Licensed by the Arkansas Department of Human Services, Division of Medical Services, Office of Long Term Care as an Adult Day Health Care agency as required by Ark. Code Ann. 20-10-201, et. seq. |
| | | Certified Adult Family Home | Certified by the Arkansas Department of Human Services, Division of Aging and Adult Services or Division of Developmental Disabilities Services as a provider of Adult Family Home services. |
| | DDS | Certified CFC Provider of Attendant Services and Supports | Certified by the Arkansas Department of Human Services, Division of Developmental Disability Services as a CFC Provider of Attendant Services and Supports. |
| | DDS | Licensed Provider of Center-Based Community Services (at the clinic site only) | Licensed as a provider of Center-Based Community Cervices by the Arkansas Department of Human Services, Division of Developmental Disabilities Services (DDS). |
| Habilitative and Rehabilitative Services | DDS | Licensed Provider of Center-Based Community Services | Licensed as a Developmental Day Treatment clinic by the Arkansas Department of Human Services, Division of Developmental Disabilities Services (DDS), Arkansas Department of Human Services. |

State Plan Under Title XIX of the Social Security Act

ARKANSAS:

Arkansas Community First Choice State Plan Program

| Backup systems or mechanisms to ensure continuity of services and supports (including PERS) | | | |
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| Personal Emergency Response System (PERS) | DDS | Certified CFC Provider of Assistive Technology and Adaptive Equipment Services | Certified by the Arkansas Department of Human Services, Division of Developmental Disability Services as a CFC Provider of Assistive Technology and Adaptive Equipment Services. |
| | DA AS | Alarm or Security Company | Provider must possess Certificate of Compliance for Protective Signaling Services issued by the Underwriters Laboratories Safety Standards; and be certified by the Arkansas Department of Human Services, Division of Aging & Adult Services as a provider of Personal Emergency Response System services. |
| Respite Care Services | DDS | Certified CFC Provider of Respite Care Services | Certified by the Arkansas Department of Human Services, Division of Developmental Disability Services as a CFC Provider of respite Care Services |
| | DA AS | Certified Adult Family Home | Certified by the Arkansas Department of Human Services, Division of Aging & Adult Services as an Adult Family Home. |
| | | Licensed Residential Care Facility | Licensed by the Arkansas Department of Human Services, Division of Medical Services, Office of Long Term Care as a Residential Care Facility as required by Ark. Code Ann. 20-10-201, et. seq.; and certified by the Arkansas Department of Human Services, Division of Aging & Adult Services as a provider of Respite Care services. |

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| | | Licensed Adult Day Care Agency | Licensed by the Arkansas Department of Human Services, Division of Medical Services, Office of Long Term Care as an Adult Day Care agency as required by Ark. Code Ann. 20-10-201, et. seq.; and certified by the Arkansas Department of Human Services, Division of Aging & Adult Services as a provider of Respite Care services. |
| | | Licensed Adult Day Health Care Agency | Licensed by the Arkansas Department of Human Services, Division of Medical Services, Office of Long Term Care as an Adult Day Health Care agency as required by Ark. Code Ann. 20-10-201, et. seq.; and certified by the Arkansas Department of Human Services, Division of Aging & Adult Services as a provider of Respite Care services. |
| | | Licensed Level I and II Assisted Living Facility | Licensed by the Arkansas Department of Human Services, Division of Medical Services, Office of Long Term Care as a Level II Assisted Living Facility as required by Ark. Code Ann. 20-10-201, et. seq., Act 1230 of 2001; and certified by the Arkansas Department of Human Services, Division of Aging & Adult Services as a provider of Respite Care services. |
| | | Licensed Class A or Class B Home Health Agency | Licensed by the Arkansas Department of Health as a Class A or Class B Home Health Agency as required by Ark. Code Ann. 20-10-807, History: Acts 1987, No. 956, 4; and certified by the Arkansas Department of Human Services, Division of Aging & Adult Services as a provider of Respite Care services. |
| | | Licensed Adult Day Care | Licensed by the Arkansas Department of Human Services, Division of Medical Services, Office of Long Term Care as a provider of Adult Day Care services as required by Ark. Code Ann. 20-10-201, et seq |
| | | Licensed Adult Day Health Care | Licensed by the Arkansas Department of Human Services, Division of Medical Services, Office of Long Term Care as an Adult Day Health Care agency as required by Ark. Code Ann. 20-10-201, et. seq. |

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| | | Certified Adult Family Home | Certified by the Arkansas Department of Human Services, Division of Aging & Adult Services as a provider of Adult Family Home services. |
| | | Licensed Medicaid Certified Nursing Facility | Licensed by the Arkansas Department of Human Services, Division of Medical Services, Office of Long Term Care as a Medicaid Certified Nursing Facility as required by Ark. Code Ann. 20-10-201, et seq and Certified by the Arkansas Department of Human Services, Division of Aging & Adult Services as a provider of Respite Care services. |
| | | Licensed Hospital | Licensed Acute Care Hospital and certified by the Arkansas Department of Human Services, Division of Aging & Adult Services as a provider of Respite Care services. |
| | | Certified Adult Family Home | Certified by the Arkansas Department of Human Services, Division of Aging & Adult Services as a provider of Adult Family Home services. |
| Consultation Services | DA AS | Licensed Home Health Agency | Provider must be licensed by the Arkansas Department of Health as a Class A or Class B Home Health Agency, as cited in Arkansas Code Annotated section 20-10-809; and Certified by the Division of Aging and Adult Services to provide attendant care services. |
| | | Attendant Care Providers | Provider must be certified by the Arkansas Department of Human Services, Division of Aging & Adult Services to provide attendant care services. |
| | | Licensed Private Care Agency Enrolled as an Arkansas | Licensed by the Arkansas Department of Health as a private care agency enrolled as an Arkansas Medicaid Personal Care Provider, as cited in Act 2273 of 2005; and must be certified by the Division of Aging & Adult Services to provide attendant care services. |

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| | | Medicaid Personal Care Provider | |
| | | Licensed Home Health Agency | Licensed by the Arkansas Department of Health as a Class A or Class B Home Health Agency as required by Ark. Code Ann. 20-10-807, History: Acts 1987, No. 956, 4; and must be certified by the Division of Aging & Adult Services to provide attendant care services. |
| | | Licensed Private Care Agency - Medicaid Personal Care | Licensed by the Arkansas Department of Health as a Private Care Agency - Medicaid Personal Care as was first required in Act 1537 of 1999, Sect. 133; Act 17 of 2003, first extraordinary session; and Act 2273 of 2005; and must be certified by the Division of Aging & Adult Services to provide attendant care services. |
| | | Licensed Adult Day Care | Licensed by the Arkansas Department of Human Services, Division of Medical Services, Office of Long Term Care as a provider of Adult Day Care services as required by Ark. Code Ann. 20-10-201, et seq |
| | | Licensed Adult Day Health Care | Licensed by the Arkansas Department of Human Services, Division of Medical Services, Office of Long Term Care as an Adult Day Health Care agency as required by Ark. Code Ann. 20-10-201, et. seq. |
| | | Certified Adult Family Home | Certified by the Arkansas Department of Human Services, Division of Aging & Adult Services as a provider of Adult Family Home services. |
| | DDS | Certified CFC Provider of Consultation Services | Certified by the Arkansas Department of Human Services, Division of Developmental Disability Services as a CFC Provider of Consultation Services. |

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| Positive Behavioral Support Services | DDS | Certified CFC Provider of Positive Behavioral Support Services | Certified by the Arkansas Department of Human Services, Division of Developmental Disability Services as a CFC Provider of Positive Behavioral Support Services. |
| | DAAS | Provider of Positive Behavioral Support Services | Certified by the Arkansas Department of Human Services, Division of Aging and Adult Services as a provider of Positive Behavioral Support Services. |
| Voluntary training on how to select, manage, and dismiss attendants. | | | |
| Counseling Support | | Contracted service | |
| Financial Management Services | | Contracted service | |
| CFCO Permissible Services | | | |
| Transition costs such as rent and utility deposits, first month's rent and utilities, bedding, basic kitchen supplies, and other necessities required for an individual to transition from a nursing facility, institution for mental disease, or ICF/IID to a community-based home setting where the individual resides. | | | |
| Community Transition Services | DDS | Certified CFC Provider of Community | Certified by the Arkansas Department of Human Services, Division of Developmental Disability Services as a CFC Provider of Community Transition Services. |

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| | | Transition Services | |
| | DA AS | Certified CFC Provider of Community Transition Services | Certified by the Arkansas Department of Human Services, Division of Aging and Adult Services as a CFC Provider of Community Transition Services. |
| Expenditures that increase independence or substitute for human assistance, to the extent that expenditures would otherwise be made for human assistance. | | | |
| Non-Medical Transportation | DDS /DA AS | All Providers of Community Transition Services Attendant Services and Supports, Supportive Living, respite Care Services, Licensed Developmental Day Treatment clinic, Consultation Services/Crisis Intervention services. | Non-medical transportation can be provided by any providers of Attendant Services and Supports, Supportive Living, respite Care Services, Licensed Developmental Day Treatment clinic, Consultation, and Positive Behavioral Supports Services who meet transportation standards. |
| Environmental Modifications | DDS | Certified CFC Provider of Environmental Modifications Services | Certified by the Arkansas Department of Human Services, Division of Developmental Disability Services as a CFC Provider of Environmental Modifications Services. |
| | DA AS | Builder, Tradesman or Contractor | Be licensed (where applicable) as appropriate for the environmental accessibility adaptation/adaptive equipment provider; and certified by the Division of Aging & Adult Services as a provider of environmental accessibility adaptations/adaptive equipment. Proof of a plumber or electrician's license must be provided prior to performing this |

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| | | | type of work. |
| Vehicle Modifications | DDS | Certified CFC Provider of Environmental Modifications Services | Certified by the Arkansas Department of Human Services, Division of Developmental Disability Services as a CFC Provider of Environmental Modifications Services. |
| | DAAS | Builder, Tradesman or Contractor | Be licensed (where applicable) as appropriate for the environmental accessibility adaptation/adaptive equipment provider; and certified by the Division of Aging & Adult Services as a provider of environmental accessibility adaptations/adaptive equipment. Proof of a plumber or electrician's license must be provided prior to performing this type of work. |
| Specialized Medical Supplies | DDS | Certified CFC Provider of Specialized Medical Supplies Services | Certified by the Arkansas Department of Human Services, Division of Developmental Disability Services as a CFC Provider of Specialized Medical Supplies Services. |
| | DAAS | Durable medical equipment/oxygen, orthotic appliances or prosthetic device provider | Providers must meet qualifications as defined in Section II of Prosthetics Provider Manual, 201.000. Durable Medical Equipment, Prosthetics, Orthotics and Medical Suppliers must be enrolled in the Title XVII (Medicare) Program as a durable medical equipment/oxygen, orthotic appliances or prosthetic device provider. |

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| Assistive Technology/ Adaptive Equipment | DDS | Certified CFC Provider of Assistive Technology/Adaptive Equipment Services | Certified by the Arkansas Department of Human Services, Division of Developmental Disability Services as a CFC Provider of CFC Provider of Assistive Technology/Adaptive Equipment Services. |
| | DA AS | Builder, Tradesman or Contractor | Be licensed (where applicable) as appropriate for the environmental accessibility adaptation/adaptive equipment provided; and certified by the Division of Aging & Adult Services as a provider of environmental accessibility adaptations/adaptive equipment. Proof of a plumber or electrician's license must be provided prior to performing this type of work. |
| Home-Delivered Meals | DA AS | Provider of Food Services | Certified by the Arkansas Department of Human Services, Division of Aging & Adult Services as a provider of Home Delivered Meals. |
| | DDS | Provider of Food Services | Certified by the Arkansas Department of Human Services, Division of Developmental Disability Services as a CFC provider of Home Delivered Meals. |
| Goods and Services | | Participant directed service | |

rganized Health Care Delivery System (OHCDS)

Attachment 3.1 - K

State Plan Under Title XIX of the Social Security Act

ARKANSAS:

Arkansas Community First Choice State Plan Program

Arkansas DHS has established the Organized Health Care Delivery System (OHCDS) option as per 42 CFR447.10 (b) for Arkansas Community First Choice Program providers. Providers agree in writing to guarantee that the services of an OHCDS subcontractor will comply with Medicaid regulations. The OHCDS provider assumes all liability for contract non-compliance. The OHCDS provider must provide at least one Arkansas CFC service directly utilizing its own employees in order to be eligible to utilize OHCDS to contract for services. The OHCDS provider must also have a written contract that specifies the services and assures that work will be completed in a timely manner and be satisfactory to the person served. OHCDS is optional. When OHCDS is used, the enrolled provider is required to have a duly executed sub-contract in place and must review and assure financial accountability. The provider must ensure that services were delivered and proper documentation was submitted for services delivered under OHCDS.

Notwithstanding anything else in this State Plan provision, the coverage will be subject to such other requirements that are promulgated by CMS through interpretive issuance or final regulation.

i. Eligibility

The State determines eligibility for Arkansas Community First Choice (ACFC) services in the manner as prescribed in Social Security Act §1915(k) (1).

ACFC services are available to individuals eligible for medical assistance under the Arkansas State Plan and are in an eligibility group that includes nursing facility services or are below 150% of federal poverty level if they are not in an eligibility group that includes nursing facility services.

A standardized instrument will be used to determine if the individual meets the institutional intermediate level of care (LOC) provided in a nursing facility, an intermediate care facility for individuals with intellectual disabilities, or an institution for mental diseases.

The annual institutional level of care redetermination requirement may be waived if it is determined there is no reasonable expectation of improvement or significant change in the participant's condition because of the severity of a chronic condition or the degree of impairment or functional capacity based on Arkansas' established criteria. For those individuals who do not meet the established criteria, an annual redetermination will be conducted.

Individuals who are receiving medical assistance under the special home and community-based waiver eligibility group defined at section 1902(a)(10)(A)(ii)(VI) of the Act must continue to meet all 1915(c) requirements and must receive at least one home and community-based waiver service per month. Individuals receiving services through ACFC will not be precluded from receiving other home and community-based long-term care services and supports through other Medicaid State plan, waivers, grants or demonstrations but will not be allowed to receive duplicative services in ACFC or any other available home and community-based services.

ii. Service Delivery Models

__X_ Agency Model - The Agency Model is based on the individual-centered assessment of need. The Agency Model is a delivery method in which the services and supports are provided by entities under a contract.

_X_ Self-Directed Model with service budget – This Model is one in which the individual has both a service plan and service budget based on the individual-centered assessment of need.
_____ Direct Cash
_____ Vouchers

State Plan Under Title XIX of the Social Security Act
ARKANSAS:
Arkansas Community First Choice State Plan Program

_X___ Financial Management Services in accordance with 441.545(b) (1).

___ Other Service Delivery Model as described below:

iii. Service Package

A. The following are included CFCO services (in addition to service descriptions, please include any service limitations):

1. Assistance with Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs) and health-related tasks through hands-on assistance, supervision, or cueing.

   Attachment I – Service Definitions

2. Acquisition, maintenance, and enhancement of skills necessary for the individual to accomplish activities of daily living, instrumental activities of daily living, and health related tasks. (Please specify who is performing these activities.)

   Attachment I – Provider Qualifications

3. Back-up systems or mechanisms to ensure continuity of services and supports.

   Attachment I - Service Definitions

4. Voluntary training on how to select, manage, and dismiss attendants. Please identify who is performing these activities.

Counseling Support Managers

5. Support System Activities

- Appeal process
- Free choice of providers
- Information regarding how to report abuse
- Provider criminal background checks

Individuals under twenty-one (21) years of age pursuant to EPSDT may receive additional services if determined to be medically necessary.

B. The State elects to include the following CFCO permissible service(s):

1. _X_ Expenditures relating to a need identified in an individual's individual-centered plan of services that substitute for human assistance, to the extent that expenditures would otherwise be made for human assistance.

2. _X_ Expenditures for transition costs such as rent and utility deposits, first month's rent and utilities, bedding, basic kitchen supplies, and other necessities required for an individual to make the transition from a nursing facility, institution for mental diseases, or intermediate care facility for the individuals with intellectual disabilities to a community-based home setting where the individual resides.

iv. Use of Direct Cash Payments

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A. _X_ The State elects to disburse cash prospectively to CFCO participants. The State assures that all Internal Revenue Service (IRS) requirements regarding payroll/tax filing functions will be followed, including when participants perform the payroll/tax filing functions themselves.

B. ___ The State elects not to disburse cash prospectively to CFCO participants.

v. Assurances

(A) The State assures that any individual meeting the eligibility criteria for CFCO will receive CFC services.

(B) The State assures there are necessary safeguards in place to protect the health and welfare of individuals provided services under this State Plan Option, and to assure financial accountability for funds expended for CFCO services.

(C) The State assures the provision of consumer controlled home and community-based attendant services and supports to individuals on a statewide basis, in a manner that provides such services and supports in the most integrated setting appropriate to the individual's needs, and without regard to the individual's age, type or nature of disability, severity of disability, or the form of home and community-based attendant services and supports that the individual requires in order to lead an independent life.

(D) With respect to expenditures during the first full fiscal year in which the State plan amendment is implemented, the State will maintain or exceed the level of State expenditures for home and community-based attendant services and supports provided under section 1905(a), section 1915, section 1115, or otherwise to individuals with disabilities or elderly individuals attributable to the preceding fiscal year.

(E) The State assures the establishment and maintenance of a comprehensive, continuous quality assurance system with respect to community-based attendant services and supports.

(F) The State assures the collection and reporting of information, including data regarding how the State provides home and community-based attendant services and supports and other home and community-based services, the cost of such services and supports, and how the State provides individuals with disabilities who otherwise qualify for institutional care under the State plan or under a waiver the choice to instead receive home and community-based services in lieu of institutional care.

(G) The State shall provide the Secretary with the following information regarding the provision of home and community-based attendant services and supports under this subsection for each fiscal year for which such services and supports are provided:

(i) The number of individuals who are estimated to receive home and community-based attendant services and supports under this option during the fiscal year.

(ii) The number of individuals that received such services and supports during the preceding fiscal year.

(iii)The specific number of individuals served by type of disability, age, gender, education level, and employment status.

(iv)Whether the specific individuals have been previously served under any other home and community based services program under the State plan or under a waiver.

(H) The State assures that home and community-based attendant services and supports are provided in accordance with the requirements of the Fair Labor Standards Act of 1938 and applicable Federal and State laws.

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(I) The State assures it established a Development and Implementation Council prior to submitting a State Plan Amendment in accordance with section 1915(k)(3)(A). The council is primarily comprised of consumers who are individuals with disabilities, elderly individuals and their representatives.

Arkansas established a CFCO Development and Implementation Council, the majority of whom are individuals with disabilities, including age-related disabilities, and their representatives. The Department consults and collaborates with the Council on a regular basis to inform and elicit feedback regarding the services and supports provided to individuals receiving ACFC services.

An ACFC Website was developed to provide information on the Arkansas Community First Choice program and post updates on the progress of the program development. The website includes general information on ACFC, links to pertinent information, a calendar of the CFCO Development and Implementation Council meetings, and other relevant documents. The site also provided an email address to allow for public input.

vi. Assessment and Service Plan

Describe the assessment process or processes the state will use to obtain information concerning the individual's needs, strengths, preferences, goals and other factors relevant to the need for services:

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Indicate who is responsible for completing the assessment prior to developing the Community First Choice individual-centered service plan.

Please provide the frequency the assessment of need will be conducted.

Describe the reassessment process the State will use when there is a change in the individual's needs or the individual requests a reassessment. Indicate if this process is conducted in the same manner and by the same entity as the initial assessment process or if different procedures are followed.

A standardized assessment tool will be utilized to assess an individual's specific needs. A complete assessment will include an assessment of the individual's physical, mental, and social functioning, and will identify risk factors, individual choices, and preferences, and the status of the service needs. The tool allows for the identification of needs being met utilizing natural supports, state plan services and waiver services, thus allowing for a full and comprehensive assessment and service plan.

Individuals are actively involved in the assessment process and will have the opportunity to identify goals, strengths and needs. Individuals will be allowed to determine the individuals to participate in the assessment process.

The Division of Developmental Disabilities Services (DDS) assessment process will apply to individuals receiving services through the Developmental Disabilities Home and Community-Based Services (DD HCBS) 1915(c) waiver and any individuals with a developmental disability who requests ACFC services through the State Plan but are not participating in a 1915(c) waiver.

DDS will ensure that all individuals with a developmental disability who apply for ACFC services are assessed using a standardized assessment tool appropriate for the age of the applicant. The assessor may not be related by blood or marriage to the individual being

assessed or to any paid caregiver of the individual, financially or legally responsible for the individual, empowered to make financial or health related decisions on behalf of the individual and may not benefit financially from the provision of assessed needs. The assessor may not have provided services to, or be employed by an entity who has provided services to the individual within the past twelve months.

DDS will ensure through its contractor that assessors possess Qualified Developmental Disabilities Professional (QDDP) qualifications as defined in 42 CFR §483.430, as follows:

a. At least one year of experience working directly with individuals with intellectual or physical disabilities; and

b. Is one of the following:
   - A doctor of medicine or osteopathy,
   - A registered nurse,
   - An individual who holds a bachelor's degree in a human services field including, but not limited to: sociology, special education, rehabilitation counseling, or psychology.

The independent assessment will be used to determine a service need level for individuals, associate a service plan budget with a service need level, and inform the care planning process.

Independent assessments for the purposes of level of need determination and price setting will be conducted with the following frequency:

1. For adults age 18 and older
   a. Every three years
   b. Whenever an individual experiences a significant change in condition after their initial evaluation and prior to the date of their next regular assessment

2. For children ages 4 through 17 years of age
    a. Annually
    b. Whenever an individual experiences a significant change in condition after their initial evaluation and prior to the date of their next regular assessment

3. For children ages birth through 3 years of age
    a. Annually
    b. Whenever an individual experiences a significant change in condition after their initial evaluation and prior to the date of their next regular assessment
    c. Assessments will be performed by DDS registered nurses or licensed social workers

In between the independent assessments that are performed every three years for adults, the individual's chosen provider will perform an annual assessment of functional status using a standardized assessment tool. Assessments conducted by the provider will not be used for resource allocation purposes. These assessments will be used to inform the development of the individual's service plan and will ensure the individual's needs are identified and addressed.

The Division of Aging and Adult Services (DAAS) functional assessment process will apply for individuals ages 65 and older or ages 21 and older with a physical disability requesting ACFC services.

The initial individual assessment of the participant is performed by the waiver DAAS RN utilizing the standardized assessment tool. Each DAAS RN is a licensed registered nurse, employed by the Department of Human Services, DAAS. Once the assessment is completed by the DAAS RN, it is signed and dated by the DAAS RN and the participant, and forwarded to the Division of Medical Services (DMS),

Office of Long Term Care (OLTC) for final determination of the participant's level of care and medical need. Medical need eligibility is valid for one year, unless specified otherwise by OLTC.

The process for the initial evaluation and re-evaluation of level of care and medical need eligibility for participants is the same.

Individual-Centered Service Plan Development Process: Describe the process that is used to develop the individual-centered service plan, including:

- Indicate how the service plan development process ensures that the individual-centered service plan addresses the individual's goals, needs (including health care needs), and preferences, by offering choices regarding the services and supports they receive and from whom.
- A description of the timing of the individual-centered service plan to assure the individual has access to services as quickly as possible, frequency of review, how and when it is updated, mechanisms to address changing circumstances and needs or at the request of the individual.
- A description of the strategies used for resolving conflict or disagreement within the process, including the conflict of interest standards for assessment of need and the individual-centered service plan development process that apply to all individuals and entities, public or private.

The Individual Centered Service Plan Process:

All individuals in a HCBS Waiver receiving ACFC services will receive case management services through the HCBS Waiver. The individual centered service plan development process and CMS assurances will be guided by Appendix D, Participant-Centered Planning and Service Delivery, of the HCBS Waiver.

For those eligible individuals who choose not to enroll in a HCBS Waiver program, the individual centered service plan development process will be available through the State Plan targeted case management process. Arkansas is in the process of developing a Health Home program for individuals. Once the Health Home SPA is approved and implemented (estimated implementation date is July 1, 2014), the individual centered service plan development process will be provided under Health Home Section 2703 authority for those who are not enrolled in a HCBS Waiver.

vii. Home and Community-based Settings

CFC Services will be provided in a home or community setting, which does not include a nursing facility, institution for mental diseases, or an intermediate care facility for individuals with intellectual disabilities.

Please specify the settings CFC services will be provided.

The home and community-based settings for ACFC services meet the home and community-based criteria in 441.530 which do not include a hospital, a nursing facility, an institution for mental diseases, or an intermediate care facility for individuals with intellectual disabilities.

viii. Qualifications of Providers of CFCO Services
Attachment I – Provider Qualifications

ix. Quality Assurance and Improvement Plan

Provide a description of the State's Community First Choice quality assurance system. Please include the following information:

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- How the State will conduct activities of discovery, remediation, and quality improvement in order to ascertain whether the program meets assurances, corrects shortcomings, and pursues opportunities for improvement;

- The system performance measures, outcome measures, and satisfaction measures that the State will monitor and evaluate.

- Describe how the State's quality assurance system will measure individual outcomes associated with the receipt of community-based attendant services and supports.

- Describe the system(s) for mandatory reporting, investigation and resolution of allegations of neglect, abuse, and exploitation in connection with the provision of CFC services and supports.

- Describe the State's standards for all service delivery models for training, appeals for denials and reconsideration procedures for an individual’s individual-centered service plan.

- Describe the quality assurance system's methods that maximize consumer independence and control and provide information about the provisions of quality improvement and assurance to each individual receiving such services and supports.

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- Describe how the State will elicit feedback from key stakeholders to improve the quality of the community-based attendant services and supports benefit.

- The methods used to continuously monitor the health and welfare of Community First Choice individuals

- The methods for assuring that individuals are given a choice between institutional and community-based services.

1915(c) waiver participants also receiving ACFC services will be monitored utilizing the approved 1915(c) waiver application performance measures, outcome measures developed in coordination with stakeholders, and satisfaction measures.

Arkansas will utilize the 1915(c) waivers' Quality Improvement Strategies (QIS) that support key quality strategies and address areas of concern.

DDS evaluates provider compliance through an annual on-site review by the DDS Quality Assurance Certification and Licensure Unit. The Unit reviews 100% of providers to verify compliance with DDS Standards and Medicaid policies. Staff selects a sample of people served and evaluates compliance through record review, interview, and observation. The Quality Assurance Unit cites deficiencies and issues formal findings in a report to the provider agency in accordance with DDS Standards and Medicaid policies.

The DMS QA Unit reviews the actions of the operating agencies and issues transmittals to the operating agency identifying deficiencies in practice, according to

the approved service description and performance measures. The operating agency must submit a plan of correction to the DMS Quality Assurance Unit that addresses any issues found in the Quality Assurance Unit report. The operating agency must remediate any problems noted. DMS submits an Evidence Report to CMS on behalf of the operating agency and works with the operating agency to develop measurable discovery and remediation measures. DMS QA Unit uses file reviews, onsite reviews, and interviews with individuals receiving services to verify compliance.

The DMS QA Unit and the operating agencies meet quarterly to discuss findings, remediation and corrective action plans.

Arkansas is administering adult consumer surveys developed by the National Core Indicator Project, a collaboration of participating states, HSRI and NASDDS to obtain information from eligible individuals about their perspectives about Developmental Disabilities services.

Arkansas' quality assurances are based on the HCBS Quality Framework. The framework focuses on seven broad, participant-centered desired outcomes for delivery of home and community-based services including assuring participant health and welfare:

A. Participant Access: Individuals have access to HCBS and supports in their communities.
B. Participant-Centered Service Planning and Delivery: Services and supports are

planned and effectively implemented in accordance with each participant's unique needs, expressed preferences and decisions concerning the individual's life in the community.

C. Provider Capacity and Capabilities: There are sufficient HCBS providers and they possess and demonstrate the capability to effectively serve participants
D. Participant Safeguards: Participants are safe and secure in their home and communities, taking into account their informed and expressed choices.
E. Participant Rights and Responsibilities: Participants receive support to exercise their rights and in accepting individual responsibilities.
F. Participant Outcomes and Satisfaction: Participants are satisfied with their services and achieve desired outcomes.
G. System Performance: The system supports participants efficiently and effectively and constantly strives to improve quality.

Additional system performance measures, outcome measures and satisfaction measures include the following:

A. The number and percentage of ACFC applicants who had a LOC evaluation indicating need for institutional level of care prior to receiving ACFC services. Numerator = Number of ACFC applicants who have a completed institutional level of care assessment prior to receiving ACFC services. Denominator = Number of records reviewed.
B. The number and percentage of ACFC participants who receive the required annual redetermination of institutional LOC eligibility within 12 months of their

initial institutional LOC evaluation, or within 12 months of their last annual LOC reevaluation. Numerator: All ACFC participants with a LOC redetermination completed prior to 12 months from their initial determination or last redetermination. Denominator: Number of records reviewed.

C. The number and percentage of LOC assessments completed by a qualified evaluator using the appropriate processes and instruments and according to the approved description. Numerator: LOC assessments completed by a qualified evaluator using the appropriate processes and instruments according to the approved description. Denominator: Number of records reviewed.
D. The number and percentage of providers, by provider type, which obtained the appropriate license/certification in accordance with state law and ACFC provider qualifications prior to delivering services. Numerator: Providers that prior to providing ACFC services initially met and continue to meet state law and ACFC provider qualification requirements. Denominator: Number of records reviewed.
E. The number and percentage of providers meeting state and ACFC provider training requirements. - Numerator: Providers that are trained per state law and the approved ACFC. - Denominator: Number of records reviewed.
F. The number and percentage of ACFC participants reviewed who had a service plan (plan of care) that was adequate and appropriate to their needs as indicated by the assessment. Numerator: Number of participants with service plans that address needs. Denominator: Number of records reviewed.
G. The number and percentage of ACFC participants reviewed who had service plans that addressed individual goals and risk factors. Numerator: Number of ACFC service plans that address individual goals and risk factors. Denominator:

Number of records reviewed.

H. The number and percentage of service plans that were reviewed and revised as warranted on or before the ACFC participant's annual review date. Numerator: Number of ACFC participant's service plans that were reviewed/revised on or before the annual review date. Denominator: Number of records reviewed.
I. The number and percentage of ACFC participants reviewed who received services in the type, scope, amount, frequency and duration specified in the service plan. Numerator: Number of ACFC participants' who received services specified in accordance with the service plan. Denominator: Number of records reviewed.
J. The number and percentage of ACFC participants' records reviewed where the participant or family member or legal guardian received information about how to report abuse, neglect, exploitation and other critical incidents. Numerator: Number of ACFC participants receiving information on how to report abuse, neglect, exploitation and other critical incidents. Denominator: Number of records reviewed.
K. The number and percentage of critical incident reviews and investigations that were initiated and completed according to policy and state law. Numerator: Number of critical incident investigations completed according to policy and state law. Denominator: Number of records reviewed.
L. The number and percentage of ACFC claims that were paid using the correct rate. Numerator: Number of claims paid at the correct rate. Denominator: Number of records reviewed.

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Arkansas assures that individuals are given a choice between institutional and home and community-based services. The individuals are informed of feasible alternatives for home and community-based services and given a choice as to which type of service they choose to receive. When an individual is determined to require the level of care provided in an institution, the individual or his or her representative will be:

1. Informed of any feasible alternatives available under ACFC or the applicable HCBS Waiver, and
2. Given the choice of either institutional or home and community-based services. The choice of institutional or home and community-based services is documented on each eligible individual's record.

Payment Methodology

Payment for ACFC services will remain at the current fee-for-service rates pending implementation of the episode-based payment approach.

*Arkansas Episode Based Payment Overview*

Arkansas is transforming its fragmented and encounter-based care delivery system into a coordinated, individual-centered, cost-effective care delivery system that coordinates individuals' health and support needs across providers and over time. The primary goals of this transformation are to (1) improve the health of the population; (2) enhance the individual's experience in the areas of quality, access, and reliability; and (3) to reduce, or at least control, the cost of healthcare. To achieve these aims, Arkansas is shifting from fee-for-service payment mechanisms that lead to fragmented care and overutilization to a value-based payment model that rewards effective care coordination and superior outcomes with respect to both quality and cost containment.

There are two approaches for episode-based payment: retrospective episode-based payment (REBP) and assessment-based episode payment. Details can be found in the State Healthcare Innovation Plan. Assessment-based episodes will form the basis of payment for ACFC services. The methodology for assessment-based payment under ACFC is outlined below.

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*ACFC Payment Methodology*

Assessment-based payment will be used for ACFC. The cornerstone of the ACFC payment methodology will be the use of standardized assessment tools that determines an individual's level of need, a prospective budget amount, and informs the individual-centered care planning process. Budget amounts will be determined through analysis of costs for individuals at each level of need.

Provider reimbursement for services provided to eligible ACFC participants will be delivered in uniform, periodic installments (e.g. weekly, monthly) based on the prospectively determined budget amount for each individual. In order to measure the quantity and quality of services, disbursement of periodic payments will be contingent on submission of encounter data that will enable verification of receipt of services. An exception process will be in place to reimburse providers for large, one-time services (e.g. home modifications).

The assessment tools that will be employed are based on the principles of "case-mix" that have been used extensively to match payment levels to level of need in diverse settings including hospitals, nursing homes, home care, and inpatient psychiatric care. These tools have been developed and extensively tested through resource utilization studies that establish correlations between *actual* resource requirements and assessment criteria. This methodology for determining payment levels based on levels of need is the industry standard in institutional LTSS, and has also been employed in home care settings.

The majority of individuals that will be enrolled in ACFC currently receive home and community based services through 1915(c) waivers. Based on the fact that most waiver services are being transitioned to ACFC without changes, on the effective date (July 1, 2014) Arkansas Medicaid will consider existing individual Plans of Care (POC) valid under ACFC and will initiate reimbursement for those services under approved ACFC State Plan. As each individual POC comes up for annual renewal under the waiver, each POC will be revised to reflect the services that have been transitioned to ACFC as non-waiver services utilizing the ACFC guidelines and the assessment-based episode payment methodology. At that point individuals receiving services will receive information regarding any new options available under ACFC

and will be given an option to request a Fair Hearing if they feel aggrieved by a decision they consider adverse. This will assure seamless and transparent transition of services to the ACFC program.