

TOC required**202.300****Enrollment****1-1-15**

The Division of Aging and Adult Services (DAAS) is the point of entry for all enrollment activity for IndependentChoices. The program is limited based on an approved number through the Medicaid State Plan.

The individual or their designee will first call the IndependentChoices toll-free number at 888-682-0044 or 866-710-0456. Information about the program is provided to the individual and verification made that the individual is currently enrolled in a Medicaid category that covers personal assistance services. If the individual is currently enrolled in an appropriate Medicaid category and has an assessed physical dependency need for “hands on” assistance with personal care needs, DAAS will enter the participant’s information into a DAAS database. If the individual is not currently enrolled in an appropriate Medicaid category, the individual will be referred to the DHS County Office for eligibility determination.

The IndependentChoices counselor, nurse and fiscal agent will then work with the individual to complete the enrollment forms either by mail and telephone contact or by a face-to-face meeting. The individual will be provided with a program manual, which explains the individual’s responsibilities regarding enrollment and continuing participation. The individual must complete the forms in the Enrollment Packet, which consists of the Participant Responsibilities and Agreement, the Backup Personal Assistant and the Authorization to Disclose Health Information. The individual must also complete the forms in the Employer Packet, which includes the Limited Power of Attorney, IRS and direct deposit forms related to being a household employer. Each personal assistant must complete the forms in the Employee Packet which include the standard tax withholding forms normally completed by an employee, the Employment Eligibility Verification Form (I-9), a Participant/Personal Assistant Agreement, Employment Application and a Provider Agreement. Each packet includes step-by-step instructions on how to complete the above forms. Assistance is available to the individual, Decision-Making Partner/Communications Manager and the personal assistant to help complete the forms and answer any questions.

As part of the enrollment process, the DAAS RN will complete an assessment using the Home and Community Based Services (HCBS) Level of Care Assessment Tool. The DAAS RN will determine, through the completed assessment and professional judgment, the level of medical necessity. This determination creates the budget for self-directed services. Eligibility for personal care services is based on the same criteria as state plan personal care services.

NOTE: For ElderChoices beneficiaries, the DAAS RN will determine the need for personal care, Adult Companion Services and Homemaker hours needed. The ElderChoices plan of care will reflect that the beneficiary chooses IndependentChoices as the provider. DAAS-HCBS staff will obtain physician authorization for persons not receiving either ElderChoices or Alternatives for Adults with Physical Disabilities waiver services.

After the in-home assessment, the DAAS RN will complete the paperwork and coordinate with the IndependentChoices counselor. The counselor will process all of the completed enrollment forms. The assessment is sent to the beneficiary’s physician for authorization if the beneficiary is not authorized for services through a waiver plan of care for ElderChoices or Alternatives for Adults with Physical Disabilities. State and IRS tax forms will be retained by the fiscal agent. Disbursement of funds to a beneficiary or their employee will not occur until all required forms are accurately completed and in the possession of the fiscal agent.

Personal care assessments for beneficiaries aged 21 years or older and authorized by the beneficiary’s physician in excess of 14.75 hours per week are forwarded to DAAS for coordination with Utilization Review in the Division of Medical Services for approval. [View or print Utilization Review contact information.](#) For beneficiaries under age 21, all personal care hours must be authorized through Medicaid’s contracted Quality Improvement Organization (QIO), QSource of Arkansas. [View or print QSource of Arkansas contact information.](#)

IndependentChoices follows the rules and regulations found in the Arkansas Medicaid Personal Care Provider Manual in determining and authorizing personal care hours. The initial authorization for personal assistance services may not begin until the beneficiary's primary care physician or an advanced practice nurse enrolled in the Arkansas Medicaid APN program seeing patients in an Arkansas Medicaid enrolled Rural Health Clinic or Federally Qualified Health Center signs and dates the Home and Community Based Services (HCBS) Level of Care Assessment Tool. For beneficiaries receiving services through the ElderChoices or Alternatives for Adults with Physical Disabilities waiver program, the APN or physician's signature is not required. The signature of the DAAS RN is sufficient to authorize personal care services. After the service plan is authorized, the actual day services begin is dependent upon all of the following conditions:

- A. DAAS issues a seven-day notice to discontinue service to any agency personal care, adult companion services or homemaker provider currently providing services to the individual.
- B. The date the beneficiary's worker is able to begin providing the necessary care. It can be no earlier than the date the physician authorized the service plan for the non-waiver eligible participant, if an agency provider is not providing the personal care services.
- C. The fiscal agent is in possession of all required employer and employee documents.

If the beneficiary is not a recipient of ElderChoices or Alternatives for Adults with Physical Disabilities services, then continuation of personal assistance services requires reauthorization prior to the end of the current service plan end date.

When required for non-waiver beneficiaries, the earlier of the two following conditions will suffice for the face-to-face visit required sixty days prior to the begin date of the new service plan:

- A. The beneficiary's primary care physician or eligible nurse practitioner (as described in this manual) signature on the HCBS Level of Care Assessment Tool attests that he or she has examined the patient within the past 60 days.
- B. The beneficiary has a face-to-face visit with their primary care physician or eligible nurse practitioner 60 days prior to the service plan begin date.

When the approval by Utilization Review is received, or the beneficiary needs 14.75 hours or less per week, the IndependentChoices Counselor will contact the beneficiary or Decision-Making Partner/Communications Manager to develop the cash expenditure plan. The Medicaid beneficiary as the employer and the counselor will determine when IndependentChoices services can begin, but may not commence prior to the date authorized by the physician. The beneficiary is required to have a face-to-face visit with their physician within 60 days of the date that the physician signs the Assessment Tool or 60 days prior to the service plan begin date and each subsequent reassessment. At no time will services begin prior to the first day of the previous month unless authorized by the Division of Aging and Adult Services.

202.400 Current Medicaid Clients Not Receiving Personal Care

1-1-15

Referrals will be accepted from advocacy organizations, provider agencies or other interested parties for clients who are receiving Medicaid and have a need for personal care, but have not accessed the traditional personal care system. All referrals received follow the enrollment procedures as outlined in 202.300.

202.800 Participant/Personal Assistant Agreements

1-1-15

The fiscal agent is responsible for obtaining the Participant/Personal Assistant Agreement form DAAS-IC-17. The purpose of the DAAS-IC-17 is to state the agreements to which both the employer and the employee(s) are in agreement. The agreement is signed by both the beneficiary or Decision-Making Partner and the employee.

202.900 Back-up Plans 1-1-15

Having a back-up worker is required for participation in IndependentChoices. The counselor will assist the Medicaid beneficiary as the employer or Decision-Making Partner in developing a back-up plan to outline how the beneficiary's needs will be met should the assistant be absent from the home for any reason. The back-up plan must identify caregivers, either formal or informal, who will provide back-up personal attendant services.

220.200 Personal Assistance Services 1-1-15

Assistants will be recruited, interviewed, hired and managed by the Medicaid beneficiary as the employer or a designated Decision-Making Partner. Family members, other than those with legal responsibility to the beneficiary, may serve as personal assistants. A court appointed legal guardian, spouse, power of attorney or income payee may not serve as a Personal Assistant.

The beneficiary's personal assistant performs the services under the agreed upon terms of the DAAS-IC-17 IndependentChoices Participant/Personal Assistant Agreement.

260.100 Fiscal Support Services 1-1-15

Beneficiaries in IndependentChoices will be offered a monthly allowance in lieu of traditional agency-provided personal assistance services. The intended use of the monthly allowance is to purchase items or other medically necessary personal assistance services that are allowed. All payments are by electronic funds transfer (EFT). Use of the monthly allowance is determined by the beneficiary/representative exercising budget authority outlined on the Cash Expenditure Plan. Requests to purchase nontraditional or unusual items over \$50.00 will require the approval of the Counselor and DAAS. The fiscal agent, or bookkeeper, will receive the beneficiary's cash payment from the Arkansas Medicaid fiscal intermediary. The Medicaid fiscal intermediary will make monthly prospective payments to the fiscal agent based on active IndependentChoices participants as indicated on the MMIS. DAAS is responsible for accurately maintaining the IndependentChoices eligibility segments.

Personal assistants will complete their timesheets and obtain the authorizing signature of the beneficiary. The timesheet will be submitted to the fiscal agent bi-weekly.

The fiscal agent will perform all payroll functions. This will include preparation and payment through EFT for assistants and compliance with applicable state and federal employer/employee laws.

260.200 Method of Reimbursement 1-1-15

The Cash Allowance will be quoted as a Monthly Cash Allowance, using 30 as the days in a typical month. However, the amount of the allowance awarded will be based on the actual number of days in each month. CMS approved an adjustment factor of 57.8% to the agency rate based on historical data from 1998–2007.

260.430 Counseling 1-1-15

Counseling is provided to beneficiaries statewide through a subcontracted service through the self-directed with service budget (SDSB) contract. The counseling contractor must adhere to performance based contracting standards and the Scope of Service established by DMS in addition to State and Federal requirements. The counselors representing the contract must have a minimum of three years experience working with the general public with experience in teaching, mentoring or coaching with outcome based expectations. Examples of potential counselors may include but are not limited to active or retired teachers, public servants, health professionals, social workers or non-professionals who have exceptional communication skills and pass the self-directed service budget delivered training offered by the SDSB counseling contractor.

A counseling contractor may not provide SDSB enrollment or monitoring activities to a family member. A family member is defined as an individual currently related to the counselor by virtue of blood, marriage, adoption or a relative of any degree.

Other job related education and/or experience may be substituted for all or part of these basic requirements with approval of DAAS.

The current contract requires IndependentChoices counseling providers to perform the following:

- A. Enrollment of new beneficiaries
- B. Develop and implement beneficiary directed budget
- C. Coordinate with Financial Management Services (FMS) provider and DMS
- D. Orientation to IndependentChoices and the concept of consumer direction
- E. Skills training on how to recruit, interview, hire, evaluate, manage or dismiss assistants
- F. Consumer-directed counseling support services
- G. Monitor IndependentChoices participants/Decision-Making Partners
- H. Monitor over and under expenditures of the Cash Expenditure Plan
- I. Provide monthly reports to DAAS
- J. Use RNs to assess functional need for personal care
- K. Inform DAAS of beneficiaries' readiness to begin self-direction and when disenrollment occurs

260.440 Financial Management Services (FMS)

1-1-15

Financial management services (FMS) will be beneficiary participant directed and provided by the IndependentChoices fiscal agent. The FMS contractor must adhere to performance based contracting standards and the Scope of Service established by DMS in addition to State and Federal requirements. If FMS is provided by a Certified Public Accountant (CPA), the CPA must be licensed in the State of Arkansas. Subcontracts with FMS direct-service providers must be approved by DAAS. The entity providing the direct FMS service must have an IRS FEIN (Federal Employer Identification Number) dedicated to fiscal agency services. The entity providing this service must have at least 3 years experience providing fiscal employer agency work to individuals with physical disabilities in Arkansas.

The FMS will provide the following supports and services:

- A. Collect and process timesheets of support workers
- B. Process payroll, withholding, filing and payment of applicable federal, state and local employment-related taxes and insurance
- C. Prepare and disburse IRS Forms W-2 and W-3 annually
- D. Receive and disburse funds for payment of beneficiary -directed services under an agreement with Medicaid and the Medicaid fiscal intermediary
- E. Assure that all expenditures match the written budget
- F. The current contract with the FMS requires the following:
 - 1. Creation of systematic processes, internal controls, policies and procedures to comply with FMS requirements

2. Receiving and reviewing all necessary Federal and State forms required for enrolling the participant to be a “Household Employer,” as well as New Hire Packets from the enrolling beneficiary’s employee
3. Obtaining individual FEIN number enabling FMS provider to act as a Household Employer Agent
4. Communicating and assisting consumers in the completion of these forms if needed
5. Resending and monitoring receipt of forms as needed
6. Accepting the beneficiary’s allowance from Medicaid’s fiscal intermediary once monthly
7. Accurately posting allowance income and expenditures and developing and submitting a monthly report on carry-over balance
8. Disbursing the monthly allowance as directed on the Cash Expenditure Plan
9. Withhold and pay State and Federal payroll taxes per regulations
10. Informing the Counseling Agency and DAAS when a beneficiary has 30 days of their allowance (excluding savings directed toward a specific purchase) remaining at the end of the month on the Cash Expenditure Plan
11. Notifying DAAS and providing a corrective action plan in the event any beneficiary’s allowance ever becomes less than zero
12. Making refunds to Arkansas Medicaid within forty five days post disenrollment or sooner if no outstanding obligations are present upon disenrollment
13. Providing monthly management reports to beneficiaries and DAAS
14. Respond to requests for income verification
15. Providing to DAAS, by the end of February, an annual report of the previous years’ activity. The report will inform by beneficiary, by month, the amount of the allowance received, the wages paid to beneficiary’s employee, taxes withheld, and, in descriptive terms, how the allowance was spent.
16. Mail W-2s in January of each year if the employee’s wages meet the earnings threshold per IRS Publication 926—Household Employer’s Tax Guide