

ARKANSAS REGISTER



Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**

Secretary of State

Mark Martin

500 Woodlane, Suite 026

Little Rock, Arkansas 72201-1094

(501) 682-5070

www.sos.arkansas.gov



For Office

Use Only:

Effective Date _____ Code Number _____

Name of Agency Department of Human Services

Department Division of Medical Services

Contact Isaac Linam E-mail isaac.linam@dhs.arkansas.gov Phone 501-320-6570

Statutory Authority for Promulgating Rules 42 CFR 440.169 & 441.301 and Arkansas Code Annotated 20-77-107

Rule Title: Arkansas Independent Assessment (ARIA) New-18 Manual

Intended Effective Date
(Check One)

☐ Emergency (ACA 25-15-204)

☐ 10 Days After Filing (ACA 25-15-204)

☒ Other January 1, 2019
(Must be more than 10 days after filing date.)

Legal Notice Published

Final Date for Public Comment

Reviewed by Legislative Council

Adopted by State Agency

Date

08/13/2018

09/12/2018

10/19/2018

01/01/2019

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Becky Murphy becky.murphy@dhs.arkansas.gov

Contact Person

E-mail Address

Date

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Signature

(501) 682-8330

tami.harlan@dhs.arkansas.gov

Phone Number

E-mail Address

Director

Title

10/16/18

Date



Division of Medical Services
Office of Policy Coordination & Promulgation

P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437
501-320-6428 · Fax: 501-404-4619
TDD/TTY: 501-682-6789



TO: Arkansas Medicaid Health Care Providers – Arkansas Independent Assessment (ARIA)

EFFECTIVE DATE: January 1, 2019

SUBJECT: Provider Manual Update Transmittal ARIA-NEW-18

REMOVE

Section

Effective Date

INSERT

Section

Effective Date

ALL

1-1-19

Explanation of Updates

A new Arkansas Independent Assessment (ARIA) policy manual is available for all Arkansas Independent Assessment providers.

This update transmittal memorandum indicates which sections of your provider manual have been revised. Electronic versions of provider manuals available from the Arkansas Medicaid website have changes incorporated. See Section I for instructions on updating a paper copy of the manual.

If you have questions regarding this transmittal, please contact the Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and out-of-state at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact the Office of Policy Coordination and Promulgation at (501) 320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: <https://medicaid.mmis.arkansas.gov/>.

Thank you for your participation in the Arkansas Medicaid Program.

A handwritten signature in blue ink, reading "Tami Harlan".

Tami Harlan
Director

SECTION II - ARKANSAS INDEPENDENT ASSESSMENT (ARIA)

CONTENTS

TOC required

200.000 OVERVIEW

201.000 Arkansas Independent Assessment (ARIA) System Overview

1-1-19

The Arkansas Independent Assessment (ARIA) system is comprised of several parts that are administered through separate steps for each eligible Medicaid individual served through one of the state's waiver programs, or state plan personal care services. The purpose of the ARIA system is to perform a functional-needs assessment to assist in the development of an individual's Person Centered Service Plan (PCSP), personal care services plan. As such, it assesses an individual's capabilities and limitations in performing activities of daily living such as bathing, toileting and dressing. It is not a medical diagnosis, although the medical history of an individual is an important component of the assessment as a functional deficiency may be caused by an underlying medical condition. In the case of an individual in need of behavioral health services, or waiver services administered by the Division of Developmental Services (DDS), the independent assessment does not determine whether an individual is Medicaid eligible as that determination is made prior to and separately from the assessment of an individual.

Federal statutes and regulations require states to use an independent assessment for determining eligibility for certain services offered through Home and Community Based Services (HCBS) waivers. It is also important to Medicaid beneficiaries and their families that any type of assessment is based on tested and validated instruments that are objective and fair to everyone. In 2017, Arkansas selected the ARIA system which is being phased in over time among different population groups. When implemented for a population, the ARIA system replaces and voids any previous IA systems.

The ARIA system is administered by a vendor under contract with the Arkansas Department of Human Services (DHS). The basic foundation of the ARIA system is MnCHOICES, a comprehensive functional assessment tool originally developed by state and local officials in Minnesota for use in assessing the long-term services and supports (LTSS) needs of elderly individuals. Many individuals with developmental disabilities (DD)/intellectual disabilities (ID) and individuals with severe behavioral health needs also have LTSS needs. Therefore, the basic MnCHOICES tool has common elements across the different population groups. DHS and its vendor further customized MnCHOICES to reflect the Arkansas populations.

ARIA is administered by professional assessors who have successfully completed the vendor's training curriculum. The assessor training is an important component of ensuring the consistency and validity of the tool. The assessment tool is a series of more than 300 questions that might be asked during an interview conducted in person. The interview may include family members and friends as well as the Medicaid beneficiary. How a question is answered may trigger another question. Responses are weighted based on the service needs being assessed. The MnChoices instrument is computerized and uses computer program language based on logic (an algorithm) to generate a tier assignment for each individual. An algorithm is simply a sequence of instructions that will produce the exact same result in order to ensure consistency and eliminate any interviewer bias.

The results of the assessment are provided to the individual and program staff at DHS. The results packet includes the individual's tier result, scores, and answers to all questions asked during the IA. [Click here to see an example results packet.](#) Individuals have the opportunity to review those results and may contact the appropriate division for more information on their

individual results, including any explanations for how their scores were determined. Depending upon which program the individual participates in, the results may also be given to service providers. The results will assign an individual into a tier which subsequently is used to develop the individual's PCSP. The tiers and tiering logic are defined by DHS and are specific to the population served (personal care, DD/ID, BH). DHS and the vendor provide internal quality review of the IA results as part of the overall process. The tier definitions for each population group/waiver group are available in the respective section of this Manual. In the case of an individual whose services are delivered through the Provider-led Arkansas Shared Savings Entity (PASSE), the tier is used in the determination of the actuarially sound global payment made to the PASSE. Beginning January 1, 2019, each PASSE is responsible for its network of providers and payments to providers are based on the negotiated payment arrangements.

For beneficiaries receiving state plan personal care, the IA determines initial eligibility for services, then is used to inform the amount of services the beneficiary is to receive.

For clients who receive HCBS services, the IA results are used to develop the PCSP with the individual Medicaid beneficiary. The Medicaid beneficiary (or a parent or guardian on the individual's behalf) will sign the PCSP. Depending upon which program the individual participates in, department staff or a provider is responsible for ensuring the PCSP is implemented. The DHS ARIA vendor does not participate in the development of the PCSP, nor in the provision of services under the approved plan.

There are four key features of every Medicaid home and community based services (HCBS) waiver:

- A. It is an alternative to care in an institutional setting (hospital, nursing home, intermediate care facility for individuals with developmental disabilities), therefore the individual must require a level of services and supports that would otherwise require that the individual be admitted to an institutional setting;
- B. The state must assure that the individual's health and safety can be met in a non-institutional setting;
- C. The cost of services and supports is cost effective in comparison to the cost of care in an institutional setting; and,
- D. The PCSP should reflect the preferences of the individual and must be signed by the individual or their designee.

The PCSP, as agreed to by the Medicaid beneficiary, therefore represents the final decision for setting the amount, duration and scope of HCBSs for that individual.

201.100 Developmental Screen Overview

1-1-19

Additionally, the vendor will perform developmental screens for children seeking admission into an Early Intervention Day Treatment (EIDT) program, the successor program to Developmental Day Treatment Clinic Services (DDTCS) and Child Health Management Services (CHMS) described in Act 1017 of 2013. Ark. Code Ann. § 20-48-1102. The implementation of the screening process supports Arkansas Medicaid's goal of using a tested and validated assessment tool that objectively evaluates an individual's need for services.

The developmental screen is the Battelle Developmental Inventory screening tool, which is a norm-referenced tool commonly used in the field to screen children for possible developmental delays. The state has established a broad baseline and will use this tool to screen children to determine if further evaluation for services is warranted. The screening results can also be used by the EIDT provider to further determine what evaluations for services a child should receive.

202.000 Assessor Qualifications Overview

1-1-19

All Assessors who perform IAs or developmental screens on behalf of the vendor must meet the following qualifications:

- A. At least one-year experience working directly with the population with whom they will administer the assessment
- B. Have the ability to request and verify information from individuals being assessed
- C. Culturally sensitive to individuals assessed
- D. Have the necessary knowledge, skills and abilities to successfully perform and manage Independent Assessments including organization, time management, ability to address difficult questions and problematic individuals, effective communication, and knowledge of adult learning strategies
- E. Linguistically competent in the language of the individual being assessed or in American Sign Language or with the assistance of non-verbal forms of communication, including assistive technology and other auxiliary aids, as appropriate to the individual assessed or use the services of a telephonic interpreter service or other equivalent means to conduct assessments
- F. Verify the information received from the individual and the individual's family members, caregivers, and/or guardians by cross-referencing all available information
- G. SHALL NOT be related by blood or marriage to the individual or to any paid caregiver of the individual, financially responsible for the individual empowered to make financial or health-related decision on behalf of the individual, and would not benefit financially from the provision of assessed needs

203.000**Appeals****1-1-19**

Appeal requests for the ARIA system must adhere to the policy set forth in the Medicaid Provider Manual Section 160.000 Administrative Reconsideration and Appeals which can be accessed at <https://medicaid.mmis.arkansas.gov/Provider/Docs/all.aspx>.

204.000**Severability****1-1-19**

Each section of this manual is severable from all others. If any section of this manual is held to be invalid, illegal or unenforceable, such determination shall not affect the validity of other sections in this manual and all such other sections shall remain in full force and effect. In such an event, all other sections shall be construed and enforced as if this section has not been included therein.

210.000**BEHAVIORAL HEALTH SERVICES****210.100****Referral Process****1-1-19**

Independent Assessment (IA) referrals are initiated by Behavioral Health (BH) Service providers identifying a beneficiary who may require services in addition to behavioral health counseling services and medication management. Requests for functional assessment shall be transmitted to the Department of Human Services (DHS) or its designee. Supporting documentation related to treatment services necessary to address functional deficits may be provided.

DHS or its designee will review the request and make a determination to either:

- A. Finalize a referral and sent it to the vendor for a BH IA
- B. Provide notification to the requesting BH service provider that more information is needed

C. Provide notification to the requesting entity

Reassessments will occur annually, unless a change in circumstances requires a new assessment.

210.200 Assessor Qualifications

1-1-19

In addition to the qualifications listed in Section 102.000, BH assessors must have a four (4) year Bachelor's degree or be a Registered Nurse with at least one year of mental health experience.

210.300 Tiering

1-1-19

A. Tier definitions:

1. Tier 1 means the score reflected that the individual can continue Counseling and Medication Management services but is not eligible for the additional array of services available in Tier 2 or Tier 3
2. Tier 2 means the score reflected difficulties with certain behaviors allowing eligibility for a full array of non-residential services to help the beneficiary function in home and community settings and move towards recovery.
3. Tier 3 means in the score reflected difficulties with certain behaviors allowing eligibility for a full array of services including 24 hours a day/7 days a week residential services, to help the beneficiary move towards reintegrating back into the community.

B. Tier Logic

1. Beneficiaries age 18 and over

Tier 1 – Counseling and Medication Management Services		Tier 2 – Counseling, Medication Management, and Support Services	Tier 3 – Counseling, Medication Management, Support, and Residential Services
Criteria that will Trigger Tiers			
Behavior	Does not meet criteria of Tier 2 or Tier 3	Mental Health Diagnosis Score of 4 AND Intervention Score of 1 or 2 in any ONE of the following Psychosocial Subdomains: Injurious to Self Aggressive Toward Others, Physical Aggressive Toward Others, Verbal/Gestural Socially Unacceptable Behavior Property Destruction Wandering/Elopement PICA	Mental Health Diagnosis Score of 4 AND Intervention Score of 3 or 4 in any ONE of the following Psychosocial Subdomains: Injurious to Self Aggressive Toward Others, Physical Aggressive Toward Others, Verbal/Gestural Socially Unacceptable Behavior Property Destruction Wandering/Elopement PICA
		OR	
		Mental Health Diagnosis Score	

	<p>of 4</p> <p><u>AND</u></p> <p>Intervention Score of 3 or 4</p> <p><u>AND</u></p> <p>Frequency Score of 4 or 5 in any ONE of the following Psychosocial Subdomains:</p> <p>Difficulties Regulating Emotions</p> <p>Susceptibility to Victimization</p> <p>Withdrawal</p> <p>Agitation</p> <p>Impulsivity</p> <p>Intrusiveness</p>	
	<u>OR</u>	
	<p>Mental Health Diagnosis Score of 4</p> <p><u>AND</u></p> <p>Intervention Score of 1, 2, 3 or 4</p> <p><u>AND</u></p> <p>Frequency Score of 1, 2, 3, 4 or 5 in the following Psychosocial Subdomain:</p> <p>Psychotic Behaviors</p>	
	<u>OR</u>	
	<p>Mental Health Diagnosis Score of 4</p> <p><u>AND</u></p> <p>Intervention Score of 4</p> <p><u>AND</u></p> <p>Frequency Score of 4 or 5 in the following Psychosocial Subdomain:</p> <p>Manic Behaviors</p>	
	<u>OR</u>	
	<p>Mental Health Diagnosis Score of 4</p> <p><u>AND</u></p> <p>PHQ-9 Score of 3 or 4 (Moderately Severe or Severe Depression)</p>	

		<u>OR</u> Geriatric Depression Score of 3 (≥ 10)	
		<u>OR</u>	
		Mental Health Diagnosis Score of 4 <u>AND</u> Substance Abuse or Alcohol Use Score of 3	

When you see "**AND**", this means you must have a score in this area **AND** a score in another area. When you see "**OR**", this means you must have a score in this area **OR** a score in another area.

2. Beneficiaries Under Age 18

	Tier 1 – Counseling and Medication Management Services	Tier 2 – Counseling, Medication Management, and Support Services	Tier 3 – Counseling, Medication Management, Support, and Residential Services
Criteria that will Trigger Tiers			
Behavior	Does not meet criteria of Tier 2 or Tier 3	Mental Health Diagnosis Score ≥ 2 <u>AND</u> Injurious to Self: Intervention Score of 1, 2 or 3 <u>AND</u> Frequency Score of 1, 2, 3, 4 or 5	Mental Health Diagnosis Score ≥ 2 <u>AND</u> Injurious to Self: Intervention Score of 4 <u>AND</u> Frequency Score of 1, 2, 3, 4 or 5
		<u>OR</u>	
		Mental Health Diagnosis Score ≥ 2 <u>AND</u> Aggressive Toward Others, Physical: Intervention Score of 1, 2 or 3 <u>AND</u> Frequency Score of 1, 2, 3, 4 or 5	Mental Health Diagnosis Score ≥ 2 <u>AND</u> Aggressive Toward Others, Physical: Intervention Score of 4 <u>AND</u> Frequency Score of 2, 3, 4 or 5
		<u>OR</u>	
		Mental Health Diagnosis Score ≥ 2 <u>AND</u> Intervention Score of 3 or 4	Mental Health Diagnosis Score ≥ 2 <u>AND</u> Psychotic Behaviors:

	<p><u>AND</u> Frequency Score of 2, 3, 4, or 5 in any ONE of the following Psychosocial Subdomains: Aggressive Toward Others, Verbal/Gestural Wandering/Elopement</p>	<p>Intervention Score of 3 or 4 <u>AND</u> Frequency Score of 3, 4 or 5</p>
	<u>OR</u>	
	<p>Mental Health Diagnosis Score ≥ 2 <u>AND</u> Intervention Score of 2, 3 or 4 <u>AND</u> Frequency Score of 2, 3, 4, or 5 in any ONE of the following Psychosocial Subdomains: Socially Unacceptable Behavior Property Destruction</p>	
	<u>OR</u>	
	<p>Mental Health Diagnosis Score ≥ 2 <u>AND</u> Intervention Score of 3 or 4 <u>AND</u> Frequency Score of 3, 4, or 5 in any ONE of the following Psychosocial Subdomains: Agitation Anxiety Difficulties Regulating Emotions Impulsivity Injury to Others, Unintentional Manic Behaviors Susceptibility to Victimization Withdrawal</p>	
	<u>OR</u>	
	Mental Health Diagnosis Score ≥ 2	

		<u>AND</u> PICA: Intervention Score of 4	
		<u>OR</u>	
		Mental Health Diagnosis Score >=2 <u>AND</u> Intrusiveness: Intervention Score of 3 or 4 <u>AND</u> Frequency Score of 4 or 5	
		<u>OR</u>	
		Mental Health Diagnosis Score > = 2 <u>AND</u> Psychotic Behaviors: Intervention Score of 1 or 2 <u>AND</u> Frequency Score of 1 or 2	
		<u>OR</u>	
		Mental Health Diagnosis Score >=2 <u>AND</u> Psychosocial Subdomain Score >=5 and <=7 <u>AND</u> Pediatric Symptom Checklist Score >15	

210.400

Possible Outcomes

1-1-19

- A. For a beneficiary receiving a Tier 1 determination:
1. Eligible for Counseling and Medication Management services and may continue Tier 1 services with a certified behavioral health service provider.
 2. Not eligible for Tier 2 or Tier 3 services.
 3. Not eligible for auto-assignment to a Provider-led Arkansas Shared Savings Entity (PASSE) or to continue participation with a PASSE.
- B. For a beneficiary receiving a Tier 2 determination:
1. Eligible for services contained in Tier 1 and Tier 2.
 2. Not eligible for Tier 3 services.
 3. Eligible for auto-assignment to a PASSE or to continue participation with a PASSE.

- a. On January 1, 2019, the PASSE will receive a PMPM that corresponds to the determined rate for the assigned tier.
 - b. The PASSE will be responsible for providing care coordination and assisting the beneficiary in accessing all needed services and, after January 1, 2019, for providing those services.
- C. For a beneficiary receiving a Tier 3 determination:
 - 1. Eligible for services contained in Tier 1, Tier 2 and Tier 3.
 - 2. Eligible for auto-assignment to a PASSE or to continue participation with a PASSE.
 - a. On January 1, 2019, the PASSE will receive a PMPM that corresponds to the determined rate for the assigned tier.
 - b. The PASSE will be responsible for providing care coordination and assisting the beneficiary in accessing all needed services and, after January 1, 2019, for ensuring those services are provided.

220.000 DEVELOPMENTAL / INTELLECTUAL DISABILITIES SERVICES

220.100 Independent Assessment Referral Process

1-1-19

- A. Independent Assessment (IA) referrals are initiated by the Division of Developmental Disabilities (DDS) when a beneficiary has been determined, at one time, to meet the institutional level of care. DDS will send the referral for a Developmental Disabilities (DD) Assessment to the current IA Vendor. DDS will make IA referrals for the following populations:
 - 1. Clients receiving services under the Community and Employment Supports (CES) 1915(c) Home and Community Based Services Waiver.
 - 2. Clients on the CES Waiver Waitlist.
 - 3. Clients applying for or currently living in a private Intermediate Care Facility (ICF) for individuals with intellectual or developmental disabilities.
 - 4. Clients who are applying for placement at a state-run Human Development Center (HDC).
- To continue to receive services within these populations, all individuals referred will have to undergo the Independent Assessment.
- B. All populations, except for those served at an HDC, will be reassessed every three (3) years.
 - 1. An individual can be reassessed at any time if there is a change of circumstances that requires a new assessment.
 - 2. Individuals in an HDC will only be assessed or reassessed if they are seeking transition into the community.

220.200 Assessor Qualifications

1-1-19

In addition to the qualifications listed in Section 202.000, DD assessors must have at least two-years' experience with the ID/DD population and meet the qualifications of a Qualified Developmental Disability Professional (QDDP).

220.300 Tiering

1-1-19

A. Tier Definitions:

1. Tier 2 means that the beneficiary scored high enough in certain areas to be eligible for paid services and supports.
2. Tier 3 means that the beneficiary scored high enough in certain areas to be eligible for the most intensive level of services, including 24 hours a day/7 days a week paid supports and services.

B. Tiering Logic:

1. DDS Tier Logic is organized by categories of need, as follows:
 - a. Safety: Your ability to remain safe and out of harm's way
 - b. Behavior: behaviors that could place you or others in harm's way
 - c. Self-Care: Your ability to take care of yourself, like bathing yourself, getting dressed, preparing your meals, shopping, or going to the bathroom

Tier 2: Institutional Level of Care	Tier 3: Institutional Level of Care and may need 24 hours a day 7 days a week paid supports and services to maintain current placement
<p><u>Safety Level High</u></p> <p>A. [Self-Preservation Score ≥ 4 <u>AND</u></p> <p>B. Caregiving Capacity/Risk Score ≥ 6 <u>AND</u></p> <p>C. Caregiving/Natural Supports Score ≥ 6 <u>AND</u></p> <p>D. Mental Status Evaluation Score (in the home) = 3 or 4 <u>AND</u></p> <p>E. Mental Status Evaluation Score (in the community) = 2]</p>	<p>A. [Self-Preservation Score ≥ 16 <u>AND</u></p> <p>B. Caregiving Capacity/Risk Score = 11 <u>AND</u></p> <p>C. Caregiving/Natural Supports Score of = 7 <u>AND</u></p> <p>D. Mental Status Evaluation Score (in the home) Score = 5 <u>AND</u></p> <p>E. Mental Status Evaluation Score (in the community) Score = 3]</p>
<p><u>Safety Level Medium</u></p> <p>A. [Self-Preservation Score ≥ 4 <u>AND</u></p> <p>B. Caregiving Capacity/Risk Score ≥ 6 <u>AND</u></p> <p>C. Caregiving/Natural Supports Score ≥ 6 <u>AND</u></p> <p>D. Mental Status Evaluation Score (in the home) = 2 <u>AND</u></p> <p>E. Mental Status Evaluation Score (in the community) = 2]</p>	
<p><u>Safety Level Low</u></p>	

<p>A. [Self-Preservation Score ≥ 4 <u>AND</u></p> <p>B. Caregiving Capacity/Risk Score ≥ 6 <u>AND</u></p> <p>C. Caregiving/Natural Supports Score ≥ 6 <u>AND</u></p> <p>D. Mental Status Evaluation Score (in the home) = 1 <u>AND</u></p> <p>E. Mental Status Evaluation Score (in the community) Score = 1]</p>	
<p><u>Behavior Level High</u></p> <p>A. [Neurodevelopmental Score of 2 <u>AND</u></p> <p>B. Psychosocial Subdomain Score of ≥ 5 - ≤ 7 <u>in at least ONE of the following Subdomains:</u> Aggressive Toward Others, Physical; Injurious to Self; Manic Behaviors; PICA; Property Destruction; Psychotic Behaviors; Susceptibility to Victimization; Wandering/Elopement; <u>AND</u></p> <p>C. Caregiving Capacity/Risk Score of ≥ 6 <u>AND</u></p> <p>D. Caregiving/Natural Supports Score of ≥ 5 <u>OR</u></p> <p>A. [Neurodevelopmental Score of 2 <u>AND</u></p> <p>B. Psychosocial Subdomain Score of ≥ 5 - ≤ 7 <u>in at least THREE of the following Subdomains:</u> Aggressive Toward Others, Verbal/Gestural; Agitation; Anxiety Difficulties Regulating Emotions;</p>	<p><u>Behavior Level High</u></p> <p>A. [Neurodevelopmental Score of 2 <u>AND</u></p> <p>B. Psychosocial Subdomain Score of ≥ 8 - ≤ 9 <u>in at least TWO of the following Subdomains:</u> Aggressive Toward Others, Physical; Injurious to Self; Manic Behaviors; PICA; Property Destruction; Psychotic Behaviors; Susceptibility to Victimization; Wandering/Elopement <u>OR</u></p> <p>A. [Neurodevelopmental Score of 2 <u>AND</u></p> <p>B. Psychosocial Subdomain Score of ≥ 8 - ≤ 9 <u>in at least THREE of the following Subdomains:</u> Aggressive Toward Others Verbal/Gestural; Agitation; Anxiety; Difficulties Regulating Emotions; Impulsivity; Injury to Others (Unintentional); Intrusiveness; Legal Involvement;</p>

<p>Impulsivity; Injury to Others (Unintentional); Intrusiveness; Legal Involvement; Socially Unacceptable Behavior; Withdrawal</p> <p>C. <u>AND at least one of the following scores:</u> Caregiving Capacity/Risk Score of ≥ 9 Caregiving/Natural Supports Score of ≥ 5</p>	<p>Socially Unacceptable Behavior; Verbal/Gestural; Withdrawal</p>
<p><u>Behavior Level Low</u></p> <p>A. [Neurodevelopmental Score of 2 <u>AND</u></p> <p>B. Psychosocial Subdomain Score of ≥ 3 - ≤ 4 <u>in at least ONE of the following Subdomains:</u> Aggressive Toward Others, Physical; Injurious to Self; Manic Behaviors PICA; Property Destruction; Psychotic Behaviors; Susceptibility to Victimization; Wandering/Elopement</p> <p>C. <u>AND at least one of the following scores:</u> Caregiving Capacity/Risk Score of ≤ 8 Caregiving/Natural Supports Score of ≤ 3</p> <p><u>OR</u></p> <p>A. [Neurodevelopmental Score of 2 <u>AND</u></p> <p>B. Psychosocial Subdomain Score of ≥ 5- ≤ 7 <u>in at least one of the following Subdomains:</u> Aggressive Toward Others, Verbal/Gestural; Agitation; Anxiety Difficulties Regulating Emotions; Impulsivity;</p>	<p><u>Behavior Level Low</u></p> <p>A. [Neurodevelopmental Score of 2 <u>AND</u></p> <p>B. Psychosocial Subdomain Score of ≥ 8 - ≤ 9 <u>in at least ONE of the following Subdomains:</u> Aggressive Toward Others, Physical; Injurious to Self; Manic Behaviors; PICA; Property Destruction; Psychotic Behaviors; Susceptibility to Victimization; Wandering/Elopement]</p> <p><u>OR</u></p> <p>A. [Neurodevelopmental Score of 2 <u>AND</u></p> <p>B. Psychosocial Subdomain Score of ≥ 8 - ≤ 9 <u>in at least TWO of the following Subdomains:</u> Aggressive Toward Others, Verbal/Gestural; Agitation; Anxiety; Difficulties Regulating Emotions; Impulsivity; Injury to Others (Unintentional); Intrusiveness; Legal Involvement; Socially Unacceptable Behavior;</p>

<p>Injury to Others (Unintentional); Intrusiveness; Legal Involvement; Socially Unacceptable Behavior; Withdrawal</p> <p>C. <u>AND at least one of the following scores:</u> Caregiving Capacity/Risk Score of ≤ 8 Caregiving/Natural Supports Score of ≤ 3</p>	<p>Withdrawal]</p>
<p><u>Self-Care Level High</u></p> <p>A. [Neurodevelopmental Score of 2 <u>AND</u></p> <p>B. <u>Scores within stated range in at least THREE of any of the following:</u></p> <ol style="list-style-type: none"> 1. <u>ADL's:</u> Score of at least 4 in Eating Score of at least 5 in Bathing Score of at least 4 in Dressing Score of at least 3 in Toileting Score of at least 4 in Mobility Score of at least 4 in Transfers 2. <u>Functional Communication:</u> Score of 2 or 3 in Functional Communication 3. <u>IADLs:</u> Score of 3 in any of the following IADLs (Meal Preparation, Housekeeping, Finances, Shopping) 4. <u>Safety:</u> Self-Preservation Score of ≥ 4 <u>AND a score in at least one of the following areas:</u> Caregiving Capacity/Risk Score of ≥ 9 Caregiving/Natural Supports Score of ≥ 4 [Treatment/Monitoring Score of at least 2] 	<p><u>Self-Care Level High</u></p> <p>A. [Neurodevelopmental Score of 2 <u>AND</u></p> <p>B. Treatments/Monitoring Score of at least 2</p> <p>C. <u>AND at least one of the following scores:</u> Caregiving Capacity/Risk Score ≥ 10 Caregiving/Natural Supports Score of ≥ 7</p>
<p><u>Self-Care Level Medium</u></p> <p>A. [Neurodevelopmental Score of 2</p>	

<p><u>AND</u></p> <p>B. <u>Scores within stated range in at least THREE of any of the following:</u></p> <ol style="list-style-type: none"> 1. <i>ADLs:</i> Score of 1-11 in Eating Score of 1-11 in Bathing Score of 1-10 in Dressing Score of 1-11 in Toileting Score of 1-10 in Mobility Score of 1-10 in Transfers 2. <i>Functional Communication:</i> Score of 1 in Functional Communication 3. <i>IADLs</i> Score of 3 in any of the following IADLs: (Meal Preparation, Housekeeping, Finances, Shopping) 4. <i>Safety:</i> Self-Preservation Score of ≥ 2 <u>AND a score in at least one of the following areas:</u> Caregiving Capacity/Risk Score of ≥ 9 Caregiving/Natural Supports Score of ≥ 4 	
<p><u>Self-Care Level Low</u></p> <p>A. [Neurodevelopmental Score of 2 <u>AND</u></p> <p>B. <u>Scores within stated range in at least THREE of any of the following combinations:</u> Score of 1-11 in Eating Score of 1-11 in Bathing Score of 1-10 in Dressing Score of 1-11 in Toileting Score of 1-10 in Mobility Score of 1-10 in Transfers] <u>OR</u> [Neurodevelopmental Score of 2 <u>AND</u></p>	<p><u>Self-Care Level Low</u></p> <p>A. [Neurodevelopmental Score of 2 <u>AND</u></p> <p>B. <u>Scores within stated range in at least THREE of any of the following combinations:</u> Score of at least 4 in Eating Score of at least 5 in Bathing Score of at least 4 in Dressing Score of at least 3 in Toileting Score of at least 4 in Mobility Score of at least 4 in Transfers</p> <p>C. <u>AND at least one of the following scores:</u> Caregiving Capacity/Risk Score of ≥ 10</p>

Score of ≥ 1 in any of the following: IADLs (Meal Preparation, Housekeeping, Finances, Shopping)]	Caregiving/Natural Supports Score of 7]
--	---

When you see “**AND**”, this means you must have a score in this area **AND** a score in another area. When you see “**OR**”, this means you must have a score in this area **OR** a score in another area.

220.300 Possible Outcomes

1-1-19

A. For beneficiaries on the CES Waiver, Waiver Waitlist, or in an ICF:

Both Tier 2 and Tier 3 determinations will result in the beneficiary being eligible for auto-assignment to a PASSE or to continue participation with a PASSE.

1. On January 1, 2019, the PASSE will receive a PMPM that corresponds to the determined rate for the assigned tier.
2. The PASSE will be responsible for providing care coordination and assisting the beneficiary in accessing all eligible services and, after January 1, 2019, for ensuring those services are delivered.

B. For beneficiaries seeking admission to an HDC:

1. Tier 2 Determination:

- a. Not eligible for admission into an HDC, will be conditionally admitted to begin transitioning to community settings.
- b. Eligible for auto-assignment to a PASSE or to continue participation with a PASSE.
 - i. After January 1, 2019, the PASSE will receive a PMPM that corresponds to the determined rate for the assigned tier.
 - ii. The PASSE will be responsible for providing care coordination and assisting the beneficiary in accessing all eligible services and, after January 1, 2019, for ensuring those services are provided.

2. Tier 3 Determination:

- a. Eligible for HDC admission.
- b. Not eligible for auto-assignment to a PASSE or to continue participation with a PASSE, if the client chooses admission to the HDC.

C. If the beneficiary does not receive a tier on the assessment, the vendor will refer him or her back to DDS for re-evaluation of institutional level of care.

220.400 Developmental Screens

1-1-19

All children birth through the eighth birthday, who are seeking initial enrollment or reenrollment in an Early Intervention Day Treatment (EIDT), or the predecessor programs, Developmental Day Treatment Clinic Services (DDTCS) or Child Health Management Services (CHMS) on or after July 1, 2018, must undergo a developmental screen to determine the necessity of further evaluation.

A provider can request that a child be “opted-out” of the screening process. An opt-out request will be approved if:

A. The child has one of the following diagnoses:

1. Intellectual disability;

2. Epilepsy/Seizure disorder;
 3. Cerebral palsy;
 4. Down Syndrome;
 5. Spina Bifida; or
 6. Autism Spectrum Disorder
- B. The diagnosis is documented on a record that is signed and dated by a physician.

220.410 Battelle Developmental Inventory Screen**1-1-19**

- A. The screening tool that will be used by the vendor is the most recent edition of the Battelle Developmental Inventory (BDI) Screening Tool. The BDI screens children in the following five domains: adaptive, personal/social, communication, motor, and cognitive.
- B. Definitions used for the screening process:
1. Cut Score - The lowest score a beneficiary could have for that age range and standard deviation in order to pass a particular domain.
 2. Pass - The child's raw score is higher than the cut score, and the child is not referred for further evaluation
 3. Refer – The child's raw score is lower than the cut score, and the child is referred for further evaluation of service need
 4. Age Equivalent Score - The age at which the raw score for a subdomain is typical
 5. Raw Score – Is the score the child actually received on that domain. It is compared to the cut score to determine if the child receives a pass or refer.
 6. Standard Deviation - A measurement used to quantify the amount of variation; the standard deviation will be applied to the child's raw score so that their score can be compared to the score of a child with typical development.
- C. The standard deviation of -1.5 will be applied to all raw scores. Any score that is more than 1.5 standard deviations below that of a child with typical development will be referred for further evaluation for EIDT services.
- D. Assessors who administer the Battelle Developmental Inventory screen must meet the qualifications of a DD assessor, listed in Section X20.200 and undergo training specific to administering the tool.

220.420 Referral Process**1-1-19**

- A. BDI referrals are initiated by EIDT providers when a family or guardian is seeking EIDT day habilitation services for a child who may need those service. No EIDT day habilitation or assessment services can be billed until a child is referred for further evaluation by the BDI or is approved for an opt-out, as described in section 220.400. Requests for screens or opt-out requests must be entered at <https://ar-ia.force.com/providerportal/s/>.
- B. For a request for a BDI screen, the vendor will have fourteen (14) days from the date of the referral to complete the screen. The vendor will schedule at least two days a month to be onsite at each EIDT provider's facility to complete BDIs for all referrals received before the cut-off date. The cut-off date is two (2) business days prior to the scheduled onsite visit by the vendor.
- C. Opt-out requests submitted through the portal link above will be reviewed by DHS staff to determine if it meets the criteria set out in section 220.400 above.

1. If the Opt-Out request is approved by DHS, the vendor will send a results letter to the family indicating that the child may be referred for further evaluation.
2. If the opt-out request is denied by DHS, the referral will be sent out to the vendor so that a BDI can be completed at the next scheduled onsite visit.

230.000 PERSONAL CARE SERVICES

230.100 Referral Process

1-1-19

Independent Assessment (IA) referrals are initiated by Personal Care (PC) service providers identifying a beneficiary who may require PC services. After January 1, 2019, individuals who are enrolled in a PASSE will not require a personal care assessment to continue services. Requests for functional assessment shall be transmitted to the Department of Human Services (DHS) or its designee, and will require supporting documentation. Supporting documentation that must be provided include:

- A. A provider completed form that has been provided by DHS; and
- B. A referral form, if it is an initial referral.

DHS or its designee will review the request and make a determination to either:

- A. Finalize a referral and send it to the vendor for a PC IA.
- B. Provide notification to the requesting entity that more information is needed, and that the
- C. PC provider may resubmit the request with the additional information.
- D. Provide notification to the requesting entity the request is denied, for example, if a functional assessment has been performed within the previous ten (10) months and there is no change of circumstances to justify reassessment.

PC IA Reassessments must occur annually, but may occur more frequently if a change of circumstances necessitates such.

230.200 Assessor Qualifications

1-1-19

In addition to the qualifications listed in Section 202.000, PC assessors must be a Registered Nurse licensed in the State of Arkansas.

Tiering

1-1-19

- A. Tiering Definitions:
 1. Tier 0 means you did not score high enough in any of the Activities of Daily Living (ADLs) such as Eating, Bathing, Toileting, to meet the state's eligibility criteria for Personal Care Services. A Tier 0 means that you did not need any "hands on assistance" in being able to bathe yourself, feed yourself and dress yourself as examples.
 2. Tier 1 means you scored high enough in at least one of the Activities of Daily Living (ADLs) such as Eating, Bathing, Toileting, to be eligible for the state's Personal Care Services. A Tier 1 means that you needed "hands on assistance" to be able to bathe yourself, dress yourself, or feed yourself, as examples.
- B. Tiering Logic

	Tier 0	Tier 1
Functional Status (ADLs)	Score < 3 in all of the following ADLs: Eating, Bathing, Dressing, Personal Hygiene/Grooming, Mobility, Transferring, Toilet Use/Continence Support, Positioning	Score of > = 3 in at least ONE of the following ADLs: Eating, Bathing, Dressing, Personal Hygiene/Grooming, Mobility, Transferring, Toilet Use/Continence Support, Positioning

230.400 Possible Outcomes**1-1-19**

Upon successful completion of an IA, the tier determination will determine eligibility of service levels. Possible outcomes include:

- A. Tier 0 Determination
 - 1. Not currently eligible for Personal Care services.
 - 2. May be reassessed when a change in circumstances necessitates a re-assessment.
- B. Tier 1 Determination
 - 1. Currently eligible for up to 256 units (64 hours) per month of personal care services.
 - 2. The PC IA is submitted to DHS or its designee who reviews it, along with any information submitted by the provider to authorize the set amount of service time per month.

The PC IA is not used to assign clients to a PASSE.

Arkansas Medicaid Independent Assessment for Beneficiaries with Behavioral Health and Developmental/Intellectual Disabilities Services Needs

Section I: Assessment Overview

Arkansas will build upon the MnCHOICES comprehensive functional assessment developed by the State of Minnesota to customize an Independent Assessment and algorithms and tiering criteria used across two Arkansas Divisions: the Division of Behavioral Health Services (DBHS) and the Division of Developmental Disabilities Services (DDS). These two Divisions will use the MnCHOICES assessment and developmental screening tool, as well as the IT platform upon which they sit for eligibility determinations for long-term service and supports (LTSS), behavioral health services and developmental disabilities day treatment to support Arkansas' goal of consistency and efficiency in processes. This assessment provides compatibility across persons of all ages, abilities, and financial background, offering a person-centered, modular approach to support a streamlined, statewide strategy for determining eligibility for publicly funded LTSS and behavioral health services.

The MnCHOICES assessment will serve as the basis for an independent functional assessment and data collection tool across all populations and fulfills the Arkansas goal of implementing an assessment strategy and process across the two Divisions to support the creation of a sustainable, person-centered system that:

- 1) Improves the health of the population
- 2) Enhances the beneficiary experience of care, including quality, access and reliability
- 3) Uses limited resources more efficiently

The assessment focuses on individuals, not programs, gathering standardized information necessary to determine level of need and support individuals in making their own choices across a diversity of publicly funded services. The tool will incorporate built-in algorithms customized for Arkansas that align individuals with program eligibility.

By implementing a single automated tool with supporting modules, Arkansas will realize efficiencies through reduced paperwork and avoidance of redundant data entry for individuals as they move across programs and services as they age, or as conditions change. The diverse and robust MnCHOICES assessment supports eligibility determination and support/care planning.

The table below outlines the assessment instrument and supplemental forms by Division.

Division of Behavioral Health Services	Division of Developmental Disabilities Services
INSTRUMENT: MnCHOICES	INSTRUMENT: MnCHOICES
Supplemental Form for Individuals under age 18	Supplemental Form for Individuals under age 18

	DEVELOPMENTAL SCREENING TOOL: Battelle Developmental Inventory™, 2nd Edition Normative Update or similar tool
--	---

The following Domains comprise the MnCHOICES assessment:

Person Information	Sensory and Communication
Quality of Life	Safety and Self-Preservation
Activities of Daily Living (ADLs)	Employment, Volunteering and Training
Instrumental Activities of Daily Living (IADLs)	Housing and Environment
Health	Self-Direction
Psychosocial	Garegiver
Memory and Cognition	Assessor Conclusion

Section II: Assessment Process

Both of the two Divisions: DBHS and DDS, will identify the individuals in need of an Independent Assessment and provide contact information to Optum. Physicians will refer children with identified developmental delays and diagnoses to Optum for a developmental screen. Optum schedulers will schedule the interviews/assessment or screen with the individual and/or any other necessary and/or desired parties (e.g. legal guardian, representative, or desired family member). Prior to conducting the interview, the assessor will review any and all available information shared by the State, providers, or individual/families in order to pre-populate the assessment with demographic and historical data.

The assessor will conduct the interview/assessment and enter the findings into the IT platform. Upon completion, the assessor will review any additional notes documented during the assessment to more accurately confirm responses and gather additional information made available by the State, providers and individuals/families before finalizing the assessment.

Once completed, the IT platform automatically calculates a Tier determination based upon the algorithms built into the platform. The assessor will share the Tier determination with the appropriate State Division. Optum will also transmit the independent assessment report to the appropriate State Division. Based upon the needs identified during the independent assessment, the appropriate State Division will authorize services within the tier determined.

The State or Designated Entity can then use all of the information in the MnCHOICES assessment to build a robust, person-centered plan outlining the desired and needed services based on the Tier recommendation of the individual's functional needs.

Section III: Tiering Process

Each Division has developed and defined Division-specific Tiers of services to address needs of the beneficiary. The need for these services drives the algorithms built within the IT platform in support of the Tier determination. This will result in an objective and unbiased Tier determination based solely on the assessor's input of responses provided during the Independent Assessment. Below outlines each Division's tiers of services:

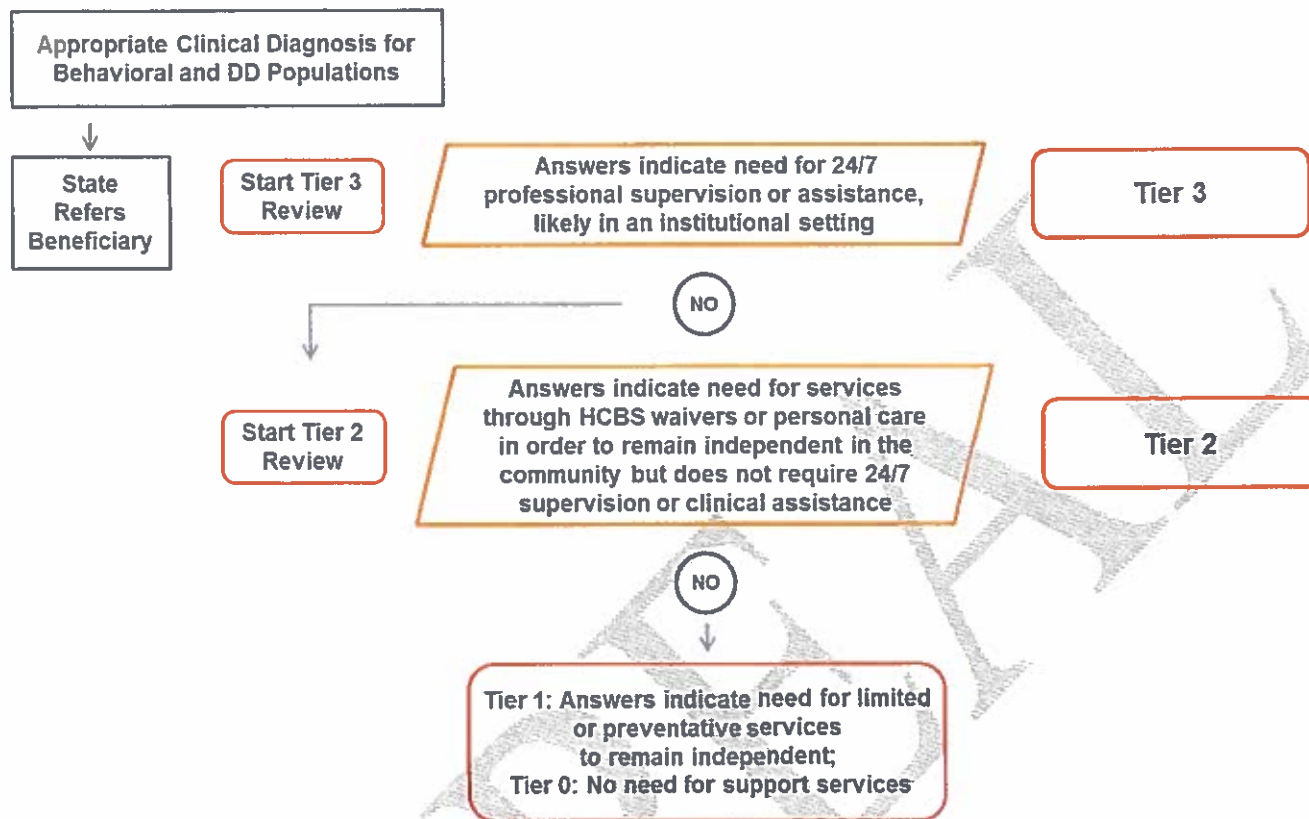
Division of Behavioral Health Services

Tier 1	Time-limited behavioral health services provided by qualified licensed practitioners in an outpatient based setting for the purpose of assessing and treating mental health and/or substance abuse conditions. Tier 1 Services settings mean a behavioral health clinic/office, healthcare center, physician office, and/or school.
Tier 2	At this level of need, services are provided in a Tier 1 services setting but the level of need requires a broader array of services.
Tier 3	Eligibility for this level of need will be identified by additional criteria, which could lead to inpatient admission or residential placement.

Division of Developmental Disabilities Services

Tier-1	Individual receives services in a center-based clinic such as Developmental Day Treatment Clinic Services (DDTCS) or Child Health Management Services (CHMS) or successor program or receives services such as personal care, occupational therapy, physical therapy or speech therapy due to th developmental disability or delay.
Tier-2	The individual meets the institutional level of care criteria but does not currently require 24 hours a day of paid support and services to maintain his or her current placement.
Tier-3	The individual meets the institutional level of care criteria and does require 24 hours a day of paid support and services to maintain his or her current placement.

Example of Tiering Process



Section IV: Assessor Qualifications

Trained and qualified assessors will administer the Arkansas assessment tool. Assessors will have the following qualifications:

All Divisions

- At least one year experience working directly with the population with whom they will administer the assessment
- Have the ability to request and verify information from individuals being assessed
- Culturally sensitive to individuals assessed
- Have the necessary knowledge, skills and abilities to successfully perform and manage Independent Assessments including organization, time management, ability to address difficult questions and problematic individuals, effective communication, and knowledge of adult learning strategies
- Linguistically competent in the language of the individual being assessed or in American Sign Language or with the assistance of non-verbal forms of communication, including assistive technology and other auxiliary aids, as

	<p>appropriate to the individual assessed or use the services of a telephonic interpreter service or other equivalent means to conduct assessments</p> <ul style="list-style-type: none"> • Verify the information received from the individual and the individual's family members, caregivers, and/or guardians by cross-referencing all available information • Assessors SHALL NOT be related by blood or marriage to the individual or to any paid caregiver of the individual, financially responsible for the individual empowered to make financial or health-related decision on behalf of the individual, and would not benefit financially from the provision of assessed needs.
DBHS	Four-year Bachelor's degree or Registered Nurse, both with at least one year of mental health experience
DDS	Two years' experience with the I/DD population and meet the qualifications of a Qualified Developmental Disability Professional (QDDP)

More information on training—both initial and ongoing—for assessors is included in the Section V. of this document.

Section V: Training

Assessors administering the Independent Assessment will receive classroom and instructional training, as well as hands on experience through role playing and case studies to become proficient in administering the Independent Assessment as well as use of the IT platform.

AR providers of services and DHS State staff will have available in-person group training, web-based training, and onsite coaching in the Independent Assessment System for those who have attended training and require follow-up assistance during the first year of the transition.

Assessors:

Assessors will receive the following training:

Training Module	Description
Step 1: Foundations: Overview Foundations: Basics	Training on AR LTSS programs and services MnCHOICES background and overview Battelle Inventory
Step 2: Application	Training and hands on experience to learn how to access and become proficient in using MnCHOICES in the following four areas: <ul style="list-style-type: none"> — Access and Navigation — Content — Practice and Certification — Tiering

REPEAL EFFECTIVE ON 11/1/2018