

NOTICE OF RULE MAKING

The Interim Director of the Division of Medical Services (DMS), Arkansas Department of Human Services (DHS), hereby issues the following proposed medical assistance rule(s) under one or more of the following chapters or sections of the Arkansas Code: 20-10-211(a), 20-10-203(b), 20-48-101 *et seq.*, 20-76-433, 25-10-129, and Title 20, Chapter 77.

DHS is hereby giving notice of the continued use of the Arkansas Independent Assessment (ARIA) tool for assessments of clients with behavioral health, developmental disability, or personal care service needs. DHS is also giving notice of repeal of the current IA Guide and replacement with the Arkansas Independent Assessment (ARIA) Manual, which explain, in narrative form, the ARIA methodology and program.

This notice applies to the following services and/or populations: Tier II or Tier III behavioral health services (those that are in addition to counseling services and medication management); Tier II or Tier III developmental disabilities services (including CES Waiver and Waitlist, new admissions to a Human Development Center, and private Intermediate Care Facilities (ICF) for Individuals with Intellectual or Developmental Disabilities); children age 0-8 enrolling in an Early Intervention Day Treatment (EIDT) program; and personal care services (including self-directed personal care). DHS will be holding several public hearings and will accept public comments on all issues raised in this notice, as described below.

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), or 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, state plan personal care services, or waiver services administered by the Division of Developmental Disabilities Services (DDS), the IA does not determine whether an individual is Medicaid eligible as that determination is made prior to and separately from the assessment of an individual.

The ARIA tool is based on the MNChoices tool, and has been modified to meet the requirements of the State. In the new ARIA manual, more detail is provided on the tiering logic and tiering definitions, as well as the referral process. Additionally, the personal care assessment has been added to this Manual. The tier result will be used to assign the PASSE a PMPM that corresponds to the determined tier rate.

These assessments and re-assessments (also called evaluations and re-evaluations) are required for home and Community based services (HCBS) programs under 42 CFR 441.302(c) and are a necessary part of the process to determine eligibility or level of need consistent with the applicable program policies.

- For Behavioral Health populations, the ARIA tool (described below) is used to determine what level of service array a beneficiary is eligible to receive. For those beneficiaries eligible to receive Tier II or Tier III services, the ARIA tool will also be used to assign the beneficiary to a Provider-led Arkansas Shared Savings Entity (PASSE), who will be responsible for providing care coordination to the beneficiary and, after January 1, 2019, responsible for providing all services the beneficiary needs.
- For developmental disability populations, the ARIA tool (described below) is used to determine the level of need that client has. For beneficiaries on the CES Waiver or Waitlist, in an ICF, or who have a Tier II and are in an HDC, the ARIA tool will be used to assign them to a PASSE, who will be responsible for providing care coordination to the beneficiary and, after January 1, 2019, responsible for providing all services the beneficiary needs. For those clients have a Tier III and are in an HDC, the ARIA tool is used to establish eligibility for full admission the HDC.
- For individuals receiving personal care services, the ARIA tool (described below) is used to determine eligibility for up to 256 units (64 hours) per month of personal care services.

- For children (0-8) enrolling in an EIDT program, the developmental screening tool is used. The developmental screening tool (described below), determines whether the child is referred for a full evaluation for EIDT services.

Effective November 1, 2018, the Department of Human Services Division of Medical Services (DMS) is proposing the following updates and/or changes to the ARIA Tool and Manual:

1. Behavioral Health Tiering is based on scoring in the following domains: mental health diagnosis, psychosocial (injurious to self, aggressive towards others, physically aggressive toward others, verbal/gestural socially unacceptable behavior, property destruction, wandering/elopement, PICA, difficulties regulating emotions, susceptibility to victimization, withdrawal, agitation, impulsivity, or intrusiveness), psychotic behaviors, manic behaviors, depression, and substance abuse.
 - Tier I: the individual can continue counseling and medication management, but is not eligible for an additional array of services in Tier II or Tier III.
 - Tier II: 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.
 - Tier III: 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.
2. Developmental Disability Tiering is based on scoring in the following domains: neurodevelopmental score, self-preservation, caregiving capacity/risk, caregiver/natural supports, mental status, psychosocial (includes injurious to self, aggressive toward others, property destruction, wandering/elopement, PICA, susceptibility to victimization, socially unacceptable behavior, legal involvement, difficulties regulating emotions, withdrawal, agitation, impulsivity, intrusiveness, injury to others, anxiety, psychotic behaviors, and manic behaviors), activities of daily living, instrumental activities of daily living, and treatments/monitoring.
 - Tier II: the beneficiary scored high enough in certain areas to be eligible for paid services and supports.
 - Tier III: 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.
3. Personal Care Tiering is based on scoring in the six activities of daily living (ADLs) (bathing, eating dressing, personal hygiene/grooming, mobility, transferring, toilet use/continence support, and positioning).
 - Tier O: Beneficiary did not score high enough in any of the ADLs to meet the state's eligibility criteria for personal care.
 - Tier I: Beneficiary did score high enough in at least one of the ADLs to be eligible for the state's Personal Care service.
4. The Developmental Screen is scored as a Pass or Refer based on a 1.5 standard deviation being applied to the beneficiary's raw score and then compared to the cut score. (or the lowest score a beneficiary could have for that age range and with that standard deviation to pass). The developmental screening tool used is the Battelle Developmental Inventory Screening tool. The domains scored are: adaptive, personal/social, communication, motor, and cognitive.
 - Pass: the raw score is higher than the cut score. The child is not referred for further evaluation for services.
 - Refer: the raw score lower than the cut score. The child is referred for further evaluation for services.

The proposed rule is available for review and inspection as follows: (1) at the DHS Division of Medical Services, Office of Policy Coordination and Promulgation, 2nd Floor, Donaghey Plaza South Building, 700 Main Street, P.O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437; (2) on the Arkansas Medicaid website (<https://medicaid.mmis.arkansas.gov/General/Comment/Comment.aspx>), which may be downloaded from the "Proposed Rules for Public Comment" section of the website's general menu; and (3) in a different format (such as large print) by contacting DHS at (501) 320-6429.

All comments must be submitted in writing to DHS, at the above address, or by email to becky.murphy@dhs.arkansas.gov, no later than close of business on September 12, 2018.

Three Public hearings will be held starting at 5:00 PM on:

- 1) Monday, August 20th at the Central Arkansas Library System, Darragh Center Auditorium, 100 Rock Street, Little Rock, AR.
- 2) Thursday, September 6th at Hempstead Hall, Blevins Suite, University of Arkansas at Hope, 2500 South Main Street, Hope, Arkansas

A third public hearing will also be held. As soon as the information is available on the time, date, and location it will be posted on the DHS website, and can be found by going to <https://humanservices.arkansas.gov/resources/calendar> or to the Arkansas Medicaid website at <https://medicaid.mmis.arkansas.gov/General/Comment/Hearings.aspx>.

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin. 4501809667 EL

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