



Division of Medical Services
Office of Policy Coordination & Promulgation

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TO: Arkansas Medicaid Health Care Providers – Home Health

EFFECTIVE DATE: January 1, 2019

SUBJECT: Provider Manual Update Transmittal 201.000

REMOVE

Section	Effective Date
201.000	1-1-18
216.600	10-13-03

INSERT

Section	Effective Date
201.000	1-1-19
216.600	1-1-19

Explanation of Updates

Section 201.000 has been updated with information regarding criminal background and central registry checks.

Section 216.600 has been update to replace the “ElderChoices” verbiage with “ARChoices”.

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/Provider/Docs/Docs.aspx>.

Thank you for your participation in the Arkansas Medicaid Program.

Tami Harlan
Director

SUMMARY FOR
Home Health-1-18
Section 201.100 & 216.600

Effective 01/01/2019 the Home Health provider manual has been updated to require all owners, principals, operators, employees and applicants for home health providers to comply with criminal background checks as required by Arkansas Code Annotated 20-33-213 and 20-38-101 et seq. Also, an old reference to ElderChoices and Alternative for Adults with Physical Disabilities is being corrected to ARChoices in Homecare.

200.000 HOME HEALTH GENERAL INFORMATION

201.000 Arkansas Medicaid Participation Requirements for Home Health Providers

1-1-19

Home Health providers must meet the Provider Participation and enrollment requirements contained within Section 140.000 of this manual as well as the following criteria to be eligible to participate in the Arkansas Medicaid Program:

- A. Only home health agencies licensed to operate in Arkansas may participate in the Arkansas Medicaid Home Health Program.
- B. A provider participating in the Arkansas Medicaid Home Health Program must be currently licensed by the Division of Health Facility Services, Arkansas Department of Health, as a Class A Home Health Agency.
- C. A provider participating in the Arkansas Medicaid Home Health Program must be currently certified by the Arkansas Home Health State Survey Agency as a participant in the Title XVIII (Medicare) Program.
- D. Providers participating in the Arkansas Medicaid Home Health Program must maintain documentation of current licensure and certification in their Medicaid provider enrollment files.
- E. The following individuals employed or contracted with a home health provider must comply with criminal background checks and central registry checks as required by law currently codified at Arkansas Code Annotated 20-33-213 and 20-38-101 et seq.:
 1. Owners;
 2. Principals;
 3. Operators;
 4. Employees; and
 5. Applicants (prior to the extension of a job offer).
 6. Central registry checks under this section must include the Child Maltreatment Central Registry; the Adult and Long-Term Care Facility Resident Maltreatment Central Registry; and the Certified Nursing Assistant/Employment Clearance Registry.

Enrolled providers must submit copies of license and certification renewals to the Provider Enrollment Unit, Division of Medical Services (DMS), within 30 days of the issuance of those documents. [View or print Provider Enrollment Unit contact information.](#)

216.600 Plan of Care Requirement for Participants in the Home and Community Based Waiver Programs

1-1-19

When developing plans of care for individuals who participate in home and community based services (HCBS) waiver programs, such as ARChoices in Homecare, providers must communicate with the registered nurse employed by the Department of Human Services (DHS RN) in charge of the case, in order to coordinate the home health plan of care and the HCBS plan of care. See Section I for additional information and requirements.

200.000 HOME HEALTH GENERAL INFORMATION

201.000 Arkansas Medicaid Participation Requirements for Home Health Providers

~~4-1-18~~ 1-1-19

Home Health providers must meet the Provider Participation and enrollment requirements contained within Section 140.000 of this manual as well as the following criteria to be eligible to participate in the Arkansas Medicaid Program:

- A. Only home health agencies licensed to operate in Arkansas may participate in the Arkansas Medicaid Home Health Program.
- B. A provider participating in the Arkansas Medicaid Home Health Program must be currently licensed by the Division of Health Facility Services, Arkansas Department of Health, as a Class A Home Health Agency.
- C. A provider participating in the Arkansas Medicaid Home Health Program must be currently certified by the Arkansas Home Health State Survey Agency as a participant in the Title XVIII (Medicare) Program.
- D. Providers participating in the Arkansas Medicaid Home Health Program must maintain documentation of current licensure and certification in their Medicaid provider enrollment files.
- E. ~~All owners, principals, employees, and contract staff of a home health provider must submit to an independent, national criminal background check, identity verification, and fingerprinting. Background checks must be repeated every three years. The following individuals employed or contracted with a home health provider must comply with criminal background checks and central registry checks as required by law currently codified at Arkansas Code Annotated 20-33-213 and 20-38-101 et seq.:~~
 1. Owners;
 2. Principals;
 3. Operators;
 4. Employees; and
 5. Applicants (prior to the extension of a job offer).
 6. Central registry checks under this section must include the Child Maltreatment Central Registry; the Adult and Long-Term Care Facility Resident Maltreatment Central Registry; and the Certified Nursing Assistant/Employment Clearance Registry.

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216.600 Plan of Care Requirement for Participants in the Home and Community Based Waiver Programs

~~40-13-031-~~ 1-19

When developing plans of care for individuals who participate in home and community based services (HCBS) waiver programs, such as ~~ElderChoices or Alternatives for Adults with Physical Disabilities~~ [ARChoices in Homecare](#), providers must communicate with the registered nurse employed by the Department of Human Services (DHS RN) in charge of the case, in order to

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coordinate the home health plan of care and the HCBS plan of care. See Section I for additional information and requirements.

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