

ARKANSAS REGISTER

Transmittal Sheet

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



Secretary of State

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For Office

Use Only:

Effective Date _____ Code Number _____

Name of Agency Department of Human Services

Department Division of Medical Services

Contact Alexandra Rouse E-mail alexandra.rouse@dhs.arkansas.gov Phone 501-508-8875

Statutory Authority for Promulgating Rules Arkansas Code §§ 20-76-201, 20-77-107, and 25-10-129

Rule Title: SPA-2020-0001-Self-Direction Budget Calculation Methodology & IC Provider Manual

Intended Effective Date

(Check One)

☐ Emergency (ACA 25-15-204)

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

☒ Other 07/01/2020
(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

04/10/2020

05/09/2020

06/19/2020

06/19/2020

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

Jack Tiner jack.tiner@dhs.arkansas.gov

06/19/2020

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

501-320-6270

Janet.Mann@dhs.arkansas.gov

Phone Number

E-mail Address

Director

Title

06/19/2020

Date

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: July 1, 2020

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28. For self-directed personal assistance services under 1915(j) (see Supplement 4 to Attachment 3.1-A for a full description) the rate will be determined as follows:

Arkansas's methodology for determining the participant's budget is based on the assessment of needs for the participant and the development of the service plan. The cost of providing the services included in the service plan is calculated based on the expected reimbursement for personal care under the state plan referenced in Supplement 4 to Attachment 3.1-A, Page 1, and are adjusted to account for the self-directed service delivery model. Based on historical utilization patterns and differences in set-up and oversight, the State will use an adjustment factor of **73.0%** of the expected waiver/state plan service reimbursement to calculate the participant's service budget for self- directed personal assistance services.



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TO: Arkansas Medicaid Health Care Providers – IndependentChoices

EFFECTIVE DATE: July 1, 2020

SUBJECT: Provider Manual Update Transmittal INCHOICE-1-20

REMOVE

Section	Effective Date
260.200	1-1-15

INSERT

Section	Effective Date
260.200	7-1-20

Explanation of Updates

Section 260.200 is updated to change methodology used to calculate the IndependentChoices rate in order to address the impact of the self-direction program from increases in the minimum wage since 2008 and to tie the self-direction budget calculation methodology to the personal care rate more accurately in order to eliminate the need for further calculation changes.

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 Rules Promulgation at (501) 320-6266.

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.



Janet Mann
Director

TOC not required

260.200

Method of Reimbursement

7-1-20

The Cash Allowance will be quoted as a Monthly Cash Allowance, using thirty (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. The Monthly Cash Allowance shall be calculated based on a maximum hourly rate of 73.00% of the personal care rate.