

# 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 Mac E. Golden E-mail Mac.E.Golden@dhs.arkansas.gov Phone 501-563-7634

Statutory Authority for Promulgating Rules Arkansas Code Annotated 20-76-201

Rule Title: SPA 20-0022- Medicaid Personal Care Rate

Intended Effective Date  
(Check One)

Date

☐ Emergency (ACA 25-15-204)

Legal Notice Published .....

10/11 -13/2020

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

Final Date for Public Comment .....

11/09/2020

☒ Other 01/01/21  
(Must be more than 10 days after filing date.)

Reviewed by Legislative Council .....

12/18/2020

Adopted by State Agency .....

01/01/2021

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

Lisa Teague

lisa.teague@dhs.arkansas.gov

12/18/20

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.)

Janet Mann  
Signature

501-320-6270

janet.mann@dhs.arkansas.gov

Phone Number

E-mail Address

Director, Division of Medical Services

Title

12/18/20

Date

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

Revised: January 1, 2021

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26. Personal care is furnished in accordance with the requirements at 42 CFR § 440.167 and with regulations promulgated, established and published for the Arkansas Medicaid Personal Care Program by the Division of Medical Services.
- (a) Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of personal care services and the fee schedule and any annual/periodic adjustments to the fee schedule are published on the Medicaid website at [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).
  - (b) Reimbursement for Personal Care Program Services is by fee schedule, at the lesser of the billed charge or the Title XIX (Medicaid) maximum allowable fee per unit of service. Effective for dates of service on and after July 1, 2004, one unit equals fifteen minutes of service.
  - (c) Effective for dates of service on and after July 1, 2007, reimbursement to enrolled Residential Care Facilities (RCFs) for personal care services furnished to Medicaid eligible residents (i.e., clients) is based on a multi-hour rate system not to exceed one day, based on the individual clients' levels of care. A client's level of care is determined from the service units required by his or her service plan. Rates will be recalculated as needed to maintain parity with other Personal Care providers when revisions of the Title XIX maximum allowable fee occur. The effective date of any such revised rates shall be the effective date of the revised fee.
  - (d) Reimbursement to enrolled Assisted Living Facilities (ALF) for personal care services furnished to Medicaid eligible residents (i.e., clients) is based on a multi-hour rate system not to exceed one day, based on the individual clients' level of care. A client's level of care is determined from the service units required by his or her service plan. Rates will be recalculated as needed to maintain parity with other Personal Care providers when revisions of the Title XIX maximum allowable fee occur. The effective date of such revised rates shall be the effective date of the revised fee.
  - (e) Agencies rates are set as of January 1, **2021** and are effective for services on or after that date. All rates are published at the agency's website, (<http://www.medicaid.state.ar.us/>).