

# **DPSQA Engagement Meeting**

## **Topic- Changes and Improvements to State Plan Personal Care Manual & Processes**

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# Purpose



Allow you to hear DAAS' thinking **ahead** of any firm policy changes or implementation of changes to State Plan Personal Care Program

# Agenda

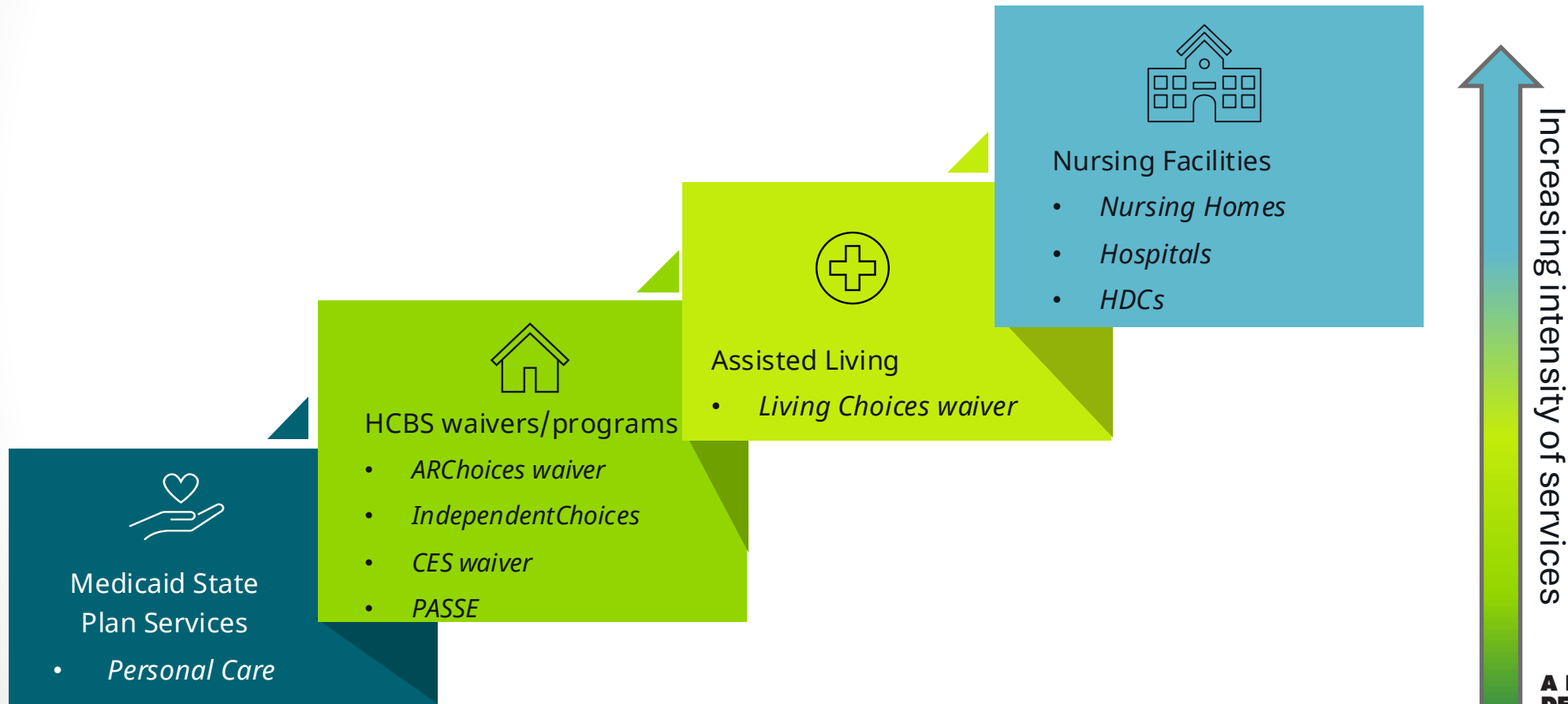
1. Background on the Care Continuum and Personal Care
2. Proposed 2025 Improvements
3. Newly Drafted 618-Assessment & Service Plan
4. Where we are now
5. Q and A



# Background on the Care Continuum and Personal Care

# Clearing Up the Care Continuum

**Care Continuum:** DHS aims to support individuals along the care continuum to provide the right services, at the right time, in the right setting



# How Can A Beneficiary Access Personal Care?

It depends on where the beneficiary enters the Care Continuum



## Lower Acuity: Personal Care as a stand-alone State Plan service.

- This person **only needs personal care through the Medicaid State Plan** to help them with their physical dependency needs (ADLs/IADLs), up to 64 hours/month.
- This person is “prescribed” personal care by their Primary Care Provider (PCP) to prevent worsening of condition.
- This person gets a service plan by a personal care provider, based off a functional needs assessment—which only measures ADLs/IADLs. The task and hours standard are built into the 618-assessment tool to determine duration & frequency.

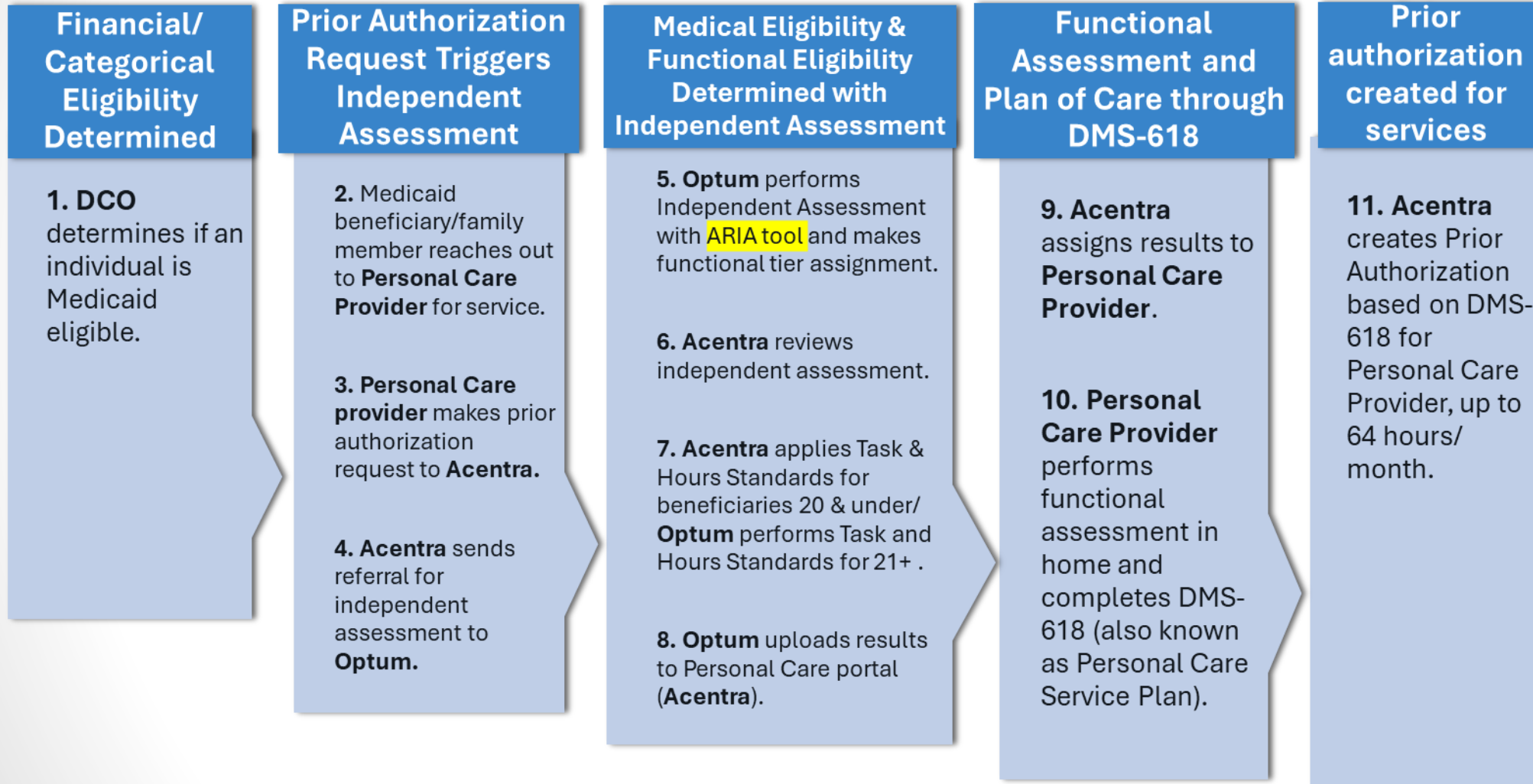


## Higher Acuity: HCBS Waiver program in tandem with Personal Care.

- This person needs **different or more supports than what is available through just Medicaid State Plan**, through a waiver.
- For ARChoices, Living Choices, CES, and IndependentChoices waivers, this person must first meet the qualifications of the waiver (nursing home level of care standards).
- This person gets a Person-Centered Service Plan from an RN, based off the independent assessment (ARIA)—which measures 94 pages of criteria, not just functional ADLs/IADLs.
- The DHS RN applies the task and hours standard to determine duration & frequency across a range of services and creates an all-encompassing PCSP which covers both the waiver services and non-waiver services (like personal care) that the person is eligible for.

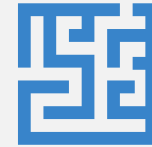
# What the Personal Care Process Looks Like Right Now...

Treating Personal Care like an HCBS Waiver Service—which it is not



# Concerns with Current Process

The Medicaid Provider Manual for Personal Care has State Plan Personal Care tangled up with rules and procedures that only apply to those on HCBS waivers and Independent Choices.



Primary Care Providers of beneficiaries are not involved in the medical eligibility determination for State Plan Personal Care.



The functional assessment is being performed both by Optum with the ARIA tool and again by the Personal Care Provider with the DMS-618. A streamlined process would be better.



Prior Authorizations require renewal every 6 months, which adds administrative burden.

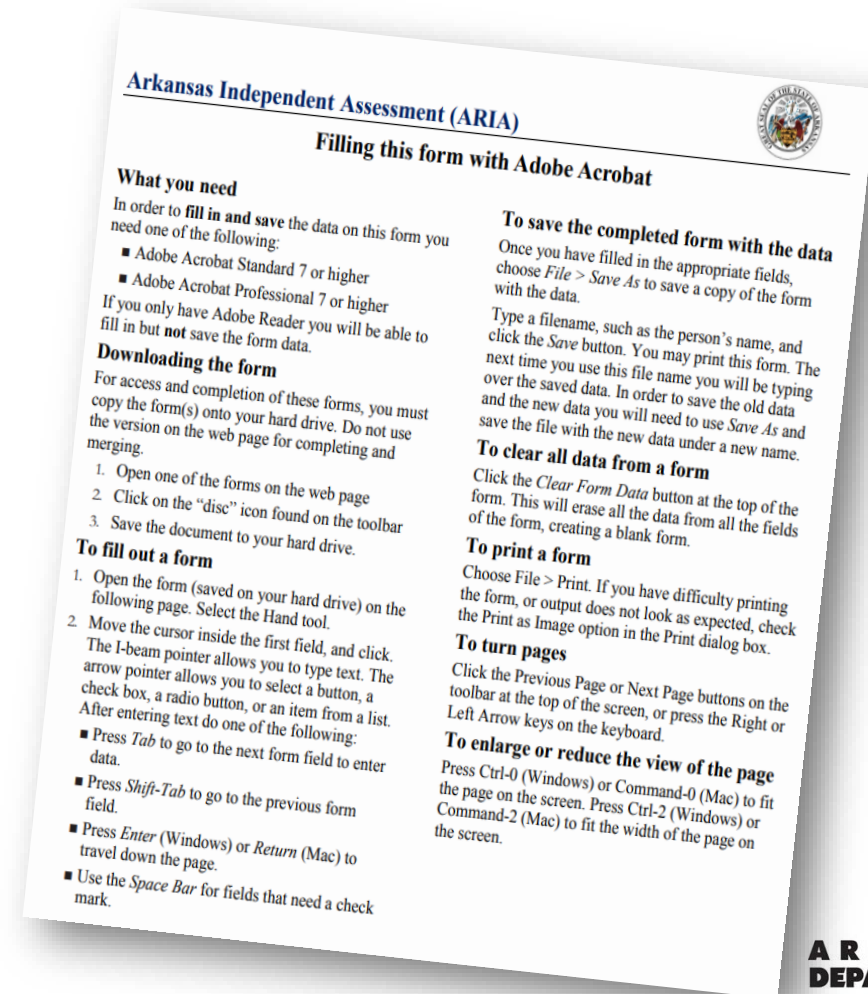




# Reconsidering the ARIA for Stand-Alone State Plan Personal Care

The ARIA is lengthy tool that acts as the state's standardized assessment tool for *HCBS waiver services*. HCBS waiver services require an independent assessment, as per Federal Regulation, to determine medical need and functional eligibility.

However, Personal Care is a *Medicaid State Plan 1905(a) service* that only requires a medical prescription and service plan based on an approved functional needs assessment.



# Proposed Improvements to State Plan Personal Care for 2025

# Primary Changes Under Consideration

## *Changes:*

Streamline the Medicaid Provider Manual for Personal Care to focus on stand-alone State Plan Personal Care.

Mandate that Primary Care Providers (PCPs) initiate and finalize the approval of medical eligibility for State Plan Personal Care.

Transition from the ARIA tool as the medical and functional assessment test for State Plan Personal Care; replace it with an easier to use, updated 618 for State Plan Personal Care. Remove Optum as the party that performs State Plan Personal Care independent assessments; delegate to Personal Care staff nurses.

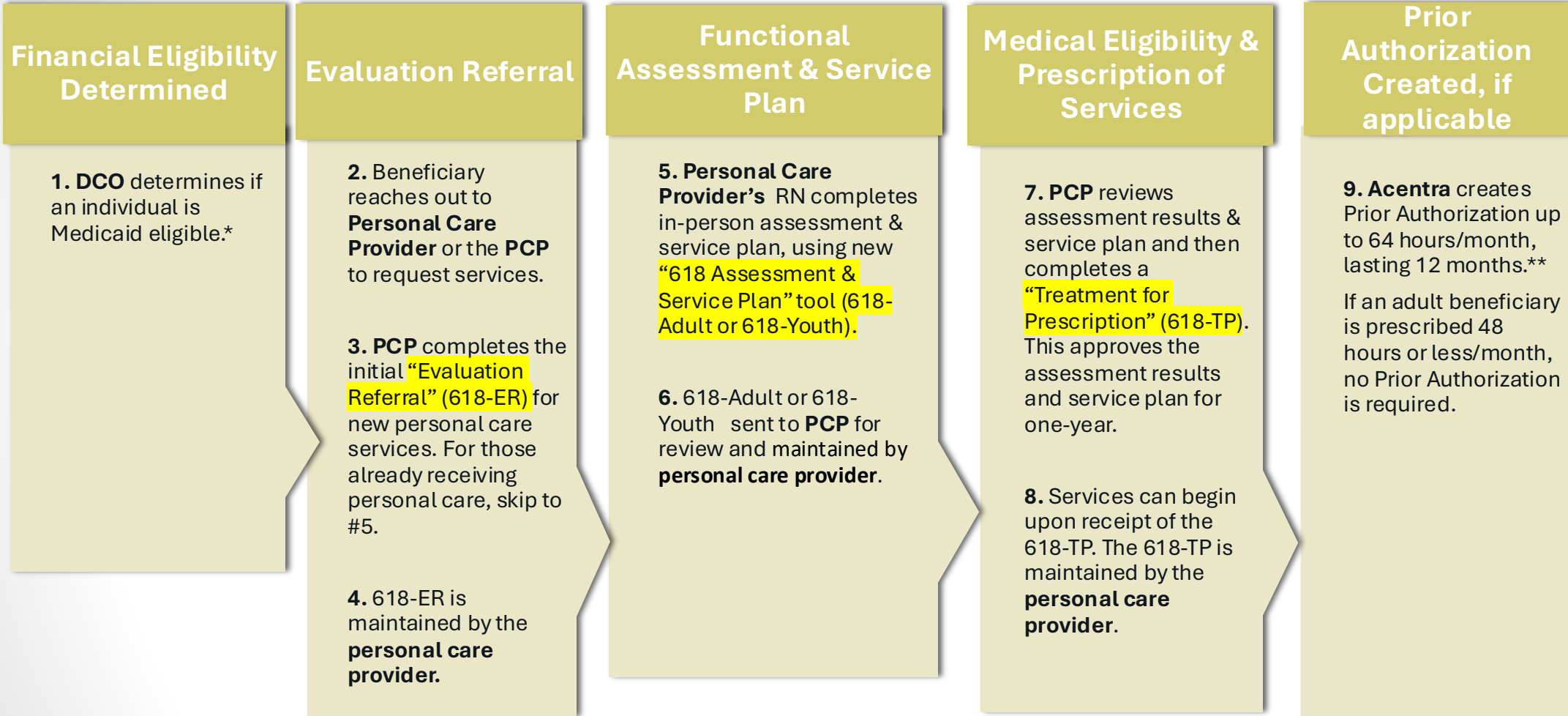
Extend the Prior Authorization coverage from 6 months to 12 months for all

Keep the 64 hour/month cap, but remove requirements for PAs for those 21+ utilizing 48 hours or less per month.



# What the Personal Care Process Will Look Like in 2025...

Treating Personal Care like a State Plan Service—which it is



Notes:

\*Primary Care provider (PCP) is identified or assigned. If no assigned PCP; handled by **AFMC** through [www.connectcare.com](http://www.connectcare.com)

\*\*Monthly cap remains 64 hours, unless an EOB is granted for 20 & under



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# Reiterating Changes to Process Sequence of Forms (Replacing Optum's ARIA)

- **First- “618-ER”**

- Initial Evaluation Referral
- Primary Care Provider completes

- **Next- “618-Adult” or “618-Youth,”** depending on age

- Functional needs assessment & service plan
- Nurse from Personal Care Provider completes

\*The 618-Youth Assessment will not be discussed in this presentation

- **Last- “618-TP”**

- Treatment for Prescription of Personal Care
- Primary Care Provider completes

# Reiterating Changes to Prior Authorizations

## For 21+ beneficiaries

- The 64-hour monthly cap for services remains.
- Greater than 48 hours per month of personal care services *still requires* a PA from Acentra.
- 48 hours or less per month of personal care services *no longer requires* a PA from Acentra.

# Anticipated Timelines

Activity	Timeline
Promulgation of Updated Medicaid Manuals <ul style="list-style-type: none"><li>• Personal Care</li><li>• ARIA (Independent Assessment)</li></ul>	January/February 2025
Stakeholder Training on New Forms/Processes  Soft Launch of 618-Adult & 618-Youth Assessment & Service Plan Forms	February-June 2025
Effective Date	July 1, 2025



# Looking at the Newly Drafted 618-Assessment & Service Plan



### III. Mental Status

- |  |  |
|--|--|
| <input type="checkbox"/> Clear               | <input type="checkbox"/> Hyperactive                           |
| <input type="checkbox"/> Somewhat confused   | <input type="checkbox"/> Withdrawn                             |
| <input type="checkbox"/> Moderately confused | <input type="checkbox"/> Needs restraint                       |
| <input type="checkbox"/> Markedly confused   | <input type="checkbox"/> Needs supervision for personal safety |

Comments:

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### IV. Physical Dependency Status

- |  |   |   |
|--|---|---|
| <b>Bed Mobility &amp; Transfer Status</b><br><input type="checkbox"/> Bedridden<br><input type="checkbox"/> Requires turning in bed<br><input type="checkbox"/> Bed to chair with assistance<br><input type="checkbox"/> Must be lifted into chair<br><input type="checkbox"/> Bed to chair without assistance | <b>Ambulation &amp; Mobility Status</b><br><input type="checkbox"/> Wheelchair (assist)<br><input type="checkbox"/> Wheelchair (self)<br><input type="checkbox"/> Motorized chair<br><input type="checkbox"/> Walks with assistance<br><input type="checkbox"/> Walks with device<br><input type="checkbox"/> Walks alone | <b>Continence Status</b><br><input type="checkbox"/> Catheter <input type="checkbox"/> Colostomy<br><input type="checkbox"/> Bladder <input type="checkbox"/> Bowels<br><input type="checkbox"/> Incontinent <input type="checkbox"/> Continent |
|--|---|---|

### V. Activities of Daily Living

		No Assistance	Standby/Minimal Assist	Extensive Assist	Total Assist
Bathing	<input type="checkbox"/> Tub <input type="checkbox"/> Shower <input type="checkbox"/> Bed	<input type="checkbox"/> Client is independent in all aspects of task Minutes: 0	<input type="checkbox"/> Lay out supplies, draw water, safety concerns, transfer in/out, monitoring Minute range: 5-10	<input type="checkbox"/> Tub/shower, sponge bath, bed bath, drying, transfer in/out of tub/shower Minute range: 15-30	<input type="checkbox"/> Client is physically unable to perform any part of task Minute range: 35-45
Dressing		<input type="checkbox"/> Client is independent in all aspects of task Minutes: 0	<input type="checkbox"/> Lay out clothes, occasional help with zippers, buttons, donning socks/shoes, cueing/monitoring Minute range: 5-10	<input type="checkbox"/> Always requires assistance with zippers/buttons/socks/shoes, requires assistance donning/doffing garments Minute range: 15-20	<input type="checkbox"/> Client is physically unable to perform any part of task Minute range: 25-30
Feeding/Eating		<input type="checkbox"/> Client is independent in all aspects of task Minutes: 0	<input type="checkbox"/> Verbal Cues/encouragement, donning adaptive devices Note: feeding is calculated by # of meals per week, not # of days Minute range: 5-10	<input type="checkbox"/> Spoon feeding, bottle feeding, needs help to cut food, special diet Minute range: 15-20	<input type="checkbox"/> Client is physically unable to perform any part of task Minute range: 25-30

- The new 618-Adult follows the same format of the DMS-618 since it includes two parts:
  - The functional needs assessment
  - The service plan
- The new 618 organizes ADLs and IADLs within grids, like the Task and Hours Standards.
- Within the grids are indicators that correspond to levels of need/assistance, as well as clinical standards for recommended minutes of care.

- Includes all ADLs/IADLs
- All indicators and ranges for minutes come directly from the Task and Hours Standards
- Goal of this updated form is to create a more uniform, clinically based functional needs assessment used for all State Plan Personal Care

Activities of Daily Living (Cont'd)					
		No Assistance	Standby/Minimal Assist	Extensive Assist	Total Assist
<b>Grooming</b>		<input type="checkbox"/> Client is independent in all aspects of task  <b>Minutes: 0</b>	<input type="checkbox"/> Lay out supplies, verbal cues, comb/brush hair, apply non-prescription lotion <b>Minute range: 10-20</b>	<input type="checkbox"/> Shaving (face/legs/underarms), brush teeth, nail care, Wash/Dry/style hair, wash hands/face, apply makeup <b>Minute range: 30-50</b>	<input type="checkbox"/> Client is physically unable to perform any part of task  <b>Minute range: 60-75</b>
<b>Toileting</b>	<input type="checkbox"/> Toilet <input type="checkbox"/> Bedpan/urinal <input type="checkbox"/> Bedside commode	<input type="checkbox"/> Client is independent in all aspects of task  <b>Minutes: 0</b>	<input type="checkbox"/> Prepare supplies equipment, clothing assist during task, occasional help with perineal hygiene, occasional help with catheter/colostomy care <b>Minute range: 5-10</b>	<input type="checkbox"/> Assist on/off bedpan, assist with the use of urinal, assisting with perineal hygiene, assist with feminine hygiene needs, change incontinence briefs, change external catheter, emptying catheter bag, changing colostomy bag <b>Minute range: 15-20</b>	<input type="checkbox"/> Client is physically unable to perform any part of task  <b>Minute range: 25-30</b>
<b>Transferring</b>		<input type="checkbox"/> Client is independent in all aspects of task  <b>Minutes: 0</b>	<input type="checkbox"/> Help with positioning; minimal assistance rising <b>Minutes: 5-10</b>	<input type="checkbox"/> Non-ambulatory movement from 1 stationary position to another; hands-on assistance with rising from sitting to standing; extensive assistance with positioning or turning <b>Minutes: 15-20</b>	<input type="checkbox"/> Client requires total assistance with positioning or transferring from bed to chair  <b>Minutes: 25-30</b>
<b>Walking</b>		<input type="checkbox"/> Client is independent in all aspects of task  <b>Minutes: 0</b>	<input type="checkbox"/> Standby assistance with walking; assistance with putting on/removing leg braces <b>Minutes: 5-10</b>	<input type="checkbox"/> Steadying in walking/use of steps; assistance with wheelchair ambulation <b>Minutes: 15-20</b>	<input type="checkbox"/> Client requires total assistance with wheelchair ambulation  <b>Minutes: 25-30</b>
VI. Instrumental Activities of Daily Living—minute ranges come from Task & Hours Standard					
		No Assistance	Standby/Minimal Assist	Extensive Assist	Total Assist
<b>Cleaning</b>		<input type="checkbox"/> Client is independent in all aspects of task  <b>Minutes: 0</b>	<input type="checkbox"/> Make bed, straightening areas  <b>Minute range: 60-90</b>	<input type="checkbox"/> Cleaning after personal care tasks, cleaning floors of living area, dusting, cleaning bathroom, cleaning kitchen/appliances/dishes, changing bed linens, Emptying/cleaning bedside commode, emptying trash, setting out garbage for pickup <b>Minute range: 95-235</b>	<input type="checkbox"/> Client is physically unable to perform any part of task  <b>Minute range: 240-300</b>
<b>Laundry</b>		<input type="checkbox"/> Client is independent in all aspects of task  <b>Minutes: 0</b>	<input type="checkbox"/> Individual requires at least minimal assistance but no special laundry needs:  <b>Minute range: 30-120</b>	<input type="checkbox"/> Individual has special laundry needs:  <b>Minute range: 120-240</b>	



Client's Name: \_\_\_\_\_

Medicaid ID #: \_\_\_\_\_

**Instrumental Activities of Daily (Cont'd) – minute ranges come from Task & Hours Standard**

	No Assistance	Standby/Minimal Assist	Extensive Assist	Total Assist
<b>Preparing Meals</b>	<input type="checkbox"/> Client is independent in all aspects of task  Minutes: 0		<input type="checkbox"/> Meal planning/prepping, cooking full meals, warming/cutting/serving prepared food, breakfast/lunch/supper/snacks, Grinding and pureeing food  *The maximum time per meal is 30 minutes. **Additional time for leftovers. Allow an extra 15 minutes per day to cook enough leftovers for the next meal.  Minute range: 10-90	
<b>Shopping</b>	<input type="checkbox"/> Client is independent in all aspects of task  Minutes: 0	<input type="checkbox"/> Preparing a shopping list, picking up extra items  Minute range: 10-30	<input type="checkbox"/> Going to store, shopping for all items, picking up medications, putting items away  Minute range: 35-90	<input type="checkbox"/> Client is physically unable to perform any part of task  Minute range: 35-90

- Continuation of IADL grid
- Designated place to include denial of services, based on scores of '0' in all ADL and IADL categories.

Check the box and sign below ONLY if **denying** personal care services based on the beneficiary receiving "0's" in all ADL/IADL areas above. **This form must be returned to the PCP even if denying services.** Provide supportive narrative on the following section.

Beneficiary does not meet medical necessity for personal care services as indicated by the assessment above.

\_\_\_\_\_  
RN Signature and Date



- Section dedicated to the Personal Care Service Plan.

- More structured service plan in the form of a table, instead of open narrative

- Columns help organize information for easy review by PCP

**X. Personal Care Service Plan**

Attach additional pages as necessary. Using results from the assessment, document the plan to support the beneficiary in each needed ADL/IADL to prevent worsening of their current condition/s.

*\*Duration should come from the marked-up ADL/IADL grid above, not exceeding the minutes established.*

ADL/IADL	Frequency	*Duration (min.)	Staff delivering service	Notes/comments
Ex: Bathing	3 x Week	30 min	PC Aide, LPN, RN, etc.	Aide to assist with bathing, drying, and transferring in/out of tub

**Service Time**

Maximum and minimum *daily aggregate* service-time estimates (daily total in minutes, weekly total in hours) for Personal Care Aide services for the client are:

**Example Week: Daily Totals**

Weekday #	1	2	3	4	5	6	7
Minimum							
Maximum							

**Weekly Totals**

Minimum \_\_\_\_\_ Maximum \_\_\_\_\_

- The frequency, intensity and duration must be medically necessary based on the results of the assessment and realistic for the age of the beneficiary.

Additional comments regarding the duration, frequency or scope of personal care services:

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**Personal Care Service Location**

- Private Residence
- Residential Care Facility
- School
- DDS Facility
- Other (describe): \_\_\_\_\_
- Service Location(s) Address(es): \_\_\_\_\_

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\_\_\_\_\_  
RN Signature and Date

- Continuation of Service Plan Section, including Daily Totals chart (same as before)
- Section on alternative resources for assistance + certification about non-duplication of services
- Three additional certification checkboxes from manual language



- Last Section is client acceptance of authorized service plan

## XII. Client Acceptance of Authorized Service Plan

I understand that I will receive only medically necessary assistance with my physical dependency needs. I accept this personal care service plan.

\_\_\_\_\_  
Signature of Client or Client's  
Representative

\_\_\_\_\_  
Date

Extension of benefits up to the 64 hour/month cap requires a 618 re-assessment and approval by the beneficiary's PCP. If the beneficiary needs more than 64 hours, please apply to the appropriate HCBS waiver for their needs

[Apply For Services - Arkansas Department of Human Services](#)

# Where We Are Right Now

Engaging with providers and stakeholders like AFMC, PCPs, School districts, Acentra, Gainwell, internal DHS divisions

Manual is under internal DHS review; expected to go to Governor in the next few weeks for approval

Planning training and educational sessions for early next year



# Questions & Answers



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