

DPSQA Educational Conference

Updates from Aging & Adult Services- Personal Care, ARChoices Waiver, & PACE

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Agenda

Administrative Updates

- Provider Licensing Changes
- Freedom of Choice List Changes
- Handy Resource for New Providers

State Plan Personal Care

- Updates to Share on New Provider Manual, Anticipated Program Changes, Preparation for Effective Date

ARChoices Waiver Redesign

- New Waiver Planning & Development

PACE

- Back to Basics: What is this program and who is it for?
- PACE Sites Across the State



Administrative Updates



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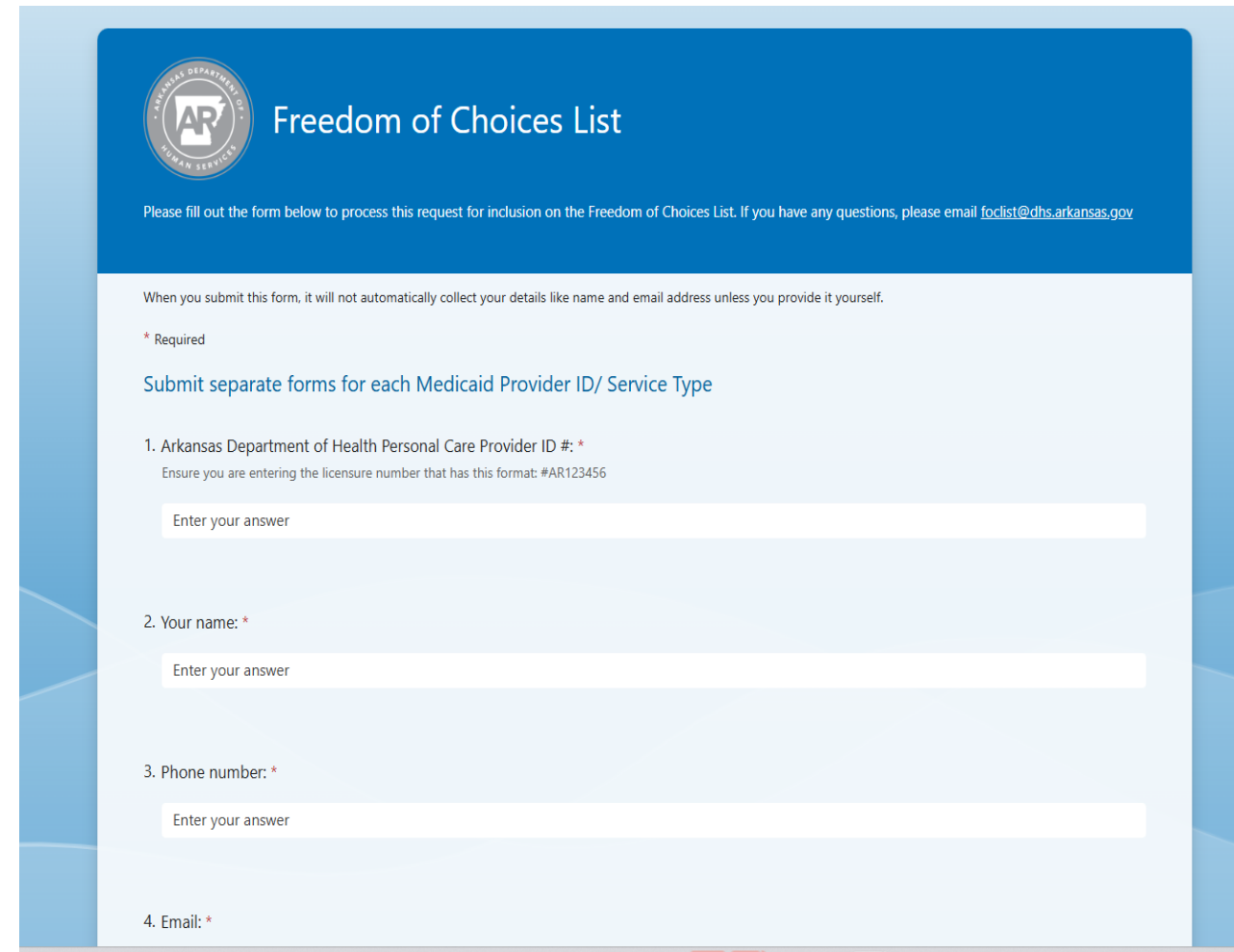
Updates to Share on Provider Licensing

- State Plan Personal Care, ARChoices Attendant Care and ARChoices Respite Care Providers Licensing is 100% handled by the Arkansas Department of Health
- Act 853 revised Arkansas Code § 20-10-2301(b)
- State Plan Personal Care, ARChoices Attendant Care or ARChoices Respite Care Providers no longer require DPSQA Certification (Private Care Agencies)



Updates to Share on Freedom of Choice List

- Because of Provider Licensing changes mentioned on last slide, the Freedom of Choice list is now managed by DAABHS Staff
- Inbox created for Freedom of Choice list inquiries: foclist@dhs.arkansas.gov
- New providers will need to fill out this new online form, available via Microsoft Forms here: <https://shorturl.at/HsfUd>

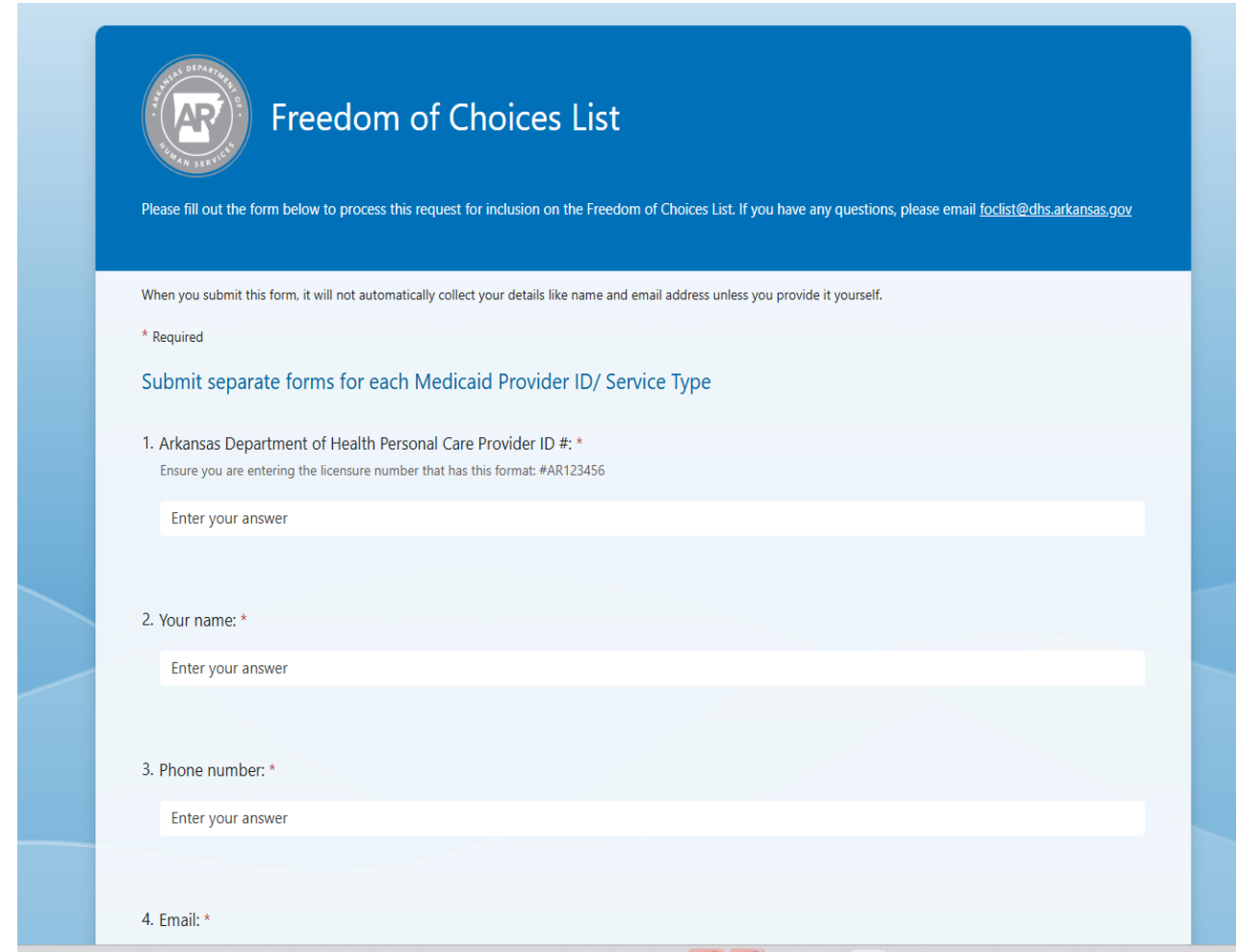


The screenshot shows a Microsoft Forms interface for the "Freedom of Choices List". At the top, there is a blue header with the Arkansas Department of Human Services logo and the title "Freedom of Choices List". Below the header, a note states: "Please fill out the form below to process this request for inclusion on the Freedom of Choices List. If you have any questions, please email foclist@dhs.arkansas.gov". A disclaimer follows: "When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself." The form includes a section for "Required" information and a instruction: "Submit separate forms for each Medicaid Provider ID/ Service Type". The form contains four numbered questions, each with a text input field:

1. Arkansas Department of Health Personal Care Provider ID #: *
Ensure you are entering the licensure number that has this format: #AR123456
Enter your answer
2. Your name: *
Enter your answer
3. Phone number: *
Enter your answer
4. Email: *

Freedom of Choice List Continued

- This form needs to be used for making changes in "Counties Covered"
- Please keep your contact information current in MMIS and the Freedom of Choice List
- Questions and Issues with the Freedom of Choice List go to foclist@dhs.arkansas.gov



The screenshot shows a web form titled "Freedom of Choices List" from the Arkansas Department of Human Services. The form includes a header with the department's logo and a blue bar with the title. Below the header, there is a note about data collection and a list of required fields. The fields are: 1. Arkansas Department of Health Personal Care Provider ID #: * (with a format example #AR123456), 2. Your name: *, 3. Phone number: *, and 4. Email: *. Each field has a corresponding text input box.

 Freedom of Choices List

Please fill out the form below to process this request for inclusion on the Freedom of Choices List. If you have any questions, please email foclist@dhs.arkansas.gov

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

* Required

Submit separate forms for each Medicaid Provider ID/ Service Type

1. Arkansas Department of Health Personal Care Provider ID #: *

Ensure you are entering the licensure number that has this format: #AR123456

Enter your answer

2. Your name: *

Enter your answer

3. Phone number: *

Enter your answer

4. Email: *

Handy Resource for New Providers



- This informational flyer is being given to all new providers
- Convenient resource for contact information

<https://humanservices.arkansas.gov/wp-content/uploads/DAABHS-Freedom-of-Choice-Providers-flierV2-003F.pdf>



State Plan Personal Care



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Summary of Changes to Personal Care

- The streamlined Medicaid Provider Manual for Personal Care will focus exclusively on State Plan Personal Care. Guidance for personal care services delivered with other HCBS program authorities will be relocated to their respective manuals.
- PCPs will initiate evaluation referrals for beneficiaries new to State Plan Personal Care services.
- The Independent assessment (ARIA) performed by Optum will no longer be used to determine need for State Plan Personal Care services. Instead, a functional assessment and treatment plan will be generated by a Registered Nurse (RN) from the Personal Care provider.
- PCPs will issue treatment prescriptions for State Plan Personal Care services, after finalizing the assessment & treatment plan from the Personal Care provider's RN.
- Prior Authorizations issued by Acentra will last 12 months.
 - The 64-hour/month service cap remains in effect for adults 21+ years of age.
 - Youth (20 and under) may receive more than 64 hours/month with an Extension of Benefits (EOB).
- Required documentation for beneficiaries receiving State Plan Personal Care services, will be maintained by the Personal Care provider.



Updates to Share on Personal Care

New Personal Care Provider Manual is in promulgation

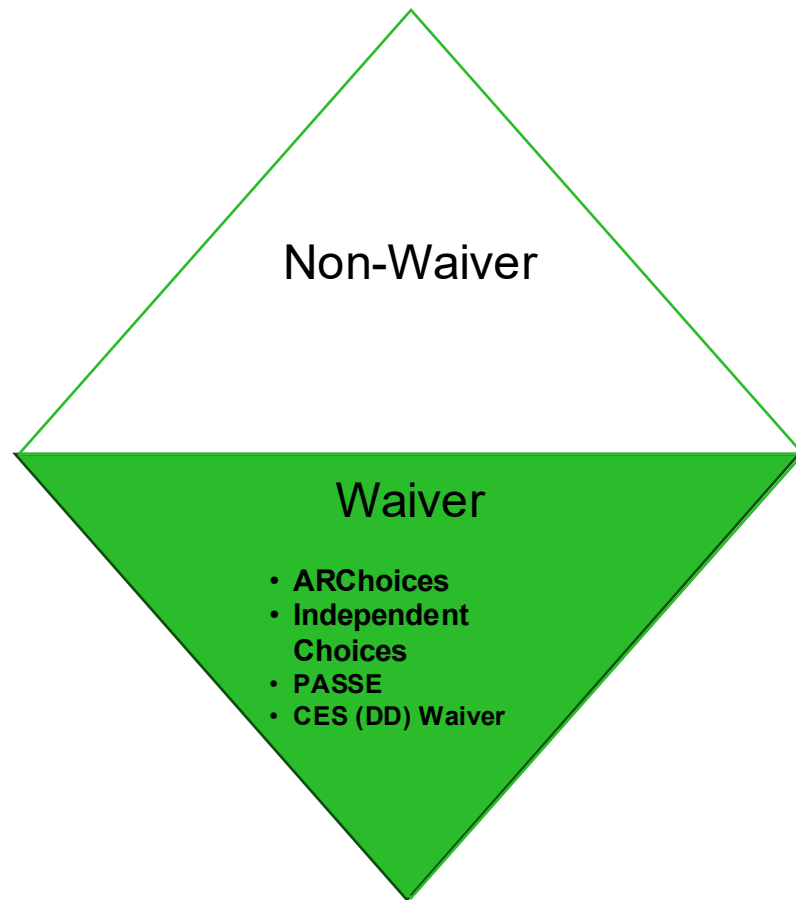
- Public Comment Period anticipated October / November 2025

Upcoming trainings on "New" Processes for State Plan Personal Care:

- Hosted through AFMC, led by DAAS
- Will be available online as recordings and scheduled live webinars
- Trainings to occur prior to effective date (TBA) of new Personal Care Provider Manual and processes
- Trainings developed for three primary audiences:
 - Personal Care Providers;
 - Primary Care Providers (PCPs);
 - School-Based Personal Care Providers



Important: Updates to Personal Care (effective date TBA) will affect non-waiver beneficiaries only



On the effective date of Personal Care changes, non-waiver beneficiaries seeking personal care will only require a medical prescription from their PCP based off an approved functional needs assessment and treatment plan from a provider.

Why? Personal Care as a stand-alone Medicaid State Plan service does not require the ARIA assessment or a person-centered service plan (PCSP).

In other words, beneficiaries in a waiver / PASSE who receive personal care as part of their PCSP will continue "business as usual"--i.e., access/ receive/ renew their personal care services through the ARIA and RN authorization of services in the PCSP.

DHS Personal Care Program Contacts

Personal Care Provider Inbox for Questions
Personal.Care.Prov@dhs.arkansas.gov

Tami Rogers, Assistant Director of Administrative
Services
Tami.Rogers@dhs.arkansas.gov

Deb Inman, Assistant Director in DAABHS
Debora.Inman@dhs.arkansas.gov



Redesign Plan for the ARChoices Waiver



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ARChoices Redesign Goals

Arkansas can prevent more seniors and people with physical disabilities from institutionalization by updating these waivers in the following ways:

- **Combine the waivers so that all aging and disability waiver services are under “one roof”**
- **Redesign the current package of waiver services available to participants**
- **Clearly define and streamline the front door process for entrance into the HCBS Aging waiver.**
- **Align the cap for waiver budgets (established in 2021) to the current cost of institutional care.**

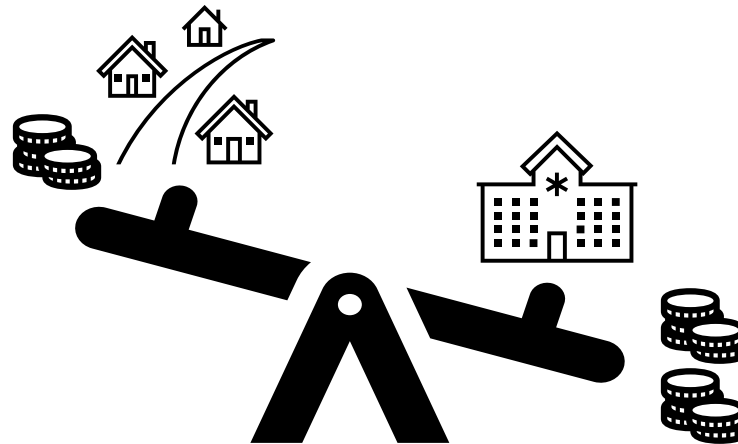


Right-Sizing HCBS Waiver Budgets to Keep People in Community Longer

ARChoices and Living Choices are designed as cost-neutral alternatives to institutional care.

- However, the current demonstration of these waivers shows that service budgets fall significantly short of actual institutional spending, which makes it financially harder for people to remain in their homes while receiving care through the waivers.

DHS wants to comprehensively evaluate ARChoices and Living Choices service budgets to ensure that HCBS is a genuinely viable and equitable option compared to other institutional settings.



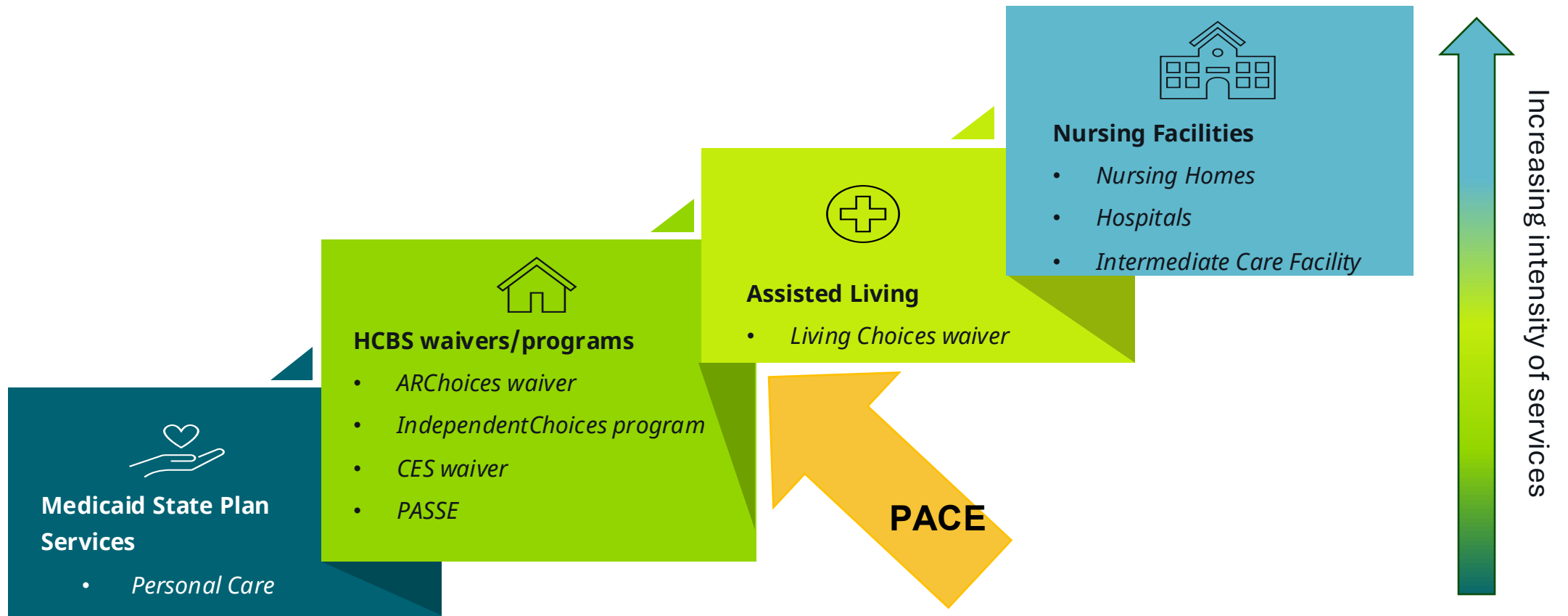
PACE in Arkansas



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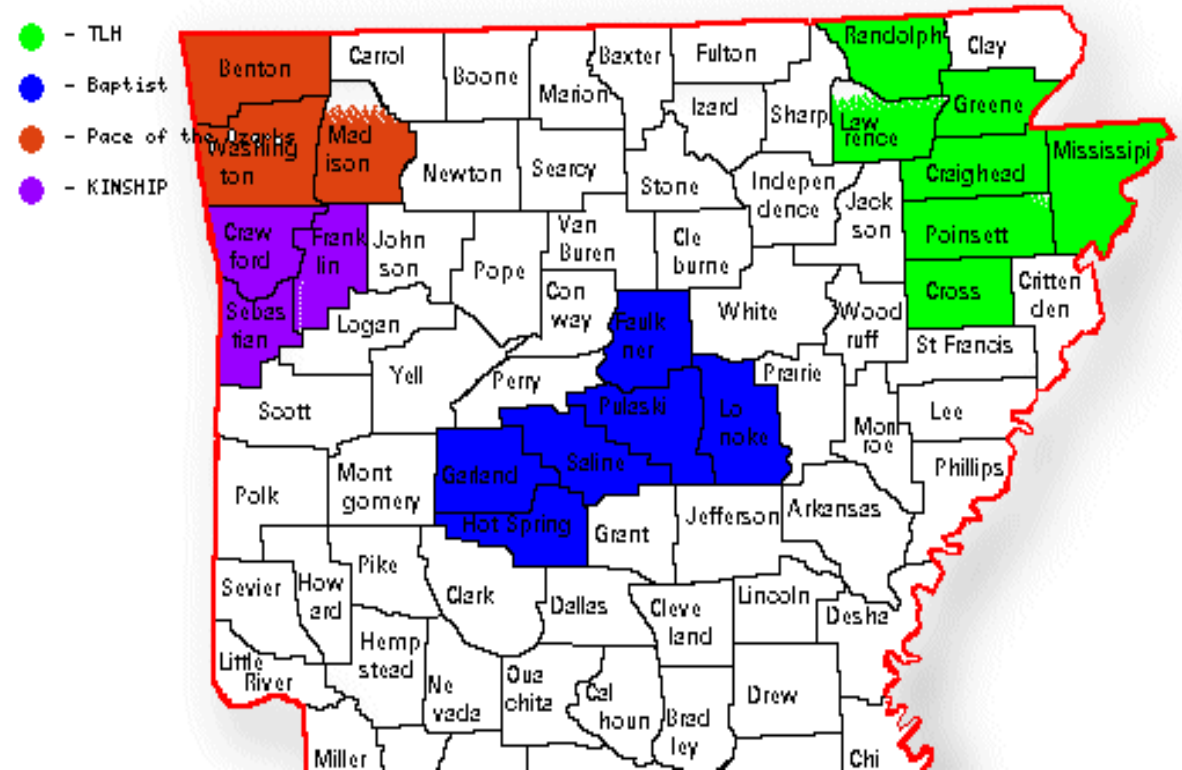
Start with the Big Picture: DHS' Medicaid Care Continuum

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



P.A.C.E. Program of All-Inclusive Care For the Elderly

- PACE is a comprehensive health and social services program
- PACE Providers receive a capitated rate per member per month
- Must be 55+ and meet nursing home level of care but able to live safely in a community with support
- Covers all services provided by Medicare or Medicaid including dental



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