Updates on Medicaid State Plan Personal Care Services

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Purpose of this Training

1. Preview upcoming changes to State Plan Personal Care.

2. Understand which patients would benefit from Personal Care services through the Medicaid State Plan

3. Understand **the new process** and the role of a PCP in referring and prescribing Personal Care services through the Medicaid State Plan

4. Understand the procedural timeline in order for the patient to receive personal care services

Benefits of this Training

- You will have better oversight of patients that need ADL and IADL supports
- You will drive support for patients to stay independent in their homes and communities
- Your referral and review will ensure that patients get the right services, at the right time, in the right setting

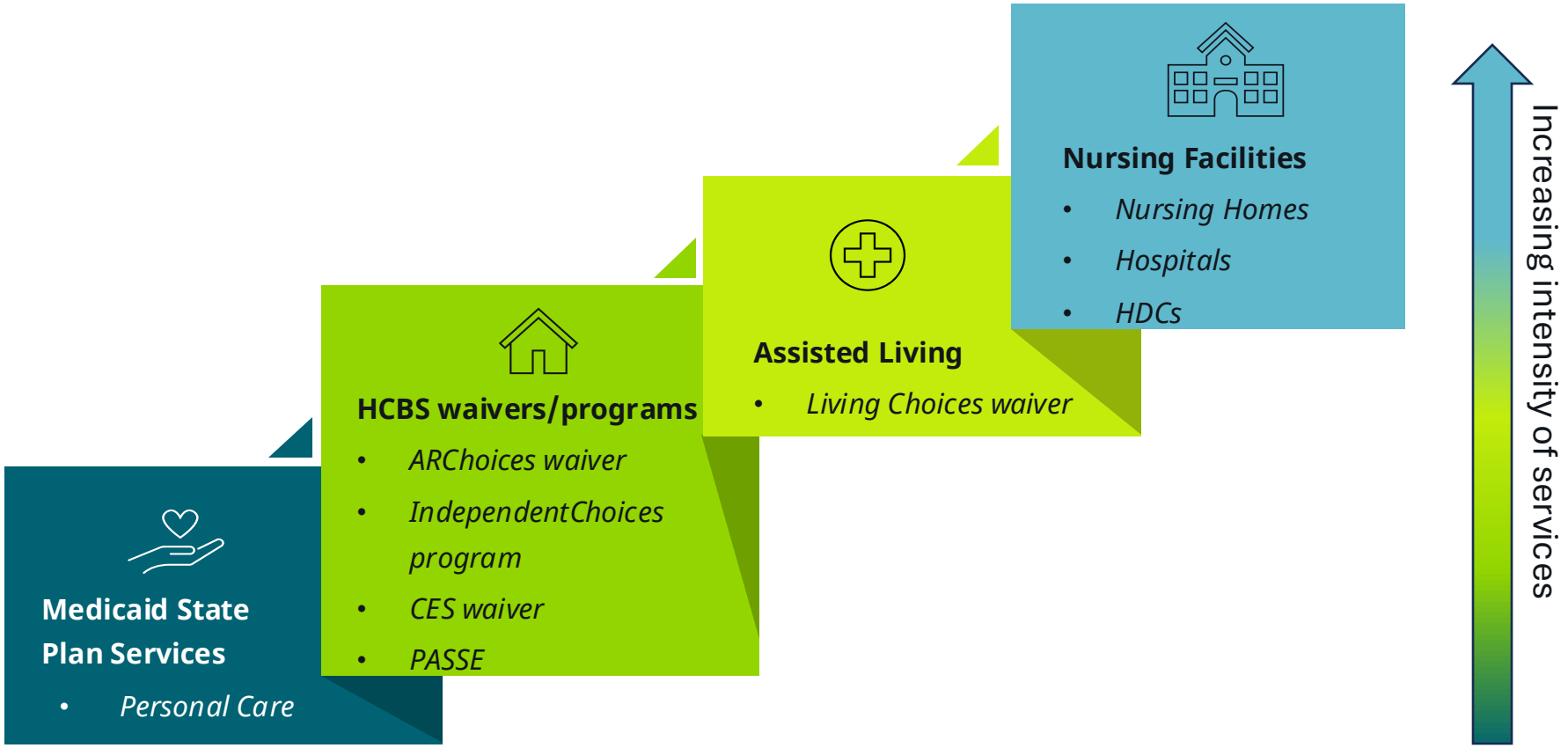
Agenda

1. Care Continuum Background
2. Defining Medicaid State Plan Personal Care Services
3. Populations Served by Medicaid State Plan Personal Care Services
4. PCP role going forward in referring and prescribing Personal Care services

Care Continuum Background

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



Defining Medicaid State Plan Personal Care Services

What are Medicaid State Plan Personal Care Services?

☑ What Personal Care Services are…	☒ What Personal Care Services are NOT…
Medically necessary services that assist a beneficiary with assessed physical dependency needs in the performance of their routine activities of daily living (ADLs) and instrumental activities of daily living (IADLs)	Duplicative of other services available through outside resources, like private insurance, natural supports, or other generic sources
Limited to 64 hours per month, for adults. Under 21 can request an extension of benefits	Housekeeping Services
	Respite Services*
	Replacement for childcare or behavioral services for children under 21 years old
	Comprehensive supported living services offering assistance in socialization or adaptive skills.

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*For Respite Services, direct patient to Apply for Respite Voucher - Arkansas Department of Human Services

Populations Served by Medicaid State Plan Personal Care Services

Which Patients would Benefit from Personal Care Services?

Those that receive Medicaid or are Medicaid eligible and struggle to independently perform any of the following tasks for themselves, affecting their independence: Bathing, dressing, feeding/eating, grooming, toileting, transferring, walking, cleaning, laundry, preparing meals (ADLs & IADLs)

Aging citizens

Citizens with physical disabilities (any age)

Which Patients would Benefit from Personal Care Services, *Continued*

What about non-Medicaid patients?

What about patients already receiving HCBS waiver services?

What about Personal Care Services in school settings?

If patients are non-Medicaid, refer them first to Access Arkansas website to apply for Medicaid online or to their local DHS County office to apply for Medicaid. The next step would be to refer them for Personal Care Services after becoming Medicaid eligible.

If patients are already receiving HCBS Waiver services (e.g., ARChoices waiver, CES waiver, PASSE), they are already able to receive in-home Personal Care Services and just need to speak to their care manager or DHS nurse.

If patients require school-based personal care, they must be Medicaid eligible and struggle to independently perform any of the following tasks for themselves, affecting their independence: Bathing, dressing, feeding/eating, grooming, toileting, transferring, and walking.

PCP Role Going Forward: Referring and Prescribing Personal Care Services

Overview of Roles in State Plan Personal Care Services

Who:	Does What:	How:
PCP (Primary Care Provider)	Makes referrals to State Plan Personal Care	DMS-618-ER
Personal Care Provider (Agency)	Conducts Assessment & Drafts Treatment Plan; Maintains documents; Provides services	Assessment & Treatment Plan, Adult or Youth
PCP (Primary Care Provider)	Reviews & Approves (or requests revision to) Assessment & Treatment Plan	DMS-618-TP
DHS Contractor for Prior Authorization (Acentra)	Review utilization and documentation	All documents submitted by Personal Care Provider to Portal

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*starting April 1, 2026

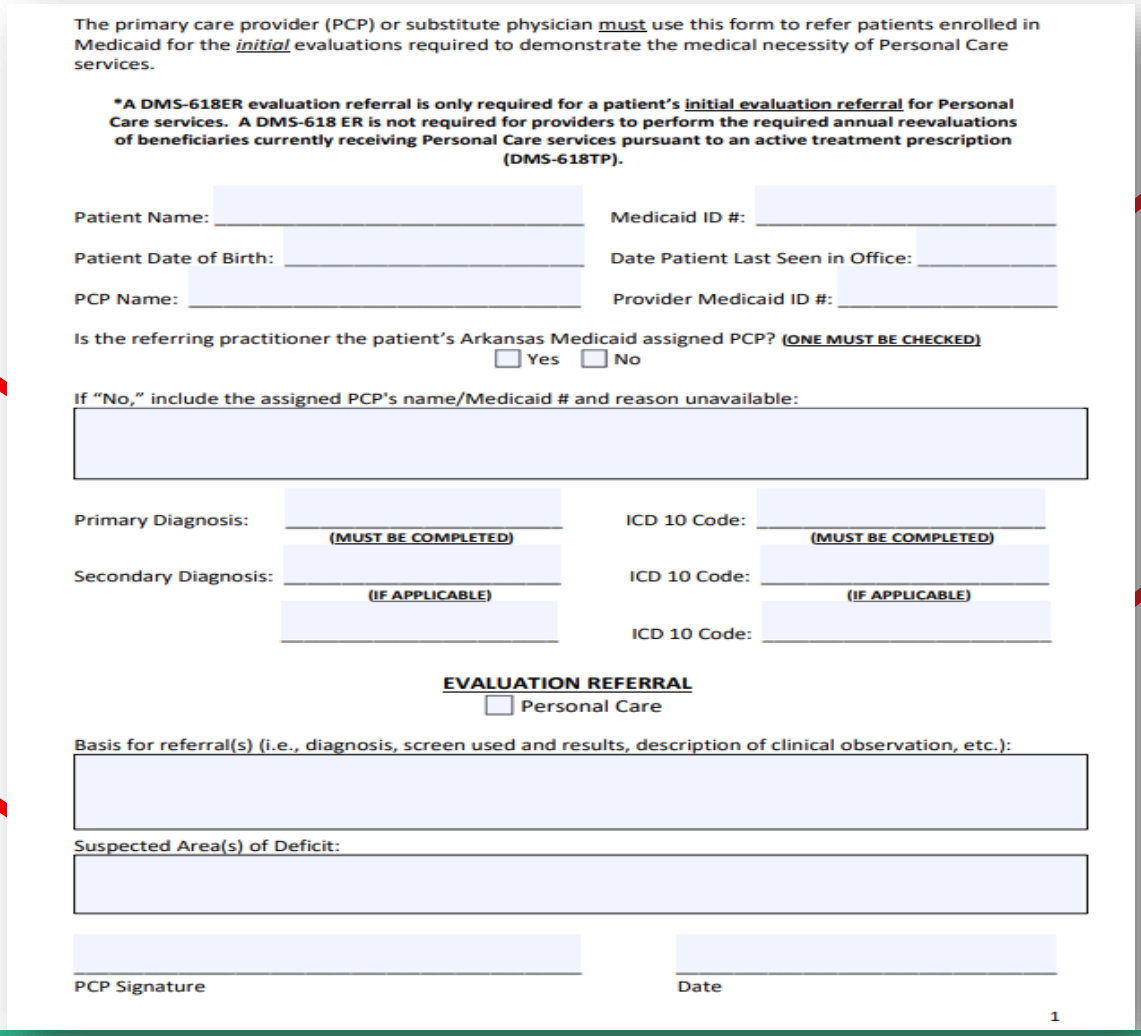
Referrals
for New, Eligible Patients

Sign & Complete

DMS-618-Evaluation Referral

One-pager!

Step 1: DMS-618-Evaluation Referral (ER)



The primary care provider (PCP) or substitute physician must use this form to refer patients enrolled in Medicaid for the *initial* evaluations required to demonstrate the medical necessity of Personal Care services.

***A DMS-618ER evaluation referral is only required for a patient's initial evaluation referral for Personal Care services. A DMS-618 ER is not required for providers to perform the required annual reevaluations of beneficiaries currently receiving Personal Care services pursuant to an active treatment prescription (DMS-618TP).**

Patient Name: _____ Medicaid ID #: _____

Patient Date of Birth: _____ Date Patient Last Seen in Office: _____

PCP Name: _____ Provider Medicaid ID #: _____

Is the referring practitioner the patient's Arkansas Medicaid assigned PCP? **(ONE MUST BE CHECKED)**

☐ Yes ☐ No

If "No," include the assigned PCP's name/Medicaid # and reason unavailable:

Primary Diagnosis: _____ **(MUST BE COMPLETED)** ICD 10 Code: _____ **(MUST BE COMPLETED)**

Secondary Diagnosis: _____ **(IF APPLICABLE)** ICD 10 Code: _____ **(IF APPLICABLE)**

ICD 10 Code: _____

EVALUATION REFERRAL

☐ Personal Care

Basis for referral(s) (i.e., diagnosis, screen used and results, description of clinical observation, etc.):

Suspected Area(s) of Deficit:

PCP Signature _____ Date _____

1

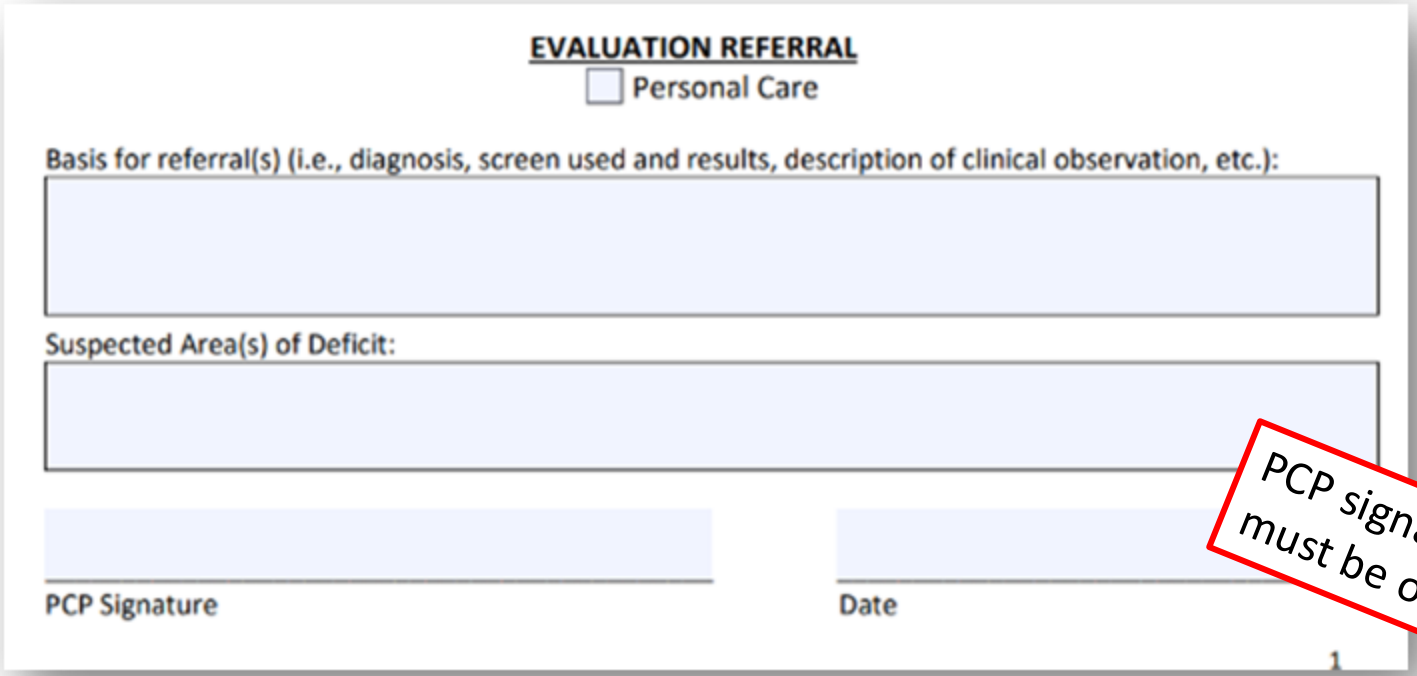
Patient info

Patient diagnosis

ER form only for patients new to PC

Check if you are the patient's assigned PCP

Cont'd: DMS-618-Evaluation Referral (ER)



EVALUATION REFERRAL

☐ Personal Care

Basis for referral(s) (i.e., diagnosis, screen used and results, description of clinical observation, etc.):

Suspected Area(s) of Deficit:

PCP Signature

Date

1

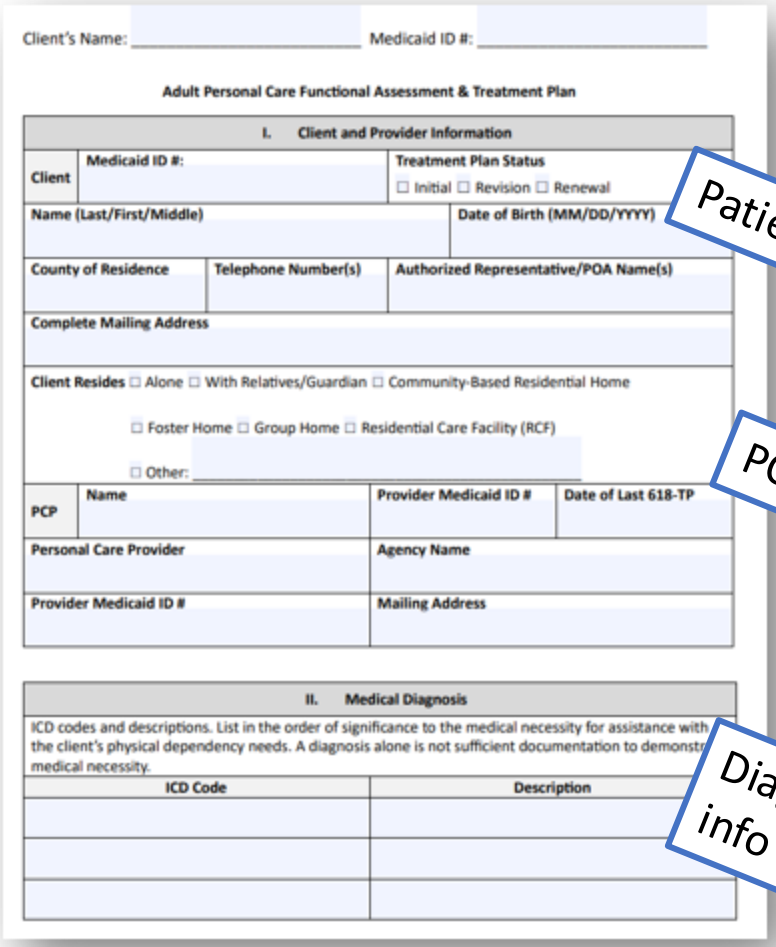
PCP signature & date must be on the ER

Step 2: Review & Approve Assessment & Treatment Plan

Review completed **Assessment and Treatment Plan** for patient then sign & complete **DMS-618-Treatment Prescription**

One-pager!

Cont'd: Assessment and Treatment Plan



Client's Name: _____ Medicaid ID #: _____

Adult Personal Care Functional Assessment & Treatment Plan

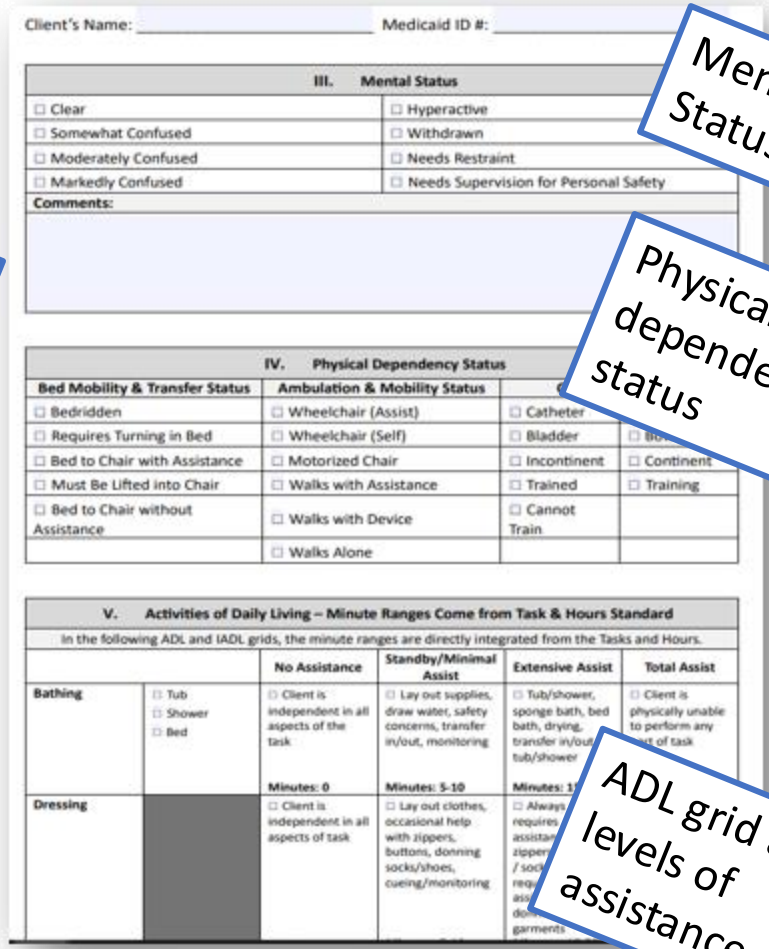
I. Client and Provider Information			
Client	Medicaid ID #:	Treatment Plan Status ☐ Initial ☐ Revision ☐ Renewal	
Name (Last/First/Middle)		Date of Birth (MM/DD/YYYY)	
County of Residence	Telephone Number(s)	Authorized Representative/POA Name(s)	
Complete Mailing Address			
Client Resides ☐ Alone ☐ With Relatives/Guardian ☐ Community-Based Residential Home ☐ Foster Home ☐ Group Home ☐ Residential Care Facility (RCF) ☐ Other: _____			
PCP	Name	Provider Medicaid ID #	Date of Last 618-TP
Personal Care Provider		Agency Name	
Provider Medicaid ID #		Mailing Address	

II. Medical Diagnosis	
ICD codes and descriptions. List in the order of significance to the medical necessity for assistance with the client's physical dependency needs. A diagnosis alone is not sufficient documentation to demonstr medical necessity.	
ICD Code	Description

Patient info

PCP info

Diagnosis info



Client's Name: _____ Medicaid ID #: _____

III. Mental Status	
☐ Clear	☐ Hyperactive
☐ Somewhat Confused	☐ Withdrawn
☐ Moderately Confused	☐ Needs Restraint
☐ Markedly Confused	☐ Needs Supervision for Personal Safety
Comments:	

IV. Physical Dependency Status			
Bed Mobility & Transfer Status	Ambulation & Mobility Status		
☐ Bedridden	☐ Wheelchair (Assist)	☐ Catheter	☐ Bo
☐ Requires Turning in Bed	☐ Wheelchair (Self)	☐ Bladder	
☐ Bed to Chair with Assistance	☐ Motorized Chair	☐ Incontinent	☐ Continent
☐ Must Be Lifted into Chair	☐ Walks with Assistance	☐ Trained	☐ Training
☐ Bed to Chair without Assistance	☐ Walks with Device	☐ Cannot Train	
	☐ Walks Alone		

V. Activities of Daily Living – Minute Ranges Come from Task & Hours Standard					
In the following ADL and IADL grids, the minute ranges are directly integrated from the Tasks and Hours.					
		No Assistance	Standby/Minimal Assist	Extensive Assist	Total Assist
Bathing	☐ Tub ☐ Shower ☐ Bed	☐ Client is independent in all aspects of the task Minutes: 0	☐ Lay out supplies, draw water, safety concerns, transfer in/out, monitoring Minutes: 5-10	☐ Tub/shower, sponge bath, bed bath, drying, transfer in/ou tub/shower Minutes: 1	☐ Client is physically unable to perform any t of task
Dressing		☐ Client is independent in all aspects of task	☐ Lay out clothes, occasional help with zippers, buttons, donning socks/shoes, cueing/monitoring	☐ Always requires assistan zipper / soc req as do garments	

Mental Status

Physical dependency status

ADL grid along levels of assistance

Cont'd: Assessment and Treatment Plan

The RN will utilize this grey box only if it was determined that the patient does not qualify for Personal Care Services, following administering the functional Assessment

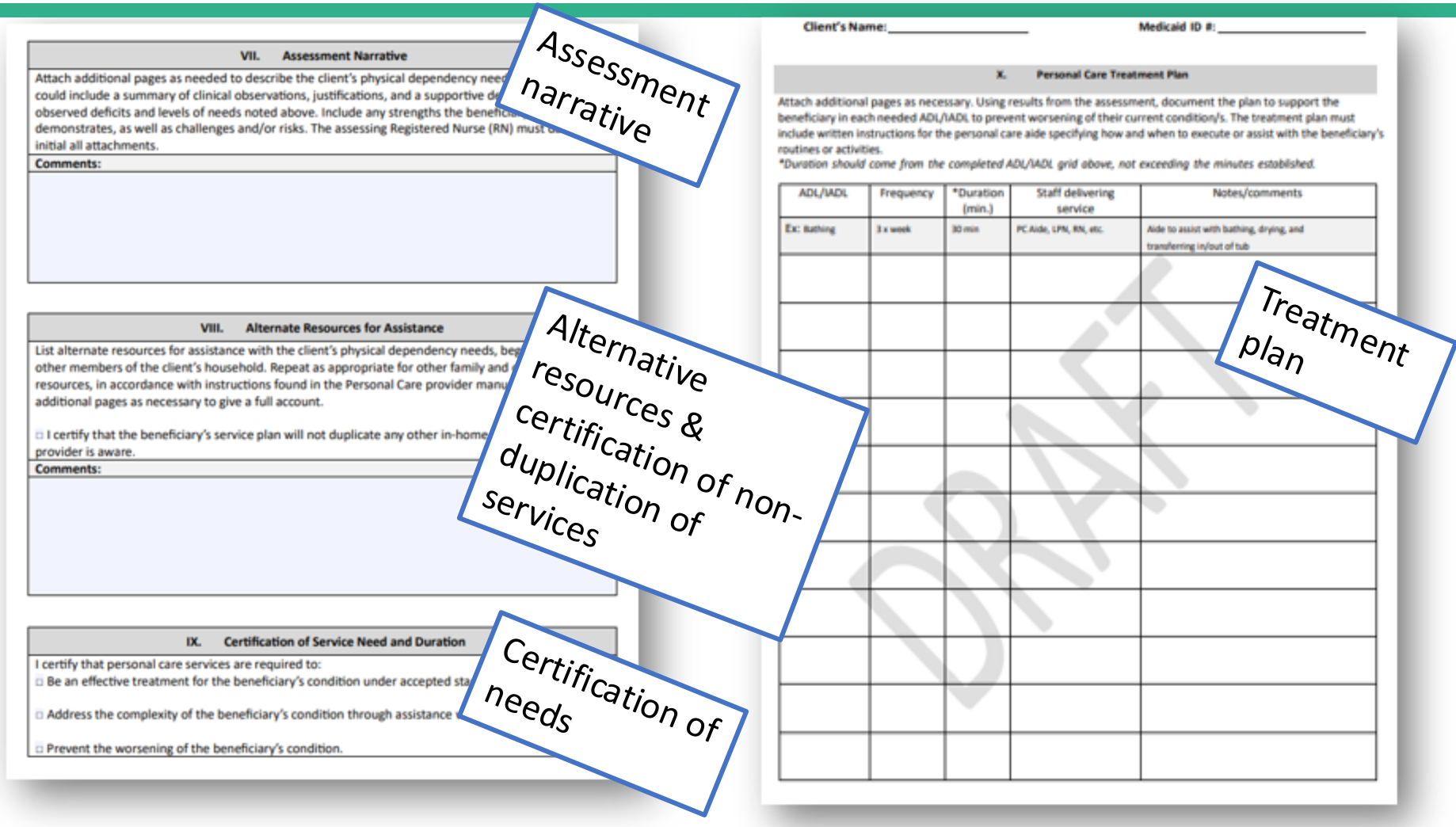
		No Assistance	Standby/Minimal Assist	Extensive Assist	Total Assist
Preparing Meals		☐ Client is independent in all aspects of task **Minutes: 0**		☐ Meal planning / prepping, cooking full meals, warming / cutting / serving prepared food, breakfast / lunch / supper, snacks, grinding and pureeing food *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. **Minutes: 10-90**	
Shopping		☐ Client is independent in all aspects of task **Minutes: 0**	☐ Preparing a shopping list, picking up extra items **Minutes: 10-30**	☐ Going to the store, shopping for all items, picking up medications, putting items away **Minutes: 35-90**	☐ Client is physically unable to perform any part of task **Minutes: 35-90**

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 a supportive narrative in the following section.

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

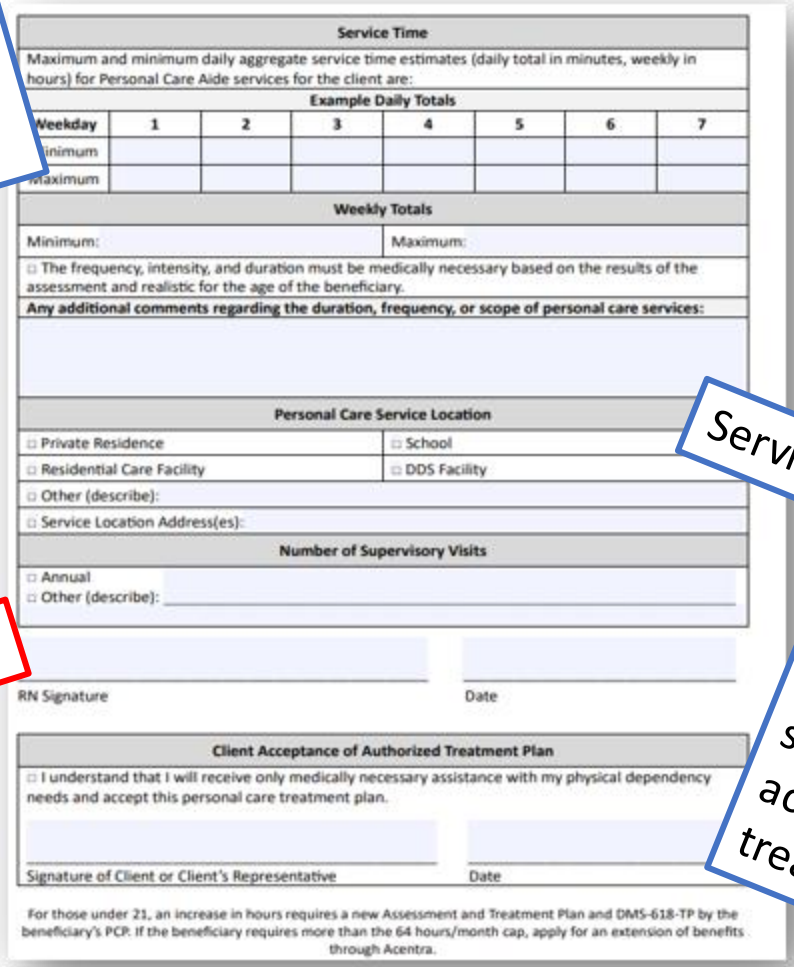
RN Signature and Date

Cont'd: Assessment and Treatment Plan



Cont'd: Assessment and Treatment Plan

Service time and examples of weekly totals



Service Time

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

Example Daily Totals

Weekday	1	2	3	4	5	6	7
inimum							
laximum							

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.

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

Personal Care Service Location

☐ Private Residence	☐ School
☐ Residential Care Facility	☐ DDS Facility

☐ Other (describe):

☐ Service Location Address(es):

Number of Supervisory Visits

☐ Annual
☐ Other (describe): _____

RN Signature _____ Date _____

Client Acceptance of Authorized Treatment Plan

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

Signature of Client or Client's Representative _____ Date _____

For those under 21, an increase in hours requires a new Assessment and Treatment Plan and DMS-618-TP by the beneficiary's PCP. If the beneficiary requires more than the 64 hours/month cap, apply for an extension of benefits through Acentra.

Service location

RN's signature*

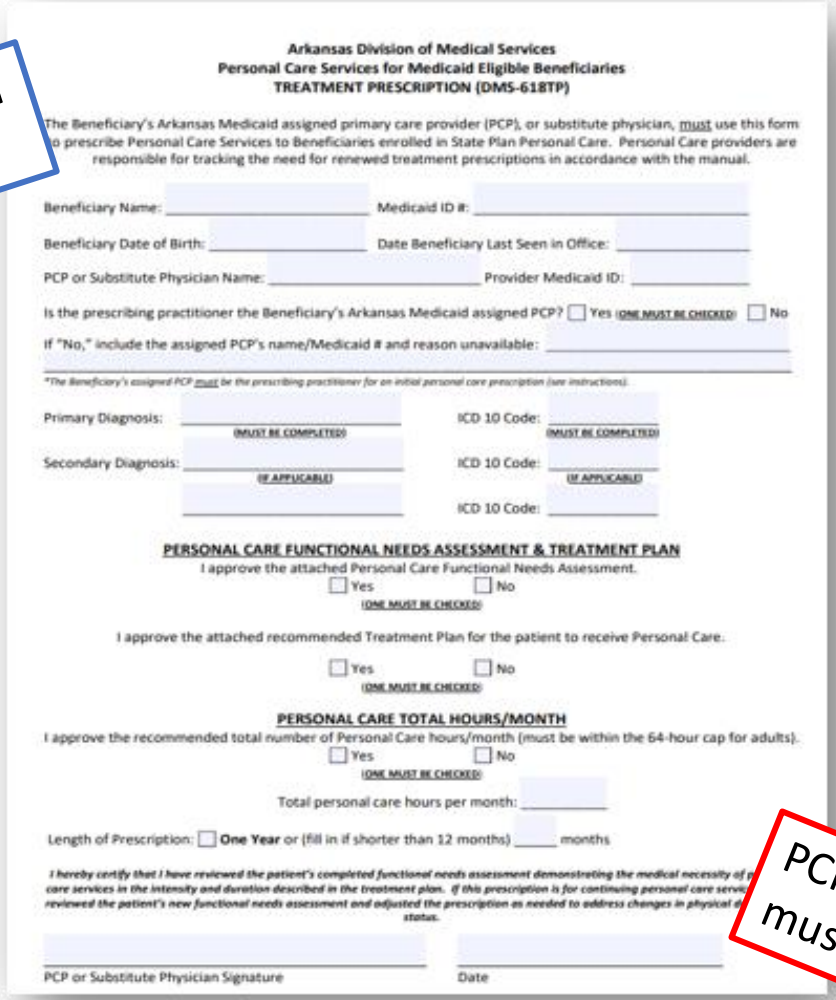
Client/patient signature to accept treatment plan

Step 3: Sign the DMS-618-Treatment Prescription

Sign a Treatment Prescription. Return to both patient and referring personal care provider.

Cont'd : DMS-618-Treatment Prescription

Length of prescription is 12 months



Arkansas Division of Medical Services
Personal Care Services for Medicaid Eligible Beneficiaries
TREATMENT PRESCRIPTION (DMS-618TP)

The Beneficiary's Arkansas Medicaid assigned primary care provider (PCP), or substitute physician, must use this form to prescribe Personal Care Services to Beneficiaries enrolled in State Plan Personal Care. Personal Care providers are responsible for tracking the need for renewed treatment prescriptions in accordance with the manual.

Beneficiary Name: _____ Medicaid ID #: _____

Beneficiary Date of Birth: _____ Date Beneficiary Last Seen in Office: _____

PCP or Substitute Physician Name: _____ Provider Medicaid ID: _____

Is the prescribing practitioner the Beneficiary's Arkansas Medicaid assigned PCP? ☐ Yes (ONE MUST BE CHECKED) ☐ No

If "No," include the assigned PCP's name/Medicaid # and reason unavailable: _____

*The Beneficiary's assigned PCP must be the prescribing practitioner for an initial personal care prescription (see instructions).

Primary Diagnosis: _____ (MUST BE COMPLETED) ICD 10 Code: _____ (MUST BE COMPLETED)

Secondary Diagnosis: _____ (IF APPLICABLE) ICD 10 Code: _____ (IF APPLICABLE)

ICD 10 Code: _____

PERSONAL CARE FUNCTIONAL NEEDS ASSESSMENT & TREATMENT PLAN

I approve the attached Personal Care Functional Needs Assessment.
☐ Yes ☐ No
(ONE MUST BE CHECKED)

I approve the attached recommended Treatment Plan for the patient to receive Personal Care.
☐ Yes ☐ No
(ONE MUST BE CHECKED)

PERSONAL CARE TOTAL HOURS/MONTH

I approve the recommended total number of Personal Care hours/month (must be within the 64-hour cap for adults).
☐ Yes ☐ No
(ONE MUST BE CHECKED)

Total personal care hours per month: _____

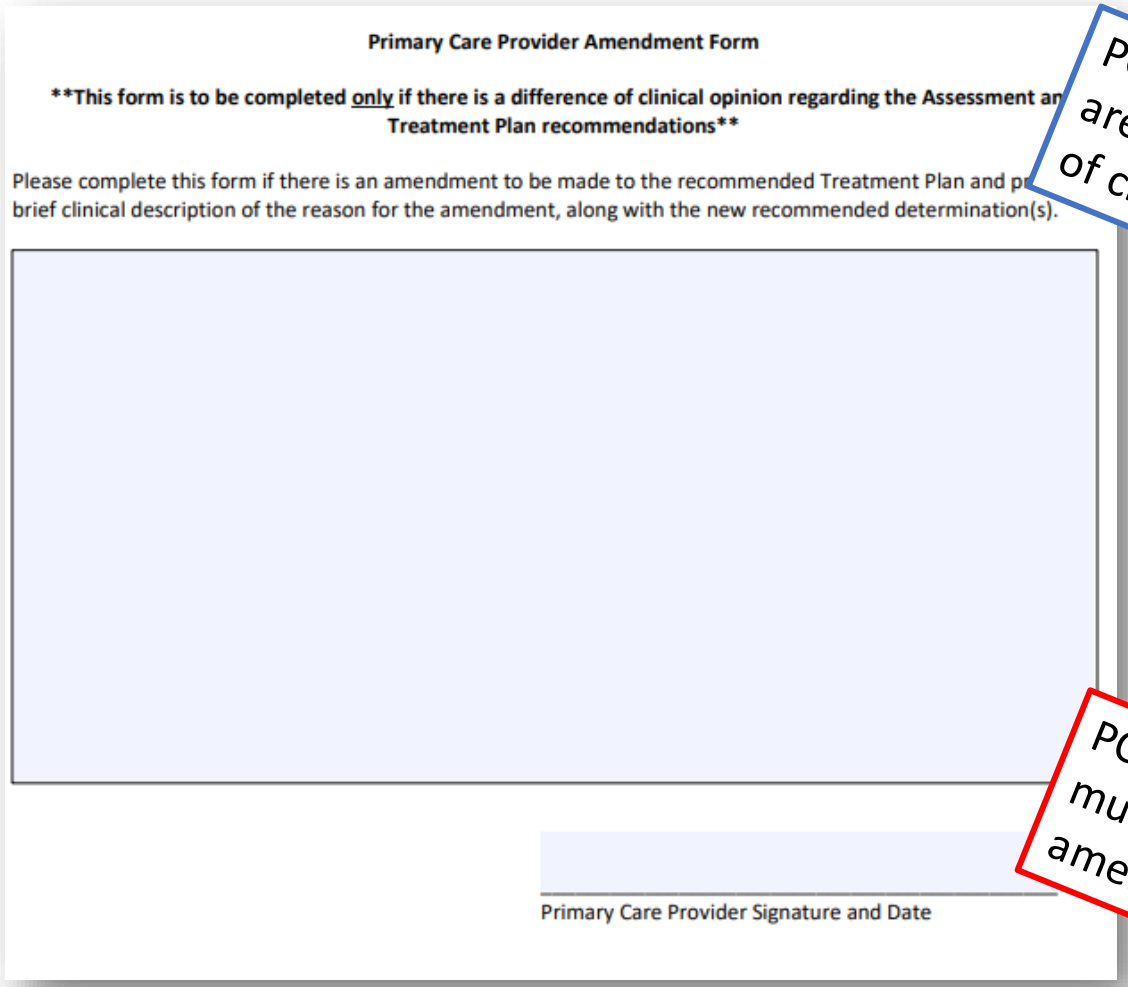
Length of Prescription: ☐ **One Year** or (fill in if shorter than 12 months) _____ months

I hereby certify that I have reviewed the patient's completed functional needs assessment demonstrating the medical necessity of p care services in the intensity and duration described in the treatment plan. If this prescription is for continuing personal care servic reviewed the patient's new functional needs assessment and adjusted the prescription as needed to address changes in physical a status.

PCP or Substitute Physician Signature _____ Date _____

PCP signature & date must be on the TP

Optional: DMS-618-TP (Amendment Page, As Needed)



Primary Care Provider Amendment Form

****This form is to be completed only if there is a difference of clinical opinion regarding the Assessment an Treatment Plan recommendations****

Please complete this form if there is an amendment to be made to the recommended Treatment Plan and pr brief clinical description of the reason for the amendment, along with the new recommended determination(s).

Primary Care Provider Signature and Date

PCP amendment area for difference of clinical opinion

PCP signature & date must be here if amending

Cooperation with Timelines for Services

Your partnership and timeliness with Evaluation Referrals, Treatment Plan review and Treatment Prescriptions is necessary for patients to receive personal care services required for them to live independently at home.

- The non-waiver patient cannot begin to receive State Plan medically necessary Personal Care Services unless they have the signed Treatment Prescription from you—this is crucial.

- The patient's Assessment and Treatment Plan undergoes an additional layer of review, after your Treatment Prescription by the DHS-contractor for Prior Authorizations, Acentra.

Required electronic Personal Care forms (618-ER, 618-TP) are located at Arkansas Department of Human Services

More Resources to Share with You

- Personal Care Simple Fact Sheet
- Personal Care Detailed Fact Sheet
- Access Arkansas website
- Local DHS County office map
- Freedom of Choice provider list

DHS Personal Care Program Contacts

Dedicated Personal Care Email
personal.care.prov@dhs.arkansas.gov

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