



**Division of Medical Services**  
**Program Development & Quality Assurance**

P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437  
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**OFFICIAL NOTICE**

**TO:** Health Care Providers – ARKids First-B; Child Health Management Services; Developmental Day Treatment Clinic Services (DDTCS); Developmental Disabilities Services Alternative Community Services (DDS ACS); Home Health; Hospital; Rehabilitative Hospital; Critical Access Hospital (CAH); End Stage Renal Disease (ESRD); Independent Choices; Occupational, Physical, Speech Therapy; Personal Care; Physician; Independent Lab/CRNA/Radiation Therapy Center

**DATE:** June 1, 2015

**SUBJECT:** Transition of the Retrospective Therapy Reviews and Prior Authorizations for Personal Care Under 21

**I. General Information**

***Arkansas Foundation for Medical Care (AFMC) has been awarded the Medicaid contract for retrospective therapy review and prior authorization for Personal Care for beneficiaries under 21, effective July 1, 2015.***

In order to accomplish the transition from QSource of Arkansas to AFMC, the following information is provided:

QSource will continue to receive requests for prior authorizations on Personal Care for beneficiaries under 21 years of age through close of business June 30, 2015.

Beginning July 1, 2015, requests for prior authorization for Personal Care for beneficiaries under the age of 21 will be mailed to AFMC. See AFMC contact information below.

All forms, processes, policies and procedures will remain the same.

Beginning July 1, 2015, AFMC will perform retrospective therapy reviews for beneficiaries under the age of 21. AFMC will notify providers of the selections. Providers must send copies of requested records to AFMC. See AFMC contact information below.

All forms, processes, policies and procedures will remain the same.

AFMC contact information:

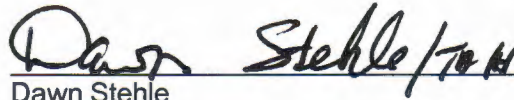
**Arkansas Foundation for Medical Care (AFMC)**  
**ATTN: Jarrod E. McClain, RN, CPHM**  
**Director, Clinical Review**  
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**Fort Smith, AR 72918-0001**  
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[jmccclain@afmc.org](mailto:jmccclain@afmc.org)

If you have questions regarding this notice, please contact the HP Enterprise Services 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 Program Development and Quality Assurance Unit at (501) 320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making and remittance advice (RA) messages are available for download from the Arkansas Medicaid website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

Thank you for your participation in the Arkansas Medicaid Program.

A handwritten signature in black ink that reads "Dawn Stehle / TSH". The signature is written in a cursive style and is positioned above a horizontal line.

Dawn Stehle  
Director