Arkansas LTSS Reform Update

Division of Aging, Adult, and Behavioral Health Services (DAABH)

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Regional Workshops for Stakeholders | June 2018
Workshop Overview

1. Provide an update on Arkansas LTSS Reform, with focus on:
   - Upcoming major reforms to the ARChoices and Living Choices waiver programs.
   - Arkansas’ new independent assessment process.
   - New reforms to personal care services and Independent Choices.

2. Implementation of new policies is scheduled for September 1, 2018, contingent on necessary state and federal approvals.

3. Later in June 2018, the 30-day public comment process will begin on the waiver amendments, updated provider manuals, and State Plan Amendment.
ARChoices for Home Care

- Home and Community-Based Services (HCBS) Program
- Optional Program Under a Federal Section 1915(c) Waiver
- Services and Supports for the Aged and Adults with Physical Disabilities
ARChoices for Home Care

Independent Assessments

1. New independent assessment process. Initial assessments of waiver applicants and annual reassessments of waiver participants.

2. New Arkansas Independent Assessment (ARIA) instrument. Replaces current ArPath system, that is based on the InterRAI and RUGS tools.

3. ARIA already used for assessments for other Medicaid HCBS waiver programs and personal care prior authorization. Will also apply to PACE program.

4. Registered nurses from DHS’ independent assessment contractor (Optum) will perform face-to-face assessments and annual re-assessments.

5. DHS nurses will continue to develop person-centered service plans and meet with beneficiaries.

6. Detailed information gathered through ARIA-based assessments will aid nurses in service plan development.
Level of Care Tiers

• Each waiver applicant or participant will be assigned a tier level (0, 1, 2, or 3) following their assessment. Tiers will help inform waiver program oversight and service planning.

• In summary:

  Tier 0 indicates individual does not meet eligibility/coverage criteria for Medicaid personal care services, nursing facility services, ARChoices, or Living Choices.

  Tier 1 indicates individual’s assessed needs do not support the need for ARChoices, Living Choices, or nursing facility services. Person may qualify for personal care services if already Medicaid eligible.

  Tier 2 indicates the individual’s assessed needs are consistent with intermediate services available through ARChoices, Living Choices, or nursing facilities.

  Tier 3 indicates the individual needs skilled care available through a licensed nursing facility and is not eligible for ARChoices or Living Choices.

• The tiers do not replace the Level of Care eligibility criteria set in longstanding DHS rules.
ARChoices for Home Care

Individual Services Budgets

- Maximum dollar value of services in each person-centered service plan will be limited to a prospectively determined Individual Services Budget (ISB).

- Necessary to ensure cost effectiveness and fiscal sustainability of waiver services.

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\text{Estimated Medicaid Cost of a Nursing Home Stay} - \text{Estimated Cost of Medicaid State Plan Services (certain “halo costs” like personal care, home health)} = \text{Individual Services Budget}
\]

Maximum amount available for all waiver services in the participant’s care plan.
ARChoices for Home Care

Individual Services Budgets (continued)

1. Federal guidelines for HCBS waivers allow prospective individual services budgets.

2. Individual Services Budget (ISB) amounts will vary based on population-based factors, including age group, sex, Medicare status, and tier level assigned by ARIA assessment. Persons with same population factors will have the same ISB amount for upcoming year.

3. Participants may request different mix of waiver services to stay within budget. Any service authorized within the budget amount must still be medically necessary for the person.

4. Individual Services Budgets will be updated at least annually. Published in advance in table format showing applicable ISB amounts for different population grouping by age group, sex, assessment-based tier level, and Medicare and SSI status.

5. Policy will include safeguards, exceptions process to request a temporary increase for unusual circumstances, beneficiary notification, and transition procedures.

6. Individual Services Budgets will apply only to ARChoices and Living Choices waiver services. It will not apply to Medicaid State Plan services or to other Arkansas waiver programs (e.g., Alternative Community Services, Arkansas Works).
ARChoices for Home Care

Attendant Care Services

• New attendant care policies to:

  • Clarify scope of services descriptions to reduce overuse, misuse, duplication, and potential abuse. More precisely define uses not covered or inappropriate under waiver.

  • Ensure that attendant care services support ADL and IADL needs consistent with independent assessment findings and coverage criteria.

  • Determine the amount of time and frequency of attendant tasks based on written DHS Task and Hour Standards.

• Task and Hour Standards will help guide nurses in setting medically necessary hours based on type of ADL/IADL task, intensity of the person’s needs, and availability of other supports. Task and Hour Standards will apply to:

  • ARChoices attendant care
  • Personal care services
  • Independent Choices self-directed personal assistance
ARChoices for Home Care

Benefit Changes

1. Prevocational Services added as new benefit:
   - For participants with physical disabilities who wish to join the general workforce.
   - Optional for qualified participants.
   - Prevocational Services are a range of general skills development and job/career planning to help prepare a participant for paid employment or self-employment in the community.
   - Coordinated with other federal/state programs and cannot be used to duplicate other federal programs for persons with disabilities.

2. Adult Family Home Services – a service no longer used by waiver enrollees – is eliminated.
Living Choices Assisted Living Waiver Program

- Home and Community-Based Services (HCBS) Program
- Optional Program under a Federal Section 1915(c) Waiver
- Assisted Living Facility Services and Expanded Pharmacy Benefit for the Aged and Adults with Physical Disabilities
These three major reforms described above for the ARChoices Waiver Program will also apply to the Living Choices Assisted Living Waiver Program:

1. New independent assessment system (ARIA).

2. New care tiers to inform service planning:

   **Tier 2** indicates the individual’s assessed needs are consistent with intermediate services available through Living Choices, ARChoices, or nursing facilities.

3. New Individual Services Budgets.
Personal Care and Independent Choices

Assistance with Activities of Daily Living Tasks (ADLs and IADLs)

- Medicaid Personal Care Services (optional State Plan benefit)
- Independent Choices Self-Directed Personal Assistance (optional State Plan benefit)
Personal Care and Independent Choices

New Policies

• As we mentioned, the new Task and Hour Standards will apply to ARChoices attendant care as well as:

  • State Plan personal care services and prior authorization process.

  • Independent Choices self-directed personal assistance.

• State Plan Amendment (SPA) to formalize the 64-hour a month limit on personal care services for Medicaid beneficiaries aged 21 or older.

  • Does not affect Medicaid beneficiaries under age 21.

  • Does not affect ARChoices attendant care.

• Safeguards and clarifications in service descriptions to reduce overuse, misuse, duplication, and potential abuse. Similar to new policies for ARChoices attendant care.
Public Comment Process on Policy Documents

30-Day Comment Period and Regional Workshops

1. **Proposed Amendments to Federal Medicaid HCBS Waivers:**
   - ARChoices for Home Care Waiver Amendments
   - Living Choices Assisted Living Waiver Amendments

2. **New Medicaid Provider Manuals:**
   - ARChoices Waiver Program Manual
   - Living Choices Manual for Assisted Living Providers
   - Personal Care Services Manual
   - Independent Choices Self-Directed Services
   - Program for All-Inclusive Care for Elderly (PACE)
   - Home Health Manual (technical amendments)

3. **Medicaid State Plan Amendment (SPA):** Personal Care Services 64-hour/month limit for beneficiaries aged 21 or older.

4. **Task and Hour Standards for Personal Care, ARChoices Attendant Care, and Independent Choices:** Stakeholder comment on written medical necessity guidelines DHS will use to help determine hours in prior authorizations and service plans.
Questions?

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