

Arkansas ACS Waiver Guide



This booklet was created by the Arkansas Department of Human Services, Division of Developmental Disabilities, Waiver Services Section. It's intent is toward providing superior ACS Waiver Services within the Centers of Medicare and Medicaid Services Quality Framework.

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Disclaimer: This guide is provided for informational purposes only. It is not a legal document. If you have specific questions, please contact the Division of Developmental Disabilities Services at (501) 683-0569.

If this material is needed in an alternative format, such as large print, please contact our Americans with Disabilities Act (ADA) Coordinator at (501) 682-8920 or TTD (501) 682-8933.



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Important Terms

ACS Waiver - Alternative Community Services Waiver. This is the DDS Waiver discussed in this booklet.

ASH - The Arkansas State Hospital.

Abeyance - The placing of a case on hold when a person must be “out of service” (not receiving waiver services) due to need for treatment or emergency event. Must be prior approved or in the event of emergency within 48 hours of the emergency happening.

CMS - Centers for Medicaid and Medicare Services. This is the Federal entity that reviews and approves the ACS Waiver.

DDS - Division of Developmental Disabilities Services. This is the department in Arkansas’ DHS that interprets day-to-day activities of the ACS Waiver.

DHS - Department of Human Services. This is the State of Arkansas governmental agency that provides medical and other services to citizens of Arkansas.

DMS - Division of Medical Services. This is the department within the DHS that offers and regulates all aspects of Medicaid in Arkansas including the ACS Waiver.

IPOC - Interim Plan of Care. Case Management and Direct Care Supervision services that are prior-approved by DDS for an individual to come off the Waiver Request List and meet with chosen providers and any/all individuals involved in their support to develop an annual plan of care.

PCSP— Person Centered Service Plan. The annual plan of care developed by an individual—and whomever they invite to participate—and their case manager.

NF - Nursing Facility

OHCDs - Organized Health Care Delivery System. A system under the ACS Waiver that enables providers to subcontract needed services for an individual.

PERS - Personal emergency response system. These are electronic devices that enable individuals to secure help in an emergency.

Waiver Request List - also known as the “waiting list.” The official list of those individual’s seeking Waiver services with assigned “priority” number.

Section 1

Introduction and Background on the
Arkansas Alternative Community Services (ACS)
Home & Community Based Waiver
(hereafter referred to as the Waiver)

THE ARKANSAS ACS WAIVER

The ACS (Alternative Community Services) Waiver is a state and federally funded program for individuals with developmental disabilities with an age of onset before age 22. The Waiver is an alternative to institutionalization. An individual in the ACS Waiver lives as independently as possible in the community (the least restrictive setting) with Waiver services and other supports – instead of living in an institution (a restrictive setting).

Medicaid is a federal program that was originally designed to provide medical care and institutional services for people with disabilities. There are a number of rules that restrict how services can be delivered. The ACS Waiver is an “arrangement” between the federal government’s Centers for Medicare and Medicaid Services (CMS) and the Arkansas Division of Medical Services (DMS – State Medicaid) along with the Division of Developmental Disabilities Services (DDS) to have some of the Medicaid rules “waived.” The waiving of rules means that individuals and families can have more choices about how and where they receive services.





In addition, each service is defined and described in the DMS Arkansas Medicaid Manual and interpreted by DDS for day-to-day operation.

The services and options available under the Waiver are approved by the CMS under an application submitted by the State of Arkansas.



The number of people who can participate in the program at any point in time is currently 3988, as approved by CMS. The Waiver is not an “entitlement” program and is not intended to provide services to all persons. Instead, it is a “voluntary” program that provides community-based (instead of institutionally-based) services to people who:

- have developmental disabilities
- choose to apply for and participate in the program
- qualify for and receive Medicaid at 300% of SSI
- meet the requirements for ICF (Intermediate Care Facility) level of care. (See Section 3: Application and Eligibility)
- have been approved for a program vacancy
- maintain their eligibility requirements
- participate as required in the program



Through a network of community providers, services and supports are provided that assist an individual to live, work and recreate in the community of their choice. Services must be “active treatment.” This means that they provide progress toward identified goals and outcomes resulting in greater independence for the individual.



Section 2

Quality Framework

And

DDS Mission and Beliefs

QUALITY FRAMEWORK

The ACS Waiver in Arkansas operates within the CMS required Quality Framework that helps to ensure that the program is designed to focus on the following areas:

Participant Access – Finding, accessing and getting the services and supports needed should be as easy as possible.

Participant-Centered Service Planning and Delivery – Services and supports that the individual chooses based on their needs and likes are determined, planned for and delivered – resulting in the progress and growth a person needs to fulfill their own dreams.

Provider Capacity and Capabilities – Waiver providers must meet rigorous requirements to become and retain their provider status. They also must adhere to quality framework ideals to deliver creative, flexible and effective services.

Participant Safeguards – The entire Waiver is designed to ensure that an individual is healthy and safe while making new choices, taking on new challenges and enjoying a prominent role in everyday society.



Participant Rights and Responsibilities – The Waiver is designed to ensure that no right an individual has is violated while leaving it up to the individual to use their own values and beliefs to guide their life. Individuals must receive the support they need to exercise their rights and accept personal responsibilities. Along with rights comes responsibility and accountability.

Participant Outcomes and Satisfaction – Individuals served and their personal team evaluates results of their services as they see fit. They play the lead role in dictating changes to fill their needs. Individuals must be satisfied. They must achieve desired outcomes.

System Performance – The Waiver is continually assessed for ease of access, fluid operation, problem solving and open communication so that participants see limitless opportunities and have the freedom within the limits of the law to pursue them. The system constantly strives to improve quality.



DDS MISSION

DDS, the DDS Board and DDS providers are committed to the principle and practices of normalization; least restrictive alternatives; affirmation of individual constitutional rights; provision of quality services; the interdisciplinary service delivery model; and the positive management of challenging behaviors.

DDS BELIEFS

- All eligible persons should have an opportunity to receive services
- Everyone has the right to personal space
- People will be as independent as opportunity and ability allows
- People will develop living skills that are important to them
- People are safe
- People are satisfied with their services
- People are supported by their communities



Section 3

Application

And

Eligibility

APPLICATION AND ELIGIBILITY

When a person (or their parent, guardian or representative) wants to apply for Waiver, they can contact anyone in the DDS. If the applicant is an adult, they are referred to DDS's Quality Assurance department where Intake and Referral Specialists coordinate the application process including initial eligibility. If the applicant is a child, they are referred to DDS Children's Services where a Service Coordinator facilitates the application process including initial eligibility.

Application

Once a referral is received, DDS contacts the requesting person (or parent or legal guardian) and offers choice of Waiver or ICF services. A DDS Representative is the only person authorized to perform this function. This choice must be in writing using the DDS approved form. Once Waiver is chosen, an application packet is completed with the assistance of the Intake and Referral Specialist /Service Coordinator.

The application process is somewhat involved because it must meet state and federal regulations. Once complete and the applicant is determined to meet eligibility requirements, the individual is placed on a Waiver request list. The applicant or their parent/guardian can get an update on the status of an application or the standing of a person on the request list by contacting the DDS Applications Unit at 501-683-0571.

NOTE: 4 categories of people receive priority for Waiver services. They still must meet eligibility requirements—there is no guarantee of eligibility for Waiver services. The categories are:

- Persons determined to have successfully applied for waiver but who through administrative error were or are inadvertently omitted from the wait list,
- Persons seeking discharge from an institution,
- Individuals in custody of the DHS Division of Children and Family Services or DHS Adult Protective Services,

- Persons choosing to reside in a group home,
- In order of waiver application date for all other persons.

ELIGIBILITY

To make application for the Waiver, a person may reside in another state. However, to be eligible for Waiver services, the person must be a resident of Arkansas and meet financial and diagnostic/medical criteria.

Financial

- \$ 2022.00 monthly income limit (3 times SSI Federal benefit) and \$2,000 individual resource limit.

Diagnosis/Medical

Along with financial criteria, a person seeking Waiver services must have a severe, chronic developmental disability (as defined in Arkansas Statute Ann. 20-48-101 and Act 729 of 1993) **and** be eligible for the level of care required by an ICF.

Legal Definition

According to current Arkansas law, developmental disability means a disability of a person which:

“Is attributable to intellectual disability, cerebral palsy, epilepsy or autism or any other condition closely related to intellectual disability in that it results in an impairment of general intellectual functioning or adaptive behavior similar to those of persons with mental retardation or requires similar treatment and services to those required of such persons. The disability must originate before the age of 22 and it must be likely to continue. A person may qualify categorically (meet established criteria) or through an adaptive assessment (that demonstrates life activity limitations).”
Categorical qualifiers are:

- Intellectual Disability– an IQ of approximately 70 or below
- Epilepsy (seizure disorder)
- Cerebral Palsy
- Autism – diagnosed by a team evaluation including at least a licensed physician, psychologist and speech pathologist
- Other condition(s) (other than mental illness) – The condition must be closely related to intellectual disability and be diagnosed by a team including at least a licensed physician and psychologist.

ICF Level of Care Eligibility

All individuals must be eligible for the level of care required by an ICF. There must be substantial limitations in three or more of six areas of major life activity (self care, language, learning, mobility, self direction or independent living) and these limitations can be met through the Waiver instead of through living in an institution (ICF) or nursing home.

NOTE: If mental illness is the reason why a person acts like they are developmentally disabled, they will not qualify for the Waiver.

NOTE: It is important to work with DDS's Intake and Referral Specialists/Service Coordinators to complete the application and become Medicaid eligible (if applicable). It is essential that you follow all steps and answer every question in a timely manner because it is the date of eligibility determination that becomes the date for request list ranking. It is also essential to keep your address and other contact information current. If you do not and you cannot be located when a Waiver vacancy becomes available, you will lose your place on the request list. If this happens and you again want Waiver services, you will have to start the application process over again.

Section 4

Provider Choice

PROVIDER CHOICE

Once an individual is moved from the Waiver request list to a vacant position they must choose providers. As soon as possible, the DDS Waiver Specialist responsible for the case will notify the individual or their legal representative of this new status. An individual will always have a

DDS Specialist and that Specialist's Area Manager to answer questions, provide information and be a contact for concerns.



Go to: www.arkansas.gov/dhs/ddds/NewWebsite/Adult%20and%20Waiver%20Svcs.html for a listing of DDS Specialists and the counties they serve or contact DDS at the number listed inside the front cover.

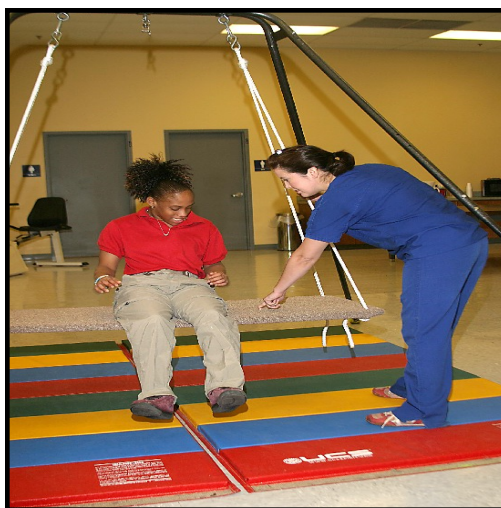
The DDS Specialist will bring or send (your choice) a list of qualified providers of Waiver Case Management and Direct Care Services that provide these services in the county in which the individual resides. Any provider on the list has gone through an



application process and must meet criteria DDS has established to assure safety and quality services standards will be met. Again, the DDS Specialist will be available to assist you in completing documents and in obtaining answers to questions you may have.



It is essential that before providers are chosen, that you have an idea of your needs. Talk to prospective providers on how those needs will be met. See the description of the different Waiver services in Section 6 and determine the ones you need or have an interest in. Your Case Manager will offer you choice of providers for each service you seek. Ask questions about how the provider recruits and trains direct care staff. Ask about the experience level of Case Managers and Direct Care Supervisors. Ask for examples of problems they have had to solve and how they solved them. You may ask to speak to other individuals the provider serves. Ask to see any satisfaction survey material the provider has that provides feedback from the people they serve. Please note that DDS cannot recommend one provider over another.



Zero Reject Policy

Once an individual has received a space in the waiver, they are protected by the “zero reject” policy. This assures that individuals are given free choice of all qualified providers of each service in the plan of care. It also means that any enrolled provider you choose must accept you as a waiver individual as long as:

1. They are enrolled in the county in which you will reside
2. The maximum number of people the provider can serve has not been reached
3. They can assure your health and safety

If a provider rejects you because they cannot assure your health and safety, the following are possibilities:

1. You may choose a different provider
2. You may file a service concern with the DDS Licensing Unit
3. You may file an appeal of the rejection decision
4. You may not be able to receive Waiver services if no provider can assure your health and safety

Section 5

Initial Plan of Care

And

Person-Centered Service Plan
(PCSP)

INITIAL PLAN OF CARE

Once providers are chosen and these choices are reported to the DDS Waiver section, an Initial Plan of Care (IPOC) is issued to the chosen provider(s). The IPOC prior approves three months of Case Management and Direct Care Supervision. This enables the individual and the providers to meet and determine a twelve month plan of care. At this meeting, the intensity and scope (amount) of services is determined and a Person Centered Service Plan (PCSP) is then submitted to the DDS for approval. Once approved, any direct care or other services can begin. It is critical that prior approval is obtained. If this does not happen, then providers will not be paid.

For people converting from an ICF, ASH or nursing facility, the IPOC will not authorize the three month, prior-approved Case Management/Direct Care Supervision because the person is already receiving care paid for by Medicaid. Waiver services cannot begin until the ICF or nursing facility services end. The discharge date from the ICF or nursing facility must match exactly the date Waiver services begin.





PERSON CENTERED SERVICE PLAN (PCSP)

As noted previously, during the initial three months time period of DDS ACS Waiver Services, an individual receives services based on a pre-approved IPOC. The IPOC is limited to case management and direct care supervision and does not apply to a person transitioning from an ICF or nursing facility.

Prior to expiration of the IPOC or discharge from an ICF, ASH or nursing facility, each individual must have an individualized, specific written PCSP developed by the individual/legal representative, the case manager and whomever the individual/legal representative invites.

The PCSP, which has to be prescribed by the individual's physician, must be designed to assure that services provided will be:

- Specific to the individual's unique circumstances and potential for personal growth
- Provided in the least restrictive environment possible
- Developed within a process assuring participation of those concerned with the individual's health and welfare
- Developed considering the availability of generic, non-waiver resources
- Monitored and adjusted to reflect changes in the individual's needs

- Provided within a system which safeguards the individual's rights
- Documented carefully, with assurance that appropriate records will be maintained
- Specific to assuring the individual's and others' health and safety. This includes identifying the measures to be taken in regard to health and safety risks
- Supported with a back up plan in the event of unforeseen circumstances

CONTINUED STAY REVIEW (CSR)

Every 12 months from the first plan of care date, the entire planning process must be repeated. At this time, any changes are to be identified. This also means that the new plan of care must be submitted to and approved by DDS before the current plan expires. This is important to prevent any service gaps. While Medicaid Income eligibility must also be determined at the same time, the ICF eligibility varies depending on the age of the individual.

COMPLIANCE

Once a plan of care has been agreed to, it is the responsibility of the provider to assure service delivery. It is the responsibility of the individual or their parent(s) or legal representative to fully cooperate and allow the delivery of the services. While individuals, parents and legal representatives have rights (refer to page 39), when they choose to not follow the plan of care or choose to live or participate in unsafe and/or unhealthy conditions, the Waiver case may be closed. If this happens, the individual can reapply and will be placed on the waiver request list.

Any and all decisions by DDS to disapprove or close services may be appealed (refer to page 38).

Section 6

Available Services

SUPPORTIVE LIVING

Supportive living is where a direct care staff person works in the individual's home and community on goals and objectives desired by the individual that were identified in the PCSP. Supportive living helps individuals to develop and keep and/or improve the self-help, socialization and adaptive skills necessary to live successfully in their home and community, with their family or in an alternative living residence or setting.

Supportive living has 4 components to work with. They are:

1. Residential Habilitation Supports
2. Companion and Activities Therapy
3. Direct Care Supervision
4. Non-Medical Transportation

Residential Habilitation Supports

Residential habilitation supports give the individual the ability to acquire or improve his or her skill in a wide variety of areas .

Goals can be for:

1. Decision Making - includes knowing and responding to dangerous or threatening situations, making decisions and choices affecting the individual's life and making changes in living arrangements or life activities.
2. Money management - training and help handling things such as buying, saving, budgeting and paying bills, finances, making purchases and meeting personal financial obligations.
3. Daily living skills - training in housekeeping, cooking, dressing, cleanliness, taking medication, using adaptive or assistive devices, appliances, home safety, first aid and emergency procedures.

4. Socialization - assisting and training on the individual's one-on-one social skills so an individual can participate in community activities and establish relationships with peers.

5. Community experiences - assistance to enable an individual to possess the people skills to go into group settings and participate fully. Examples are shopping, church attendance, sports, participation in clubs, etc.

6. Non medical transportation – transport to or from community integration experiences is an integral part of Supportive Living when family, neighbors, friends or community agencies who can provide this service are not available.



7. Mobility - assistance to improve an individual's ability to move about in their home and community by mastering the use of adaptive aids and equipment, accessing and using public transportation and independent travel.

8. Communication - training in vocabulary building, use of communication devices and talking and listening.

9. Behavior shaping and management – training in appropriate expression of emotions or desires, following rules, speaking up for oneself and developing socially appropriate behaviors or eliminating inappropriate behaviors.

10. Reinforcement of physical, occupational, speech and other therapy programs.

11. Assistance in cooking, laundry, shopping and light house-keeping that are needed by the individual but cannot be performed separately from other waiver services.

a. Assistance is hands-on care due to the absence, impairment of or loss of a physical or mental function, for homemaker/chore services, for fellowship or for protection including medication oversight permitted under state law.

b. The total number of individuals (including individuals served in the Waiver) living in the home who are unrelated to the principal care provider cannot exceed 4.

c. General household work for the person cannot exceed 20% of the total weekly hours worked. (This 20% rule is based on the Federal Fair Labor Standards Act relative to companionship services - not to be confused with Companion and Activities Therapies which follows).

12. Health maintenance activities (except injections and IV's) can be done in the home by a designated care aide such as a supportive living worker. Criteria in the Arkansas Nurse Practices Consumer Directed Care Act must be met. Any health maintenance activities available through Arkansas Medicaid State Plan services must be exhausted also.

NOTE: When psychotropic medications are in use for behavior issues or as determined by a medical professional, a formal behavior plan must be developed and in use.

Companion and Activities Therapies

Companion and activities therapy services is training using animals to motivate the individual to meet their goals. Examples of goals are:

1. Better language skills
2. Increased range of motion
3. Socialization

This service does not include the purchase of animals, veterinary or other care, food, shelter or other ancillary equipment that may be needed by the animal that is providing reinforcement.



Direct Care Supervision

Among other responsibilities, the Direct Care Supervisor is responsible for assuring the delivery of all supported living direct care services. Some other responsibilities are:

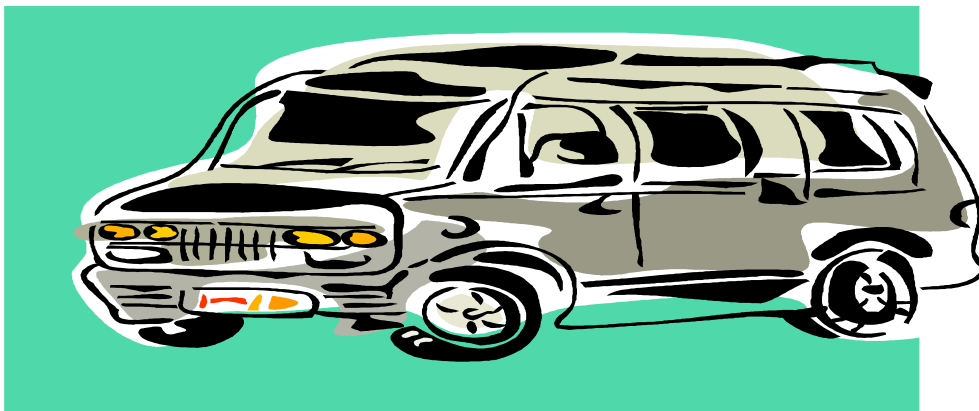
- Coordinating all direct service workers for the individual
- Coordinating schedules of direct service workers and other non-waiver services

- Assuring that staff meet training requirements
- Providing input for the PCSP Plan as requested
- Assuring transportation is delivered as identified in the PCSP
- Helping the case manager to get information and assessments for CSR's, revisions, ICF level of care determinations and Medicaid eligibility determinations.
- Assuring proper management of medication administration.
- Monitoring daily activity logs by direct care staff to make sure goals and objectives are worked on.

Non-Medical Transportation

Transportation enables individuals to gain access to Waiver and other community services, activities and resources. Activities and resources planned for must be identified and specified in the PCSP. This does not mean that a rigid schedule must be followed - just that the types of activities to be pursued must be identified.

This service is offered in addition to medical transportation services under the Medicaid State Plan, and must not replace them.



NOTE: Supportive living also includes indirect services performed by the provider including business expenses such as telephone, utilities, administrative salaries, insurance and postage.

RESPITE

Respite care is a service provided to or for any waiver individual who are unable to care for themselves on a short-term basis. This may be due to the absence of or need for relief of non-paid individuals who normally provide the care. Non-paid individuals may include parents of minors, primary caregivers and spouses of participants, grandparents, friends and relatives.

Respite care may be provided in:

- The individual's home or place of residence
- The private residence of a respite care provider
- Foster home
- Medicaid certified ICF facility
- Licensed respite facility



- Other community residential facilities approved by the state
- Licensed or accredited residential mental health facility
- Licensed care facility, licensed day care home or other lawful child care setting

NOTE: Waiver will only pay for support staff required due to the individual's developmental disability. Waiver will not pay for day care fees.



SUPPORTED EMPLOYMENT

Supported employment is designed for individuals for whom competitive employment at or above the minimum wage is unlikely. It is also designed for individuals who, because of their disabilities, need intensive ongoing support to perform in a competitive work setting.

The services consist of paid employment conducted in a variety of settings, particularly work sites in which individuals without disabilities are employed.

When supported employment is provided at a work site where individuals without disabilities are employed, payment will be made only for the adaptations, supervision and training required.

Supported employment includes:

- Activities including supervision and training needed to sustain paid work by waiver individuals
- Re-training for job retention or job enhancement
- Job site assessments
- Job maintenance visits with the employer for purposes of getting or keeping the current job or for finding other jobs to do there

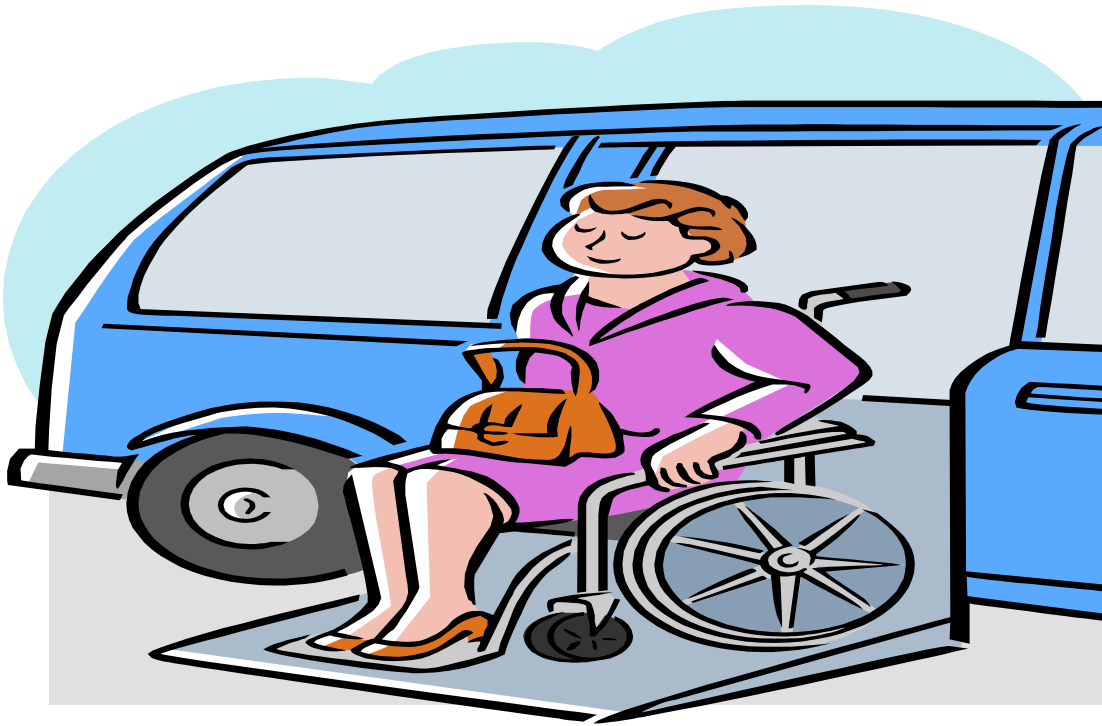
ADAPTIVE EQUIPMENT

This service is for the purchase, leasing and repair of adaptive, therapeutic and augmentative equipment. This equipment must be required for the individual to increase, maintain or improve their ability to perform daily life tasks.

This service may include specialized medical equipment such as devices, controls or appliances that enable the person to perceive, control or to communicate within their environment.

Adaptive equipment needs for supportive employment for a person are also included although the employer must first make reasonable accommodation and Arkansas Rehabilitation Services should be accessed first.





ENVIRONMENTAL MODIFICATIONS

Environmental modifications are adaptations to the individual's place of residence (structure). They must be to ensure the health, welfare and safety of the individual or enable the individual to function with greater independence.

Adaptations may include the installation of ramps and grab-bars, widening of doorways, modification of bathroom facilities or installation of specialized electric and plumbing systems to accommodate medical equipment and supplies. Partial parameter fencing (1 time only) may also be covered.

Modifications and adaptations are available only to meet essential needs and don't include general maintenance.

The Waiver must always be the payer of last resort

Personal emergency response systems (PERS) may be approved when they can be demonstrated as necessary to protect the health and safety of the individual. PERS are electronic devices that enable individuals to secure help in an emergency. The individual may also wear a portable “help” button to allow for mobility. The system is connected to the individual’s telephone and programmed to signal a response center once the “help” button is activated. The response center must be staffed by trained professionals.

SPECIALIZED MEDICAL SUPPLIES

Specialized medical supplies include items necessary for life support and the supplies and equipment necessary for the proper functioning of such items. Non-durable medical equipment not available under the Medicaid State Plan may also be provided.

Additional supply items are covered when they are considered essential for home and community care. Covered items include:

- Disposable incontinence undergarments
- Ostomy and colostomy supplies
- Nutritional supplements
- Non-Prescription medications (unless not FDA approved)
- Prescription drugs, minus the cost of drugs covered by Medicare Part D, when extended benefits aren’t available under the Arkansas Medicaid State Plan.



SUPPLEMENTAL SUPPORTS

Supplemental Supports help an individual to improve or enable the continuance of community living. It is available in response to crisis, emergency or life threatening situations. Supplemental support service includes:

- Set up expenses in the event of a disaster, crisis, emergency or life threatening situation. Security deposits, household furnishings, moving expenses, utility deposits, pest eradication and one-time cleaning are among the needs that can be covered.
- Drug and alcohol screening as needed in the approved PCSP
- Activity fees such as dues at YMCA, Weight Watchers, etc. used for behavior reinforcement or sensory stimulation. Fees are paid only as long as the life threatening condition exists.



CASE MANAGEMENT SERVICES

Every individual who has Waiver services has a Case Manager. This person helps them plan for and get the services and supports needed that are identified in the individual's PCSP. Also, they monitor all services and how they are provided. Another important matter they oversee is the process of annual PCSP and plan revisions and the assessment of the individual's level of care.

Case management services help the individual to:

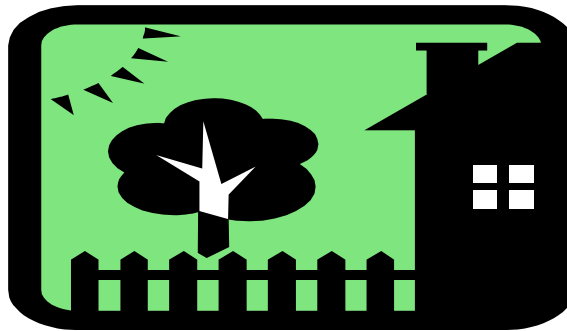
- Learn about options and then make personal choices for services and supports.
- Arrange for and access needed supports and services including medical, social, educational and other publicly funded services regardless of the funding source
- Make sure that their needs are met, are satisfied and services and supports are in place
- Change their plan as new goals, needs or situations arise
- Represent their own interests in situations where the individual needs an advocate

Case management services are to enable individuals to create and enjoy a full range of services. Services may include natural supports from family and friends, community supports, Medicaid supports, ACS Waiver supports and other state-funded supports. They are to be planned, coordinated, efficient and effective. A comprehensive definition of case management activities is available in the ACS Waiver Document and Medicaid manual.

TRANSITIONAL CASE MANAGEMENT SERVICES

Case management services may be available during the last 180 consecutive days of a Medicaid eligible person's institutional stay to allow case management activities to be performed so the individual can transition to the community.

These services must not be available to the individual from any other means and be clearly specified in the individual's PCSP.

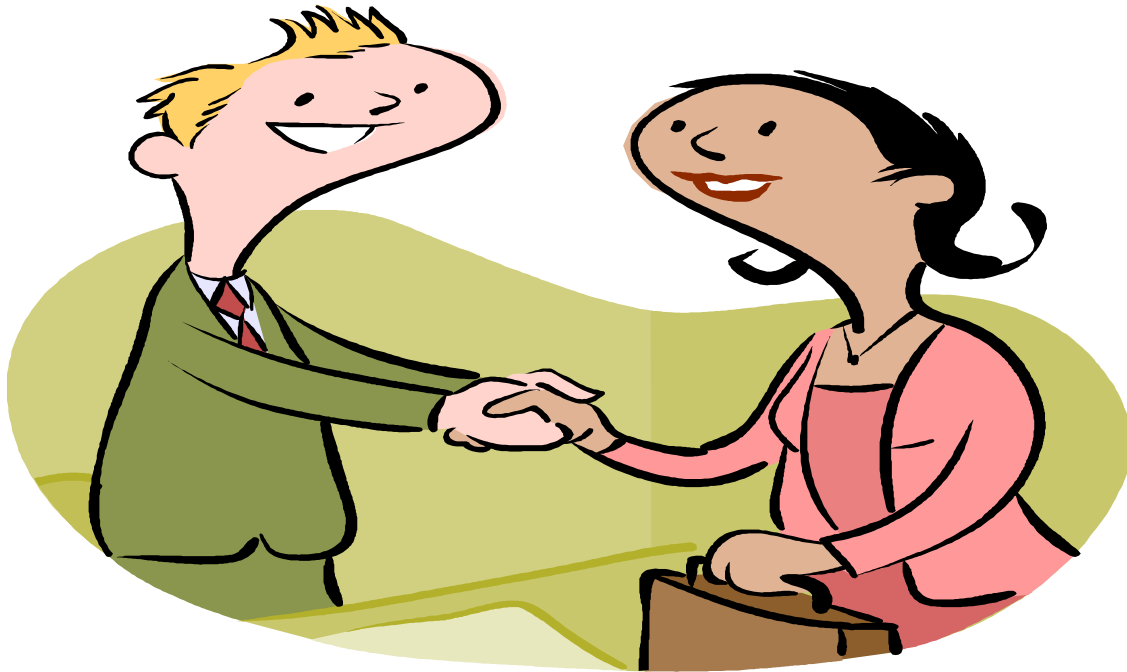


COMMUNITY TRANSITION SERVICES

Community Transition Services are for individuals going from an institutional or other provider-operated living arrangement to a private residence where the individual is responsible for their own living expenses.

Expenses covered that can't be room and board and must be necessary to establish a basic household include:

- Security deposits needed to obtain a lease on an apartment or home.
- Essential household furnishings and moving expenses needed in the new home.
- Set-up fees or deposits for utility or service access like telephone, electricity, heating and water.
- Pest eradication and one-time cleanings of the new home if needed.
- Necessary home accessibility adaptations.



CONSULTATION SERVICES

Consultation services assist individuals, parents and/or guardians and/or responsible individuals, community living services providers and alternative living setting providers in carrying out an individual's service plan.

Consultation activities may be provided by professionals who are licensed and include:

- Updated psychological/adaptive behavior testing
- Screening, assessing and developing therapeutic treatment plans
- Assisting in creating and giving input on how to reach individual objectives
- Training direct services staff or family members in carrying out community living goals and objectives identified in the person's service plan
- Training and helping the individual, their staff or family members in proper nutrition and special dietary needs.

- Providing information and assistance to the people responsible for developing the individual's PCSP
- Participating on the PCSP team when appropriate
- Helping other providers, direct service staff or family members in carrying out a plan based on the consultant's specialty
- Assisting direct service staff or family members to make program adjustments in services to meet the individual's goals
- Determining the right adaptive equipment
- Training or assisting an individual, their staff or their family on how to set up and use adaptive equipment, computers or software
- Assisting or training direct care staff or family on how to deal with an individual's behavioral challenges and/or create a behavioral management plan
- Develop activities for the individual, direct care staff or family to maintain speech, occupational or physical therapy goals
- Identifying new medical procedures necessary to keep the individual in the community



CRISIS INTERVENTION SERVICES

Crisis intervention services are delivered in the individual's home or at a local community site by a mobile intervention team or professional.

Intervention services must be available 24 hours a day, 365 days a year and must be to provide technical assistance and training in the areas of behavior already identified. Services are limited to DDS Waiver settings for current or targeted waiver service individuals.

PAYMENT TO RELATIVES

Payment for waiver services will not be made to the adoptive or natural parent, step-parent or legal representative/guardian of a person less than 18 years old. Payments will not be made to a spouse or a legal representative for a person 18 years of age or older.

The employment of eligible relatives regardless of the individual's age requires prior approval from DDS.



REMEMBER!!!!

All services under the ACS Waiver must be prior approved by DDS.

If not, Medicaid **WILL NOT PAY**



ORGANIZED HEALTH CARE DELIVERY SYSTEM (OHCDs)

OHCDs allows waiver providers to sub-contract any service for which they are DDS enrolled. A written contract is required. It is the responsibility of the provider to line up sub-contractors, bids and bill for the service. These services must be prior-approved by DDS.

APPEALS

Any DDS Waiver staff decision to deny any or all services can be appealed by calling or writing the DDS Waiver Section Assistant Director.

DDS Waiver Assistant Director

P.O. Box 1437, Slot N 502

Little Rock, AR 72203-1437

Phone: 501-683-0569

OR

The appeal may be in writing directly to:

OCC - Office of Appeals and Hearings

Donaghey Plaza South

P.O. Box 1437 - Slot 1001

Little Rock, AR 72203-1437

CONCERNS OR COMPLAINTS ABOUT DDS PROVIDERS

If you have a complaint or concern regarding a DDS provider, call or write the DDS Licensing Unit:

DDS Licensure Unit

P.O. Box 1437, Slot N 501

Little Rock, AR 72203-1437

Phone: 501– 682-4747

INDIVIDUAL RIGHTS IN THE WAIVER

I or my legal representative have been informed of the following rights:

I am aware that I have the right to choose between institutional and community based services.

I am aware that the Waiver program is voluntary.

I have the right to choose my service providers.

I have the right to, at any time I may choose, change providers without fear of retaliation.

I am aware that only the DDS Specialist can offer me choice of certified Case Management and Supportive Living providers.

I am aware of the confidential nature of all client information and that I have the right to approve or deny the release of identifiable information.

I have the right to choose who participates in my ACS Waiver program plan meeting and to ask questions at anytime regarding my plan.

I have the right to be free from abuse, neglect, and exploitation.

I have the right to report abuse, neglect, and exploitation. At the Child Abuse Hotline 1-800-482-5964 or TDD 1-800-843-6349 or Adult Protective Services 1-800-482-8049.

I am aware that I can grieve any Developmental Disabilities Services (DDS) provider or DDS action or decision with which I do not agree.

I have been informed of the (DDS) client grievance/service concern procedure.

I have been informed of the DDS Appeal and Office of Chief Council, Fair Hearings Policies.

I have been informed and given a copy of the DDS Appeal Policy that specifies this policy is not a pre-requisite for a Fair Hearing.

I have been informed of my Fundamental Rights:

The right of freedom of speech and expression.

The right of freedom of religion.

The right of association.

The right to marry, procreate, and raise children.

The right to vote.

The right to meaningful and fair access to courts, including legal representation.

The right to privacy.

The right to be free from cruel and unusual punishment.

The right to fair and equal treatment by public agencies.

The right to have residential and community services provided in a humane and least restrictive environment.

To the extent that it does not jeopardize my health and safety, or result in illegal activity:

I have the right to choose and wear my own clothes.

I have the right to choose where to live and with whom.

I have the right to communicate and associate with persons of my own choice.

I have the right to have unrestricted mailing privileges and to make and receive confidential telephone calls.

I have the right to manage my own fiscal affairs.

I have the right to decline the help from people that I am not comfortable being around.

WAIVER SERVICES FLOW CHART

