

## SECTION EIGHT – Provider Assurances

As written in Section II of the *ARChoices in Homecare Medicaid Provider Manual*, the following text may be found at <https://medicaid.mmis.arkansas.gov/Provider/docs/archchoices.aspx>

### A. Agency Staffing

The Provider agrees that he or she will maintain adequate staffing levels to ensure timely and consistent delivery of services to all beneficiaries for whom they have accepted an ARChoices Waiver Person-Centered Service Plan (PCSP).

The Provider agrees:

1. Personnel responsible for direct service delivery will be properly trained and in compliance with all applicable licensure requirements. The Provider agrees to require personnel to participate in any appropriate training provided by, or requested by, the Department of Human Services. **The Department of Human Services requires mandatory training. The Provider must attend one of the two provider workshop trainings in the calendar year. Failure to attend one of these trainings could jeopardize the provider's certification for the waiver.** The Provider acknowledges the cost of training courses for certification and/or licensure is not reimbursable through DHS. Direct care workers must be trained prior to providing services to an ARChoices beneficiary.
2. Each service worker possesses the necessary skills to perform the specific services required to meet the needs of the beneficiary he/she is to serve.
3. Staff is required to attend orientation training prior to allowing the employee to deliver any ARChoices Waiver service(s). This orientation shall include, but not be limited to:
  - a. Description of the purpose and philosophy of the ARChoices Waiver Program;
  - b. Discussion and distribution of the provider agency's written code of ethics;
  - c. Discussion of activities which shall and shall not be performed by the employee;
  - d. Discussion, including instructions, regarding ARChoices Waiver record keeping requirements;
  - e. Discussion of the importance of the PCSP;
  - f. Discussion of the agency's procedure for reporting changes in the beneficiary's condition;
  - g. Discussion, including potential legal ramifications, of the beneficiary's right to confidentiality;
  - h. Discussion of the beneficiary's rights regarding HCBS Settings as discussed in 201.000 of the ARChoices in Homecare Medicaid Provider Manual.

### B. Code of Ethics

The Provider agrees to follow and/or enforce for each employee providing services to an ARChoices Waiver beneficiary a written code of ethics that shall include, but not be limited to, the following:

1. No consumption of the beneficiary's food or drink;
2. No use of the beneficiary's telephone for personal calls;
3. No discussion of one's personal problems, religious or political beliefs with the beneficiary;
4. No acceptance of gifts or tips from the beneficiary or their caregiver;
5. No friends or relatives of the employee or unauthorized beneficiaries are to accompany the employee to beneficiary's residence;
6. No consumption of alcoholic beverages or use of non-prescribed drugs prior to or during service delivery;
7. No smoking in the beneficiary's residence;
8. No solicitation of money or goods from the beneficiary; and
9. No breach of the beneficiary's privacy or confidentiality of records.

### C. Home and Community-Based Services (HCBS) Settings

All providers must meet the following Home and Community-Based Services (HCBS) Settings regulations as established by CMS. The federal regulation for the new rule is 42 CFR 441.301(c) (4)-(5).

Settings that are HCBS must be integrated in and support full access of beneficiaries receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources and receive services in the community, to the same degree of access as beneficiaries not receiving Medicaid HCBS.

HCBS settings must have the following characteristics:

1. Chosen by the individual from among setting options including non-disability specific settings (as well as an independent setting) and an option for a private unit in a residential setting.
  - a. Choice must be identified/included in the person-centered service plan.
  - b. Choice must be based on the individual's needs, preferences and, for residential settings, resources available for room and board.
2. Ensures an individual's rights of privacy, dignity and respect and freedom from coercion and restraint.
3. Optimizes, but does not regiment, individual initiative, autonomy and independence in making life choices, including but not limited to, daily activities, physical environment and with whom to interact.
4. Facilitates individual choice regarding services and supports and who provides them.
5. The setting is integrated in and supports full access of beneficiaries receiving Medicaid HCBS to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources and receive services in the community, to the same degree of access as beneficiaries not receiving Medicaid HCBS.
6. In a provider-owned or controlled residential setting (e.g., Adult Family Homes), in addition to the qualities specified above, the following additional conditions must be met:
  - a. The unit or dwelling is a specific physical place that can be owned, rented, or occupied under a legally enforceable agreement by the individual receiving services, and the individual has, at a minimum, the same responsibilities and protections from eviction that tenants have under the landlord/tenant law of the State, county, city, or other designated entity. For settings in which landlord tenant laws do not apply, the State must ensure that a lease, residency agreement or other form of written agreement will be in place for each HCBS participant and that the document provides protections that address eviction processes and appeals comparable to those provided under the jurisdiction's landlord tenant law.
  - b. Each individual has privacy in their sleeping or living unit:
    - i. Units have entrance doors lockable by the individual, with only appropriate staff having keys to doors.
    - ii. Beneficiaries sharing units have a choice of roommates in that setting.
    - iii. Beneficiaries have the freedom to furnish and decorate their sleeping or living units within the lease or other agreement.
  - c. Beneficiaries have the freedom and support to control their own schedules and activities and have access to food at any time.
  - d. Beneficiaries are able to have visitors of their choosing at any time.
  - e. The setting is physically accessible to the individual.
  - f. Any modification of the additional conditions specified in items 1 through 4 above must be supported by a specific assessed need and justified in the person-centered service plan. The following requirements must be documented in the person-centered service plan:
    - i. Identify a specific and individualized assessed need.
    - ii. Document the positive interventions and supports used prior to any modifications to the person-centered service plan.
    - iii. Document less intrusive methods of meeting the need that have been tried but did not

- work.
- iv. Include a clear description of the condition that is directly proportionate to the specific assessed need.
  - v. Include regular collection and review of data to measure the ongoing effectiveness of the modification.
  - vi. Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
  - vii. Include the informed consent of the individual.
  - viii. Include an assurance that interventions and supports will cause no harm to the individual.

**I have read and agree to the Provider Assurance Agreement.**

Signature of Principal Official \_\_\_\_\_

**SIGN HERE**

Printed or Typed Name of Principal Official \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_