MEDICAID FACTSHEET
LONG TERM CARE

LTC Expenditures
as % of Total Medicaid Program:
SFY98: 28.59%
SFY99: 26.83%
SFY00: 26.15%
SFY01: 23.89%
SFY02: 35.23%

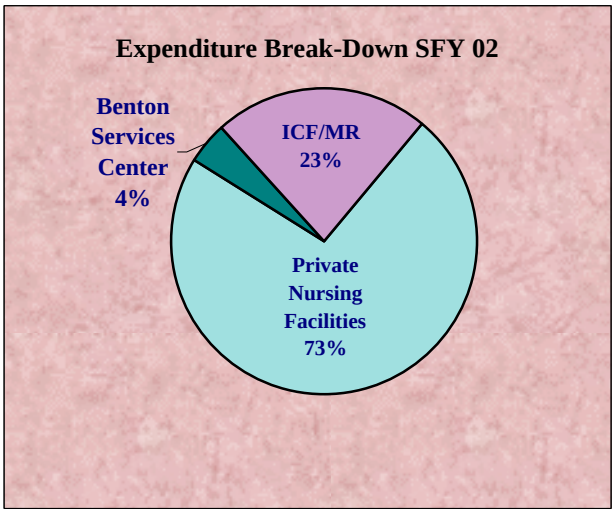
TWO LEVELS OF FACILITY CARE:
1. Nursing Facility Services
2. Intermediate Care Facility Services for the Mentally Retarded and Developmentally Disabled (ICF/MR)

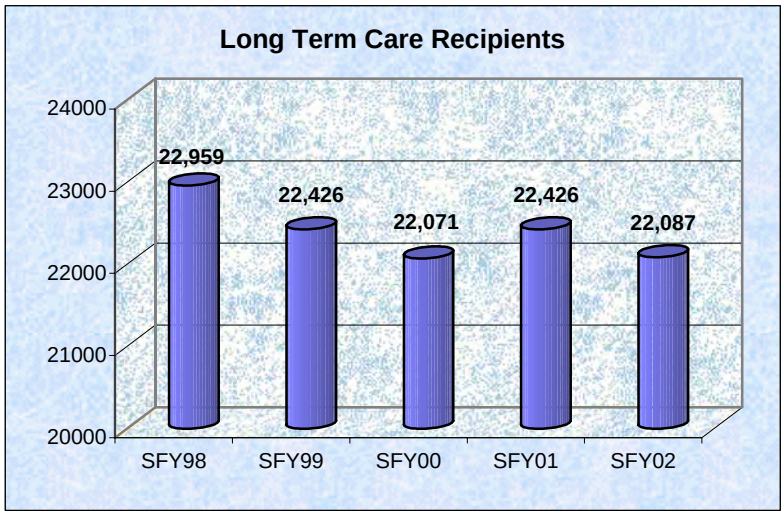
Total Skilled Nursing Facility Beds: 24,923
Total ICF/MR Beds: 1,797

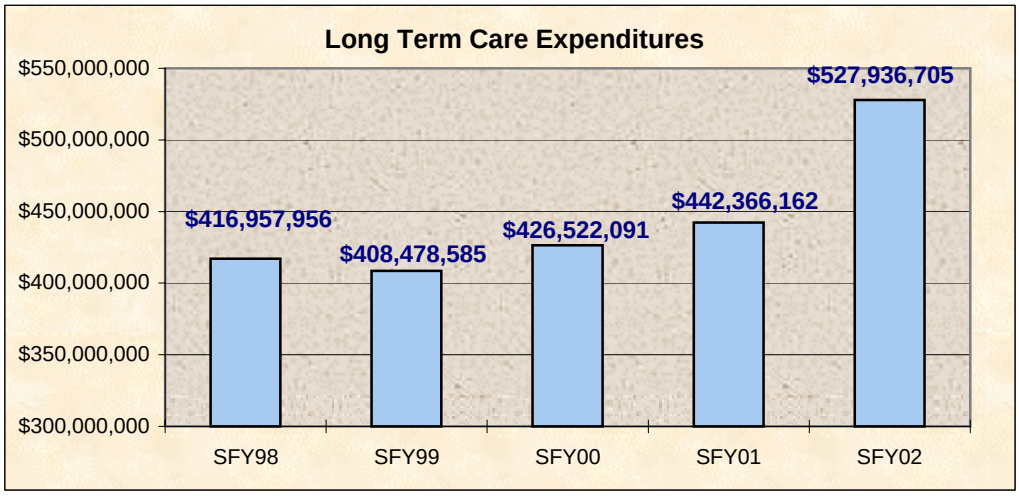
There are over 20,061 active Certified Nursing Assistants in Arkansas. The Office of Long Term Care (OLTC) handles the license renewals, approves training sites and programs and maintains records.

Nursing Facilities: Benton Services Center (public); 230 *private* nursing homes.

ICF/MR: *6 public* human development centers in Alexander, Arkadelphia, Booneville, Conway, Jonesboro, and Warren.
4 *private* pediatric ICF/MR facilities : Arkansas Pediatric, Brownwood, Millcreek and Easter Seals.
30 *private* non-profit ten-bed ICF/MR for adults.







Source: LTC; Dss Reports; HCFA 2082; Medicaid Statistical Reports

MEDICAID FACTSHEET
DDS ACS WAIVER

DDS ACS Waiver Expenditures
as % of Total Hosp/Med Exp:
SFY98: 2.07%
SFY99: 3.13%
SFY00: 3.79%
SFY01: 4.56%
SFY02: 4.32%

Medicaid offers certain home and community based services as an alternative to institutionalization. These services are available for a limited number of eligible individuals with a developmental disability who would otherwise require an ICF/MR level of care. The home and community based services to be provided through this waiver are referred to as the DDS ACS (Alternative Community Services) Waiver.

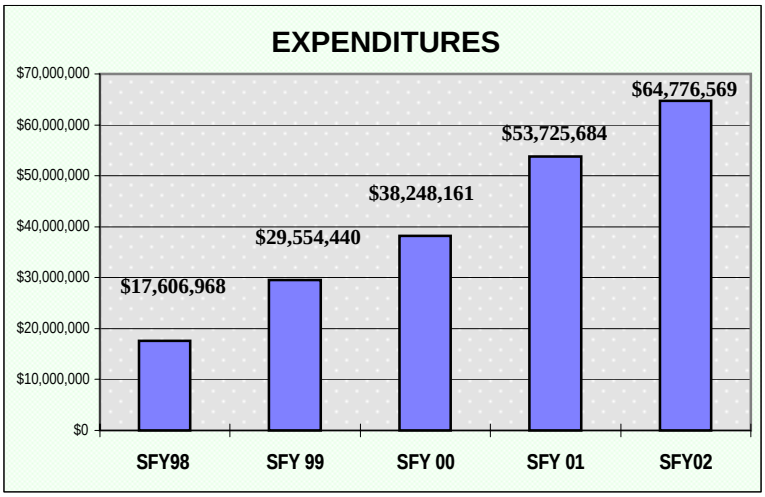
The DDS ACS Waiver is administered by the Division of Developmental Disabilities

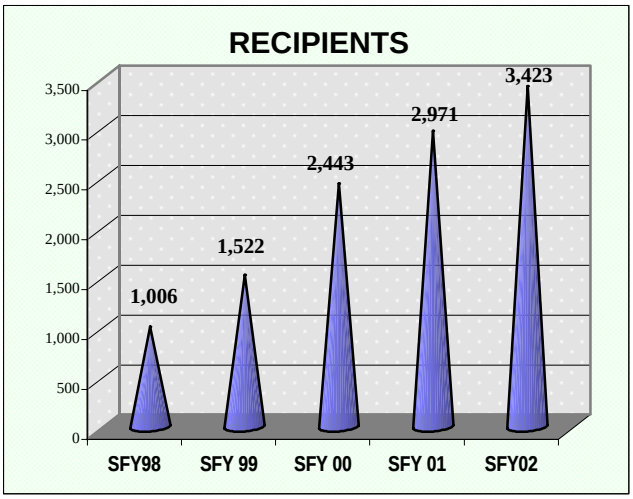
Services provided under this program are as follows:

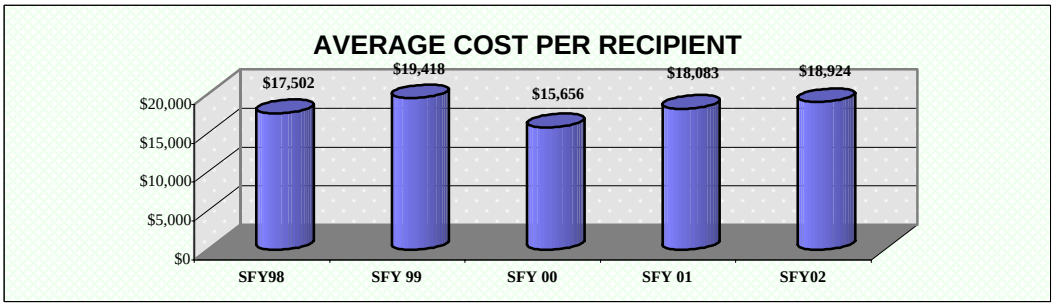
- **Crisis Abatement Respite Care Services**
- **Integrated Supports Services**
- **Supported Employment Services**
- **Physical Adaptation Services**
- **Specialized Medical Supplies**
- **Case Management Services**
- **Consultation Services**
- **Crisis Center/Intervention Services**

Home and community based waiver services are available only to individuals who are not inpatients (residents) of a hospital, nursing facility (NF), or intermediate care facility for the mentally retarded (ICF/MR).

ACS Waiver Program services do not require Prior Authorization.







Source: DSS Reports; Medicaid Statistical Reports; Medicaid Provider Manual

MEDICAID FACTSHEET
ELDERCHOICES

ElderChoices Expenditures
as % of Total Hosp/Med Exp:
SFY98: 2.66%
SFY99: 2.80%
SFY00: 3.00%
SFY01: 2.74%
SFY02: 2.20%

ElderChoices is a home and community based waiver program available to a limited number of individuals ages 65 and older who require an intermediate level of nursing facility care. Services are provided in the patient's home to preclude or delay institutionalization.

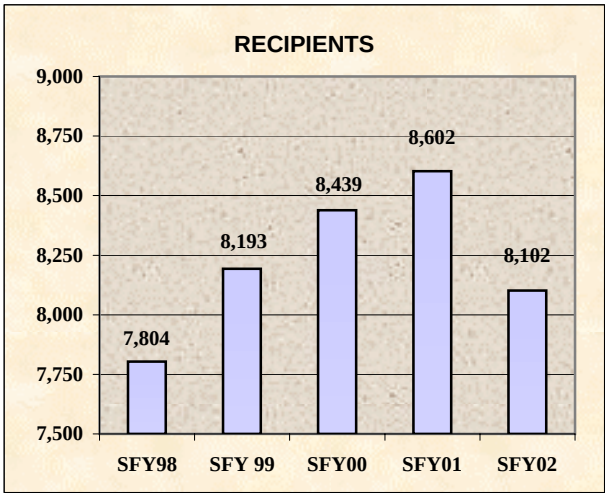
Provided Services:
Adult Foster Care,Chore Services, Home Delivered Meals, Homemaker Services, Personal Emergency Response System, Adult Day Care, Adult Day Health Care, and Respite Care.

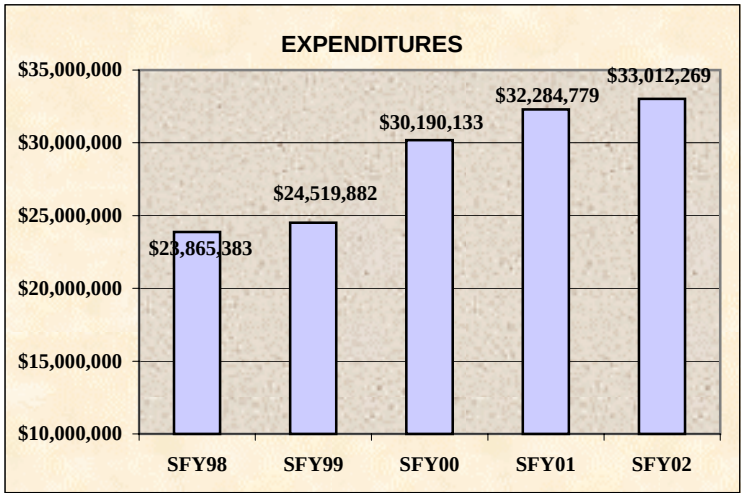
ElderChoices services are tailored to the social and medical needs of the recipient through a comprehensive assessment by a registered nurse.

ElderChoices became effective July 1991.

AVERAGE COST PER RECIPIENT

	SFY97	SFY98	SFY99	SFY00	SFY01	SFY02
Number of Recipients	7,681	7,804	8,193	8,439	8,602	8,102
Census of Active EC Cases as of June 30 Each Year			6,194	6,473	6,308	5,867
State General Revenue	$5,573,552	$6,455,586	$6,637,532	$8,187,564	$8,710,433	$8,999,145
Federal Revenue	$16,667,279	$17,409,797	$17,882,350	$22,002,568	$23,574,345	$24,013,125
Total Expenditures	$22,240,831	$23,865,383	$24,519,882	$30,190,133	$32,284,779	$33,012,269
Exp./Recipient	$2,896	$3,058	$2,993	$3,577	$3,753	$4,075





Source: DSS Reports; Medicaid Statistical Reports; Medicaid Provider Manual

MEDICAID FACTSHEET
Alternatives Waiver

Alternatives Waiver Expenditures
as % of Total Hosp/Med Exp:
SFY98: 0.11%
SFY99: 0.37%
SFY00: 0.59%
SFY01: 0.70%
SFY02: 0.76%

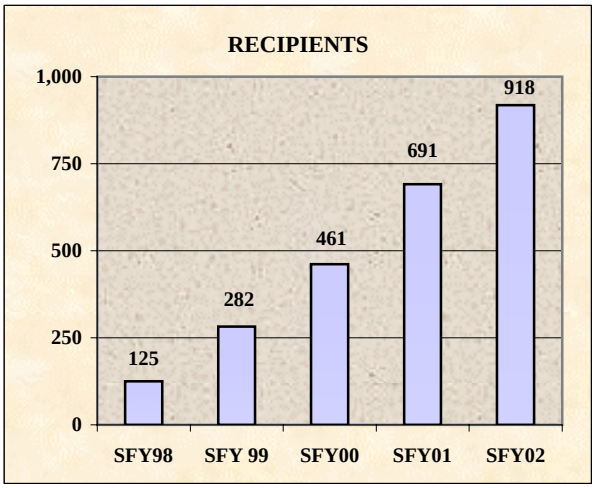
Alternatives Waiver services are designed to maintain Medicaid eligible persons at home in order to preclude or postpone institutionalization of the individual. These services are available to disabled individuals age 21 through 64, who have received a determination of physical disability, and who, without the provision of home and community-based services, would require a nursing facility (NF) level of care. Their income must be equal to or less than 300% of the SSI eligibility limit.

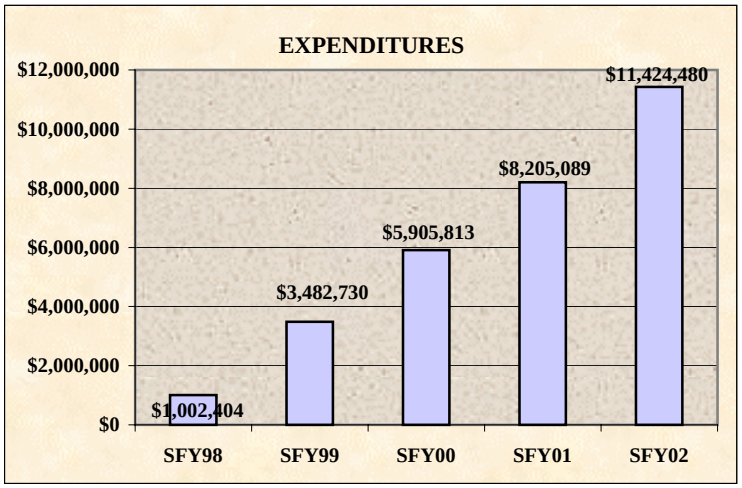
Provided Services:

Attendant Care, Environmental Accessibility, and Adaptations/Adaptive Equipment

AVERAGE COST PER RECIPIENT

	SFY98	SFY99	SFY00	SFY01	SFY02
Number of Recipients	125	282	461	691	918
Total Expenditures	$1,002,404	$3,482,730	$5,905,813	$8,205,089	$11,424,480
Exp./Recipient	$8,019	$12,350	$12,811	$11,874	$12,445





Source: DSS Reports; Medicaid Statistical Reports; Medicaid Provider Manual

MEDICAID FACTSHEET
PERSONAL CARE SERVICES

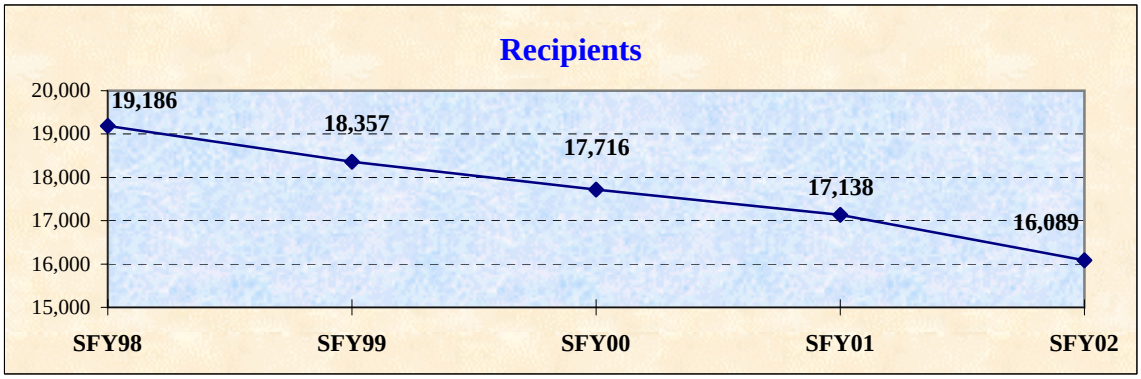
Personal Care Expenditures as % of Total Hosp/Med Exp:
SFY98: 7.08%
SFY99: 6.44%
SFY00: 5.74%
SFY01: 4.79%
SFY02: 3.57%

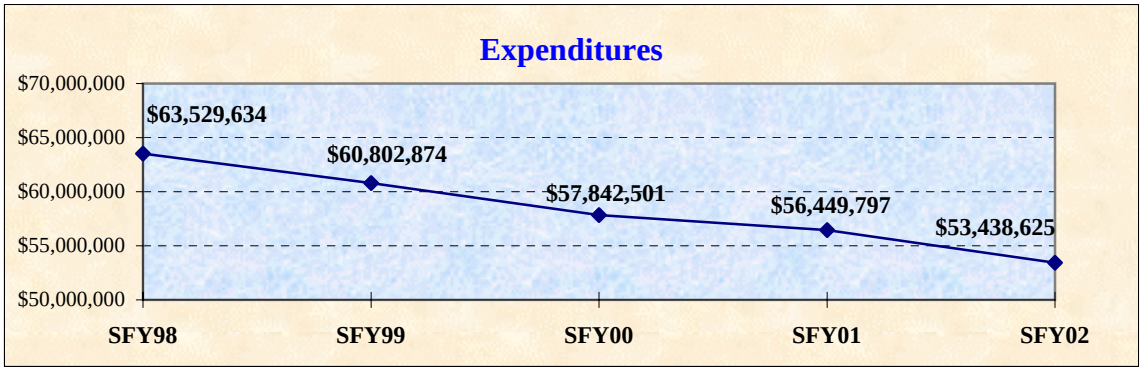
Personal Care Services include medically necessary assistance with defined activities of daily living, such as grooming, bathing, food preparation and eating, etc. Services are rendered in the home.

For EPSDT recipients, under age 21, services may also be provided in DDS community provider facilities or in the public schools. (DDS = Division of Developmental Disabilities Services). Effective for dates of service on and after December 1, 1997, the Arkansas Medicaid Personal Care Program requires prior authorization (PA) of services for clients under the age of 21.

Personal Care Services is an optional program.
Medicaid imposes a 64-hour benefit limit, per month, per client, on personal care aide services for clients aged 21 and over. The 64-hour limitation applies to dates of service on and after August 1, 1997.

The Arkansas Department of Human Services (DHS) is conducting a scientific study of a consumer-directed personal care program. The program, called "IndependentChoices," operates under the authority of an 1115 research and demonstration waiver approved by the Health Care Financing Administration (HCFA). IndependentChoices offers an opportunity to Medicaid-eligible adults with disabilities (age 18 and older) and the elderly who qualify for personal care, to self-direct their care. IndependentChoices provides qualifying clients with counseling and training to assist them in administering their personal care. Participants also receive a cash allowance with which they may hire an assistant or purchase other services and items related to their personal care. The goal of the IndependentChoices Program is to evaluate the efficiency and feasibility of a Medicaid personal care program that offers consumer direction with a monthly cash allowance.





Source: DSS Reports; Medicaid Statistical Reports; Medicaid Provider Manual