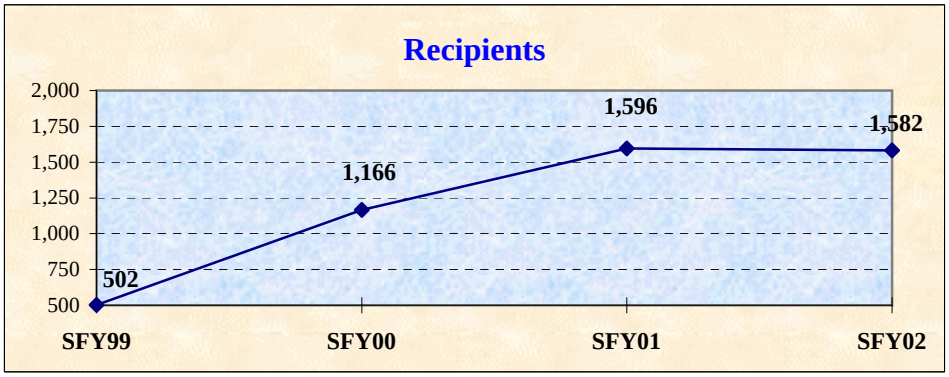
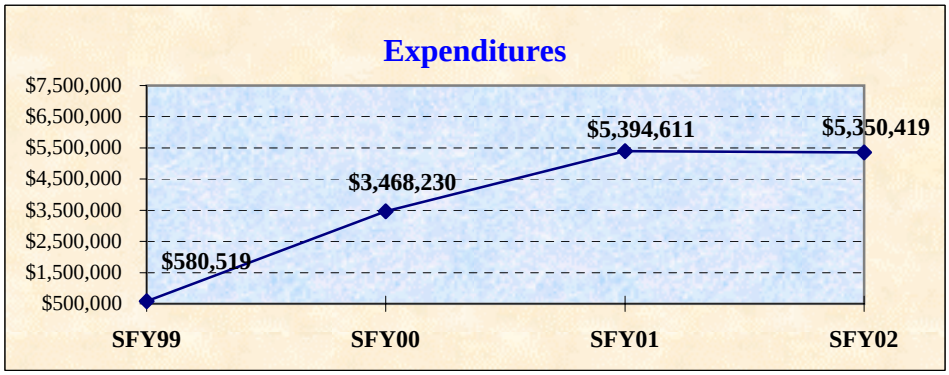
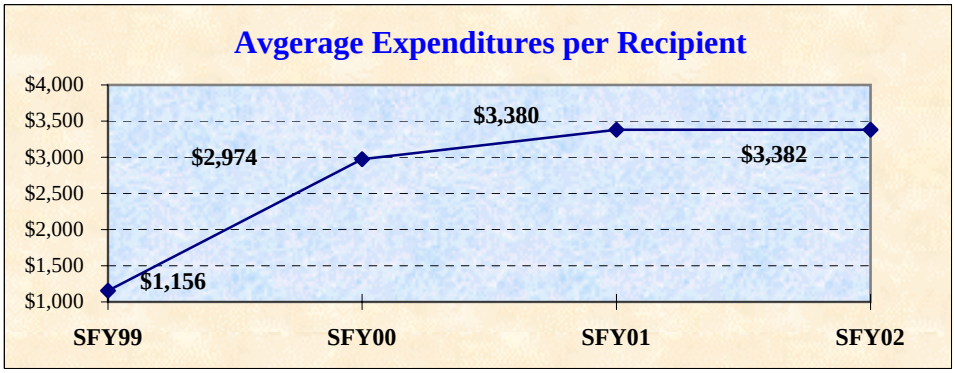
MEDICAID FACTSHEET
INDEPENDENT CHOICES

Independent Choices
Expenditures as %
of Total Hosp/Med Exp:
SFY99: 0.06%
SFY00: 0.34%
SFY01: 0.46%
SFY02: 0.36%

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. IndependentChoices is administered by the Division of Aging and Adult Services (DAAS).







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

MEDICAID FACTSHEET
HOME HEALTH SERVICES

Home Health Expenditures
as % of Total Hosp/Med Exp:
SFY98: 1.46%
SFY99: 1.48%
SFY00: 1.22%
SFY01: 0.98%
SFY02: 0.71%

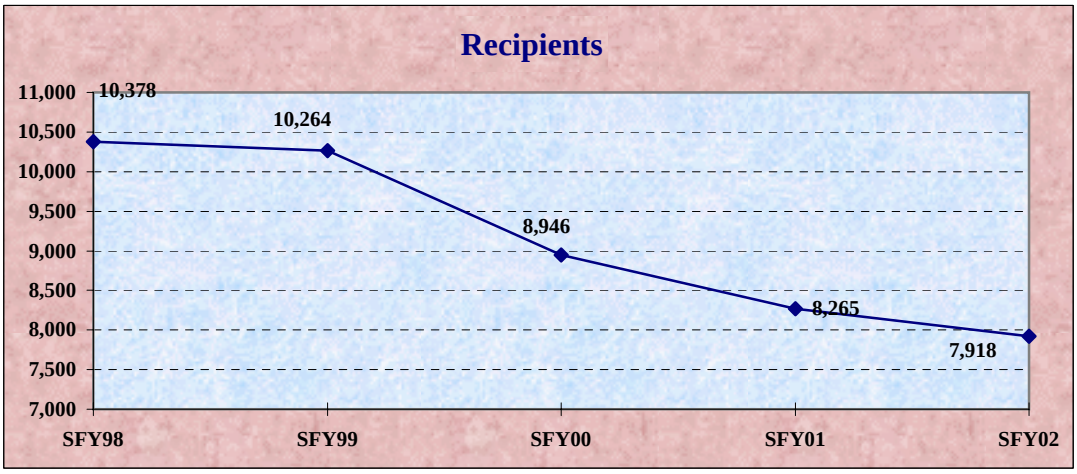
Home Health Services provides skilled nursing, home health aide and physical therapy services in the home.
Services are for part-time, intermittent care, for a few hours a day, one or more times a week.
Services are provided in the patient's residence.

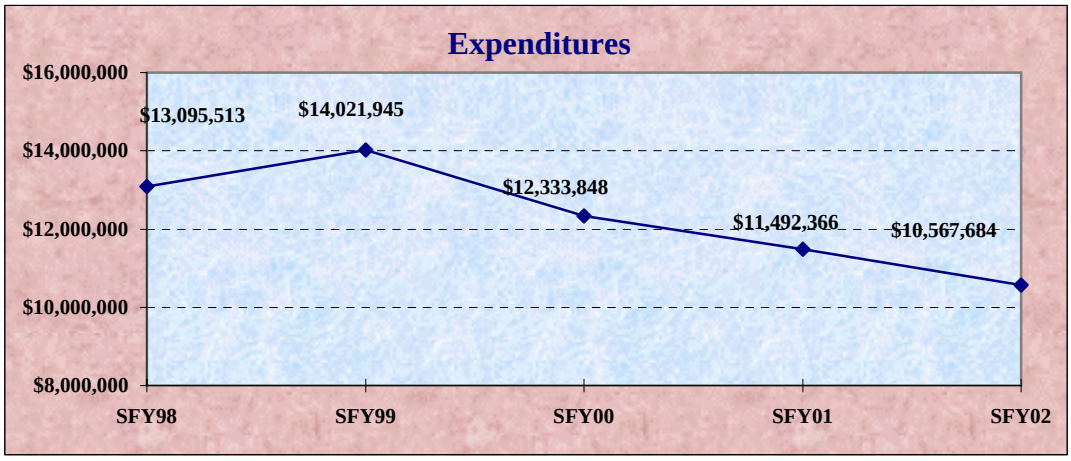
All home health services are based on the patient's attending physician's written prescription. Home health services provide periodic nursing care, under the direction of a physician, to preserve life and prevent or delay the necessity of inpatient care for Medicaid eligible persons.

Administered by the AR Department of Health and private providers.
Home Health Services is a federally mandated program.

Benefit limit: 50 visits per State Fiscal Year (extensions may be granted)

The main intent of Home Health Services is to enable individuals to remain in their homes, thereby reducing the need for costly institutional care.
PCP Referral Required.





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

MEDICAID FACTSHEET
PRIVATE DUTY NURSING

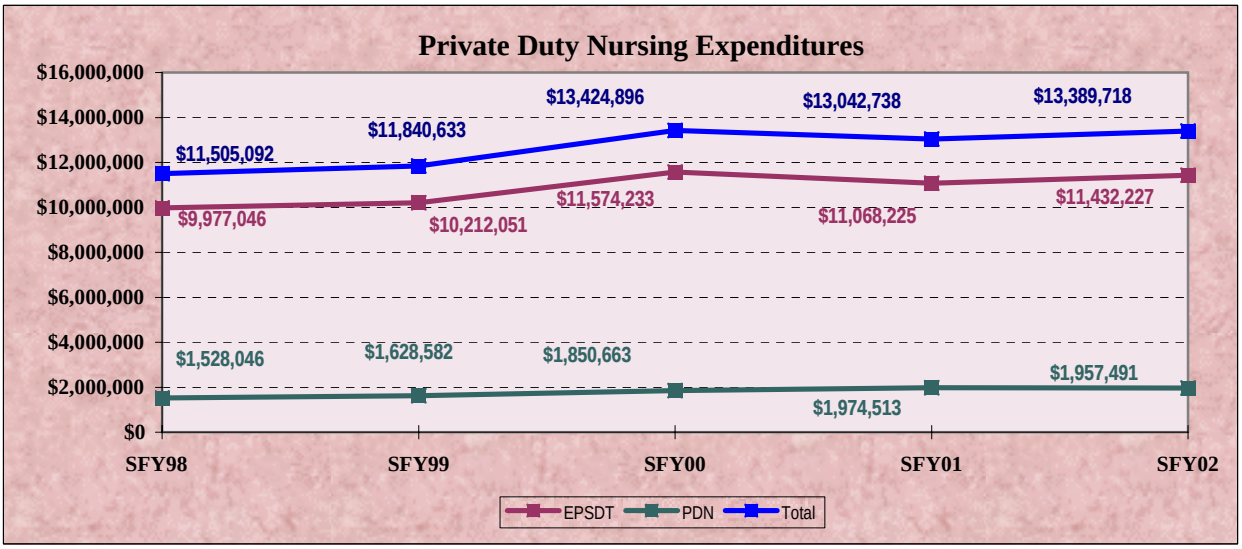
Private Duty Nursing Expenditures
as % of Total Hosp/Med Exp:
SFY98: 1.28%
SFY99: 1.26%
SFY00: 1.33%
SFY01: 1.11%
SFY02: 0.89%

Private Duty Nursing (PDN) Services are provided by a registered nurse and/or licensed practical nurse under the direction of the recipient's physician. Services are rendered in the recipient's place of residence.

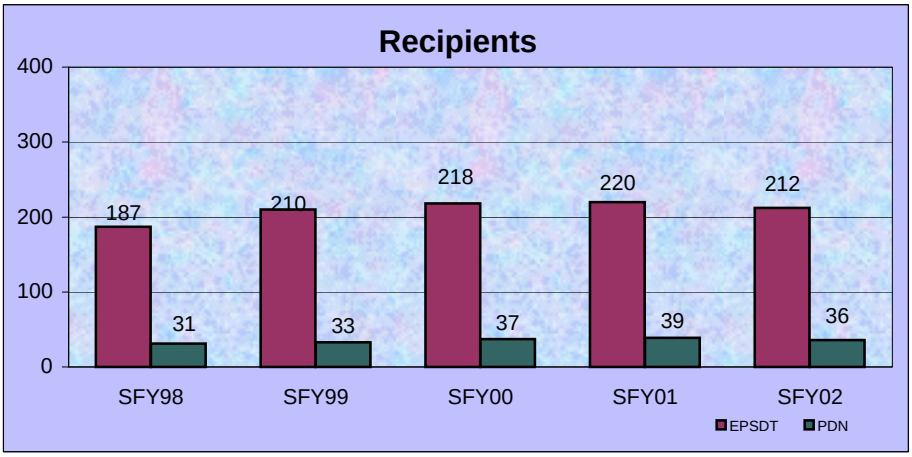
Private Duty Nursing Services are *not* covered in a hospital, boarding home, intermediate care facility, skilled nursing facility or a residential care facility. $80 per month, per recipient benefit limit on Private Duty Nursing medical supplies; limit may be extended.

ELIGIBILITY

PDN services may be covered for Medicaid eligible ventilator-dependent recipients when determined medically necessary and prescribed by a physician. Coverage may also be available for high technology non-ventilator dependent recipients in the Child Health Services Program (EPSDT) who require: Prolonged Intravenous Drugs; Parenteral Nutrition; Oxygen Supplementation; Tube Feeding; and Peritoneal Dialysis.



EPSDT = Private Duty Nursing/EPSDT; PDN = Private Duty Nursing, non-EPSDT



Average Expenditure Per Recipient, SFY02	
EPSDT	$53,926
PDN	$54,375
Total	$53,991

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

MEDICAID FACTSHEET
DDTCS

DDTCS Expenditures
as % of Total Hosp/Med Exp:
SFY98: 4.73%
SFY99: 4.80%
SFY00: 5.19%
SFY01: 4.76%
SFY02: 4.14%

Services must be rendered at a Comprehensive Day Treatment Center:

* diagnosis and evaluation
* habilitative training
* provision of noon meal

Services in qualified facilities may be covered only when:

* they are provided to outpatients
* they are determined medically necessary
* provided according to written prescription
* provided according to written plan of care

Administered by the Division of Development Disabilities

Levels of Care:

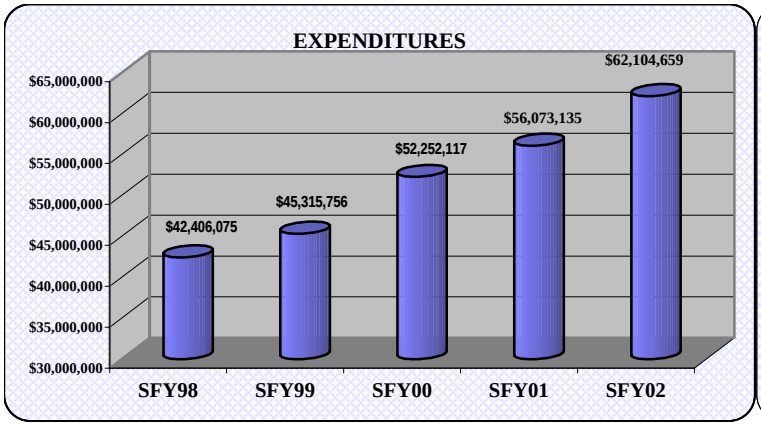
1. Early Intervention: facility based provision of one-to-one staff/client training in conjunction with services to parents/care-givers of the client
2. Pre-School: facility based program for children up to 5 years of age
3. Adult Development: facility based program for adults

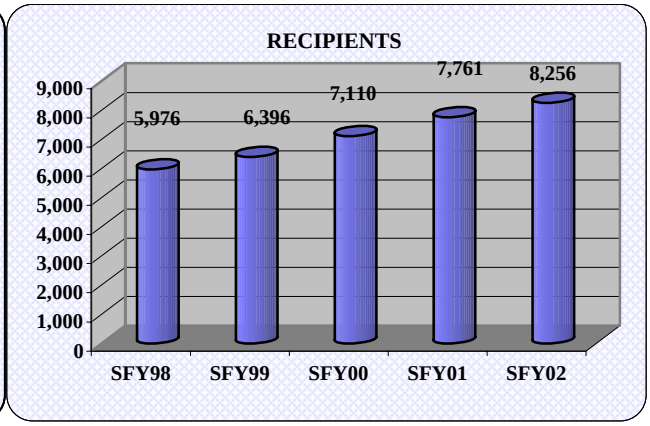
Optional Services available through DDTCS are as follows:
(Must be in conjunction with a core service)

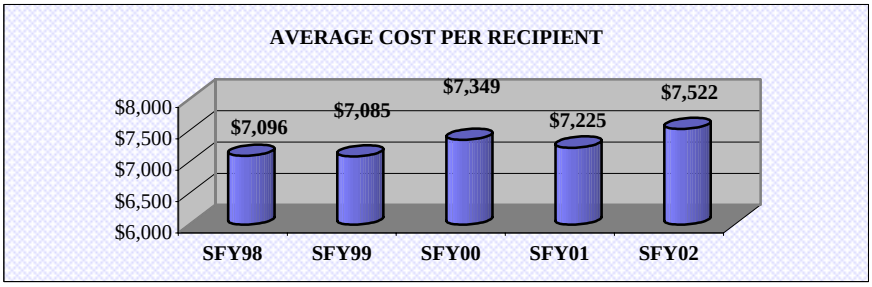
- physical therapy
- speech therapy
- occupational therapy
- therapy evaluations (PT, OT and ST)

Non-covered Services (not limited to):

- Adult Development Services, Pre-School Services and Diagnosis and Evaluation Services less than 1 hour
- Early Intervention Services less than 2 hours
- Supervised Living Services
- Educational Services
- Services to Inpatients







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

MEDICAID FACTSHEET
CASE MANAGEMENT

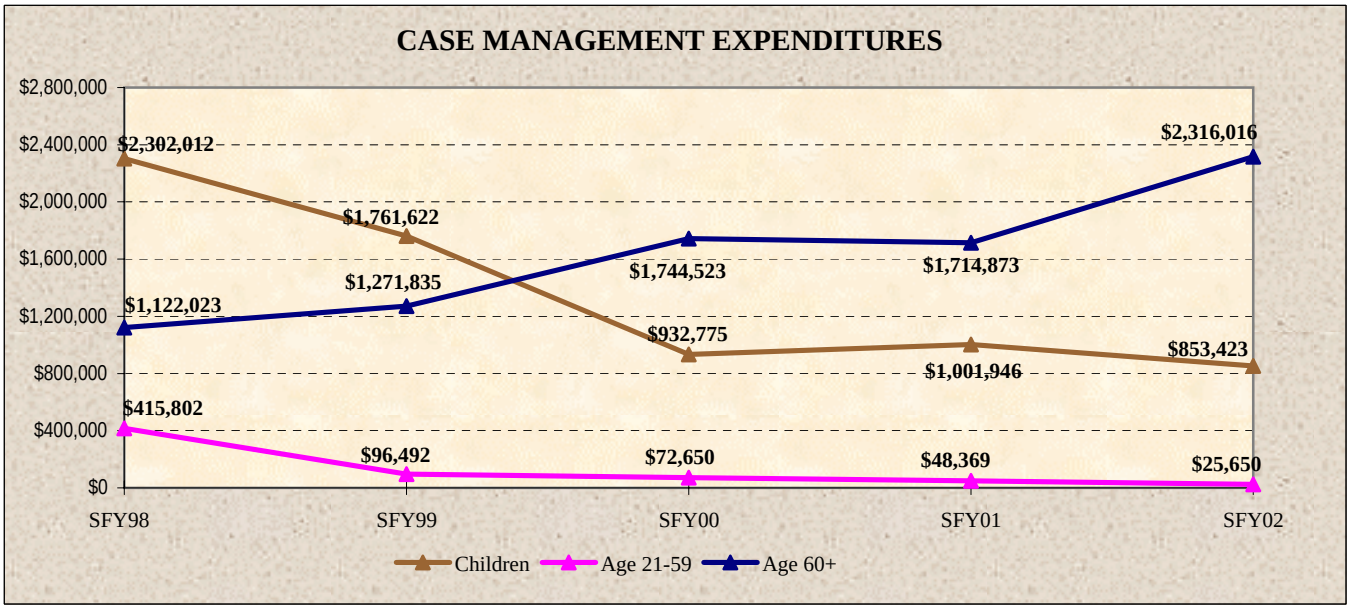
Case Management Expenditures
as % of Total Hosp/Med Exp:
SFY98: 0.43%
SFY99: 0.33%
SFY00: 0.27%
SFY01: 0.23%
SFY02: 0.21%

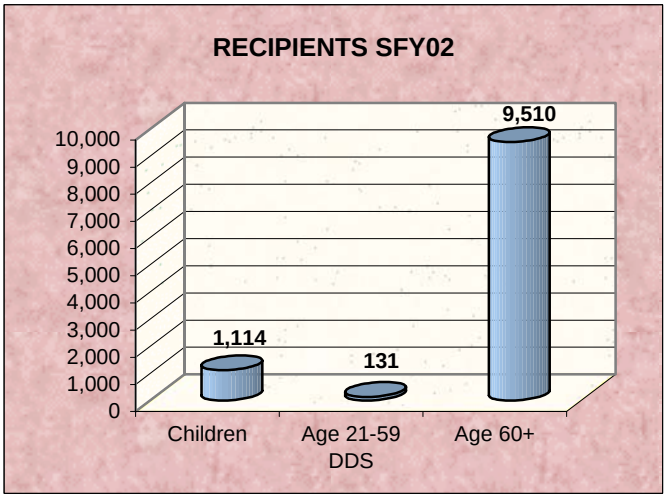
Case Management is designed to assist individuals in receiving necessary care and to coordinate services for those individuals. Recipients age 21 and older are limited to 208 hours of targeted case management services per fiscal year. There is no benefit limit for recipients under age 21.

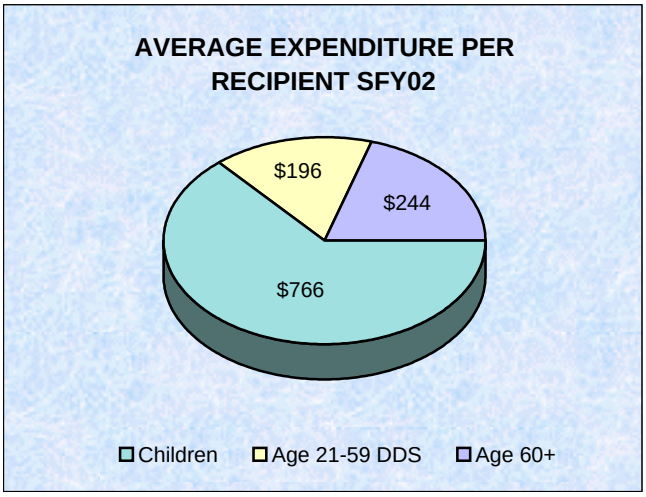
Case Management services are reimbursable when they are medically necessary, prescribed as the result of an EPSDT screen for recipients under age 21 ineligible for Developmental Disabilities Services, provided to recipients who have no reliable and available supports, and provided by a qualified provider enrolled to serve the recipient's targeted population. Case Management services to inpatients are not covered - inpatient facilities provide discharge planning.

Case Management is also reimbursable for:

* **individuals age 21 and younger eligible for Developmental Disabilities Services**
* **individuals age 22 and older with a developmental disability**
* **individuals age 60 and older who have limited functional capabilities resulting in the need for multiple services or who are not of mental capacity to understand their situation poses an imminent danger of death or serious bodily harm.**







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