Table of Contents

[List of Acronyms 3](#_Toc94093101)

[Introduction 4](#_Toc94093102)

[General Information 4](#_Toc94093103)

[1. Has the Center for Medicare and Medicaid Services (CMS) approved the Arkansas ARPA 9817 Spending Plan? 4](#_Toc94093104)

[2. How can the updated Medicaid authorities (e.g., 1915(c) waiver Appendix K, Disaster Relief SPA) be developed quicker for the next round of funding? 4](#_Toc94093105)

[3. Where can we find the list of approved HCBS services? 4](#_Toc94093106)

[4. When is the Provider Incentive Application due? 4](#_Toc94093107)

[Provider Incentive Plan Questionnaire 5](#_Toc94093108)

[5. Do providers submit paid claims or billed claims? 5](#_Toc94093109)

[6. When providers submitted the questionnaire with dates of service, should it have been dates paid? 5](#_Toc94093110)

[7. What steps will DHS take in the event of a large differential between provider claims records and DHS records? 5](#_Toc94093111)

[8. How do providers know if their program is considered provider managed care versus participant directed? 5](#_Toc94093112)

[Provider Incentive Plan Distribution Calculation 5](#_Toc94093113)

[9. If a provider was private pay in SFY21, will they be disqualified for the funding? 5](#_Toc94093114)

[10. For providers that contract with PASSE and / or Program of All-Inclusive Care for the Elderly (PACE) send their HCBS billing directly to those entities, will these services be considered as part of the provider’s Medicaid counts and dollars? 6](#_Toc94093115)

[11. Who do providers send information on PACE HCBS clients and billing to for consideration? 6](#_Toc94093116)

[12. For providers that already used incentive payment funds for COVID-19 vaccinations, bonuses, and hazard payments to employees. Can the incentive payment be retroactively applied to cover these costs? 6](#_Toc94093117)

[13. Are Type 53 Home Delivered Meal providers serving the ARChoices program eligible for incentive payments? 6](#_Toc94093118)

[14. Should Personal Care T1019 U3 claims billed to PASSE be included in the questionnaire? 6](#_Toc94093119)

[15. Will providers receive reimbursement for Adult Developmental Day Treatment (ADDT) services? 6](#_Toc94093120)

[16. For Private Duty [Nursing], should providers add the codes that are not included under “Additional Procedure codes” for State plan provider 14/H3 even though they are not under that specific state plan? 6](#_Toc94093121)

[17. There was bonus based on number of days employed. This was 90 days originally, but providers ask for 30 or 60 days because of the current workforce environment. Has this been changed? 7](#_Toc94093122)

[Provider Application for Funding 7](#_Toc94093123)

[18. Will applications be available by January 24th 2022? 7](#_Toc94093124)

[19. Where can providers access the funding application? 7](#_Toc94093125)

[20. What is the deadline for DHS to distribute funds to providers? 7](#_Toc94093126)

[21. Will funds be distributed by PASSE or directly from DHS? 7](#_Toc94093127)

[22. Is DHS able to share the formula for funding allotment? 7](#_Toc94093128)

[23. When will providers receive a clear guide on allowable claims? 7](#_Toc94093129)

[24. For providers that reported the funds on an accrual basis (I.e., when the services were provided when completing the questionnaire, not when the payments were received for Medicaid or PASSE) Is the allocation amount based on the date in which the funds were paid (I.e., cash basis)? 7](#_Toc94093130)

[Rejected / Unpaid Claims 8](#_Toc94093131)

[25. If providers have unpaid claims, will they receive a reduced incentive amount? 8](#_Toc94093132)

[26. Who should providers reach out to concerning the rejected/unpaid claims? 8](#_Toc94093133)

[27. Do providers have claims that were billed but not paid in SFY21? 8](#_Toc94093134)

[Additional Guidance 8](#_Toc94093135)

[28. Will there be published rules or guidance on how and who providers can distribute these funds to? If yes, when will we receive that guidance? 8](#_Toc94093136)

# List of Acronyms

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| Acronym | Definition |
| ADDT | Adult Developmental Day Treatment |
| ARPA | American Rescue Plan Act |
| CMS | Centers for Medicare and Medicaid Services |
| DHS | Arkansas Department of Human Services |
| FFS | Fee-for-service |
| HCBS | Home and Community Based Services |
| MMIS | Medicaid Management Information System |
| PACE | Program of All-Inclusive Care for the Elderly |
| PASSE | Provider-Led Arkansas Shared Savings Entity |
| SFY | State Fiscal Year |
| SPA | Disaster Relief State Plan Amendment |
| T/TA | Training and Technical Assistance |

# Introduction

The Arkansas Department of Human Services (DHS) developed this FAQ document to provide guidance on Arkansas' American Rescue Plan Act (ARPA) Section 9817 Home- and Community-Based Services (HCBS) Spending Plan (the Spending Plan) and related activities. This document will be regularly updated by DHS based on questions received from stakeholders and new information available about ARPA 9817. To submit a question or comments related to this document, please contact the ARPA 9817 Provider Technical Assistance Center via email at [Jessica.Haynes@dhs.arkansas.gov](mailto:Jessica.Haynes@dhs.arkansas.gov).

# General Information

## Has the Center for Medicare and Medicaid Services (CMS) approved the Arkansas ARPA 9817 Spending Plan?

DHS submitted the Spending Plan to CMS on September 17th, 2021. CMS provided partial approval on September 30th, 2021, but required DHS to submit updated Medicaid authorities (e.g., 1915(c) waiver Appendix K, Disaster Relief State Plan Amendment (SPA)) outlining how the funds will be allocated and types of qualified recipients served in existing waiver programs and the Medicaid State Plan. DHS submitted these authorities to CMS in November 2021 and is actively working with them to receive approval.

Partial approval of the Spending Plan from CMS allows DHS to draw down funds approved by ARPA Section 9817. CMS does not provide “final” approval for HCBS Spending Plans given that states may update plans on a quarterly basis.

## How can the updated Medicaid authorities (e.g., 1915(c) waiver Appendix K, Disaster Relief SPA, State Directed Payment) be developed quicker for the next round of funding?

DHS received CMS partial approval for the Spending Plan on September 30, 2021. Updates to relevant authorities could not begin before approval of the Spending Plan. DHS continues to actively work with CMS to obtain approval for the relevant Medicaid authorities.

1. When is the Provider Incentive Application due?   
   The Provider Incentive Program application became available on Friday, February 25, 2022 and will remain open until Friday, March 11, 2022.

# Provider Incentive Plan Distribution Calculation

## If a provider was private pay in SFY21, will they be disqualified for the funding?

ARPA Section 9817 provides funds to expand, enhance, and strengthen Medicaid home- and community-based services. As such, the Spending Plan will provide funds to providers of Medicaid HCBS. Offering private pay options does not disqualify you from receiving funding, but the provider distribution allotment will be based on claims submitted to Medicaid (e.g., fee-for-service (FFS), Provider-Led Arkansas Shared Savings Entity (PASSE)).

## For providers that contract with PASSE and / or Program of All-Inclusive Care for the Elderly (PACE) send their HCBS billing directly to those entities, will these services be considered as part of the provider’s Medicaid counts and dollars?

DHS does consider services billed to PASSE in the provider distribution methodology. DHS will provide further clarification and follow-up regarding services billed to PACE to ensure spending supports HCBS services and not institutional payments.

## Are Type 53 Home Delivered Meal providers serving the ARChoices program eligible for incentive payments?

Home Delivered Meals are not a one-on-one direct patient care service and are therefore not eligible under the Provider Incentive distribution methodology. Providers offering other eligible services may submit those close to DHS for incentive payment.

## Will providers receive reimbursement for Adult Developmental Day Treatment (ADDT) services?

ADDT services will not receive funding as they are considered clinic-based services under the Medicaid State Plan and therefore do not qualify.

1. There was bonus based on number of days employed. This was 90 days originally, but providers ask for 30 or 60 days because of the current workforce environment. Has this been changed?DHS developed an Operational Plan to document Provider Incentive Plan requirements. The Operational Plan is available on the DHS website.

# Provider Application for Funding

## When will applications open?

The Provider Incentive Program application became available on Friday, February 25, 2022 and will remain open until Friday, March 11, 2022.

## Where can providers access the funding application?

Providers can access a link on the DHS website.

## What is the deadline for DHS to distribute funds to providers?

DHS intends to distribute funds to providers no later than March 31st, 2022.

## Will funds be distributed by PASSE or directly from DHS?

Funds will be distributed to PASSE providers through the PASSE. Fee for Service providers will receive funds directly from DHS through the MMIS. Providers that participate in both PASSE and fee for service may receive multiple payments.

## Is DHS able to share the formula for funding allotment?

The formula for allotment was originally shared during a provider call on November 17, 2021. However, a provider’s total allotment amount will not be shared until the application period closes. Distributions for the Incentive Program will only go out to providers who apply, which will affect final amounts.

## For providers that reported the funds on an accrual basis (I.e., when the services were provided when completing the questionnaire, not when the payments were received for Medicaid or PASSE) Is the allocation amount based on the date in which the funds were paid (I.e., cash basis)?

Yes. The allocation amount is based on SFY21 claims.

# Rejected / Unpaid Claims

## If providers have unpaid claims, will they receive a reduced incentive amount?

Yes. Allocations are based on paid claims. If you are having issues with SFY21 claims that have not been paid or were denied, please reach out to DHS directly.

## Who should providers reach out to concerning the rejected/unpaid claims?

Please reach out to DHS directly for guidance.

## Do providers have claims that were billed but not paid in SFY21?

Please reach out to DHS directly for guidance.

# Additional Guidance

## Will there be published rules or guidance on how and who providers can distribute these funds to? If yes, when will we receive that guidance?

DHS developed an Operational Plan to document Provider Incentive Plan requirements. The Operational Plan is available on the DHS website.