

**Service Specifications** (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):

Service Title: Supportive Employment

Service Definition (Scope):

Supportive Employment is designed to help beneficiaries acquire and keep meaningful jobs in a competitive job market. The service actively facilitates job acquisition by sending staff to accompany beneficiaries on interviews and providing ongoing support and/or on-the-job training once the beneficiary is employed. This service replaces traditional vocational approaches that provide intermediate work experiences (prevocational work units, transitional employment, or sheltered workshops), which tend to isolate beneficiaries from mainstream society.

Service settings may vary depending on individual need and level of community integration, and may include the beneficiary's home.

Additional needs-based criteria for receiving the service, if applicable (specify):

Must be listed in the treatment plan.

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

Categorically needy (specify limits):  
Quarterly Maximum of Units: 60

Medically needy (specify limits):  
Quarterly Maximum of Units: 60

**Provider Qualifications** (For each type of provider. Copy rows as needed):

Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Behavioral Health Agency	N/A	Certified by the Arkansas Department of Human Services, Division of Provider Services and Quality Assurance	<ul style="list-style-type: none"> <li>Enrolled as a Behavioral Health Agency in Arkansas Medicaid</li> <li>Cannot be on the National or State Excluded Provider List.</li> </ul> <p>Individuals who perform 1915(i) FFS Behavioral Health Services must Work under the direct supervision of a mental health professional.</p> <ol style="list-style-type: none"> <li>Successfully complete and document courses of initial training and annual re-training sufficient to perform all tasks assigned by the mental health professional.</li> </ol>

<b>Verification of Provider Qualifications</b> (For each provider type listed above. Copy rows as needed):		
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Behavioral Health Agency	Department of Human Services, Division of Provider Services and Quality Assurance	Behavioral Health Agencies must be re-certified every 3 years as well as maintain national accreditation. Behavioral Health Agencies are required to have yearly on-site inspections of care (IOCs).
<b>Service Delivery Method.</b> (Check each that applies):		
<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed	

<b>Service Specifications</b> (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):	
Service Title:	Adult Rehabilitation Day Treatment
Service Definition (Scope):	
<p>A continuum of care provided to recovering members living in the community based on their level of need. This service includes educating and assisting the members with accessing supports and services needed. The service assists recovering members to direct their resources and support systems. Activities include training to assist the member to learn, retain, or improve specific job skills, and to successfully adapt and adjust to a particular environment. Adult rehabilitation day treatment includes training and assistance to live in and maintain a household of their choosing in the community. In addition, activities can include transitional services to assist members after receiving a higher level of care. The goal of this service is to promote and maintain community integration.</p> <p>Adult rehabilitative day treatment is an array of face-to-face rehabilitative day activities providing a preplanned and structured group program for identified members that are aimed at long-term recovery and maximization of self-sufficiency. These rehabilitative day activities are person and family centered, recovery based, culturally competent, and provided needed accommodation for any disability. These activities must also have measurable outcomes directly related to the beneficiary's treatment plan. Day treatment activities assist the beneficiary with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their chronic mental illness. The intent of these services is to restore the fullest possible integration of the beneficiary as an active and productive member of his or her family, social and work community and/or culture with the least amount of ongoing professional intervention. Skills addressed may include: emotional skills, such as coping with stress, anxiety or anger; behavioral skills, such as proper use of medications, appropriate social interactions and managing overt expression of symptoms like delusions or hallucinations; daily living and self-care skills, such as personal care and hygiene, money management, and daily structure/use of time; cognitive skills, such as problem solving, understanding illness and symptoms and reframing; community integration skills and any similar skills required to implement the member's behavioral health treatment plan.</p>	
Additional needs-based criteria for receiving the service, if applicable (specify):	
Must be listed in the treatment plan.	

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

<input checked="" type="checkbox"/>	Categorically needy ( <i>specify limits</i> ):
	Staff to member ratio: 1:15 maximum
	Daily Maximum of Units: 6
	Quarterly Maximum of Units: 90
<input checked="" type="checkbox"/>	Medically needy ( <i>specify limits</i> ):
	Staff to member ratio: 1:15 maximum
	Daily Maximum of Units: 6
	Quarterly Maximum of Units: 90

**Provider Qualifications** (For each type of provider. Copy rows as needed):

Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Behavioral Health Agency	N/A	Certified by the Arkansas Department of Human Services, Division of Provider Services and Quality Assurance	<ul style="list-style-type: none"> <li>Enrolled as a Behavioral Health Agency in Arkansas Medicaid</li> <li>Cannot be on the National or State Excluded Provider List.</li> </ul> <p>Individuals who perform 1915(i) FFS Behavioral Health Services must Work under the direct supervision of a mental health professional.</p> <p>Successfully complete and document courses of initial training and annual re-training sufficient to perform all tasks assigned by the mental health professional.</p>

**Verification of Provider Qualifications** (For each provider type listed above. Copy rows as needed):

Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Behavioral Health Agency	Department of Human Services, Division of Provider Services and Quality Assurance	Behavioral Health Agencies must be re-certified every 3 years as well as maintain national accreditation. Behavioral Health Agencies are required to have yearly on-site inspections of care (IOCs).

**Service Delivery Method.** (Check each that applies):

Participant-directed



Provider managed

**Service Specifications** (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):

Service Title: Adult Skills Development

Service Definition (Scope):

Life Skills Development services are designed to assist beneficiaries in acquiring the skills needed to support an independent lifestyle and promote an improved sense of self-worth. Life skills training is designed to assist in setting and achieving goals, learning independent living skills, demonstrate accountability, and making goal-directed decisions related to independent living (i.e., educational/vocational training, employment, resource and medication management, self-care, household maintenance, health, wellness and nutrition).

Service settings may vary depending on individual need and level of community integration, and may include the beneficiary's home. Services delivered in the home are intended to foster independence in the community setting and may include training in menu planning, food preparation, housekeeping and laundry, money management, budgeting, following a medication regimen, and interacting with the criminal justice system.

The Master Treatment Plan should address the recovery objective of each activity performed under Life Skills Development and Support.

Additional needs-based criteria for receiving the service, if applicable (specify):

Must be listed in the treatment plan.

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

Categorically needy (specify limits):

Daily Maximum of Units: 8

Yearly Maximum of Units: 292

Medically needy (specify limits):

Daily Maximum of Units: 8

Yearly Maximum of Units: 292

**Provider Qualifications** (For each type of provider. Copy rows as needed):

Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Behavioral Health Agency	N/A	Certified by the Arkansas Department of Human Services, Division of Provider Services and Quality Assurance	<ul style="list-style-type: none"><li>Enrolled as a Behavioral Health Agency in Arkansas Medicaid</li><li>Cannot be on the National or State Excluded Provider List.</li></ul> Individuals who perform 1915(i) FFS Behavioral Health Services must Work under the direct supervision of a mental health professional.

			1. Successfully complete and document courses of initial training and annual re-training sufficient to perform all tasks assigned by the mental health professional.
<b>Verification of Provider Qualifications</b> (For each provider type listed above. Copy rows as needed):			
Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):	
Behavioral Health Agency	Department of Human Services, Division of Provider Services and Quality Assurance	Behavioral Health Agencies must be re-certified every 3 years as well as maintain national accreditation. Behavioral Health Agencies are required to have yearly on-site inspections of care (IOCs).	
<b>Service Delivery Method.</b> (Check each that applies):			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed

<b>Service Specifications</b> (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):	
Service Title:	Partial Hospitalization
Service Definition (Scope):	
<p>Partial Hospitalization is an intensive nonresidential, therapeutic treatment program. It can be used as an alternative to and/or a step-down service from inpatient residential treatment or to stabilize a deteriorating condition and avert hospitalization. The program provides clinical treatment services in a stable environment on a level equal to an inpatient program, but on a less than 24-hour basis. The environment at this level of treatment is highly structured and should maintain a staff-to-patient ratio of 1:5 to ensure necessary therapeutic services and professional monitoring, control, and protection. This service shall include at a minimum intake, individual therapy, group therapy, and psychoeducation.</p> <p>Partial Hospitalization shall be at a minimum (5) five hours per day, of which 90 minutes must be a documented service provided by a Mental Health Professional. If a beneficiary receives other services during the week but also receives Partial Hospitalization, the beneficiary must receive, at a minimum, 20 documented hours of services on no less than (4) four days in that week.</p>	
Additional needs-based criteria for receiving the service, if applicable (specify):	
Must be listed in the treatment plan.	

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

<input checked="" type="checkbox"/>	Categorically needy ( <i>specify limits</i> ):
	Yearly Maximum of Units: 40
	A provider may not bill for any other services on the same date of service.
<input checked="" type="checkbox"/>	Medically needy ( <i>specify limits</i> ):
	Yearly Maximum of Units: 40
	A provider may not bill for any other services on the same date of service.

**Provider Qualifications** (*For each type of provider. Copy rows as needed*):

Provider Type ( <i>Specify</i> ):	License ( <i>Specify</i> ):	Certification ( <i>Specify</i> ):	Other Standard ( <i>Specify</i> ):
Behavioral Health Agency	N/A	Certified by the Arkansas Department of Human Services, Division of Provider Services and Quality Assurance	<ul style="list-style-type: none"> <li>Enrolled as a Behavioral Health Agency in Arkansas Medicaid</li> <li>Certified by the Division of Provider Services and Quality Assurance as a Partial Hospitalization Provider.</li> <li>Cannot be on the National or State Excluded Provider List.</li> </ul> <p>Individuals who perform 1915(i) FFS Behavioral Health Services must Work under the direct supervision of a mental health professional.</p> <p>Successfully complete and document courses of initial training and annual re-training sufficient to perform all tasks assigned by the mental health professional.</p>

**Verification of Provider Qualifications** (*For each provider type listed above. Copy rows as needed*):

Provider Type ( <i>Specify</i> ):	Entity Responsible for Verification ( <i>Specify</i> ):	Frequency of Verification ( <i>Specify</i> ):
Behavioral Health Agency	Department of Human Services, Division of Provider Services and Quality Assurance	Behavioral Health Agencies must be re-certified every 3 years as well as maintain national accreditation. Behavioral Health Agencies are required to have yearly on-site inspections of care (IOCs).

**Service Delivery Method.** (*Check each that applies*):

<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed
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<b>Service Specifications</b> ( <i>Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover</i> ):			
Service Title:		Therapeutic Communities	
Service Definition (Scope):			
A non-facility based setting that emphasizes the integration of the member within his or her community; progress is measured within the context of that community's expectation. Therapeutic Communities are highly structured environments or continuums of care in which the primary goals are the treatment of behavioral health needs and the fostering of personal growth leading to personal accountability. Services address the broad range of needs identified by the member on their treatment plan. Therapeutic Communities employ community imposed consequences and earned privileges as part of the recovery and growth process. In addition to daily seminars, group counseling, and individual activities, the persons served are assigned responsibilities within the community setting. Participants and staff members act as facilitators, emphasizing self-improvement.			
Additional needs-based criteria for receiving the service, if applicable ( <i>specify</i> ):			
Must be in the treatment plan and be determined to be Tier III by the functional independent assessment.			
Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services. ( <i>Choose each that applies</i> ):			
<input checked="" type="checkbox"/>	Categorically needy ( <i>specify limits</i> ):		
	None.		
	A provider may not bill for any other services on the same date of service.		
<input checked="" type="checkbox"/>	Medically needy ( <i>specify limits</i> ):		
	None.		
	A provider may not bill for any other services on the same date of service.		
<b>Provider Qualifications</b> ( <i>For each type of provider. Copy rows as needed</i> ):			
Provider Type ( <i>Specify</i> ):	License ( <i>Specify</i> ):	Certification ( <i>Specify</i> ):	Other Standard ( <i>Specify</i> ):
Behavioral Health Agency	N/A	Certified by the Arkansas Department of Human Services, Division of Provider Services and Quality Assurance	<ul style="list-style-type: none"> <li>Enrolled as a Behavioral Health Agency in Arkansas Medicaid</li> <li>Certified by the Division of Provider Services and Quality Assurance as a Therapeutic Communities Provider.</li> <li>Cannot be on the National or State Excluded Provider List.</li> </ul> <p>Individuals who perform 1915(i) FFS Behavioral Health Services must Work under the direct supervision of a mental health professional.</p> <ul style="list-style-type: none"> <li>Successfully complete and document</li> </ul>

			courses of initial training and annual re-training sufficient to perform all tasks assigned by the mental health professional.
<b>Verification of Provider Qualifications</b> (For each provider type listed above. Copy rows as needed):			
Provider Type (Specify):	Entity Responsible for Verification (Specify):		Frequency of Verification (Specify):
Behavioral Health Agency	Department of Human Services, Division of Provider Services and Quality Assurance		Behavioral Health Agencies must be re-certified every 3 years as well as maintain national accreditation. Behavioral Health Agencies are required to have yearly on-site inspections of care (IOCs).
<b>Service Delivery Method.</b> (Check each that applies):			
<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed

<b>Service Specifications</b> (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):	
Service Title:	Supportive Housing
Service Definition (Scope):	
<p>Supportive Housing is designed to ensure that beneficiaries have a choice of permanent, safe, and affordable housing. An emphasis is placed on the development and strengthening of natural supports in the community. This service assists beneficiaries in locating, selecting, and sustaining housing, including transitional housing and chemical free living; provides opportunities for involvement in community life; and facilitates the individual's recovery journey.</p> <p>Service settings may vary depending on individual need and level of community integration, and may include the beneficiary's home. Services delivered in the home are intended to foster independence in the community setting and may include training in menu planning, food preparation, housekeeping and laundry, money management, budgeting, following a medication regimen, and interacting with the criminal justice system.</p>	
Additional needs-based criteria for receiving the service, if applicable (specify):	
Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.	
(Choose each that applies):	
<input checked="" type="checkbox"/>	Categorically needy (specify limits):
	Quarterly Maximum of Units: 60
<input checked="" type="checkbox"/>	Medically needy (specify limits):
	Quarterly Maximum of Units: 60
<b>Provider Qualifications</b> (For each type of provider. Copy rows as needed):	



Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Behavioral Health Agency	N/A	Certified by the Arkansas Department of Human Services, Division of Provider Services and Quality Assurance	<ul style="list-style-type: none"> <li>Enrolled as a Behavioral Health Agency in Arkansas Medicaid</li> <li>Certified by the Division of Provider Services and Quality Assurance as a Partial Hospitalization Provider.</li> <li>Cannot be on the National or State Excluded Provider List.</li> </ul> <p>Individuals who perform 1915(i) FFS Behavioral Health Services must Work under the direct supervision of a mental health professional.</p> <p>Successfully complete and document courses of initial training and annual re-training sufficient to perform all tasks assigned by the mental health professional.</p>

**Verification of Provider Qualifications** (For each provider type listed above. Copy rows as needed):

Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Behavioral Health Agency	Department of Human Services, Division of Provider Services and Quality Assurance	Behavioral Health Agencies must be re-certified every 3 years as well as maintain national accreditation. Behavioral Health Agencies are required to have yearly on-site inspections of care (IOCs).

**Service Delivery Method.** (Check each that applies):

<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed
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**Service Specifications** (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):

Service Title:	Peer Support
Service Definition (Scope):	
<p>Peer Support is a consumer centered service provided by individuals (ages 18 and older) who self-identify as someone who has received or is receiving behavioral health services and thus is able to provide expertise not replicated by professional training. Peer providers are trained and certified peer specialists who self-identify as being in recovery from behavioral health issues. Peer support is a service to work with beneficiaries to provide education, hope, healing, advocacy, self-responsibility, a meaningful role in life, and empowerment to reach fullest potential. Specialists will assist with navigation of multiple systems (housing, supportive employment, supplemental benefits, building/rebuilding natural supports, etc.) which impact beneficiaries' functional ability. Services are provided on an individual or group basis, and in either the beneficiary's home or community environment.</p>	

Additional needs-based criteria for receiving the service, if applicable (*specify*):

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

(Choose each that applies):

<input checked="" type="checkbox"/>	Categorically needy ( <i>specify limits</i> ):
	Yearly Maximum of Units: 120
<input checked="" type="checkbox"/>	Medically needy ( <i>specify limits</i> ):
	Yearly Maximum of Units: 120

**Provider Qualifications** (For each type of provider. Copy rows as needed):

Provider Type (Specify):	License (Specify):	Certification (Specify):	Other Standard (Specify):
Behavioral Health Agency	N/A	Certified by the Arkansas Department of Human Services, Division of Provider Services and Quality Assurance	<ul style="list-style-type: none"> <li>Enrolled as a Behavioral Health Agency in Arkansas Medicaid</li> <li>Certified by the Division of Provider Services and Quality Assurance as a Partial Hospitalization Provider.</li> <li>Cannot be on the National or State Excluded Provider List.</li> </ul> <p>Individuals who perform 1915(i) FFS Behavioral Health Services must Work under the direct supervision of a mental health professional.</p> <p>Successfully complete and document courses of initial training and annual re-training sufficient to perform all tasks assigned by the mental health professional.</p>

**Verification of Provider Qualifications** (For each provider type listed above. Copy rows as needed):

Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Behavioral Health Agency	Department of Human Services, Division of Provider Services and Quality Assurance	Behavioral Health Agencies must be re-certified every 3 years as well as maintain national accreditation. Behavioral Health Agencies are required to have yearly on-site inspections of care (IOCs).

**Service Delivery Method.** (Check each that applies):

<input type="checkbox"/>	Participant-directed	<input checked="" type="checkbox"/>	Provider managed
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**Service Specifications** (Specify a service title for the HCBS listed in Attachment 4.19-B that the state plans to cover):

**Service Title:** Aftercare Recovery Support

**Service Definition (Scope):**

A continuum of care provided to recovering individuals living in the community based on their level of need. This service includes educating and assisting the individual with accessing supports and services needed. The service assists the recovering individual to direct their resources and support systems. Activities include training to assist the person to learn, retain, or improve specific job skills, and to successfully adapt and adjust to a particular work environment. This service includes training and assistance to live in and maintain a household of their choosing in the community. In addition, transitional services to assist individuals adjust after receiving a higher level of care. The goal of this service is to promote and maintain community integration.

**Additional needs-based criteria for receiving the service, if applicable (specify):**

Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration and scope than those services available to a medically needy recipient, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

*(Choose each that applies):*

**Categorically needy (specify limits):**

Yearly Maximum of Units: 292

**Medically needy (specify limits):**

Yearly Maximum of Units: 292

**Provider Qualifications** (For each type of provider. Copy rows as needed):

<b>Provider Type</b> (Specify):	<b>License</b> (Specify):	<b>Certification</b> (Specify):	<b>Other Standard</b> (Specify):
Behavioral Health Agency	N/A	Certified by the Arkansas Department of Human Services, Division of Provider Services and Quality Assurance	<ul style="list-style-type: none"> <li>Enrolled as a Behavioral Health Agency in Arkansas Medicaid</li> <li>Certified by the Division of Provider Services and Quality Assurance as a Partial Hospitalization Provider.</li> <li>Cannot be on the National or State Excluded Provider List.</li> </ul> <p>Individuals who perform 1915(i) FFS Behavioral Health Services must Work under the direct supervision of a mental health professional.</p> <p>Successfully complete and document courses of initial training and annual re-training sufficient to perform all tasks assigned by the mental health professional.</p>

**Verification of Provider Qualifications** (For each provider type listed above. Copy rows as needed):

Provider Type (Specify):	Entity Responsible for Verification (Specify):	Frequency of Verification (Specify):
Behavioral Health Agency	Department of Human Services, Division of Provider Services and Quality Assurance	Behavioral Health Agencies must be re-certified every 3 years as well as maintain national accreditation. Behavioral Health Agencies are required to have yearly on-site inspections of care (IOCs).

**Service Delivery Method.** (Check each that applies):

<input type="checkbox"/> Participant-directed	<input checked="" type="checkbox"/> Provider managed
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