

PROPOSED

Attachment 2.2-A
Page 28

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency	Citation (s)	Groups Covered
DCO	1935(a) and 1902(a)(66) 42 CFR 423.774 and 423.904	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act for those individuals who specifically request a state determination. 1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act; 2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined; 3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.

TN No. _____ Approval Date _____ Effective Date July 1, 2005

Supersedes

TN No. _____

PROPOSED

Attachment 3.1-A.1
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

MEDICAID PROGRAM: REQUIREMENTS RELATING TO
COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

Citation (s)	Provision (s)
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

TN No. _____
Supersedes _____ Approval Date _____ Effective Date January 1, 2006

TN No. _____

PROPOSED

Attachment 3.1-A.1
Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

**MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED
OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY**

Citation (s)	Provision (s)
1927(d)(2) and 1935(d)(2)	1. The Medicaid agency provides coverage, to the same extent that it provides coverage for all Medicaid recipients, for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses – with the exception of those covered by Part D plans as supplemental benefits through enhanced alternative coverage as provided in 42 CFR §423.104 (f) (1) (ii) (A) – to full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D.
42 CFR §423.104 (f) (1) (ii) (A)	— The following excluded drugs are covered: ☒ (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below) ☐ (b) agents when used to promote fertility (see specific drug categories below) ☐ (c) agents when used for cosmetic purposes or hair growth (see specific drug categories below) ☒ (d) agents when used for the symptomatic relief cough and colds ☒ (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride ☒ (f) nonprescription drugs

TN No. _____
Supersedes _____
TN No. _____

Approval Date _____ Effective Date January 1, 2006

PROPOSED

Attachment 3.1.A.1
Page 3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

Citation (s)	Provision (s)
1927(d)(2) and 1935(d)(2)	☐ (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)
	☒ (h) barbiturates
	☒ (i) benzodiazepines
	(The Medicaid agency lists specific category of drugs below)

No excluded drugs are covered.

TN No. _____
Supersedes
TN No. _____

Approval Date _____ Effective Date January 1, 2006

PROPOSED

Attachment 3.1-B.1
Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

MEDICAID PROGRAM: REQUIREMENTS RELATING TO
COVERED OUTPATIENT DRUGS FOR THE MEDICALLY NEEDY

Citation (s)	Provision (s)
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

TN No. _____
Supersedes _____ Approval Date _____ Effective Date January 1, 2006
TN No. _____

PROPOSED

Attachment 3.1-B.1
Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED
OUTPATIENT DRUGS FOR THE MEDICALLY NEEDY

Citation (s)	Provision (s)
1927(d)(2) and 1935(d)(2)	1. The Medicaid agency provides coverage, to the same extent that it provides coverage for all Medicaid recipients, for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses – with the exception of those covered by Part D plans as supplemental benefits through enhanced alternative coverage as provided in 42 CFR §423.104 (f) (1) (ii) (A) – to full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D.
42 CFR §423.104 (f) (1) (ii) (A)	— The following excluded drugs are covered: ☒ (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below) ☐ (b) agents when used to promote fertility (see specific drug categories below) ☐ (c) agents when used for cosmetic purposes or hair growth (see specific drug categories below) ☒ (d) agents when used for the symptomatic relief cough and colds ☒ (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride ☒ (f) nonprescription drugs

TN No. _____
Supersedes
TN No. _____

Approval Date _____ Effective Date January 1, 2006

PROPOSED

Attachment 3.1-B.1
Page 3

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED
OUTPATIENT DRUGS FOR THE MEDICALLY NEEDY

Citation (s)	Provision (s)
1927(d)(2) and 1935(d)(2)	☐ (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)
	☒ (h) barbiturates
	☒ (i) benzodiazepines
	(The Medicaid agency lists specific category of drugs below)

☐ **No excluded drugs are covered.**

TN No. _____
Supersedes _____
TN No. _____

Approval Date _____ Effective Date January 1, 2006