

**Statement of Necessity and Rule Summary**  
**ARKids-4-18, Domiciliary Care-1-18, Section I-5-18, Section III-4-18, and**  
**State Plan Amendment #2019-001**

**Why is this change necessary? Please provide the circumstances that necessitate the change.**

A Domiciliary Care claims report dated 12/5/18 indicated that Medicaid does not have any active providers currently enrolled. Because this optional program is not routinely used through Medicaid, the Division of Medical Services (DMS) has determined that it should be removed from the Arkansas Medicaid State Plan and all corresponding rules, regulations and policy rescinded as of 12/1/19.

**What is the change? Please provide a summary of the change.**

The proposed effective date for these rules is 12/1/19. The rules revisions will be as follows:

- Remove the optional Domiciliary Care service from the Arkansas Medicaid State Plan
- Remove the optional Domiciliary Care service from Sections I and III of all Arkansas Medicaid manuals (these sections appear in every Arkansas Medicaid manual)
- Remove the optional Domiciliary Care service from the ARKids Manual
- Repeal the Domiciliary Care Manual in its entirety
- Updating program names

This draft is a working document. All information contained herein is subject to change and may differ substantially from the final document. The information contained in this document should not be considered the position or views of the agency or the Governor.

There will be a co-payment for Medicaid-covered services, as listed below, for WD eligibles, whose gross income is equal to greater than 100% of the Federal Poverty Level.

| PROGRAM SERVICES  | “New” COPAYMENT  |
|---|--|
| <del>Alternatives for Adults with Physical Disabilities (AAPD) Waiver Services</del>                      | <del>None</del>  |
| <del>Adult Developmental Day Treatment</del>  | <del>\$10 per day</del>                                  |
| Ambulance   | \$10 per trip  |
| Ambulatory Surgical Center  | \$10 per visit   |
| Audiology Services  | \$10 per visit   |
| Augmentative Communication Devices  | 10% of the Medicaid maximum allowable amount             |
| <del>Child Health Management Services (not covered for age 21 and over)</del>                             | <del>\$10 per day</del>                                  |
| Chiropractor  | \$10 per visit   |
| Dental (very limited benefits for individuals age 21 and over)  | \$10 per visit (no co-pay on EPSDT dental screens)       |
| <del>Developmental Disability Treatment Center Services</del>   | <del>\$10 per day</del>                                  |
| Diapers, Underpads and Incontinence Supplies  | None   |
| <del>Domiciliary Care</del>   | <del>None</del>  |
| Durable Medical Equipment (DME)   | 20% of Medicaid maximum allowable amount per DME item    |
| <del>Early Intervention Day Treatment (not covered for age 21 and over)</del>                             | <del>\$10 per day</del>                                  |
| Emergency Department Services: Emergency Services   | \$10 per visit   |
| Non-emergency   | \$10 per visit   |
| End Stage Renal Disease Services  | None   |
| Early and Periodic Screening, Diagnosis and Treatment (EPSDT) (not available for individuals over age 21) | None   |
| Eyeglasses  | None   |
| Family Planning Services  | None   |
| Federally Qualified Health Center (FQHC)  | \$10 per visit   |
| Hearing Aids (not covered for individuals age 21 and over)  | 10% of Medicaid maximum allowable amount                 |
| Home Health Services  | \$10 per visit   |
| Hospice   | None   |
| Hospital: Inpatient   | 25% of 1 <sup>st</sup> inpatient day (Medicaid per diem) |
| Outpatient  | \$10 per visit   |
| Hyperalimentation   | 10% of Medicaid maximum                                  |

|                      |                  |
|----------------------|------------------|
|                      | allowable amount |
| Immunizations        | None             |
| Laboratory and X-Ray | \$10 per visit   |
| Medical Supplies     | None             |

MARKUP

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT  
3.1-A  
Page 9b

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised:  
December 1, 2019~~March 1,~~

2000

CATEGORICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(4) Volunteer Transportation

Volunteer carriers are reimbursed for providing transportation to recipients to medical services provided the carriers are registered by the Arkansas Department of Human Services and Medical Services and the medical services are part of the case plan. A General Relief check is issued by local Human Services staff for payment of Medicaid transportation if a licensed carrier is not available.

These services may be billed once per day, per recipient for a maximum of 300 miles per day. The benefit limit does not apply to EPSDT recipients.

~~(5) Domiciliary Care The cost of meals, lodging and transportation en route to and from medical care.~~

~~e.b.~~ Services of Christian Science Nurses - Not Provided.

~~d.c.~~ Care and services provided in Christian Science sanatoria - Not Provided.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ATTACHMENT

3.1-B

Page 8c

MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: ~~2001~~ August 1,  
December 1, 2019

MEDICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(4) Volunteer Transportation

Volunteer carriers are reimbursed for providing transportation to recipients to medical services provided the carriers are registered by the Arkansas Department of Human Services and Medical Services and the medical services are part of the case plan. A General Relief check is issued by local Human Services staff for payment of Medicaid transportation if a licensed carrier is not available.

These services may be billed once per day, per recipient for a maximum of 300 miles per day. The benefit limit does not apply to EPSDT recipients.

~~(5) Domiciliary Care The cost of meals, lodging and transportation en route to and from medical care.~~

~~e.b.~~ Services of Christian Science Nurses - Not Provided.

~~d.c.~~ Care and services provided in Christian Science sanatoria - Not Provided.

~~e.d.~~ Nursing facility services provided for patients under 21 years of age - Not Provided.

~~f.e.~~ Emergency Hospital Services

Limited to immediate treatment and removal of patient to a qualifying hospital as soon as patient's condition warrants.

MARKUP

State: ARKANSAS

| Citation           | Condition or Requirement   |
|--------------------|--|
| 1905(t)            | <p>The following PCCM exempt services do not require PCP authorization:</p> <p>Dental Services</p> <p>Emergency hospital care</p> <p><del>DDS Alternative Community Services</del> <u>Developmental Disabilities Services Community and Employment Support</u></p> <p>Family Planning</p> <p>Anesthesia</p> <p>Alternative Waiver Programs</p> <p><u>Adult</u> Developmental Day Treatment <del>Services Core</del> Services only</p> <p>Disease Control Services for Communicable Diseases</p> <p><del>Domiciliary care</del></p> <p>ARChoices waiver services</p> <p>Gynecological care</p> <p>Inpatient Hospital admissions on the effective date of PCP enrollment or on the day after the effective date of PCP enrollment</p> <p>Mental health services as follows:</p> <ol style="list-style-type: none"> <li>Psychiatry for services provided by a psychiatrist enrolled in Arkansas Medicaid and practice as an individual practitioner</li> <li><del>Rehabilitative services for persons with mental illness aged 21 or older or for specified procedures for persons under age 21</del></li> <li>Rehabilitative Services for Youth and Children</li> </ol> <p>Nurse Midwife services</p> <p>ICF/IID services</p> <p>Nursing Facility services</p> <p>Hospital non-emergency or outpatient clinic services on the effective date of PCP enrollment or on the day after the effective date of PCP enrollment.</p> <p>Ophthalmology and Optometry services</p> <p>Obstetric (antepartum, deliver and postpartum) services</p> <p>Pharmacy</p> <p>Physician Services for inpatients acute care.</p> <p>Transportation</p> <p>Sexual Abuse Examination.</p> <p>Targeted case management provided by the Division of Youth Services or the Division of Children and Family services under an interagency agreement with the Division of Medical Services.</p> |
| 1932 (a)(1)(A)(ii) | <p>M. <u>Selective contracting under a 1932 state plan option</u></p> <p>To respond to items #1 and #2, place a check mark. The third item requires a brief narrative.</p>   |

State: ARKANSAS

| Citation                               | Condition or Requirement  |
|--|---|
|  | 4. Describe any additional circumstances of “cause” for disenrollment (if any).   |
|  | K. <u>Information requirements for beneficiaries</u><br><br>Place a check mark to affirm state compliance.  |
| 1932(a)(5)<br>CFR 438.50<br>CFR 438.10 | <u>X</u> The state assures that its state plan program is in compliance with 42 CFR 42 438.10(i) for information requirements specific to MCOs and PCCM programs 42 operated under section 1932(a)(1)(A)(i) state plan amendments. (Place a check mark to affirm state compliance.)   |
| 1932(a)(5)(D)<br>1905(t)               | L. <u>List all services that are excluded for each model (MCO &amp; PCCM)</u><br><br>The following PCCM exempt services do not require PCP authorization:<br>Dental Services<br>Emergency hospital care<br><del>DDS Alternative Community Services</del> <u>Developmental Disabilities Services</u><br><u>Community and Employment Support</u><br>Family Planning Anesthesia<br>Alternative Waiver Programs<br><del>Developmental Day Treatment Services</del> <u>Adult Developmental Day</u><br><u>Treatment</u> Core Services only<br>Disease Control Services for Communicable Diseases<br><del>Domiciliary care</del><br>ARChoices waiver services<br>Gynecological care<br>Inpatient Hospital admissions on the effective date of PCP enrollment or on the day after the effective date of PCP enrollment<br>Mental health services as follows:<br>a. Psychiatry for services provided by a psychiatrist enrolled in Arkansas Medicaid and practice as an individual practitioner<br>b. <del>Rehabilitative services for persons with mental illness aged 21 or older or for specified procedures for persons under age 21</del><br>c. Rehabilitative Services for Youth and Children Nurse<br>Midwife services<br>ICF/IID Services<br>Nursing Facility services<br>Hospital non-emergency or outpatient clinic services on the effective date of PCP enrollment or on the day after the effective date of PCP enrollment.<br>Ophthalmology and Optometry services<br>Obstetric (antepartum, deliver and postpartum) services<br>Pharmacy<br>Physician Services for inpatients acute care.<br>Transportation |



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS  
METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

ATTACHMENT 4.19-B  
Page 8aaaa

Revised: ~~December 1,~~  
2001 December 1, 2019

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(4) Non-Emergency (Continued)

(b) Non-Public Transportation

Effective for dates of service on or after December 1, 2001, Non-Public Transportation Services reimbursement is based on the lesser charges or the Title XIX maximum allowable. The Title XIX maximum is based on the Internal Revenue Service (IRS) reimbursement for private mileage in a business setting, plus an additional allowance for the cost of the driver. The standard mileage private reimbursement is compliant to the 1997 Standard Federal Tax Report, paragraph #8540.011. The calculation of the additional allowance for the cost of the driver is based on the minimum wage per hour, plus 28% of salaries (minimum wage) for fringe benefits, plus a fixed allowance of \$2.11 for the provider's overhead and billings, divided by 30 (average number of miles per trip). The average number of miles was determined by utilizing data from SFY 1996 and dividing the number of miles per trip by the number of trips made.

The State Agency will negotiate with the affected provider group representatives should recipients access become an issue.

(5) Volunteer Transportation: Amount of payment is agreed on by County Human Services Office and the Carrier. Medicaid reimburses the County Human Services Office for the agreed amount.

The rate of reimbursement equals the amount of travel reimbursement per mile for a state employee. Medicaid reimbursement will not be made for services provided free of charge.

~~(6) Domiciliary Care: Fixed price set by Assistant Director, Division of Medical Services, based on reasonable cost. The provider submits a statement of expenses, i.e. salaries, repairs, supplies, rent, etc. for their past fiscal year. These costs are reviewed by the State's auditors for reasonableness. These costs are reviewed annually and adjusted if necessary, therefore, an inflation factor is not applied.~~

~~The cost of meals and lodging are provided only when necessary in connection with transportation of a recipient to and from medical care.~~