

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2009-002	2. STATE ARKANSAS
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE August 1, 2009	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.170		7. FEDERAL BUDGET IMPACT: a. FFY 2009 \$ 7,866.00 b. FFY 2010 \$145,516.00	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 7i <i>Attachment 3.1-B, 8 + 8aa</i> <i>Attachment 3.1-A, Pgs. 8A + 8g</i>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same, Approved 12-20-01, TN 01-39 <i>Same, Approved 12-10-01 (TN 01-39)</i> <i>Same, Approved 9-12-91 + 12-10-01 (TNs 92-04</i> <i>+ 01-39)</i>	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to include coverage of the Pressure Support Ventilator.			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>Mike R. Jeffus</i>		16. RETURN TO: Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attention: Carolyn Patrick	
13. TYPED NAME: Mike R. Jeffus			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: June 2, 2009			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <i>2 June, 2009</i>		18. DATE APPROVED: <i>31 August, 2009</i>	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <i>1 August, 2009</i>		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Bill Brooks</i>	
21. TYPED NAME: <i>Bill Brooks</i>		22. TITLE: <i>Associate Regional Administrator</i> <i>Div of Medicaid & Children's Health</i>	
23. REMARKS: <i>* Pen & Ink Change made with submission of additional</i> <i>pages per state's E-mail dated 8-26-2009.</i>			

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

ATTACHMENT 4.19-B
Page 7i

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: August 1, 2009

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by a qualified provider (in accordance with section 1920 of the Act.)
- Reimbursement for these services is described in Attachment 4.19-B, e.g. outpatient hospital, physician services, etc.
22. Respiratory care services (in accordance with section 1920(e)(9)(A) through (C) of the Act).
1. See reimbursement methodology for respiratory therapy services for ventilator-dependent recipients under age 21 on Attachment 4.19-B, Page 1j.
 2. Ventilator equipment - Reimbursement is based on the lower of the amount billed or the Title XIX maximum charge allowed.
- The Title XIX maximum is based on the following:
- (a) The **volume control** ventilator and accessories are based on the LP-6 manufacturer's price (Aequitron Medical - October 1, 1986) for new equipment and 75% of the LP-6 manufacturer's price (Aequitron Medical - October 1, 1986) for used equipment.
 - (b) The suction pump is based on Medicare's rate in effect in August 1987 for new equipment. Used equipment is based on 75% of Medicare's rate.
 - (c) The negative pressure ventilator and accessories are based on the manufacturer's price plus 10% for the maintenance, delivery, set up, emergency call, 24/hr/day, 7 day/week availability.
 - (d) The oxygen concentrator, liquid oxygen, liquid oxygen walker and reservoir, hospital bed and nebulizer are based on the DME Fiscal Year 1981 Medicare median.
 - (e) The ventilator supplies are based on the manufacturer's price.
 - (f) **The pressure support ventilator is based on the 2007 Medicare rate.**
- The reimbursement methodology includes a provision for adjustments based on **legislative committee review, as required.**

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>6-2-09</u>	
DATE APP'D	<u>8-31-09</u>	
DATE EFF	<u>8-1-09</u>	
HOTA 179	<u>09-02</u>	

SUPERSEDES: TN- 01-39

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

ATTACHMENT 3.1-A
Page 8g

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: August 1, 2009

CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with Section 1920 of the Act).

Services are limited to the same benefit limits as other pregnancy-related services, i.e., outpatient hospital, physician, lab and X-ray, etc.

22. Respiratory care services (in accordance with Section 1902(e)(9)(A) through (C) of the Act).

Respiratory care for ventilator-dependent individuals means services that are not otherwise available under the State's Medicaid plan, provided on a part-time basis in the recipient's home by a respiratory therapist or other health care professional trained in respiratory therapy to an individual who---

- a. **Is medically dependent on a ventilator for life support at least 6 hours per day;**
- b. **Has been so dependent for at least a number of consecutive days (number is based on maximum number of days authorized under the State plan, whichever is less) as an inpatient in one or more hospitals, NFs, or ICFs/MR;**
- c. **Except for the availability of respiratory care services, would require respiratory care as an inpatient in a hospital, NF, or ICF/MR and would be eligible to have payment made for inpatient care under the State plan;**
- d. **Has adequate social support services to be cared for at home;**
- e. **Wishes to be cared for at home; and**
- f. **Receives services under the direction of a physician who is familiar with the technical and medical components of home ventilator support, and who has medically determined that in-home care is safe and feasible for the individual.**

1. Ventilator Equipment (i.e., ventilator, suction pump, oxygen concentrator, liquid oxygen, liquid oxygen walker and reservoir, ventilator supplies and hospital bed) including 24-hour availability of respiratory therapy and equipment maintenance, with prior authorization.
2. **Respiratory therapy/treatment services for ventilator-dependent recipients under age 21, with prior authorization.**

SUPERSEDES: TPL 01-39

STATE <u>Arkansas</u>	A
DATE REC'D <u>6-2-09</u>	
DATE APP'VD <u>8-31-09</u>	
DATE EFF <u>8-1-09</u>	
HOTA 179 <u>09-02</u>	

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

ATTACHMENT 3.1-B
Page 8aa

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

MEDICALLY NEEDED

Revised:

August 1, 2009

22. Respiratory care services (in accordance with Section 1902(e)(9)(A) through (C) of the Act).

Respiratory care for ventilator-dependent individuals means services that are not otherwise available under the State's Medicaid plan, provided on a part-time basis in the recipient's home by a respiratory therapist or other health care professional trained in respiratory therapy to an individual who---

- a. Is medically dependent on a ventilator for life support at least 6 hours per day;
 - b. Has been so dependent for at least a number of consecutive days (number is based on maximum number of days authorized under the State plan, whichever is less) as an inpatient in one or more hospitals, NFs, or ICFs/MR;
 - c. Except for the availability of respiratory care services, would require respiratory care as an inpatient in a hospital, NF, or ICF/MR and would be eligible to have payment made for inpatient care under the State plan;
 - d. Has adequate social support services to be cared for at home;
 - e. Wishes to be cared for at home; and
 - f. Receives services under the direction of a physician who is familiar with the technical and medical components of home ventilator support, and who has medically determined that in-home care is safe and feasible for the individual.
1. Ventilator Equipment (i.e., ventilator, suction pump, oxygen concentrator, liquid oxygen, liquid oxygen walker and reservoir, ventilator supplies and hospital bed) including 24-hour availability of respiratory therapy and equipment maintenance, with prior authorization.
 2. Respiratory therapy/treatment services for ventilator-dependent recipients under age 21, with prior authorization.

SUPERSEDES: TN- 01-39

STATE	ARKANSAS
DATE RECD	6-2-09
DATE APPL'D	8-31-09
DATE EFF	8-1-09
HQTA 179	09-02

A

State/Territory: ARKANSASAMOUNT, DURATION AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).

☒ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☒ **Provided:** ☐ No limitations ☒ With limitations* **with Prior Authorization**

☐ Not provided.

23. Certified pediatric or family nurse practitioners' services.

☒ Provided: ☐ No limitations ☒ With limitations*

SUPERSEDES: 10-9290-03

STATE	Arkansas
DATE REC'D	6-2-09
DATE APP'VD	8-31-09
DATE EFF	8-1-09
HCFA 179	09-02

A

Revision: HCFA
May 1994
Revised: August 1, 2009

ATTACHMENT 3.1-B
Page 8

State/Territory: ARKANSAS

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): ALL

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

- ☒ **Provided:** ☐ No limitations ☒ With limitations* **with Prior Authorization**
☐ Not provided.

SUPERSEDES: TN- 94-12

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>6-2-09</u>	
DATE APP'D	<u>8-31-09</u>	
DATE EFF	<u>8-1-09</u>	
HCFA 179	<u>09-02</u>	