

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS**  
**WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE**

DEPARTMENT/AGENCY Department of Human Services  
DIVISION Division of Medical Services  
DIVISION DIRECTOR Eugene Gessow  
CONTACT PERSON Jean Hecker  
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NAME OF PRESENTER AT COMMITTEE MEETING Jeff Wood  
PRESENTER E-MAIL jeffrey.wood@arkansas.gov

**INSTRUCTIONS**

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis  
Administrative Rules Review Section  
Arkansas Legislative Council  
Bureau of Legislative Research  
One Capitol Mall, 5<sup>th</sup> Floor  
Little Rock, AR 72201

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- 1. What is the short title of this rule?  
  
Amendment to ARKids-B 1115 Demonstration Waiver
- 2. What is the subject of the proposed rule?  
  
To add substance abuse treatment services to ARKids First-B demonstration waiver's benefit package.
- 3. Is this rule required to comply with a federal statute, rule, or regulation? Yes \_\_\_ No X .  
If yes, please provide the federal rule, regulation, and/or statute citation.
- 4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?  
Yes \_\_\_ No X .  
  
If yes, what is the effective date of the emergency rule?  
  
When does the emergency rule expire?  
  
Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes \_\_\_ No \_\_\_.

5. Is this a new rule? Yes \_\_\_ No X If yes, please provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes \_\_\_ No X If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes X No \_\_\_ If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."

6. Cite the state law that grants the authority for this proposed rule? If codified, please give Arkansas Code citation.

Arkansas Statute 20-76-201

7. What is the purpose of this proposed rule? Why is it necessary?

The purpose of this proposed rule is to add substance abuse treatment services to the ARKids First-B demonstration waiver's benefit package. This proposed rule is necessary to allow ARKids First-B demonstration waiver's beneficiaries who need treatment related to alcohol and drug abuse problems access to these services.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

<https://www.medicaid.state.ar.us/InternetSolution/general/comment/comment.aspx>

9. Will a public hearing be held on this proposed rule? Yes \_\_\_ No X.

If yes, please complete the following:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

August 9, 2011

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

November 15, 2011

12. Do you expect this rule to be controversial? Yes \_\_\_ No X If yes, please explain.

13. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Medical associations, interested providers, and advocacy organizations. Their positions for or against is not known at this time.

**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT Department of Human Services**

**DIVISION Division of Medical Services**

**PERSON COMPLETING THIS STATEMENT Dan Adams/Sheryl Baker**

**TELEPHONE NO. 683-6504 FAX NO. 682-2480 EMAIL: sheryl.baker@arkansas.gov**

**TELEPHONE NO. 683-2734 FAX NO. 682-2480 EMAIL: dan.adams@arkansas.gov**

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE – Amendment to ARKids-B 1115 Demonstration Waiver**

1. Does this proposed, amended, or repealed rule have a financial impact?  
Yes \_\_\_\_\_ No X

2. Does this proposed, amended, or repealed rule affect small businesses?  
Yes \_\_\_\_\_ No X

If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

**Current Fiscal Year**

**Next Fiscal Year**

General Revenue \_\_\_\_\_

General Revenue \_\_\_\_\_

Federal Funds \_\_\_\_\_

Federal Funds \_\_\_\_\_

Cash Funds \_\_\_\_\_

Cash Funds \_\_\_\_\_

Special Revenue \_\_\_\_\_

Special Revenue \_\_\_\_\_

Other (Identify) \_\_\_\_\_

Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

Total \_\_\_\_\_

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.

**Current Fiscal Year**

**Next Fiscal Year**

6. What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain.

**Current Fiscal Year**

**Next Fiscal Year**

\$122,631 State  
407,673 Federal  
\$530,304 Total

(\$142,875) State  
( 347,767) Federal  
(\$490,642) Total

**The above budget impact was included in the Substance Abuse State Plan Amendment #2010-011 which was promulgated with an effective date of March 1, 2011. The impact included the additional cost to cover all children, both ARKids A and ARKids B.**

**Summary for**  
**Amendment to ARKids-B 1115 Demonstration Waiver**

*Amendment to the ARKids First-B demonstration waiver to add substance abuse treatment services to the waiver's benefit package to allow ARKids First-B beneficiaries who need treatment related to alcohol and drug abuse problems access to these services.*

**ARKids First-B Demonstration Waiver**  
**Substance Abuse Treatment Services**

The following are the Substance Abuse Treatment Services being added to the medical benefits package of the ARKids First-B demonstration waiver.

Service	Benefit Coverage and Restrictions	Prior Authorization	Co-Payment/Cost Sharing Requirement
Addiction Assessment – New Beneficiary	Medical Necessity Daily Maximum Units: 1 per episode Yearly Maximum Units without extension: 1	Psychiatrist or Physician Prescription Required No Prior Authorization Required for Service Prior Authorization Required on Extended Benefit of Services	\$10 per visit
Addiction Assessment – Established Beneficiary	Medical Necessity Daily Maximum Units: 1 per episode Yearly Maximum Units without extension: 1	Psychiatrist or Physician Prescription Required Prior Authorization Required for Service Prior Authorization Required on Extended Benefit of Services	\$10 per visit
Treatment Planning – New Beneficiary	Medical Necessity Daily Maximum Units: 1 per episode Yearly Maximum Units without extension: 1	Psychiatrist or Physician Prescription Required No Prior Authorization Required for Service Prior Authorization Required on Extended Benefit of Services	\$10 per visit
Treatment Planning – Established Beneficiary	Medical Necessity Daily Maximum Units: 1 per episode Yearly Maximum Units without extension: 1	Psychiatrist or Physician Prescription Required Prior Authorization Required for Service Prior Authorization Required on Extended Benefit of Services	\$10 per visit
Multi-Person (Family) Group Counseling	Medical Necessity Daily Maximum Units: 6 Yearly Maximum Units without extension: 48	Psychiatrist or Physician Prescription Required Prior Authorization Required for Service Prior Authorization Required on Extended Benefit of Services	\$10 per visit
Individual Counseling	Medical Necessity Daily Maximum Units: 6 Yearly Maximum Units without extension: 48	Psychiatrist or Physician Prescription Required Prior Authorization Required for Service Prior Authorization Required on Extended Benefit of Services	\$10 per visit

**PROPOSED**

ATTACHMENT A

Service	Benefit Coverage and Restrictions	Prior Authorization	Co-Payment/Cost Sharing Requirement
Group Counseling	Medical Necessity Daily Maximum Units: 6 Yearly Maximum Units without extension: 48	Psychiatrist or Physician Prescription Required Prior Authorization Required for Service Prior Authorization Required on Extended Benefit of Services	\$10 per visit
Marital/Family Counseling	Medical Necessity Daily Maximum Units: 6 Yearly Maximum Units without extension: 48	Psychiatrist or Physician Prescription Required Prior Authorization Required for Service Prior Authorization Required on Extended Benefit of Services	\$10 per visit
Medication Management	Medical Necessity Daily Maximum Units: 2 Yearly Maximum Units without extension: 12	Psychiatrist or Physician Prescription Required Prior Authorization Required for Service Prior Authorization Required on Extended Benefit of Services	\$10 per visit
Care Coordination	Medical Necessity Each beneficiary can have only 1 case manager bill per day Yearly Maximum Units without extension: 12	Psychiatrist or Physician Prescription Required Prior Authorization Required for Service Prior Authorization Required on Extended Benefit of Services	\$10 per visit

**PROPOSED**

Title XXI Allotment Neutrality Budget Template for Section 1115 Demonstrations

ATTACHMENT B

	Previous Federal Fiscal Year 2005	Federal Fiscal Year 2006	Federal Fiscal Year 2007
State's Allotment	\$ 48,661,587	\$ 43,795,428	\$ 49,307,483
Funds Carried Over From Prior Year(s)	\$ 69,227,872	\$ 81,826,046	\$ 75,968,206
<b>SUBTOTAL (Allotment + Funds Carried Over)</b>	<b>\$ 117,889,459</b>	<b>\$ 125,621,474</b>	<b>\$ 125,275,689</b>
Reallocated Funds (Redistributed or Retained that are Currently Available)	\$ 26,978,616		
<b>TOTAL (Subtotal + Reallocated funds)</b>	<b>\$ 144,868,075</b>	<b>\$ 125,621,474</b>	<b>\$ 125,275,689</b>
State's Enhanced FMAP Rate	82.33%	81.64%	81.36%
State's Enhanced FMAP Rate realized in retro claims	82.22%	82.33%	81.56%
<b>COST PROJECTIONS OF APPROVED SCHIP PLAN (Unborn children)</b>			
<b>Benefit Costs</b>			
Insurance payments			
Total Managed Care			
PMPM	\$ 364.78	\$ 395.31	\$ 318.88
Member months	15,704	19,708	20,680
Total Fee for Service	\$ 5,728,519	\$ 7,790,677	\$ 6,594,539
Total Benefit Costs (Managed Care + Fee for Service)	\$ 5,728,519	\$ 7,790,677	\$ 6,594,539
(Offsetting beneficiary cost sharing payments) (negative number)			
<b>Net Benefit Costs</b>	<b>\$ 5,728,519</b>	<b>\$ 7,790,677</b>	<b>\$ 6,594,539</b>
<b>Administration Costs</b>			
Personnel			
General administration			
Contractors/Brokers			
Claims Processing			
Outreach/marketing costs			
Other (specify)			
Total Administration Costs	\$ 1,462,069	\$ 2,269,420	\$ 1,877,404
10% Administrative Cap	\$ 636,502	\$ 865,631	\$ 732,727
Federal Title XXI Share	\$ 5,920,011	\$ 8,213,063	\$ 6,892,773
State Share	\$ 1,270,577	\$ 1,847,034	\$ 1,579,170
<b>TOTAL COSTS OF APPROVED SCHIP PLAN</b>	<b>\$ 7,190,588</b>	<b>\$ 10,060,097</b>	<b>\$ 8,471,943</b>
<b>COST PROJECTIONS FOR DEMONSTRATION PROPOSAL</b>			
<b>Benefit Costs for Demonstration Population #1 (ARKids)</b>			
Insurance payments			
Total Managed Care			
PMPM	\$51.92	\$66.98	\$70.84
Member months	1,218,766	704,061	1,014,427
Total Fee for Service	\$ 63,272,502	\$ 47,155,490	\$ 71,857,739
Total Benefit Costs (Managed Care + Fee for Service)	\$ 63,272,502	\$ 47,155,490	\$ 71,857,739
<b>Benefit Costs for Demonstration Population #2 (HIFA)</b>			
Insurance payments			
Total Managed Care			
PMPM		\$ -	\$ 89.29
Member months	0	0	1,698
Total Fee for Service	\$ -	\$ -	\$ 151,608
Total Benefit Costs (Managed Care + Fee for Service)	\$ -	\$ -	\$ 151,608
Total Benefit Costs (For All Demonstration Populations)	\$ 63,272,502	\$ 47,155,490	\$ 72,009,347
(Offsetting beneficiary cost sharing payments) (negative number)			
<b>Net Benefit Costs</b>	<b>\$ 63,272,502</b>	<b>\$ 47,155,490</b>	<b>\$ 72,009,347</b>
<b>Administration Costs</b>			
Total Administration Costs	\$ 6,204,711	\$ 3,178,843	\$ 3,930,911
10% Administrative Cap	\$ 7,030,278	\$ 5,239,499	\$ 8,001,039
Federal Title XXI Share	\$ 52,020,696	\$ 38,823,067	\$ 58,728,489
State Title XXI Share	\$ 17,456,517	\$ 11,511,266	\$ 17,211,769
<b>TOTAL COSTS FOR DEMONSTRATION</b>	<b>\$ 69,477,213</b>	<b>\$ 50,334,333</b>	<b>\$ 75,940,258</b>
<b>TOTAL TITLE XXI PROGRAM COSTS (State Plan + Demonstration)</b>	<b>\$ 76,667,801</b>	<b>\$ 60,394,430</b>	<b>\$ 84,412,201</b>
Federal Title XXI Share	\$ 63,042,029	\$ 49,653,268	\$ 68,827,543
State Title XXI Share	\$ 18,727,094	\$ 10,741,162	\$ 15,584,658
Total Federal Title XXI Funding Currently Available (Allotment + Reallocated Funds)	\$ 144,868,075	\$ 125,621,474	\$ 125,275,689
Total Federal Title XXI Program Costs (State Plan + Demonstration)	\$ 63,042,029	\$ 49,653,268	\$ 68,827,543
Unused Title XXI Funds Expiring (Allotment or Reallocated)			
Remaining Title XXI Funds to be Carried Over (Equals Available Funding - Costs - Expiring Funds)	\$ 81,826,046	\$ 75,968,206	\$ 56,448,146

Note: A Federal Fiscal Year (FFY) is October 1 through September 30.

**PROPOSED**

Cells B, C & D 8 - FMAP rates for FFY 05-07 shown are actual rates experienced, after current year and retro claims were processed
ARKids calculations are based on the actual experience. FMAP rate reflects period of service, not the period claimed. Retro claims and associated populations are displayed in the period claimed as detailed below: FFY 2005 ArKids represents retro claims Jan 2003 - Oct 2004 FFY 2006 ARKids represents retro claims from Nov 2004 - Sep 2005 FFY 2007 ARKids represents retro claims from Oct 05 - Dec 2006 FFY 2008 ARKids represents retro claims Jan 2007 - Sep 2008
Projections from March 1, 2011 forward include funding for State approved substance abuse services

Federal Fiscal Year 2008	Federal Fiscal Year 2009	Federal Fiscal Year 2010	Federal Fiscal Year 2011	Federal Fiscal Year 2012	Federal Fiscal Year 2013	Federal Fiscal Year 2014
\$ 61,489,300	\$ 133,752,696	\$ 140,775,504	\$ 90,852,696	\$ 90,852,696	\$ 90,852,696	\$ 90,852,696
\$ 56,487,700	\$ -	\$ 54,219,369	\$ 109,167,575	\$ 97,709,222	\$ 90,781,598	\$ 78,271,586
\$ 117,977,000	\$ 133,752,696	\$ 194,994,873	\$ 200,020,271	\$ 188,561,918	\$ 181,634,294	\$ 169,124,282
\$ 117,977,000	\$ 133,752,696	\$ 194,994,873	\$ 200,020,271	\$ 188,561,918	\$ 181,634,294	\$ 169,124,282
81.06%	80.97%	80.95%	79.96%	79.50%	79.50%	79.50%
81.18%	80.97%	80.95%	79.96%	79.50%	79.50%	79.50%
\$ 449.99	\$ 466.09	\$ 524.07	\$ 609.82	\$ 709.60	\$ 825.70	\$ 960.80
20,643	21,774	20,182	20,302	20,423	20,545	20,667
\$ 9,289,219	\$ 10,148,588	\$ 10,576,844	\$ 12,380,741	\$ 14,492,296	\$ 16,963,980	\$ 19,857,214
\$ 9,289,219	\$ 10,148,588	\$ 10,576,844	\$ 12,380,741	\$ 14,492,296	\$ 16,963,980	\$ 19,857,214
\$ 9,289,219	\$ 10,148,588	\$ 10,576,844	\$ 12,380,741	\$ 14,492,296	\$ 16,963,980	\$ 19,857,214
\$ 95,968	\$ 92,026	\$ 113,270	\$ 1,375,638	\$ 1,610,255	\$ 1,884,887	\$ 2,206,357
\$ 1,032,135	\$ 1,127,621	\$ 1,175,205	\$ 1,375,638	\$ 1,610,255	\$ 1,884,887	\$ 2,206,357
\$ 7,607,633	\$ 8,291,825	\$ 8,653,647	\$ 10,999,601	\$ 12,801,528	\$ 14,984,849	\$ 17,540,539
\$ 1,777,554	\$ 1,948,789	\$ 2,036,467	\$ 2,756,778	\$ 3,301,023	\$ 3,864,018	\$ 4,523,032
\$ 9,385,187	\$ 10,240,614	\$ 10,690,114	\$ 13,756,379	\$ 16,102,551	\$ 18,848,867	\$ 22,063,571
\$ 53.64	\$ 101.93	\$ 102.81	\$ 103.90	\$ 107.31	\$ 110.34	\$ 113.46
1,358,720	785,789	804,837	861,595	896,499	906,723	917,064
\$ 72,877,293	\$ 80,092,300	\$ 82,747,476	\$ 89,520,695	\$ 96,202,359	\$ 100,050,360	\$ 104,052,976
\$ 72,877,293	\$ 80,092,300	\$ 82,747,476	\$ 89,520,695	\$ 96,202,359	\$ 100,050,360	\$ 104,052,976
\$ 120.28	\$ 122.56	\$ 146.12	\$ 185.74	\$ -	\$ -	\$ -
14,857	32,483	52,236	71,370	0	0	0
\$ 1,786,948	\$ 3,980,956	\$ 7,632,887	\$ 13,256,026	\$ -	\$ -	\$ -
\$ 1,786,948	\$ 3,980,956	\$ 7,632,887	\$ 13,256,026	\$ -	\$ -	\$ -
\$ 74,664,241	\$ 84,073,256	\$ 90,380,363	\$ 102,776,721	\$ 96,202,359	\$ 100,050,360	\$ 104,052,976
\$ 74,664,241	\$ 84,073,256	\$ 90,380,363	\$ 102,776,721	\$ 96,202,359	\$ 100,050,360	\$ 104,052,976
\$ 3,670,839	\$ 3,911,751	\$ 4,954,545	\$ 11,419,636	\$ 10,689,151	\$ 11,116,707	\$ 11,561,442
\$ 8,296,027	\$ 9,341,473	\$ 10,042,263	\$ 11,419,636	\$ 10,689,151	\$ 11,116,707	\$ 11,561,442
\$ 60,608,446	\$ 68,074,115	\$ 73,162,904	\$ 82,180,266	\$ 76,480,875	\$ 79,540,036	\$ 82,722,116
\$ 17,726,634	\$ 19,910,892	\$ 22,172,004	\$ 32,016,090	\$ 30,410,635	\$ 31,627,030	\$ 32,892,302
\$ 78,335,080	\$ 87,985,007	\$ 95,334,908	\$ 114,196,356	\$ 106,891,510	\$ 111,167,067	\$ 115,614,418
\$ 87,720,267	\$ 98,225,621	\$ 106,025,022	\$ 127,952,735	\$ 122,994,061	\$ 130,015,934	\$ 137,677,989
\$ 71,198,115	\$ 79,533,327	\$ 85,827,297	\$ 102,311,049	\$ 97,780,320	\$ 103,362,709	\$ 109,454,042
\$ 16,522,152	\$ 18,692,294	\$ 20,197,725	\$ 25,641,687	\$ 25,213,741	\$ 26,653,225	\$ 28,223,946
\$ 117,977,000	\$ 133,752,696	\$ 194,994,873	\$ 200,020,271	\$ 188,561,918	\$ 181,634,294	\$ 169,124,282
\$ 71,198,115	\$ 79,533,327	\$ 85,827,297	\$ 102,311,049	\$ 97,780,320	\$ 103,362,709	\$ 109,454,042
\$ 46,778,885	\$ 54,219,369	\$ 109,167,575	\$ 97,709,222	\$ 90,781,598	\$ 78,271,586	\$ 59,670,239

**PROPOSED**



**SCHIP Budget Plan Template**  
 Demonstration Services

	2010	2011	2012	2013	2014
	Federal Fiscal Year Costs	Federal Fiscal Year Costs	Federal Fiscal Year Costs	Federal Fiscal Year Costs	Federal Fiscal Year Costs
Enhanced FMAP rate	80.95%	79.96%	79.50%	79.50%	79.50%
<b>Benefit Costs</b>					
Insurance payments					
Managed care					
per member/per month rate @ # of eligibles					
Fee for Service					
<b>Total Benefit Costs</b>	<b>\$ 90,380,363</b>	<b>\$ 102,776,721</b>	<b>\$ 96,202,359</b>	<b>\$ 100,050,360</b>	<b>\$ 104,052,976</b>
(Offsetting beneficiary cost sharing payments)					
<b>Net Benefit Costs</b>	<b>\$ 90,380,363</b>	<b>\$ 102,776,721</b>	<b>\$ 96,202,359</b>	<b>\$ 100,050,360</b>	<b>\$ 104,052,976</b>
<b>Administration Costs</b>					
Personnel					
General administration					
Contractors/Brokers (e.g., enrollment contractors)					
Claims Processing					
Outreach/marketing costs					
Other					
<b>Total Administration Costs</b>	<b>\$ 4,954,545</b>	<b>\$ 11,419,636</b>	<b>\$ 10,689,151</b>	<b>\$ 11,116,707</b>	<b>\$ 11,561,442</b>
10% Administrative Cost Ceiling	<b>\$ 10,042,263</b>	<b>\$ 11,419,636</b>	<b>\$ 10,689,151</b>	<b>\$ 11,116,707</b>	<b>\$ 11,561,442</b>
Federal Share (multiplied by enh-FMAP rate)	<b>\$ 85,827,297</b>	<b>\$ 102,311,049</b>	<b>\$ 97,780,320</b>	<b>\$ 103,362,709</b>	<b>\$ 109,454,042</b>
State Share	<b>\$ 20,197,725</b>	<b>\$ 25,641,687</b>	<b>\$ 25,213,741</b>	<b>\$ 26,653,225</b>	<b>\$ 28,223,946</b>
<b>TOTAL PROGRAM COSTS</b>	<b>\$ 106,025,022</b>	<b>\$ 127,952,735</b>	<b>\$ 122,994,061</b>	<b>\$ 130,015,934</b>	<b>\$ 137,677,989</b>

Note: The Federal Fiscal Year (FFY) runs from October 1st through September 30th.

**PROPOSED**

# Mark Up

Change their PCP selection at any time, without limitation. As part of the enrollment materials, enrollees are provided with information concerning their disenrollment rights.

**21. Benefit Package and Cost Sharing.** The State must offer an ARKIDS B benefit package that meets or exceeds a benefit package that would be approved as a benchmark or benchmark-equivalent benefit package under CHIP. The benefit package must include inpatient and outpatient hospital services, physician surgical and medical services, dental, laboratory and x-ray services, well-baby and well-child care, including age-appropriate immunizations. Enrollees in ARKIDS B are not eligible for the full range of State Medicaid services. ARKIDS B shall ensure that the financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant financial requirements and treatment limitations that are applied to substantially all medical/surgical benefits. The ARKIDS B schedule of benefits is outlined in the table below.

Co-payments and co-insurance apply for all services with the exception of immunizations, preventive health screenings, family planning, and prenatal care. The ARKIDS B schedule of co-payments and co-insurance is outlined in the following table. The annual cumulative cost sharing maximum cannot exceed 5 percent of the ARKIDS B family's income (net of State income disregards under 45 CFR 233.20(A)(4)(ii)).

Benefit/Limits	Co-Pay/Coinsurance
Ambulance (Emergency Only)	\$10 per trip
Ambulatory Surgical Center	\$10 per visit
Audiological Services (only Tympanometry, CPT procedure code 92567, when the Diagnosis is within the ICD-9-CM range of 381.0 through 382.9)	None
Certified Nurse Midwife	\$10 per visit
Chiropractor	\$10 per visit
Dental Care (Limited to routine dental care, no Orthodontia)	\$10 per visit
Durable Medical Equipment (Limited to \$500 per State Fiscal Year (SFY July 1 – June 30))	10 percent of Medicaid allowed per DME item
Emergency Dept Services (Emergent, non-emergent, assessment)	\$10 per visit
Family Planning	None
Federally Qualified Health Center (FQHC)	\$10 per visit
Home Health (10 visits per SFY)	\$10 per visit

Hospital, Inpatient (including psychiatric services except for services in an inpatient psychiatric hospital and a Psychiatric Residential Treatment Facility)	10 percent of first inpatient day
Hospital, Outpatient	\$10 per visit
Immunizations (All per protocol)	None
Laboratory and X-Ray	\$10 per visit
Medical Supplies (Limited to \$125/mo unless benefit extension is approved)	None
Mental and Behavioral Health, Outpatient	\$10 per visit
Nurse Practitioner	\$10 per visit
Physician	\$10 per visit
Podiatry	\$10 per visit
Prenatal Care	None
Prescription Drugs	\$5 per prescription (Must use generic and rebate manufacturer, if available)
Preventive Health Screenings (All per protocol)	None
Rural Health Clinic	\$10 per visit
Speech Therapy Evaluation – Four 30 minute units/SFY unless benefit extension is approved Therapy – Four 15 minute units/day unless benefit extension is approved	\$10 per visit
<u>Substance abuse treatment services (SATS) outpatient</u>	<u>\$10 per visit</u>
Vision (Eye exam, eyeglasses)	\$10 per visit (no co-pay for eyeglasses)

The following services are not covered under ARKids B.

<b>Medicaid Services not Covered for ARKids B Enrollees</b>
Audiological Services (exception: Tympanometry, CPT procedure code 92567, when the diagnosis is within the ICD-9-CM range 381.0 through 382.9)
Child Health Management Services
Developmental Day Treatment Clinic Services
Diapers, underpads and incontinence supplies
Domiciliary Care
EPSDT (All treatment services may not be provided)
End Stage Renal Disease Services