

Who is covered in Arkansas's Medicaid Program?

ELIGIBILITY GROUPS

FFS ²		QHP ^{3, 4}		MCO	
Children (0-18 years)		Newly Eligible Adults		Individuals with Serious Mental Illness (SMI)	
Current and Former Foster Care Children (Under 21)				Individuals with Intellectual or Developmental Disabilities (I/DD)	
Parents and other Caretaker Relatives					
Pregnant Women					
Aged, Blind, and Disabled Adults					
Dual Eligibles					
Undocumented Immigrants*					
Individuals with Intellectual and Developmental Disabilities					
Incarcerated Individuals**					

* Emergency Medicaid services only.
 ** In-patient hospitalizations only.

Important News

April 2016 - Governor Asa Hutchinson signed into law Arkansas Works, with the goal to implement a premium assistance program for employer-sponsored insurance, premiums for beneficiaries with incomes above 100% FPL, incentivization of timely payments and healthy behaviors, and the elimination of retroactive coverage.⁵

May 2017 - The State requested amendments to the Arkansas Works 1115 Demonstration waiver to limit income eligibility to individuals with less than or equal to 100% of the federal poverty level (FPL); institute work requirements as a condition of eligibility; eliminate the employer-sponsored insurance (ESI) premium assistance program; and implement its waiver of retroactive eligibility on or after July 1, 2017.⁶

March 2019 - A federal judge struck down the work requirements implemented in the Arkansas Works program. The state is appealing the decision.⁷



Do Medicaid health plans provide coverage?^{8, 9, 10}

YES NO

Newly eligible adults under the Affordable Care Act (expansion population) are enrolled in the Marketplace through Premium Assistance, with the following health plans participating:³

- Arkansas BlueCross BlueShield
- Arkansas Health & Wellness (Ambetter)
- Qualchoice

Arkansas implemented an MCO model through which global payments are made to Provider-Led Arkansas Shared Savings Entities (PASSEs), which serve enrollees with complex behavioral health and intellectual and developmental disabilities (I/DD) needs.

Eligibility Criteria for Specific Populations as a Percentage of the Federal Poverty Level (FPL)¹

Children: 216% Seniors & People with Disabilities: 80%
 Expansion adults: 138% Parents: 138% Pregnant women: 214%

Percentage Breakdown of Arkansas's Medicaid Population¹¹

Adults: 29% Aged: 8% Children: 44% Disabled: 18%

SECTION 1115 WAIVER

Arkansas Works

The waiver provides a federal-state partnership to implement a Premium Assistance demonstration to enroll individuals from the new adult group (expansion population) into the Marketplace; allowing collection of premiums for adults under 133% FPL. An amendment to implement work requirements was accepted in March 2018. All Arkansas Works beneficiaries from age 19 through 49 will need to complete 80 hours of community engagement activities per month, which may be fulfilled through employment, education, job skills training or community service, in order to maintain Medicaid eligibility.^{12, 13}

In March 2019, a federal judge struck down the requirements. Arkansas is appealing the decision.⁷

EFFECTIVE:
10/1/2013

APPROVAL:
9/27/2013

EXPIRATION:
12/31/2021

Arkansas' Tax Equity and Fiscal Responsibility Act (TEFRA-like)

This demonstration project serves disabled children otherwise eligible for Medicaid under Section 134 of TEFRA. Children eligible for the TEFRA-like demonstration must meet the following requirements:¹⁴

- Arkansas resident
- Disabled according to the Supplemental Security
- Income definition
- Age 18 or younger
- U.S. citizen or a qualified alien.
- Have a Social Security Number or apply for one
- Assets not exceeding \$2,000 (parental assets not considered)
- Meet the medical necessity requirement for institutional placement in a hospital, a skilled nursing facility, or an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), or who are at risk for future institutional placement

EFFECTIVE:
1/1/2003

APPROVAL:
10/12/2002

EXPIRATION:
12/31/2022

How is Arkansas meeting the needs of Medicaid enrollees?

Value-Based Healthcare Initiatives

The Arkansas Health Care Improvement Initiative implemented episode-based care delivery for six surgical bundles, four medical bundles, and four information bundles. Additionally, Arkansas is participating in the Comprehensive Primary Care Plus (CPC+) program, which is a medical home model that has two primary care practice tracks and three payment elements, including:¹⁵

- Care management fee (CMF)
- Performance-based incentive payment
- Payment under the Medicare physician fee schedule

Arkansas has a Patient-Centered Medical Home (PCMH) program, which benefits providers that meet a targeted, risk-adjusted capitation spending level and gives smaller rewards to less-efficient practices.¹⁶

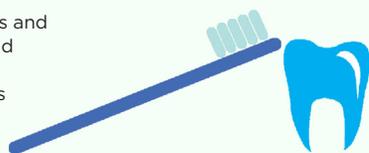


Oral Health

The Medicaid dental program was transitioned to a managed care model in 2018. Delta Dental of Arkansas and Managed Care of North America (MCNA) were selected to provide state-wide dental benefits.¹⁹

Dental care coordination is provided through the ConnectCare program. Care coordination services include:²⁰

- Providing dental information
- Finding a Medicaid dentist
- Scheduling dental appointments and needed transportation (Medicaid and ARKids First A only).
- Sending appointment reminders
- Rescheduling missed dental appointments



Cost-Sharing²²

The following copays are charged for adult Medicaid enrollees:

- 10% of first day of charges for institutional services
- \$0.50 to \$3.00 for prescription drugs



Behavioral Health²⁰

Covered behavioral health services include:

- Licensed mental health practitioner services
- School-based mental health services (SBMH) for children under 21
- Inpatient psychiatric services for children under 21



Family Planning

Medicaid will pay for family planning services for women of childbearing age, including physical exams, lab work, birth control, and information about preventing HIV and STDs.¹⁷

Family planning services are provided to teens, women, men, and couples through the Arkansas Department of Health Title X Family Planning services. The program offers physical exams and history intake, Pap test, STD (Sexually Transmitted Disease) testing and other lab tests, education, counseling, and referral.¹⁸



Long-Term Services and Supports (LTSS)

Arkansas' capitated managed care model, the PASSE program, covers home and community-based services for persons with I/DD and behavioral health conditions.

Medicaid will cover nursing home care and personal care. Personal care services assist with everyday tasks such as bathing, getting dressed, going to the bathroom and eating. Personal care services are usually provided in an enrollee's home.

The Living Choices Assisted Living program that pays for apartment-style housing for individuals who are at-risk of being placed in a nursing home or who are already in a nursing home.

The ARChoices program provides home and community-based services to adults with physical disabilities and seniors, including:²⁰

- Attendant care
- Home-delivered meals
- Personal emergency response system (PERS)
- Adult day services
- Adult day health services
- Respite care
- Environmental modifications
- Some durable medical equipment



Arkansas has a Money Follows the Person Program, which provides enhanced federal matching funds for home and community-based services, to encourage the transition of individuals living in institutions to community-based settings.²¹

Women's Health

Medicaid and ARKids First will pay for pelvic exams, pap tests, and mammograms for female beneficiaries of all ages.²³

Free-standing and birth centers are covered through a fee-for-service arrangement.^{17, 24, 25}

Arkansas Medicaid pays for over 60% of all births in the state.

Medicaid covers certified-nurse midwife services.²⁰



How is Arkansas meeting the needs of Medicaid enrollees?

Children with Special Health Care Needs²⁰

Medicaid covers 63% of children with special health care needs in Arkansas.

The Tax Equity and Fiscal Responsibility Act (TEFRA) program provides in-home care for children with disabilities under the age of 19.

Developmental Day Treatment Clinic Services (DDTCS) are provided to children with developmental disabilities such as autism, severe learning disabilities, or intellectual disabilities. Alternative Community Services (ACS) are available for children who have a developmental disability.

Children with developmental delays can receive coordinated services through the First Connections program until age 3.

Medicaid covers rehabilitation services for children under 21 with disabilities or who are in the custody or care of the Arkansas Division of Youth Services (DYS).

Some medically necessary home health care services are covered.

Medicaid/ARKids First A will pay for Child Health Management Services (CHMS) for children under 21 who have health problems or are not developing normally, which can include medical, psychological, speech and language pathology, occupational therapy, physical therapy, behavioral therapy and audiology.

Arkansas has an autism waiver that provides one-on-one, intensive early intervention treatment for beneficiaries ages 18 months through 6 years with a diagnosis of autism. Participants must meet the ICF/IID level of care. The community-based services offered include:

- Individual assessment/treatment development
- Provision of therapeutic aides and behavioral reinforcers
- Plan implementation and monitoring of intervention effectiveness
- Lead therapy intervention
- Line therapy intervention
- Consultative clinical and therapeutic services





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Timeline

Federal

Arkansas

President Johnson signs Social Security Amendments of 1965, creating Medicaid as public health program for the poor.

1965

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services are a requirement for children enrolled in Medicaid.

1967



Supplemental Security Income (SSI) program becomes Medicaid eligibility category for the elderly and persons with disabilities.

1972



1970

State of Arkansas adopts Medicaid program.²



Home and Community-Based Services (HCBS) waivers created for Long-Term Care (LTC) and Disproportional Share Hospital (DSH) payments.

1981

Children and pregnant women become mandatory Medicaid eligibility groups.

1984

Children up to age 6 and pregnant women up to 133 percent of the federal poverty level (FPL) become eligible; EPSDT benefit expanded.

1989

Mandatory eligibility extended to children ages 6 to 18 years in families up to 100 percent FPL; eligibility phased in from 1990 through 2002.

1990



Balanced Budget Act of 1997 allows Medicaid be delivered through managed care organizations; State Children's Health Insurance Program (CHIP) created; states now have option to provide coverage for uninsured children in low-income families above FPL.

1997

Olmstead decision allows expanded HCBS coverage for persons with disabilities.

1999



Arkansas launches a Health Care Payment Improvement Initiative, which expands health homes and institutes a shared-savings/ shared-risk model based on providers' average costs for episodes of care.³

Affordable Care Act (ACA) expands Medicaid eligibility to adults with incomes up to 138 percent FPL.

2010

National Federation of Independent Business v. Sebelius decision makes Medicaid expansion optional for states.

2012

2012

Arkansas is the first state to expand its Medicaid program using a Section 1115 Waiver.⁴ Under Arkansas Works, the new expansion population is enrolled in Qualified Health Plans through the Marketplace. Expansion beneficiaries will be ensured premium assistance in the exchanges-- a unique structure offered only in Arkansas.⁵

2013

ACA implementation begins.

2014

Arkansas Department of Human Services (DHS) announced the delivery of a new Arkansas Medicaid Management Information System (MMIS). Arkansas Medicaid provider enrollment, beneficiary eligibility, and claims processing.⁶

2017

36 states and the District of Columbia (DC) have expanded Medicaid since passage of the ACA.

2020

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