

STATE: ARKANSAS

Citation	Group Covered
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B. Optional Coverage Other Than the Medically Needy
(Continued)

1902(a)(10)(10)(ii) X [26]. Women who:
(XVIII) of the Act

- a. have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with the requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;
- b. are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act;
- c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
- d. have not attained age 65.

1920B of the Act ____ [27]. Women who are determined by a ‘qualified entity’ (as defined in 1920B(b) based on preliminary information, to be a woman described in 1902 (aa) the Act related to certain breast and cervical cancer patients.

The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman’s eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. _____ Approval Date: _____ Effective Date: _____

Supersedes TN No. _____



Arkansas Department of Human Services

Division of Medical Services

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OFFICIAL NOTICE

DMS-2001-W-1

TO: All Health Care Providers

DATE:

SUBJECT: New Medicaid Aid Category – Breast and Cervical Cancer Prevention and Treatment (BCCPT) – Aid Category 07

The Arkansas Department of Human Services (DHS) is adding a new Medicaid recipient aid category, Breast and Cervical Cancer Prevention and Treatment (BCCPT), **effective December 1, 2001**. Generally, eligibility may begin up to 3 months prior to the date of application, however eligibility in this category will not begin before December 1, 2001.

I. Background

The Breast and Cervical Cancer Prevention and Treatment Act of 2000 (Public Law 106-354) established the BCCPT optional aid category (category 07), which DHS has elected to cover. DHS will work in partnership with the Arkansas Department of Health to administer this program.

Applications may be made through the Arkansas Department of Health by calling toll free 1-877-670-CARE (2273) on or after December 1, 2001. Providers may refer potential eligibles to this toll free number. The DHS County Offices will not take applications for this category.

II. Summary of Eligibility Criteria

This is being provided for informational purposes only. The BCCPT category is for women who:

- A. Have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention's Breast and Cervical Cancer Early Detection Program or under the state funded screening program known as "Breast Care" and found to need treatment for breast or cervical cancer, or for a pre-cancerous condition of the breast or cervix;
- B. Are not otherwise covered under creditable coverage (e.g., a group health plan, armed forces insurance, Medicare, Medicaid, HMO plan, etc.) or such coverage does not cover the woman's breast or cervical cancer treatment;

- C. Are not eligible for Medicaid under any mandatory categorically needy eligibility group;
- D. Have not attained age 65, and
- E. To qualify to be screened under this program, the family income must be under 200% of the Federal Poverty Level. There is no resources test.

III. Medicaid Services, Limits and Requirements

Recipients in this category are eligible for the full range of Medicaid services in accordance with Medicaid guidelines. Medicaid age limits for services, Medicaid benefit rates and Medicaid benefit limitations apply. PCP requirements also apply to this category.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-1461 (voice) or at (501) 682-6789 and 1-877-708-8191 (TDD).

If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Ray Hanley, Director

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.