

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

REQUIREMENTS RELATING TO DETERMINING ELIGIBILITY FOR MEDICARE  
PRESCRIPTION DRUG LOW-INCOME SUBSIDIES

Agency	Citation (s)	Groups Covered
DCO	1935(a) and 1902(a)(66)  42 CFR 423.774 and 423.904	The agency provides for making Medicare prescription drug Low Income Subsidy determinations under Section 1935(a) of the Social Security Act for those individuals who specifically request a state determination.  <ol style="list-style-type: none"><li>1. The agency makes determinations of eligibility for premium and cost-sharing subsidies under and in accordance with section 1860D-14 of the Social Security Act;</li><li>2. The agency provides for informing the Secretary of such determinations in cases in which such eligibility is established or redetermined;</li><li>3. The agency provides for screening of individuals for Medicare cost-sharing described in Section 1905(p)(3) of the Act and offering enrollment to eligible individuals under the State plan or under a waiver of the State plan.</li></ol>

TN No. 05-05 Approval Date 11/17/05 Effective Date November 1, 2005

Supersedes

TN No. None, New Page

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

MEDICAID PROGRAM: REQUIREMENTS RELATING TO  
COVERED OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

---

Citation (s)	Provision (s)
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

---

---

TN No. \_\_\_\_\_  
Supersedes \_\_\_\_\_ Approval Date \_\_\_\_\_ Effective Date January 1, 2006

TN No. \_\_\_\_\_

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED  
OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

Citation (s)	Provision (s)
1927(d)(2) and 1935(d)(2)	1. The Medicaid agency provides coverage, to the same extent that it provides coverage for all Medicaid recipients, for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses – with the exception of those covered by Part D plans as supplemental benefits through enhanced alternative coverage as provided in 42 CFR §423.104 (f) (1) (ii) (A) – to full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D.
42 CFR §423.104(f) (1)(ii)(A)	<p>— <b>The following excluded drugs are covered:</b></p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below)</li><li><input type="checkbox"/> (b) agents when used to promote fertility (see specific drug categories below)</li><li><input type="checkbox"/> (c) agents when used for cosmetic purposes or hair growth (see specific drug categories below)</li><li><input checked="" type="checkbox"/> (d) agents when used for the symptomatic relief cough and colds</li><li><input checked="" type="checkbox"/> (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride</li><li><input checked="" type="checkbox"/> (f) nonprescription drugs</li></ul>

TN No. \_\_\_\_\_  
Supersedes  
TN No. \_\_\_\_\_

Approval Date \_\_\_\_\_ Effective Date January 1, 2006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED  
OUTPATIENT DRUGS FOR THE CATEGORICALLY NEEDY

Citation (s)	Provision (s)
1927(d)(2) and 1935(d)(2)	<input type="checkbox"/> (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)
	<input checked="" type="checkbox"/> (h) barbiturates
	<input checked="" type="checkbox"/> (i) benzodiazepines
	(The Medicaid agency lists specific category of drugs below)
	_____
	_____
	_____
	_____
	_____
	_____
	_____

     **No excluded drugs are covered.**

TN No. \_\_\_\_\_  
Supersedes \_\_\_\_\_  
TN No. \_\_\_\_\_

Approval Date \_\_\_\_\_ Effective Date January 1, 2006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

MEDICAID PROGRAM: REQUIREMENTS RELATING TO  
COVERED OUTPATIENT DRUGS FOR THE MEDICALLY NEEDY

---

Citation (s)	Provision (s)
1935(d)(1)	Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.

---

---

TN No. \_\_\_\_\_  
Supersedes \_\_\_\_\_ Approval Date \_\_\_\_\_ Effective Date January 1, 2006  
TN No. \_\_\_\_\_

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED  
OUTPATIENT DRUGS FOR THE MEDICALLY NEEDY

Citation (s)	Provision (s)
1927(d)(2) and 1935(d)(2)	1. The Medicaid agency provides coverage, to the same extent that it provides coverage for all Medicaid recipients, for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses – with the exception of those covered by Part D plans as supplemental benefits through enhanced alternative coverage as provided in 42 CFR §423.104 (f) (1) (ii) (A) – to full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit –Part D.
42 CFR §423.104(f) (1)(ii)(A)	<p>— <b>The following excluded drugs are covered:</b></p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> (a) agents when used for anorexia, weight loss, weight gain (see specific drug categories below)</li><li><input type="checkbox"/> (b) agents when used to promote fertility (see specific drug categories below)</li><li><input type="checkbox"/> (c) agents when used for cosmetic purposes or hair growth (see specific drug categories below)</li><li><input checked="" type="checkbox"/> (d) agents when used for the symptomatic relief cough and colds</li><li><input checked="" type="checkbox"/> (e) prescription vitamins and mineral products, except prenatal vitamins and fluoride</li><li><input checked="" type="checkbox"/> (f) nonprescription drugs</li></ul>

TN No. \_\_\_\_\_  
Supersedes  
TN No. \_\_\_\_\_

Approval Date \_\_\_\_\_ Effective Date January 1, 2006

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

MEDICAID PROGRAM: REQUIREMENTS RELATING TO PAYMENT FOR COVERED  
OUTPATIENT DRUGS FOR THE MEDICALLY NEEDY

Citation (s)	Provision (s)
1927(d)(2) and 1935(d)(2)	<input type="checkbox"/> (g) covered outpatient drugs which the manufacturer seeks to require as a condition of sale that associated tests or monitoring services be purchased exclusively from the manufacturer or its designee (see specific drug categories below)
	<input checked="" type="checkbox"/> (h) barbiturates
	<input checked="" type="checkbox"/> (i) benzodiazepines
	(The Medicaid agency lists specific category of drugs below)
	_____
	_____
	_____
	_____
	_____
	_____
	_____

     **No excluded drugs are covered.**

TN No. \_\_\_\_\_  
Supersedes \_\_\_\_\_  
TN No. \_\_\_\_\_

Approval Date \_\_\_\_\_ Effective Date January 1, 2006