

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

ATTACHMENT 3.1-A  
Page 1j

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: April 4, 2008

CATEGORICALLY NEEDY

4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(4) RESERVED (

(5) Private Duty Nursing to enhance the effectiveness of ventilator or tracheotomy equipment treatment for ventilator dependent beneficiaries or high technology non-ventilator beneficiaries

Enrolled providers are Private Duty Nursing Agencies licensed by Arkansas Department of Human Services, Division of Health. Services are provided by Registered Nurses or Licensed Practical Nurses licensed by the Arkansas State Board of Nursing.

- A. Ventilator Dependent Beneficiaries or
- B. High Technology Non-Ventilator Dependent Beneficiaries

Beneficiaries under age 21 to receive PDN Nursing Services must require constant supervision, visual assessment and monitoring of both equipment and patient.

Services are limited to eligible Medicaid beneficiaries in the EPSDT Program. Private duty nursing services for non-ventilator dependent beneficiaries include patients requiring at least two of the following services:

- (1) Intravenous Drugs (e.g. chemotherapy, pain relief or prolonged IV antibiotics)
- (2) Hyperalimentation - parenteral or enteral
- (3) Respiratory - Tracheostomy or Oxygen Supplementation
- (4) Total Care Support for ADLs and close patient monitoring

These services require prior authorization. Services may be provided in the beneficiaries' home, a Division of Developmental Disabilities (DDS) community provider facility or a public school. (Home does not include an institution.) Prior authorization is required. Private duty nursing medical supplies are limited to a maximum reimbursement of \$80.00 per month, per beneficiary. With substantiation, the maximum reimbursement may be extended.

SUPERSEDES: TN- 06-16

STATE	<u>Arkansas</u>
DATE REC'D	<u>6-11-08</u>
DATE APPROV'D	<u>8-18-08</u>
DATE EFF	<u>4-4-08</u>
HCFA 179	<u>07-21</u>

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AMOUNT, DURATION AND SCOPE OF  
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CATEGORICALLY NEEDY

7. Home Health Services (Continued)

7.c. Medical supplies, equipment, and appliances suitable for use in the home. (Continued)

(5) Diapers/Underpads

Diapers/underpads are limited to \$130.00 per month, per beneficiary. The \$130.00 benefit limit is a combined limit for diapers/underpads provided through the Prosthetics Program and Home Health Program. The benefit limit may be extended with proper documentation. Only patients with a medical diagnosis other than infancy which results in incontinence of the bladder and/or bowel may receive diapers. This coverage does not apply to infants who would otherwise be in diapers regardless of their medical condition. Providers cannot bill for underpads/diapers if a beneficiary is under the age of three years.

7.d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitative facility.

Physical therapists must meet the requirements outlined in 42 CFR 440.110(a).

Services under this item are limited to physical therapy when provided by a home health agency and prescribed by a physician. Effective for dates of service on or after October 1, 1999, individual and group physical therapy are limited to four (4) units per day. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limits will be provided if medically necessary for eligible Medicaid recipients under age 21.

8. Private Duty Nursing to enhance the effectiveness of ~~ventilator or tracheotomy equipment~~

~~treatment for ventilator-dependent beneficiaries or non-ventilator dependent tracheotomy beneficiaries~~

Enrolled providers are Private Duty Nursing Agencies licensed by Arkansas Department of Human Services, Division of Health. Services are provided by Registered Nurses or Licensed Practical Nurses licensed by the Arkansas State Board of Nursing.

Services are covered for Medicaid-eligible beneficiaries age 21 and over when determined medically necessary and prescribed by a physician.

Beneficiaries 21 and over to receive PDN Nursing Services must require constant supervision, visual assessment and monitoring of both equipment and patient. In addition the beneficiary must be:

- A. Ventilator dependent (invasive) or
- B. Have a functioning trach requiring:
  1. suctioning and
  2. oxygen supplementation and
  3. receiving Nebulizer treatments or require Cough Assist / inxsufflator devices.

SUPERSEDES: TN- 06-16

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

ATTACHMENT 3.1-B  
Page 2i

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: April 4, 2008

MEDICALLY NEEDY

4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(4) RESERVED

(5) Private Duty Nursing to enhance the effectiveness of ventilator or tracheotomy equipment  
~~treatment for ventilator-dependent beneficiaries or high technology non-ventilator beneficiaries~~  
Enrolled providers are Private Duty Nursing Agencies licensed by Arkansas Department of Human Services, Division of Health. Services are provided by Registered Nurses or Licensed Practical Nurses licensed by the Arkansas State Board of Nursing.

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per state request  
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- A. Ventilator Dependent Beneficiaries or
- B. High Technology Non-Ventilator Dependent Beneficiaries

Beneficiaries under age 21 to receive PDN Nursing Services must require constant supervision, visual assessment and monitoring of both equipment and patient.

Services are limited to eligible Medicaid beneficiaries in the EPSDT Program. Private duty nursing services for non-ventilator dependent beneficiaries include patients requiring at least two of the following services:

- (1) Intravenous Drugs (e.g. chemotherapy, pain relief or prolonged IV antibiotics)
- (2) Hyperalimentation - parenteral or enteral
- (3) Respiratory - Tracheostomy or Oxygen Supplementation
- (4) Total Care Support for ADLs and close patient monitoring

These services require prior authorization. Services may be provided in the beneficiaries' home, a Division of Developmental Disabilities (DDS) community provider facility or a public school. (Home does not include an institution.) Prior authorization is required. Private duty nursing medical supplies are limited to a maximum reimbursement of \$80.00 per month, per beneficiary. With substantiation, the maximum reimbursement may be extended.

SUPERSEDES: TN- 06-16

STATE	<u>Arkansas</u>
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ATTACHMENT 3.1-B  
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MEDICALLY NEEDY

8. Private Duty Nursing to enhance the effectiveness of ~~ventilator or tracheotomy equipment~~  
~~treatment for ventilator-dependent beneficiaries of non-ventilator dependent trachotomy beneficiaries~~  
Enrolled providers are Private Duty Nursing Agencies licensed by Arkansas Department of Human  
Services, Division of Health. Services are provided by Registered Nurses or Licensed Practical Nurses  
licensed by the Arkansas State Board of Nursing.

Services are covered for Medicaid-eligible beneficiaries age 21 and over when determined medically necessary and  
prescribed by a physician.

Beneficiaries 21 and over to receive PDN Nursing Services must require constant supervision, visual assessment  
and monitoring of both equipment and patient. In addition the beneficiary must be:

- A. Ventilator dependent (invasive) or
- B. Have a functioning trach requiring:
  1. suctioning and
  2. oxygen supplementation and
  3. receiving Nebulizer treatments or require Cough Assist / inextufflator devices.

In addition at least one from each of the following conditions must be met:

1. Medications:
  - Receiving medication via gastrostomy tube (G-tube)
  - Have a Peripherally Inserted Central Catheter (PICC) line or central port
2. Feeding:
  - Nutrition via a permanent access such as G-tube, Mickey Button, Gastrojejunostomy tube (G-J tube) feedings are either bolus or continuous
  - Parenteral nutrition (total parenteral nutrition)

Services are provided in the beneficiary's home, a Division of Developmental Disabilities (DDS) community  
provider facility or a public school. (Home does not include an institution.) Prior authorization is required. Private  
duty nursing medical supplies are limited to a maximum reimbursement of \$80.00 per month, per beneficiary.  
With substantiation, the maximum reimbursement may be extended.

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J.S.H.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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ATTACHMENT 4.19-B  
Page 3

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

Revised: April 4, 2008

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rates request  
for J.S.H.

8. Private Duty Nursing to enhance the effectiveness of ~~ventilator or tracheotomy equipment~~  
~~treatment for ventilator dependent beneficiaries, high technology non-ventilator beneficiaries or tracheotomy beneficiaries~~  
Reimbursement is based on the lesser of the amount billed or the maximum Title XIX (Medicaid) charge allowed. The State is under a U. S. District Court order that sets out the process for rates to be determined. That process includes evaluation of rates based upon market forces as they impact on access. Payment of the resultant rates is ordered by the court.

The agency's private duty nursing fee schedule rates were set as of April 4, 2008 and are effective for fee schedule services on or after that date. All fee schedule rates are published on the agency's website ([www.medicaid.state.ar.us](http://www.medicaid.state.ar.us)). Except as noted in the plan, state developed fee schedule rates are calculated using the same method for both governmental and private providers of private duty nursing services.

Effective for dates of service on or after October 1, 1994, reimbursement for private duty nursing medical supplies is based on 100% of the Medicare maximum for medical supplies reflected in the 1993 Arkansas Medicare Pricing File not to exceed the Title XIX coverage limitations as specified in Attachment 3.1-A, page 3d, and Attachment 3.1-B, page 4a.

Effective for dates of service on or after April 4, 2008, RN and LPN hourly reimbursement rate maximums are set based on market analysis of 2008 salaries, fringe benefits and administrative/overhead costs. Market analysis included the following steps:

- Acquiring 2008 wage rates from various information providers including the Federal Bureau of Labor Statistics and calculating an average wage,
- Determining employee benefit costs by using the most current employee benefit percentage reported in the "Almanac of Hospital Financial and Operating Indicators for 2008" published by INGENIX, and
- Assessing overhead costs by calculating the percent of direct to indirect costs reported in the most recent audited Medicare Home Health cost reports by the top 70% of Medicaid reimbursed non-hospital home health providers during SFY 2007.

SUPERSEDES: TN- 04-06

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