

Arkansas Medicaid, ARKids First,

& You

Arkansas Medicaid Client Handbook

A GUIDE TO YOUR RIGHTS AND RESPONSIBILITIES



REVISED 2021

access 
ARKANSAS

ARKids 1st



Arkansas Medicaid, ARKids First, & You

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Your Guide to Arkansas Medicaid and ARKids First

How to use this handbook:

- ⌋ Read through this entire handbook as soon as you can to learn about Medicaid and ARKids First.
 - ⌋ Keep it as a reference to look up things you need to know.
 - ⌋ Mark the parts that you do not understand and make a note of your questions.
 - ⌋ When you get answers to your questions, write them in your handbook for future reference.
-

This handbook cannot tell you everything.

- ⌋ Laws and rules can change, so some things might have changed since this handbook was printed.
- ⌋ This handbook is not a legal document. That means it is just a guide, not a contract.
- ⌋ The Department of Human Services (DHS) is not responsible for information in this handbook that is no longer correct.
- ⌋ Call Medicaid at **1-800-482-8988** if you have questions.

DHS is here to help you!

Call or visit your county office when you have questions or concerns.

You can find the closest county office to you at <https://humanservices.arkansas.gov>.

What is Medicaid?

Medicaid is a program that helps you by paying for covered medical care you need. The term “Medicaid” in this handbook refers to many types of health care coverage like:

- ⌋ **Traditional Medicaid** – coverage for people with household incomes less than 100 percent of the Federal Poverty Level
- ⌋ **Arkansas Works** – health care coverage for people with household incomes that are more than 100 percent and up to 138 percent of the Federal Poverty Level
- ⌋ **Dental care coverage** for eligible children and adults
- ⌋ **Pregnancy & Newborn Medicaid** - coverage for women who are pregnant or who have recently given birth as well as their newborns;
- ⌋ **ARKids First** - coverage for children up to age 19
- ⌋ **First Connections** - coverage to support infants and toddlers with developmental delays
- ⌋ **TEFRA** - a category of Medicaid that provides care to children with a disability in their homes rather than in institutions
- ⌋ **Community Employment Support Waiver** – coverage for people who have a developmental disability and need special care
- ⌋ **Autism Waiver** - treatment for clients from ages 18 months through 7 years with a diagnosis of autism spectrum disorder
- ⌋ **Long-term Care** - coverage for people who need long-term disability services, in-home personal assistance, assisted living, or nursing home services
- ⌋ Many other categories of Medicaid

You don't have to remember all of these program names. After you apply, you will get a letter to let you know if you or your child is eligible for one or more of these programs. Learn more about these programs under **Covered Services** starting on [page 37](#).

About Medicaid and ARKids First

Medicaid

- ⌋ Medicaid is a program that helps you by paying for covered medical care you need. Read [page 5](#) to find out who can get Medicaid.
 - ⌋ Medicaid uses state and federal money to pay these bills. In Arkansas, DHS runs the Medicaid program.
 - ⌋ Medicaid is not the same thing as Medicare. Medicare pays for covered medical services for people age 65 and older and for some people who have a disability.
-

ARKids First

- ⌋ ARKids First is health care insurance for children.
 - ⌋ ARKids First has two programs: ARKids A and ARKids B.
 - ⌋ ARKids A is Medicaid for children.
 - ⌋ ARKids B is for children whose parents make too much money to get regular Medicaid, but do not have health insurance for their children.
 - ⌋ When you fill out the ARKids First application, you can apply for both programs. DHS will decide whether you qualify for either program.
-

Do Medicaid and ARKids First pay you or your doctor?

- ⌋ Medicaid and ARKids First will **not** make payments to you.
- ⌋ Medicaid and ARKids First pay doctors, hospitals, and other health care providers who are enrolled in the Medicaid program.
- ⌋ Your doctor or other health care providers should bill Medicaid or ARKids First for your medical services; however, billing Medicaid or ARKids First is not mandatory. Please see [page 4](#) for more information about how Medicaid pays for services.

Some important points about Medicaid and ARKids First:

- ⌋ Medicaid and ARKids First can help pay some of your medical bills but not all medical bills are covered.
- ⌋ Doctors do not have to bill Medicaid or ARKids First, even if they are Medicaid or ARKids First providers.
- ⌋ Before you get a service or treatment for you or your child, ask if it will be billed to Medicaid or ARKids First.
- ⌋ If Medicaid will not be billed for a service, the doctor must tell you.
- ⌋ If you still want the treatment, you may have to pay for it yourself **or** you can find another doctor who will bill Medicaid or ARKids First.
- ⌋ Most people must choose a **primary care physician**, also called a PCP.
- ⌋ Your PCP is the doctor who is in charge of your health care.
- ⌋ You will be given a card to show your doctor or health care provider for the coverage you get.
- ⌋ Take care of your card, and keep it with you at all times. Your card makes it easier to get the care you need.
- ⌋ If you have ARKids B, or if you're an adult on Medicaid, you will have to pay for part of your medical care.
- ⌋ ***Do not let others use your card. If you do, you are breaking the law. This means you could lose your Medicaid eligibility and even serve time in jail.***

Applying for Medicaid and ARKids First

Who can get full Medicaid benefits?

It depends on how much money you make, how much property you own, your age, and your situation. Most people who can get Medicaid are in one of these groups:

- ⌋ Age 65 and older
- ⌋ Under age 19
- ⌋ Blind
- ⌋ Have a disability
- ⌋ Pregnant
- ⌋ The parent or the relative who is caretaker of a minor child
- ⌋ Those living in a nursing home
- ⌋ Under age 21 and in foster care
- ⌋ In medical need of certain home- and community-based services
- ⌋ Workers with disabilities
- ⌋ Under age 26 and were formerly in foster care
- ⌋ Age 19-64 with low income when participating in the Arkansas Works program



What if you have Supplemental Security Income (SSI)?

- ⌋ SSI is for eligible people who are age 65 and older. It is also for some adults and children who are blind or have a disability.
- ⌋ If you can get SSI, you will get Medicaid. But if you lose your SSI monetary benefits, you may not be eligible for Medicaid any longer.
- ⌋ Call the Social Security Administration at **1-800-772-1213** or visit your local Social Security office for more information.

To apply for ARKids First A or B:

- ⌋ Get an ARKids First application form.
 - You may apply online at access.arkansas.gov. If you do not have personal access to apply online, you may do this at your local library. Refer to [page 62](#) for more information.
 - You can visit your county DHS office to get an application form.
 - You can print an application form from the website at arkidsfirst.com. Your local library may be able to help you with this.
 - You can apply by mail. You can call **1-888-474-8275** and ask to have an application form mailed to you.
- ⌋ Fill out the application. It will ask questions about how much money you make and whether your children have health insurance.
- ⌋ You can apply for ARKids A and B at the same time when applying for health care for your children. DHS will look at your application and decide if you qualify for either program.
- ⌋ You may also need a copy of your child's birth certificate to prove your child's age. You will get a letter if a copy is needed to process your application. If your child is not a U.S. citizen, you will need copies of the child's immigration papers.
- ⌋ Mail or hand-deliver the form and the other papers to your county DHS office or click "submit" if applying at access.arkansas.gov. Your DHS worker will let you know if they need more information from you.

To apply for regular Medicaid:

- ⌋ Go to the DHS office in the county where you live. If you are not able to go, a friend or family member may apply for you. Sometimes applications may be taken over the phone and you are allowed to mail documents to your local DHS office.
- ⌋ You can print out a Family Medicaid Application from the website at www.state.ar.us/dhs/dco, or call **1-800-482-8988** or your local county DHS office for more information. If you would like to print out the Medicaid Application form, go to the website shown and click on the “Medicaid Program – Eligibility and Enrollment” listed under “Programs.”
- ⌋ When you go to the county office, you will need to take information about yourself and the family members who live with you, including:
 - Something to prove your age, such as a birth certificate, driver’s license, or a birth record from the hospital
 - Paycheck stubs for everyone in your household who has a job
 - Social Security card
 - Letters or forms from Social Security, SSI, Veteran’s Administration, or other sources that show the amount of your income
 - Insurance policies, including other health insurance policies
 - Bank statements or other papers that show the amount of money or property you own
- ⌋ You will fill out an application form. The form will ask questions about your family, how much money you make, and any other money or property you have.
- ⌋ DHS workers will explain the ConnectCare program and ask you to select your primary care physician.
- ⌋ You may apply online at access.arkansas.gov for Medicare Savings, Arkansas Works, Pregnant Women, Former Foster Care and ARKids First. Refer to [page 62](#) for more information.

If you can't get full Medicaid benefits, there are programs that can help. Here are a few:

ARKids B

- ⌋ ARKids B is for children under age 19 who do not have medical insurance through a parent's employer, or who cannot use their medical insurance. For example, if a noncustodial parent living outside of Arkansas has health insurance on their child who lives in Arkansas but Arkansas doctors do not accept that insurance, the child may be able to get ARKids B.
- ⌋ On ARKids B, you will make a small payment called a co-payment for prescription drugs and some medical care, but not for preventive care like well-child checkups.
- ⌋ You can apply for ARKids A and B at the same time by filling out an application for health care benefits. DHS will look at your application and decide if you qualify for either program.
- ⌋ For more information on ARKids B, call **1-888-474-8275** or visit your county DHS office.
- ⌋ You may apply online at access.arkansas.gov. Refer to [page 62](#) for more information.

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Medicaid Spend-Down

- ⌋ If you are hurt or sick and need a lot of care, you might be able to get temporary help from Medicaid even if you make too much money to get regular Medicaid. This is called Medicaid Spend-Down.
- ⌋ To qualify for Medicaid Spend-Down, you must be spending a large part of your money on medical care. You have to re-enroll in Medicaid Spend-Down every three months. Contact the DHS office in your county for details.

Medicare Savings programs (QMB, SMB, ARSeniors and QI-1)

- ⌋ You must be on Medicare to qualify for any Medicare Savings program.
- ⌋ You must make less than a certain amount of money.
- ⌋ Different programs have different rules.
- ⌋ For more information about Medicare Savings programs, contact the DHS office in your county.





Your Medicaid or ARKids First Card

How do you get a Medicaid or ARKids First card?

- ⌋ Most of the time, DHS will mail the card to you. However, if you are enrolled in certain programs or if you are in a certain aid category, another party will explain how to get your card.

What do you do with your card?

- ⌋ Always carry your card with you.
- ⌋ If you do not have your card when you go for medical care, you might have to pay your bill.

*Do not loan your card to anyone or borrow someone else's card!
You may lose your Medicaid eligibility, go to jail, or be fined for this.*

What if you lose your card?

- ⌋ Call **1-800-482-8988** as soon as you notice your card is missing.



Your Primary Care Physician (PCP)

What is a PCP?

- ⌋ A primary care physician, also called a PCP, is a doctor who takes care of you and helps you stay healthy.
 - ⌋ Your PCP will provide most of your health care.
 - ⌋ Your PCP will keep a record of your health and your health care.
 - ⌋ If you need special care for a health problem, your PCP will make the arrangements and tell you where to go for medical services.
 - ⌋ You will need your PCP's OK, called a referral, for Medicaid or ARKids First to pay for this special medical care.
-

Do you need a PCP?

You must choose a PCP unless:

- ⌋ You also have Medicare.
- ⌋ You live in a nursing home.
- ⌋ You live in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).
- ⌋ You are covered by Medicaid only for a time period in the past. Medicaid refers to this as retroactive eligibility. If you would like more information, please contact your local DHS county office.
- ⌋ You have Medicaid Spend-Down. This means that you make too much to qualify for regular Medicaid, but you spend a large amount of your income on medical bills.

How do you get a PCP?

The ways to choose a PCP are:

- ⌋ Go to the doctor's office.
- ⌋ Call the ConnectCare help line at **1-800-275-1131** (TDD: **1-800-285-1131**).
- ⌋ Go to the DHS office in your county.
- ⌋ Complete a PCP assignment web request on the seeyourdoc.org website.

Make sure the PCP you choose is a Medicaid or ARKids First provider! If you need a list of PCPs who take Medicaid or ARKids First, call ConnectCare or visit your county DHS office. The list tells you:

- ⌋ The doctor's name
- ⌋ The clinic's address
- ⌋ Ages served
- ⌋ Languages the doctor or staff speak
- ⌋ Phone numbers

How do you change your PCP?

- ⌋ Call the ConnectCare help line toll-free at **1-800-275-1131** (TDD: 1-800-285-1131).

OR

- ⌋ Visit the DHS office in your county.

OR

- ⌋ Visit seeyourdoc.org website.

Choosing a PCP

For each family member on Medicaid or ARKids First, choose three doctors. If a doctor you choose cannot take more patients, ConnectCare or DHS will try to give you your next choice. Choose carefully. Here are some things to keep in mind:

- ⌋ ***How far away is the doctor?*** A PCP may be in the county where you live or a county right next to the county where you live OR a county that is next to that county. If you live in a county that borders another state (Oklahoma, Texas, Louisiana, Mississippi, Missouri, or Tennessee), you may choose a doctor in a city on the border in that state. Make sure the doctor takes Arkansas Medicaid and ARKids First.
- ⌋ ***Do you or your family members have special needs?*** Look for a doctor who offers the service you need.
- ⌋ ***Is there a hospital you like best?*** Make sure the doctor you choose sends patients to that hospital. Remember, for emergency care, you can use any hospital. Other times, you need a doctor's referral.
- ⌋ ***Does a family member not speak English?*** Choose a doctor who speaks their language.

ConnectCare: 1-800-275-1131 TDD: 1-800-285-1131



 **EMERGENCY**
Drop-Off

 **Hospital** 
Drop-Off

 **Emergency
Parking**



 **Visitor Parking** 

 **Exit**

What to Do in an Emergency

What is a medical emergency?

A medical emergency is when you believe that your health is in serious danger and every second counts. You may have a bad injury, sudden illness, or an illness quickly getting much worse.

When should you seek emergency care for yourself or your child?

You should only seek emergency care if you believe that your life or health or your child's life or health is in serious danger (this includes your unborn baby if you are pregnant). If you seek emergency care when you know it's not an emergency, you will have to pay the bill.

Medicaid and ARKids First will only pay for emergency care that is needed to find out what's wrong or to keep an illness or injury from getting worse.

Does the hospital or your doctor need to call Medicaid before treating you in an emergency?

Your doctor or hospital does not need to get pre-authorization (permission from Medicaid) to treat you in a true emergency.

What is a Medical Emergency?

The federal government has defined a medical emergency as a medical condition with sudden symptoms that are so serious or severe that a person without professional medical experience would think that not getting medical treatment could:

- create a serious risk of harm to the health of the person or a pregnant woman's unborn child
- serious injury or damage to the person's body or cause serious injury or damage to a body part or organ

Are you required to go to a specific hospital?

In an emergency, you have a right to go to any hospital. It's usually best to go to the nearest hospital. If it's not an emergency, you will need a referral from your doctor for hospital care.

Be ready for an emergency

You don't know when an emergency will happen, so be ready just in case.

- ⌋ Ask your doctor's office if they have an after-hours emergency number. Use this number if your problem is serious, but not life-threatening, like if your child keeps throwing up.
- ⌋ Find out if your county has 911 services. If it does, call 911 when you have a serious emergency. Tell the person who answers where you are and what kind of emergency you are having. If you are on a cell phone or wireless phone, you might have to tell the person where you are located (city and state).
- ⌋ If you live in a part of Arkansas that does not have 911 services, you should call the fire department, police department, or dial zero (0) for the operator.
- ⌋ If you're not sure whether you have 911 services or who to call in an emergency, find out now! Don't wait until you have an emergency. If you don't have a telephone, find out where the nearest one is, and make sure your whole family knows.

Your Rights

You have a right to be treated fairly

- ⌋ When you apply for Medicaid or ARKids First, your race, sex, or religion should never be a reason for turning you down.
 - ⌋ You have a right to get information you can understand.
 - ⌋ Your doctor should treat you with respect.
 - ⌋ You have a right to help make decisions about your health care or your child's health care.
 - ⌋ You have a right to refuse treatment.
 - ⌋ You should not be strapped down or restrained just to make things easier for medical workers
 - ⌋ You have a right to see your medical records and to ask that they be changed if they're incorrect.
 - ⌋ No one should treat you badly just because you use these rights.
-

If you have a complaint about your Health Care:

- ⌋ Call the Complaint Hotline at **1-888-987-1200**.
 - ⌋ Have your Medicaid or ARKids First ID card ready.
-

What if you feel you're being treated unfairly?

- ⌋ Ask for a hearing. A **hearing** is a review and discussion of your complaint.
- ⌋ A hearing officer will:
 - Listen to you
 - Explain the rules
 - Answer your questions
 - See that you get fair treatment

You should ask for a hearing if you believe:

- ⌋ It was wrong to deny your application or request for service.
- ⌋ It is taking too long to decide about your application.
- ⌋ You did not get enough help.
- ⌋ You asked for a service and did not get it.
- ⌋ Someone forced you to accept a service you did not want.
- ⌋ Someone discriminated against you.

To ask for a hearing, send a letter asking for a hearing to the address on [page 22](#).

Before the hearing:

- ⌋ Get your facts in order so you can explain clearly. Remember, you have a right to see your records.
- ⌋ Bring any letters, papers, or other items that help show what happened.
- ⌋ List any witnesses who can tell what happened. DHS can help you get them to come to the hearing.
- ⌋ Decide if you want someone to speak for you at the hearing. You may speak for yourself if you like.
- ⌋ Decide if you want a lawyer. If you want, you may choose to hire a lawyer to help you in the hearing. The cost for your lawyer will be your responsibility, and you must let DHS know that you plan to bring a lawyer to your hearing.

IMPORTANT: *If you need help contacting witnesses or if you want someone to speak for you at the hearing, contact the DHS office in your county.*

If you are notified that your Medicaid or ARKids First benefits will be taken away:

- ⌋ You will get a letter telling you so. If you disagree with the decision, you can appeal the decision and have a hearing before a DHS hearing officer.
- ⌋ Your request for appeal must go to the DHS Office of Appeals and Hearings. It is very helpful if you send your appeal to the Office of Appeals and Hearings, along with a copy of the letter you got from DHS telling you that your benefits would end.

Time limits

- ⌋ You have a right to keep getting benefits until your appeal is finished. For some benefits, your case and benefits will remain open unless you say you do not want them to continue when you file a timely appeal. You must opt out or state your wish to stop getting the services if they are being provided by ARChoices, Autism, Living Choices, Long Term Care or Nursing Home, TEFRA, Community and Employment Supports Waiver, Intermediate Care Facilities for Individuals with Intellectual Disabilities, and Program of All-Inclusive Care for the Elderly.
- ⌋ For all other Medicaid programs, if you want your benefits to continue until your appeal is over, you must request that within 10 calendar days. Look at the date that is on the letter you got from Medicaid or ARKids First telling you that your benefits would end. The Office of Appeals and Hearings must receive your request for appeal and your request that your benefits continue no later than 10 calendar days from the date on your letter.
- ⌋ **Important:** If you choose to keep receiving Medicaid or ARKids First services during your appeal and then the appeal decision is not in your favor, you may have to pay for services you received. It is possible that DHS will contact you about a Medicaid overpayment if that happens.

- ⌋ If you do not want your benefits to continue during the appeal process, you have 30 days from the date on your letter to request an appeal. Your request for an appeal hearing will be denied if the Office of Appeals and Hearings does not get your appeal request within 30 days of the date on the letter you got from Medicaid or ARKids First telling you that your benefits would end.

- ⌋ ***Where to send your request:***

DHS Office of Appeals and Hearings
P.O. Box 1437, Slot N401
Little Rock, AR 72203-1437
Phone 501-682-8622
Fax 501-404-4628

If Medicaid or ARKids First refuses to pay for a service you need:

- ⌋ You will get a letter telling you so. If you disagree with the decision, you can appeal the decision and have a hearing before a DHS hearing officer.
- ⌋ Your request for appeal must go to the DHS Office of Appeals and Hearings. It is very helpful if you also send a copy of the letter you got from DHS telling you that payment for a service has been denied to the Office of Appeals and Hearings.
- ⌋ You have 30 days from the date on your letter to request an appeal. Your request for an appeal hearing will be denied if the Office of Appeals and Hearings does not get your appeal request within 30 days of the date on the letter you got from Medicaid or ARKids First telling you that they refuse to pay for a service.

- ⌋ ***Where to send your request:***

DHS Office of Appeals and Hearings
P.O. Box 1437, Slot N401
Little Rock, AR 72203-1437
Phone 501-682-8622
Fax 501-404-4628

Your Responsibilities

For Medicaid including ARKids A

Your eligibility will be checked every year. Also, you must report within 10 calendar days any changes that might affect your Medicaid, including Arkansas Works, or ARKids First eligibility.

This means you must tell DHS within 10 days if:

- ⌋ The number of people in your household changes – for example, if someone moves in or out, has a baby, or dies.
 - ⌋ Your family income changes (you or someone else gets a job, for example).
 - ⌋ You move to a new address.
 - ⌋ Anything happens that might affect your eligibility. If you aren't sure, contact the DHS office in your county or call **1-800-482-8988**.
-

For ARKids B

- ⌋ Your eligibility will be checked every year.
 - You are guaranteed 12 months of coverage unless the covered child moves out of state or turns 19.
- ⌋ If your address changes, you must let DHS know. Contact the DHS office in your county.

DHS provides Medicaid and ARKids First benefits to anyone who is eligible in compliance with Titles VI and VII of the Civil Rights Act, without regard to: **age, religion, political affiliation, veteran status, sex, race, color or national origin.**

If you withhold information or give false information to DHS to keep getting Medicaid or ARKids First, ***you can go to jail, be fined or both.***

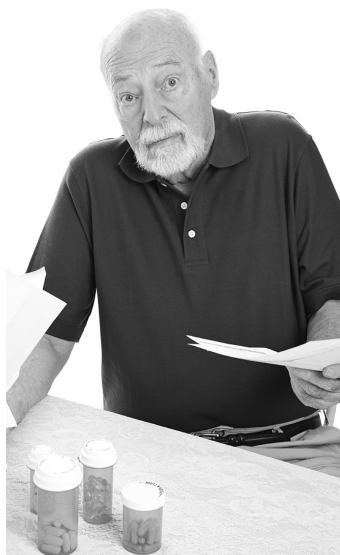
Use your benefits wisely

- ⌋ Get the right services you need when you need them. Getting preventive care, like well-child checkups, before a condition gets worse can prevent more serious illness or injury. Emergency rooms should be used for true emergencies only.
- ⌋ Follow your doctor's advice. If you don't, your doctor may stop treating you.
- ⌋ Don't try to get prescription drugs you don't need. If you do try, Medicaid can restrict you to just one drug store.



Charges and Bills

Your doctor or other health care provider sends medical bills to Medicaid or ARKids First after treating you. If you get a bill, you might or might not have to pay it. You can use this section to find out, or call **1-800-482 5431** (Medicaid) or **1-888-474-8275** (ARKids First).



Charges you do not have to pay

- ⌋ Some treatments need approval from Medicaid or ARKids first before some treatments are performed, they need approval from Medicaid or ARKids First. If your provider does not get approval before giving you the treatment, Medicaid or ARKids First will not pay the charge, **and you do not have to pay it either.**
- ⌋ You do not have to pay for services you did not need and did not choose to receive. If you choose to have a service you do not need, you will have to pay.
- ⌋ Medicaid and ARKids First have agreed to pay certain amounts for certain services, and your doctor has agreed to accept these amounts. If your doctor charges more than the allowed amount for a certain service, **you do not have to pay the difference.**
- ⌋ If Medicaid or ARKids First does not pay a charge because the doctor bills it incorrectly, you do not have to pay it, either.
- ⌋ You are not allowed to submit a Medicaid or ARKids First claim form directly. The claim form must be submitted by your provider. If a provider agrees to bill Medicaid or ARKids First for services you receive, the provider cannot charge you. Before you receive care, always ask if your doctor will bill Medicaid or ARKids First.

Charges you will have to pay:

- ⌋ You may have to pay some fees, called *co-payments*, *co-insurance* and *deductible* amounts.
- ⌋ If you do not tell your doctor or other provider that you are on Medicaid or ARKids First before you get medical treatment, the provider may bill you.
- ⌋ If Medicaid or ARKids First does not cover a service that you get, you will have to pay for it.
- ⌋ You will have to pay for services that are beyond your benefit limit. For example, if you get more prescription drugs than your plan allows, you will have to pay for each prescription above the limit. See [page 37](#) for limits.
- ⌋ **Doctors do not have to bill Medicaid or ARKids First**, even if they are Medicaid or ARKids First providers. Before you get a service or treatment for you or your child, **ask if it will be billed to Medicaid or ARKids First**. If it will not, the doctor has to tell you. If you still want the treatment, you may have to pay for it yourself. Or, you can find another doctor who will bill Medicaid or ARKids First.
- ⌋ If your situation changes and you are no longer eligible for Medicaid or ARKids First, you will have to pay your medical bills.
- ⌋ If your Medicaid eligibility is retroactive (it applies to services you have received in the past), you must tell your providers this when you get your Medicaid or ARKids First card. Otherwise, you will have to pay for past services.
- ⌋ If you have a Medicaid Spend-Down, you must pay any charges from before the day the spend-down started. You may have an amount to pay on the first day of your spend-down eligibility.

Using Medicaid with Medicare or Medical Insurance

What if I have Medicare and Medicaid?

- ⌋ Medicaid and Medicare work together for you.
 - ⌋ Medicare pays first, and Medicaid pays last.
-

Medicare has two parts: Medicare Part A and Medicare Part B

Medicare Part A:

- ⌋ Pays for skilled nursing care and hospital services
- ⌋ Pays for most of your hospital expenses

Medicaid will pay most of the hospital bills that Medicare Part A doesn't pay. You might also have to pay part of the Medicare Part A deductible for inpatient hospital care.

Medicare Part B:

- ⌋ Pays for visits to the doctor
- ⌋ Pays for lab tests and X-rays

Not everyone on Medicare has Part B. You have to pay a set amount each month for Part B premium. Most often, Medicaid will pay this monthly charge for you. Let your DHS county office know if you have Medicare Part B so you won't be charged a Medicare premium. Medicaid also pays most of the charges that Medicare Part B will not pay. You may be billed for a small amount.

What if you have health insurance and Medicaid?

- ⌋ You must tell your DHS Medicaid caseworker that you have other insurance, and provide a copy of your insurance card. You must use your other insurance before Medicaid will pay.
- ⌋ Medicaid does not pay co-payments to other insurance.
- ⌋ Your doctor or other health care provider must bill your other insurance before billing Medicaid.
- ⌋ When you show your Medicaid ID card, you must also tell the doctor or other health care provider the name of your other insurance company and your insurance number.
- ⌋ Medicaid might not pay anything after your insurance pays.
- ⌋ Your doctor or health care provider can choose not to bill Medicaid. Before you get treatment or care, always ask if Medicaid will be billed.

Other times when Medicaid will not pay until someone else pays:

- ⌋ If you are hurt in a car accident, Medicaid will not pay until your car insurance or the other driver's car insurance has paid or denied payment.
- ⌋ If you are hurt on the job, Medicaid will not pay until workers' compensation has paid or denied payment.
- ⌋ If you win a lawsuit because you got hurt or you get a cash settlement from such a lawsuit, you must use the money to pay your medical bills. If there are still medical bills to be paid once the lawsuit settlement is gone, you should contact Medicaid to see if those bills will be paid. Medicaid might pay toward any amount of your medical bills that are left over. However, the law requires that Medicaid be reimbursed first for any services Medicaid paid for related to the accident.

Medicaid, ARKids First, and Your New Baby

If you're on Medicaid or ARKids First and you have a new baby:

- ⌋ Your baby will most likely be able to get Medicaid or ARKids First, too.
- ⌋ You need to fill out paperwork on your new baby as soon you can.
- ⌋ Go to access.arkansas.gov to apply **or** go to a DHS office in your county
- ⌋ Make sure your baby sees the doctor for well-child checkups and shots. If your baby has Medicaid or ARKids First, Medicaid will pay for these services. Talk to your doctor about how often your baby needs well-child checkups.



NOTE: ARKids B clients are not eligible for the Vaccines for Children (VFC) program. Vaccines can be obtained by physicians and other health care providers to give to ARKids B clients through the SCHIP vaccine program.



Getting to the Doctor: Non-Emergency Transportation (NET)

What is the Non-Emergency Transportation (NET) service?

- ⌋ NET may give you a ride to and from your doctor appointments or other covered Medicaid services.
 - ⌋ You do not have to pay anything, and there is no limit on the number of trips or miles you can travel.
 - ⌋ NET will only take you to and from Medicaid-covered services.
-

To be able to get a ride from NET:

- ⌋ You must be on regular Medicaid, which includes ARKids A. ARKids B does not cover NET.
 - ⌋ You must try to find another ride first – maybe with friends or family members.
 - ⌋ You must have no other way to get to your appointment.
-

You cannot use NET if you:

- ⌋ Live in a nursing home
- ⌋ Live in a home for people with intellectual disabilities (ICF/IID)
- ⌋ Get Medicare Savings program services or benefits (QMB, SMB, QI1)
- ⌋ Get health care coverage or services through ARKids B
- ⌋ If you are unsure whether your kind of Medicaid will cover NET, call ahead to find out. You can call the NET Help Line toll-free at **1-888-987-1200**.

To schedule a NET ride:

- ⌋ Find out who the NET broker is for your region. The broker is the company that Medicaid pays to give you a ride. If you don't know your broker, call the NET Help Line toll-free at **1-888-987-1200** Option 1.
- ⌋ Call the broker at least 48 hours (two full business days) before your appointment. Don't count Saturday, Sunday or holidays. For example, if you need a ride to the doctor on Monday, you will need to call no later than Thursday.
- ⌋ Your broker will be able to take your reservation from 8 a.m. to 5 p.m., Monday through Friday, except state holidays.
- ⌋ Transportation on Saturday is only provided for chemotherapy, radiation therapy, or dialysis.

When you call for a ride:

- ⌋ Have your Medicaid ID card ready.
- ⌋ Tell the broker why you need a ride.
- ⌋ Call at least 48 hours (two full business days) before your appointment. Don't count Saturday, Sunday or holidays. For example, if you need a ride to the doctor on Monday, you will need to call no later than Thursday.
- ⌋ Be ready when your ride arrives. Brokers only have to wait 15 minutes before they can leave without you!
- ⌋ If you must travel outside the area in which you live, you will need a referral from your PCP. You may be asked to send the referral to your NET broker. Your broker will be able to assist you.

What does your NET broker have to do?

- ⌋ Take reservations Monday through Friday, 8 a.m. to 5 p.m., except state holidays.
- ⌋ Provide a toll-free phone number.
- ⌋ Provide language interpreter services.
- ⌋ Provide services for those who are hearing-impaired.
- ⌋ Tell you a pick-up time when you make an appointment.
- ⌋ Give you a confirmation number to confirm your ride.
- ⌋ Arrive on time.
- ⌋ Let you and your PCP know if they will be late.



If you need to see the PCP today

Sometimes your doctor may tell you to get medical care right away. Your PCP must call the transportation broker and tell him you have an urgent medical situation. Your broker should come pick you up without 48 hours' notice.

If you see the PCP at the same time each week:

- ⌋ You should call your broker and ask if they will set up a regular schedule for you. Some brokers will do this.
- ⌋ If you have to change your appointment time or cancel it, call your broker 48 hours before your normal appointment time and let them know.

If you have more than one doctor appointment on the same day:

- ⌋ Your broker should provide you rides to all of your appointments. Just make sure to give 48 hours' notice.

If you called for a ride, but your ride doesn't show up:

- ⌋ Call your transportation broker and report the problem.
- ⌋ Call the NET Helpline at **1-888-987-1200** Option 1.
- ⌋ Have your Medicaid or ARKids First ID card number ready.
- ⌋ Call your doctor or health care provider.

If you have questions or problems with the NET program:

- ⌋ Call the NET Helpline at **1-888-987-1200** Option 1. The helpline staff will not arrange transportation for you, but will try to give you the help you need.
- ⌋ To find out what your area is, or for more detailed information, Visit afmc.org/net.

Arkansas Medicaid, ARKids First

Covered Services





Covered Services

This section will tell you about some benefits or services covered by Medicaid or ARKids First. Here are some things to keep in mind:

Medicaid and ARKids First pay for a wide range of medical services but not all services.

- ⌋ Sometimes benefits change. If that happens, DHS will send you a letter before the change takes effect.
 - ⌋ If you need to know whether Medicaid or ARKids First pays for a service that you don't see in this section, call **1-888-474-8275** toll-free.
 - ⌋ Always have your Medicaid or ARKids First ID card number with you when you call.
-

Many benefits have limits, especially for adults. Two examples for benefit limits are those that are applied annually or monthly.

- ⌋ An annual benefit limit means Medicaid or ARKids First will pay for only a certain number of services, or will pay a certain dollar amount for services, from July 1 of one year to June 30 of the next. Each year on July 1, the count starts over.
- ⌋ A monthly benefit limit means Medicaid or ARKids First will pay for a certain number of services or will pay a certain dollar amount for services in a calendar month. The count starts over on the first day of each month.

IMPORTANT: To get some services, you will need an OK from your PCP. Your PCP's OK is called a referral.

Types of Services

(Listed in Alphabetical Order)

Adult Development Day Treatment (ADDT)

ADDT services are provided at a licensed clinic to adults with developmental disabilities. Individuals must have one of the qualifying conditions of Intellectual Disability, Cerebral Palsy, Epilepsy, Autism, Down Syndrome, or Spina Bifida. The conditions must be expected to be permanent and start before the age of 22.

ADDT services include:

- ⌋ Instruction in communication skills and self-care
- ⌋ Instruction to reinforce skills learned and practiced in occupational, physical, or speech therapy
- ⌋ Instruction in skills that prepare a person for a job, such as task completion, problem solving and safety
- ⌋ Nursing services
- ⌋ Occupational, physical, and speech-language therapy

An Individual Treatment Plan (ITP) is required and must be developed for any adult who receives ADDT services. The ITP is a written, individual plan to improve or maintain the person's condition. It must contain a written description of the adult's treatment goals.

For more information about services and requirements, call the Division of Developmental Disability Services (DDS) Intake and Referral Unit: **501-683-6502**.

Ambulance Service (Emergency Only)

Ambulance service is emergency transportation that can be by emergency automobile, helicopter, or airplane.

Medicaid and ARKids First will pay for ambulance service only in certain cases, and only when you need it to stay alive or to prevent serious damage to your health.

Under those circumstances, Medicaid and ARKids First will pay for ambulance service:

- ⌋ From the place of an emergency to a hospital emergency room if the patient is admitted
- ⌋ From a hospital to another hospital
- ⌋ From the patient's home to a hospital for admission
- ⌋ From a hospital to the person's home after the person is discharged from the hospital
- ⌋ From a nursing home to a hospital for admission
- ⌋ From a nursing home (after being discharged) to the person's home
- ⌋ From one nursing home to another nursing home, when the original nursing home has been decertified and the transportation is necessary



Ambulatory Surgical Center

Ambulatory surgical centers provide surgeries that do not require an overnight hospital stay. Medicaid and ARKids First pay for covered surgeries in these centers. A referral from your PCP is usually required.

If you have ARKids B, you will have to pay a co-payment.

Autism Waiver

The purpose of the Autism Waiver is to provide one-on-one, intensive early intervention treatment to clients from ages 18 months through 7 years with a diagnosis of autism spectrum disorder. Specifically, these community-based services are offered to children diagnosed with autism who meet the financial and institutional level of care criteria, are the appropriate age (enrolled before their fifth birthday), and whose parents agree to actively participate in the treatment plan.

The community-based services offered through the Autism Waiver include:

- ⌋ Individual assessment, treatment development, and monitoring
- ⌋ Therapeutic aides and behavioral reinforcers
- ⌋ Lead therapy intervention
- ⌋ Line therapy intervention
- ⌋ Consultative clinical and therapeutic services

Chiropractor

A *chiropractor* is a doctor who can make adjustments to your spine to treat back pain and other problems. Medicaid and ARKids First cover chiropractic care.

- ⌋ There is a limit to the number of visits Medicaid will pay for if you are 21 or older.
 - If you have ARKids B, you will have to pay a co-payment for each visit.

Community Health Centers

Community health centers are also called Federally Qualified Health Centers (FQHCs). You may choose one of these health centers as your PCP instead of choosing a doctor as your PCP. Otherwise, you will need a

referral from your PCP if you need to go to an FQHC. If you have ARKids B, you will have to pay a co-payment.

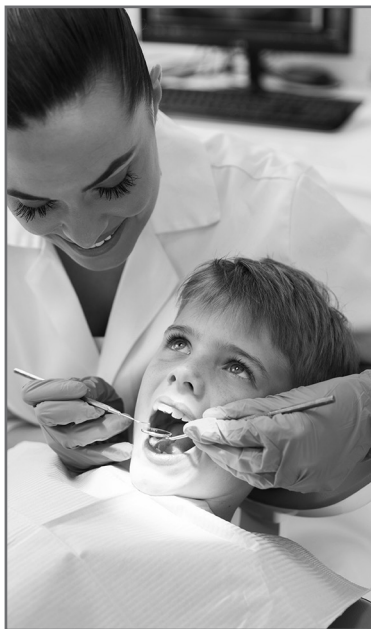
Dental Care

Dental care is covered for children with ARKids First or for individuals with regular Medicaid.

For Children Under Age 21

For ages 0 -20: Dental care is covered for children with ARKids A, Medicaid, ARKids First B and Arkansas Works.

- ⌋ This includes orthodontic care such as braces, if needed for medical reasons.
- ⌋ All orthodontic care must be approved by Medicaid before treatment.
- ⌋ If you have ARKids B, you will need to pay a co-payment.



For Adults Ages 21 and Older

For adults with Spend Down in a long-term care facility, human development center, PACE program, and nursing home, Medicaid will pay up to \$500 a year for most dental care from July 1 to June 30. For all other eligible recipients, the time period is January 1 to December 31st. This includes one office visit, one cleaning, one set of X-rays and one fluoride treatment. If your dentist says you need it, Medicaid will pay for:

- ⌋ Simple tooth pulling
- ⌋ Surgical tooth pulling (if Medicaid approves it first)
- ⌋ Fillings
- ⌋ One set of dentures (if Medicaid approves it first)

- ⌋ Fees to the dental lab for dentures and tooth-pulling do not count toward your \$500 limit, but you can only get one set of dentures or partial dentures in your lifetime. If determined medically necessary, recipients are eligible for a full set of dentures after they have had a partial set of dentures. It's up to you to make sure Medicaid will pay for other dental care if you need it.
 - ⌋ You will receive these benefits through a dental managed care company unless you reside in a Human Development Center, Nursing Home, or are enrolled in a Program for All-Inclusive Care for the Elderly (PACE). When you're first approved, Medicaid will pay your Medicaid-enrolled dentist directly during the first month until you're enrolled with a dental managed care provider.
-

Disability Services

Here are some services for people with disabilities. More options may be found under ***Long-Term Services and Support*** on [page 50](#) or under ***Rehab*** on [page 56](#).

Early Intervention Day Treatment (EIDT)

EIDT services are for children with developmental disabilities or delays and a medical condition. Services are provided in a clinic setting overseen by early childhood specialists.

EIDT services include:

- ⌋ Occupational, physical, and speech therapy.
- ⌋ Nursing services for children who are medically fragile, have complex health needs, or both.
- ⌋ Habilitative services, which includes instruction in communication and motor skills, and instruction to reinforce skills learned and practiced in occupational, physical, and speech therapy. EIDT services may be provided year round to eligible children before they reach school age, which could be up to age 6 if the kindergarten year has been waived. EIDT services may be provided to eligible

children ages 6-21, when school is not in session during May, June, July, and August.

An **Individual Treatment Plan (ITP)** is required every year. It must be developed by the Early Childhood Development Specialist assigned to the client. The ITP is a written, individualized plan to improve or maintain the client's condition.

EIDT services are not covered by ARKids B.

For more information about services and requirements, call **501-682-4936**.

Tax Equity and Fiscal Responsibility Act (TEFRA) Program

TEFRA is a category of Medicaid that provides care to children with a disability in their homes rather than in institutions. To qualify for TEFRA benefits, a child:

- ❧ Must be younger than 18.
- ❧ Cannot have more income than 300 percent of the SSI payment, (which is the same as the Long-Term Services and Support Medicaid limit). The income of the child's parents is not included.
- ❧ Cannot have more than \$2,000 in countable resources. The resources of the parents are not included.

TEFRA Premium

If you are in the TEFRA program, and your income is over a certain amount established for the TEFRA program, you may have to pay a premium for services. If your household income, after allowable expenses, is above 150 percent of the Federal Poverty Level, you must pay monthly premiums. The premium amount is determined by the total gross income (before anything is taken out of your check) of the parents who have custody of the child.

The premium amount can be reduced if your household income goes down or if the number of people living in your household changes. You must report these changes to the DHS County Office where you live. All changes will be checked for accuracy. If you have income that changes

a lot because of seasonal jobs, or you only work some of the time, the premium amount will not change. The premium can only be adjusted once every six months.

The TEFRA Premium Unit will send premium invoices to households getting TEFRA services. When a TEFRA case is approved, they will send a TEFRA Premium Selection Form to the child's parents or custodial parents. The premium form will either let you pay with a monthly automatic draft from your bank account or by making quarterly payments in advance. Whatever type of payment you choose, everyone is required to pay for the first month's premium by check. Send the check and the completed Payment Selection Form back to the TEFRA Premium Unit. Your bank draft or quarterly payment will begin with the second month after the month the child is first approved for TEFRA.

If you do not return the completed Payment Selection Form or do not make the first month's premium payment, the child will not be eligible for services. The TEFRA case will be closed after you have been notified and not responded within 10 days. If your child is already getting TEFRA, but you do not pay the premium for three months, you will get a notice. The written notice will say that if the past due premiums are not paid within 10 days, the TEFRA case will be closed. That means the child will no longer be eligible to get TEFRA services.

If a TEFRA case is closed due to not paying premiums, a new application must be made to restart services. The child's eligibility will be re-determined when the new application is made. If the case has been closed less than 12 months because of not paying premiums, the past due premiums must be paid in full. The child cannot be re-approved for TEFRA services until the payments are made. If a case has been closed 12 months or more due to not paying premiums, the case can be re-opened without paying the past due premiums.

More information about TEFRA can be found at: <https://humanservices.arkansas.gov/about-dhs/dms/tefra>

DDS Community and Employment Support (CES) Waiver

CES services are for people who have a developmental disability and need special care, no matter how old they are. The person must have cerebral palsy, epilepsy, autism, down syndrome or have been declared to have an intellectual disability before they are 22 years old. The care is provided in the person's home, in a foster home, or an apartment in a group home.

A referral from a doctor may be required. To find out more or apply, call the DDS Intake and Referral Unit: **501-683-6502**

First Connections Program

All children grow and develop differently. Some children have delays in early learning and development and need support. Qualified early intervention providers from the First Connections Program work with the family and other caregivers of eligible children from birth to the third birthday to give them the tools to help the child learn and develop. Early intervention services are provided at no cost to the family and support child participation in typical activities at home, childcare, or places in the community the child and family go. To find out more or to refer a child under age three (3), visit <http://firstconnectionsar.org> or call **800-643-8258**.

Children with Chronic Health Conditions (CHC) Program (Title V Children and Youth with Special Health Care Needs)

CHC provides care coordination services (targeted case management) under the Medicaid program "Children's Services Targeted Case Management" to support families of children in accessing community-based, family-centered, culturally sensitive services which will assist the child with special health care needs to reach their maximum potential.

Children with Chronic Health Condition targeted case management services are covered when they are:

- ⌋ Medically necessary
- ⌋ Provided to outpatients only
- ⌋ Provided at the option of the client and by the provider chosen by the client
- ⌋ Provided to clients who have no reliable or available support to assist them in gaining access to needed care and services
- ⌋ Services that directly affect the client but may not require the client's active participation (e.g., housing assistance)
- ⌋ Furnished in accordance with a service plan

Children with Chronic Health Conditions targeted case managers are restricted to serving clients who are not getting case management services under an approved waiver program, are not placed in an institution, and are:

- ⌋ From birth to 21 years old and meet the medical eligibility criteria of Children with Chronic Health Conditions
- ⌋ Clients in the state's Title V Children with Special Health Care Needs Agency or
- ⌋ SSI/TEFRA Disabled Children Program clients, from birth to 16 years old, with any diagnosis.

To apply or to make a referral, contact DDS Intake and Referral Unit:

501-683-6502

For additional information, call **1-800-482-5850** Ext. **22270** or **22277**

Doctors' Services

If you are 21 or older, there is a limit to the number of doctor visits that Medicaid will pay for each year. If you need to see the doctor more often, and you have used the number of visits allowed, your doctor might be able to get an extension. If you need to see a different doctor for specialized care, you will need a referral from your PCP. If you have ARKids B, you will have to pay a co-payment for each doctor visit.

Emergency Room Services

You should seek emergency care if you have a good reason to believe that your life or health or your child's life or health is in serious danger (this includes your unborn baby if you are pregnant). Medicaid and ARKids cover emergency care only in a medical emergency. You do not need a referral from your PCP for a true emergency. If you have ARKids B, you will have to pay a co-payment. Remember, if you use the emergency room when you know your problem isn't an emergency, you might have to pay the bill. To find out more, see ***What to Do in an Emergency*** on [page 17](#).

Early Periodic Screening Diagnosis Treatment (EPSDT) Program

See ***Well-Child Care*** on [page 60](#).

Hearing

Arkansas Medicaid covers hearing tests and hearing aids for people younger than 21 years old who are enrolled in the Child Health Services (EPSDT) Program. The services must be prescribed by a doctor. Licensed audiologists, or hearing specialists, may provide hearing tests. If a child needs a hearing aid, he or she gets three follow-up visits to the hearing aid dealer to make sure the hearing aid is working properly. Only the examination used to test the condition of the middle ear, called tympanometry, is covered under ARKids B.

Home Health Services

Medicaid and ARKids First will pay for some home health services to be provided in your home by a home health care worker or nurse, but only if a doctor says the home care services are needed.

Medicaid will only pay if home care is needed for medical reasons. Your doctor will decide what level of care you need. In some cases, Medicaid needs to approve the services ahead of time. Medicaid has limits on what it will pay for some home services and supplies. If you have ARKids B, you will have to pay a co-payment.

Hospice Care

Hospice services are for people who are very sick and are not expected to live much longer. Instead of trying to make a person well, hospice care tries to make a person as comfortable as possible. Hospice care is usually provided in the patient's home, or sometimes in a hospital or nursing home.

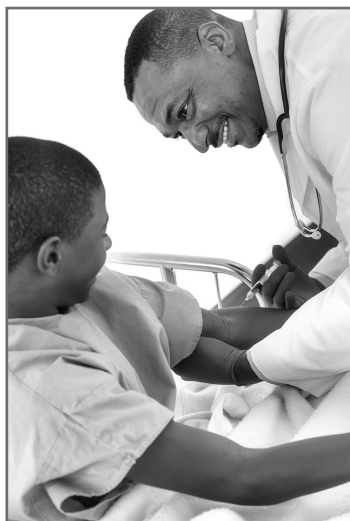
- ⌋ Medicaid and ARKids A will pay for hospice services, but ARKids B will not.
- ⌋ If your health improves, you may no longer qualify for **Hospice services**.

Hospital Care

Medicaid and ARKids First pay for most hospital care, whether you have to stay in the hospital overnight (inpatient care) or can go home the same day you are treated (outpatient care).

Inpatient Care: Medicaid and ARKids First will pay for hospital care that is needed for your health. The hospital might need to get Medicaid's approval first. Medicaid will pay for inpatient hospital based on medical necessity. You will have to pay a co-pay if you are 18 or older, or have ARKids B. The amount of the co-pay is based on a percentage of the first day's stay.

Outpatient Care: Medicaid and ARKids First will pay for most outpatient hospital care, but you may have to pay some charges. Also, there is a limit on the number of visits for adults age 21 and older. Families with ARKids B will have to pay a co-payment.



Immunizations

Immunizations are shots to keep you or your child from getting dangerous diseases. Medicaid and ARKids First cover these shots at certain ages. You can get these shots from your PCP or from the Arkansas Department of Health in your area. For more information about childhood immunizations, see **Well-Child Care** on [page 60](#).

Independent Choices

Independent Choices is another option for in-home assistance. Independent Choices services are available to Medicaid clients who are willing to accept the responsibilities to ensure their in-home personal assistance needs are met. The client or their representative becomes an employer and is responsible for hiring, training, and supervising their worker from Medicaid funds the client/representative control. The individual hired can be a friend, family member, or someone hired by the employer. Medicaid provides a budget to pay a worker and purchase goods and services that lessen human dependency.

Lab Tests and X-Rays

Medicaid and ARKids First pay for lab tests and X-rays if your doctor says you need them. You will need a referral from your PCP if you need to go somewhere else for tests or X-rays. If you have ARKids B, you will have to pay a co-payment. If you're 21 or older, there are yearly limits on the dollar amount of labs and x-rays that Medicaid will cover.

Your doctor can ask for an extension on the number of X-rays covered if medically necessary.

Long-Term Services and Support

When most people talk about long-term care or long-term services, they mean nursing home care. But nursing home care is only one kind of long-term care. Here are some other kinds of long-term care. More options

may be found under **Disability Services** on [page 42](#) or under **Personal Care** on [page 55](#).

Program of All-Inclusive Care for the Elderly (PACE)

PACE is a program for people age 55 and older who have been determined by the state, based on specific criteria, to need nursing home care. PACE allows them to live as independently as they can. PACE provides all needed services to those enrolled in the program, in all health care settings, 24 hours a day, every day of the year.

Nursing Home Care

Medicaid pays for nursing home care in a Medicaid-certified nursing home. For Medicaid to pay for nursing home care, a doctor must recommend it. You (or someone who can represent you) will need to apply for nursing home care in the DHS office in the county where the nursing home is located. If you are in a nursing home, you do not have to pay co-payments for medical care or prescription drugs, but you do have to pay toward the nursing home cost of care based on your income and certain expenses. ARKids B does not cover nursing home care.

Living Choices Assisted Living

Living Choices Assisted Living is a Medicaid program that pays for apartment-style housing for people who need extra care and supervision. It's for people who are at risk of being placed in a nursing home or who already live in a nursing home and want more independence. Housing and care are provided by specially licensed assisted living facilities. The housing is designed to keep residents safe and comfortable. Staff members take care of the residents, but try to let them make most of their own decisions. A portion of the resident's monthly income pays for room and board and towards the cost of care. To qualify for Living Choices Assisted Living, a person must:

- ⌋ Be age 65 or older, or be 21 or older and declared physically disabled by Social Security/SSI or the DHS Medical Review Team



- ⌋ Meet income and asset limits (make less than a certain amount of money and own less than a certain amount)
- ⌋ Meet requirements for nursing home admission at the intermediate level of care
- ⌋ Have a medical need and receive one or more of the services provided

ARChoices in Home Care

ARChoices provides home and community-based services to adults age 21 through 64 with a physical disability, and seniors age 65 or older. ARChoices recipients can be or are eligible for care in a nursing home, but choose services to help remain at home or other community setting. Services include:

- ⌋ Attendant care
- ⌋ Home-delivered meals
- ⌋ Personal emergency response system (PERS)
- ⌋ Adult day services
- ⌋ Adult day health services
- ⌋ Adult Family Homes
- ⌋ Respite care
- ⌋ Environmental modifications

Medical Equipment

Equipment such as wheelchairs, oxygen tanks and hospital beds that you use at home is called ***durable medical equipment***. Medicaid and ARKids First will pay for some durable medical equipment. You will need a prescription and a referral from your PCP.

- ⌋ **Medicaid, including ARKids A, for children under age 21:** Your doctor will need to get approval from Medicaid before you get certain equipment.
- ⌋ **ARKids B:** ARKids B will pay up to a limited amount each year for durable medical equipment. You will have to pay a percentage of the cost, plus any costs after Medicaid has paid its limit.
- ⌋ **Medicaid:** If you are age 21 or older, Medicaid will only pay for certain kinds of equipment. You will need a prescription from your PCP.

Medical Supplies

Medical supplies are items you need for your health that might only be used once and then thrown away. Medicaid and ARKids First pay for some medical supplies. You will need a prescription from your PCP. There is a limit on what Medicaid or ARKids First will pay for supplies each month.

Mental Health and Substance Use Disorder Services

Medicaid will pay for special care for people with mental health problems. Mental health services that Medicaid will pay for include:

Outpatient Behavioral Health Services (OBHS)

Medicaid will pay for services for people with mental health issues, to assist them with managing symptoms. Medicaid will also pay for outpatient services for people with a substance use problem. The care must be provided by a certified Outpatient Behavioral Health Services (OBHS) provider or by a counselor who works for the school or under a

contract with the school. Most services are available without approval before being provided, however, if additional services are needed, the provider should handle getting Medicaid's approval.

A referral from a PCP may be required for individuals needing counseling services. If the person needs more than three counseling sessions, their PCP will need to approve continued counseling services. If you have ARKids B, you will have to pay a co-payment.

Medicaid also pays for Infant Mental Health Services for very young children (birth through 47 months) and their parent or guardian. These services are available by counselors who have been specially trained and involve working with the parent or guardian to provide support for children who have experienced events in their life that lead to issues in functioning.

Inpatient Psychiatric Services for Children Under Age 21

Sometimes people with mental illnesses need to stay at a hospital. Medicaid will pay for this only for children under age 21. The facility is responsible for obtaining approval for the service in order for Medicaid to pay. You will have to pay a co-pay if you have ARKids B. The amount of the co-pay depends on the first day's hospital bill.

Provider-led AR Shared Savings Entity (PASSE)

Some individuals who are receiving counseling services may need additional services provided in home and community settings. These services are to assist people with staying and functioning in those settings and avoid being placed in an institutional setting. If those services are needed the individual will be referred for a Behavioral Health Independent Assessment to assess their level of need. If the person has a certain level of need then they will be enrolled in PASSE, be assigned a care coordinator and receive additional services.

Non-Emergency Transportation (NET) Service

If you have Medicaid, including ARKids A, the NET service may give you a ride to and from your doctor appointments and other Medicaid covered services. There is no charge but you must follow the NET guidelines. ARKids B does not cover NET. To find out more, see ***Getting to the Doctor: NET*** on [page 31](#).

Nurse-Midwife (Certified)

A ***certified nurse-midwife*** is trained to deliver babies in a hospital, birthing center or clinic, or in a patient's home, and to care for a woman while she is pregnant and just after she has a baby. Medicaid and ARKids First pay for certified nurse-midwife services. If you have ARKids B, you will have to pay a co-payment for each visit.

Nursing Home Care

See ***Long-Term Services and Support*** on [page 50](#).

Nurse Practitioners

Nurse practitioners are nurses with special training. They are not doctors, but they can do some of the things a doctor can do. They can treat many illnesses and injuries, and can prescribe medicine. They can do checkups and help catch problems while they are easier to treat. Medicaid will pay for a certain number of visits with a nurse practitioner. Sometimes, a doctor's referral might be needed. If you have ARKids B, you will have to pay a co-pay.



Personal Care

Medicaid will cover personal care when the client is eligible under their aid category and when the assessed need is prior authorized. These services are for people who need help with



everyday tasks such as bathing, getting dressed, going to the bathroom, and eating. Personal care is usually provided in the person's home, by a worker who is trained to help people with these tasks, but not a nurse or a doctor. ARKids B does not cover personal care.

Call the ARKids First toll free phone number if you don't know whether you are covered. It is **1-888-474-8275**.

Podiatrist

A *podiatrist* is a doctor who specializes in problems of the feet. You will need a referral from your PCP to see a podiatrist. If you have ARKids B, you will have to pay a co-payment for each visit. If you are age 21 or older, there is a limit to the number of visits Medicaid will pay. Medicaid and ARKids First will pay for surgery by a podiatrist. If you need to stay in the hospital for the surgery, your podiatrist may have to get approval from Medicaid beforehand.

Pregnancy Termination

Abortions are not covered by Medicaid unless the procedure meets established Medicaid criteria, is determined medically necessary, and is approved by Medicaid beforehand.

Prescription Drugs

Medicaid and ARKids First cover most prescription drugs. Arkansas Medicaid uses a Preferred Drug List or PDL which includes preferred and non-preferred drugs. If you want a brand-name drug, you may have to pay for it.

For some drugs, your doctor will need to call Medicaid for approval. If you are age 21 or older, there is a limit on the number of prescription drugs Medicaid will pay for each month. Birth control pills and other family planning prescriptions do not count toward the monthly limit. People in nursing homes do not have monthly limits or co-payments on their prescription drugs.

NOTE: An exception to this policy applies when there is no required vendor payment to the nursing home. For further details, please contact your local county office.

If you have ARKids B, or you're age 18 or older with Medicaid, you will have to pay a co-payment.

Rehab Services

Medicaid will pay for some rehabilitative services – also called rehab – for people with certain illnesses or injuries. Rehabilitation services help a person learn how to take care of themselves. Rehab services that Medicaid will pay for include:

Rehabilitative Services for Persons With Physical Disabilities (RSPD)

Medicaid pays for rehabilitation services for children under age 21 with physical disabilities, if the services are recommended by a doctor or other licensed medical worker.

Residential rehabilitation centers provide RSPD services only to individuals who are under age 21 years. There is no age restriction for RSPD services provided in extended rehabilitative hospitals and state-operated extended rehabilitative hospitals.



To qualify for RSPD services, the child must have had a severe brain injury, or a spinal cord disorder or injury. (Spinal cord disorders or injuries are only eligible for rehab services in a state-operated extended rehabilitative hospital.)

ARKids B does not cover RSPD.

Rehabilitative Hospital

Medicaid will pay for rehab services to be provided in a hospital if needed for a medical reason. ARKids B does not cover rehabilitative services.

Rural Health Clinic

Rural health clinics offer many services in areas where there are not a lot of doctors' offices. If you're age 21 or older, there is a limit to the number of visits Medicaid will pay for each year. The medical director of a rural health clinic can be named as your PCP. If you have ARKids B, you will have to pay a co-payment.

Targeted Case Management

Targeted case managers help patients find and get the medical services they need. A doctor must prescribe targeted case management. You might be able to get this service if you:

- ⌋ Are younger than age 21 and were referred as a result of a well-child checkup
 - ⌋ Are age 21 and older and participating in the ARChoices in Homecare waiver
 - ⌋ Have Medicaid, including ARKids A. ARKids B does not cover targeted case management
 - ⌋ Have a developmental disability
 - ⌋ Are age 60 or older
 - ⌋ Are pregnant
-

Therapy (Physical, Occupational, or Speech)

Medicaid, including ARKids A and ARKids B, will pay for physical, occupational, or speech-language therapy for patients who are younger than age 21. A doctor's prescription and referral is required. If you have ARKids B, you will have to pay a co-payment.

For Medicaid clients enrolled in a PASSE, these services will be covered through the PASSE.

Tobacco Cessation Program

This program helps people stop smoking or using tobacco. It can include counseling from your doctor and products or medicine to help fight the urge to use tobacco, such as patches, gum or pills.

To find out more, talk to your doctor or call Arkansas Medicaid at **1-800-482-5431**.

Vision Care

Medicaid and ARKids First will pay for a limited number of eye exams and eyeglasses. Adults aged 21 and older will have to pay a co-payment.

For children under age 21, Medicaid and ARKids First will pay for replacement or repair of eyeglasses when Medicaid approves ahead of time. No referral is needed for vision care. If you have ARKids B, you will have to pay a co-payment.



Well-Child Care

Well-child care includes shots to prevent diseases like measles, polio, and whooping cough and regular checkups to make sure the child is developing normally.

ARKids B and full Medicaid benefit plans, including ARKids A, cover well-child care, but they are called different things.

To find out when your child needs to see the doctor for a well-child checkup, call your doctor.

- ⌋ Full Medicaid benefit plans, including ARKids A: If your child has ARKids A or regular Medicaid, well-child care is also called the Child Health Services Program (EPSDT), to provide well-child care for people younger than age 21. Even mothers and fathers who are younger than 21 who have full Medicaid benefits can be a part of the Child Health Services Program.

If you or your child are younger than age 21, tell your DHS caseworker you want Child Health Services. DHS will help you find a PCP or other provider. DHS will help you get a ride to the doctor if needed. To find out more about getting a ride, see ***Getting to the Doctor: NET***, on [page 31](#).

- ⌋ **ARKids B:** If your child has ARKids B, well-child visits are called preventive health screenings. These regular doctor visits are covered. You will not have to pay a co-pay for these visits. Arkids B children can receive a well-child visit through age 18.

NOTE: ARKids B clients are not eligible for the Vaccines for Children (VFC) program. Vaccines can be obtained by physicians and other health care providers to give to ARKids B clients through the SCHIP vaccine program.

Women's Health

Medicaid and ARKids First will pay for pelvic exams, pap tests, and mammograms for all ages. You can go to your PCP for these services, or you can go to a ***gynecologist*** (a women's health specialist). No referral is needed for these services. If you have ARKids B, you may have to pay a co-payment.

If you're age 21 or older, there are yearly limits on the number of doctor visits Medicaid will pay for each year. Medicaid will also pay for family planning for women who are able to have children. These services can include:

- ⌋ Physical exams
- ⌋ Birth control
- ⌋ Information about preventing HIV and other sexually transmitted diseases



Access Arkansas

Access Arkansas is an online service provided by the Arkansas Department of Human Services (DHS) where you can:

- ⌋ Find out if you qualify for DHS services
- ⌋ Apply for new benefits
- ⌋ Complete your application that is in process
- ⌋ Check the status of your application or program
- ⌋ You can apply for these services online:
 - Child Care Assistance – help with paying for child care
 - Medicare Savings Program – help paying for Medicare premiums
 - Supplemental Nutrition Assistance program (SNAP) – help paying for food
 - Transitional Employment Assistance (TEA) – help with finding a job if you are a parent of a child under 18 years old
 - Pregnant Women Medicaid – health coverage for women over age 19 who are pregnant
 - Arkansas Works Program – health care coverage for adults age 19-64 whose income falls below 138 percent of the Federal Poverty Level

Go to access.arkansas.gov for help with any of these services.



Important Phone Numbers

Customer Service – Access Arkansas

1-800-482-8988

- ⌋ General Medicaid questions
- ⌋ Status of Medicaid application
- ⌋ Medicaid eligibility criteria questions
- ⌋ Report loss of Medicaid card
- ⌋ Report changes in Medicaid eligibility

Medicaid Claims Resolution Number

1-800-482-5431

- ⌋ Questions regarding Medicaid claims
- ⌋ Tobacco cessation information
- ⌋ Medicaid questions regarding claims payments

General Medicaid Questions

1-888-987-1200

Arkansas Medicaid Providers

1-800-457-4454

Out-of-State Provider Calls

1-800-457-4454

Extension 26789, Telecommunication Device for the Deaf (TDD)

1-800-285-1131

Non-Emergency Transportation Helpline

1-888-987-1200 Option 1

SNAP Program

1-800-422-6641

ARKids First

1-888-474-8275

ConnectCare

1-800-275-1131

ConnectCare, Telecommunication Device for the Deaf (TDD)

1-800-285-1131

Complaint/Grievance Hotline

1-888-987-1200

Complaint Hotline, Telecommunication Device for the Deaf (TDD)

1-800-285-1131

Nursing Home Abuse Hotline

1-800-582-4887

Additional DHS Hotlines

- Adoptions.....1-888-736-2820
- Adult Protective Services1-800-482-8049
- Arkansas Poison Control Center1-800-222-1222
- Child Abuse Hotline.....1-800-482-5964
- Child Abuse Hotline TDD.....1-800-843-6349
- Child Care Assistance.....1-800-322-8176
- Child Care Resource And Referral ...1-800-445-3316
- Child Support Information.....1-877-731-3071
- General Customer Assistance TDD..1-501-682-8933
- Security/Privacy Hotline1-501-320-3911
- Senior Medicare Fraud Patrol1-866-726-2916
- Suicide Prevention Hotline1-888-274-7472



