

# Arkansas

Data as of July 2003

## Mental Health and Substance Abuse Services in Medicaid and SCHIP in Arkansas

As of July 2003, 557,074 people were covered under Arkansas's Medicaid programs. In state fiscal year 2003, Arkansas spent \$2.46 billion to provide Medicaid services. As of July 2003, Arkansas no longer operates a SCHIP program. The State does, however, have approval for a separate SCHIP program that has not yet been implemented. The State also has a Medicaid §1115 waiver from the Federal government that allows it to expand Medicaid to cover certain children who would not otherwise qualify for Medicaid. The program operated under this waiver is referred to as the ARKids program and serves the following groups of children:

- All children under age 6 from families with incomes of 133 percent Federal Poverty Level (FPL) or less.
- All children aged 6–18 from families with incomes of 100 percent FPL or less.
- Uninsured children 18 or under from families with incomes of 200 percent FPL or less who do not otherwise qualify for Medicaid.

Most beneficiaries (low-income families, low-income children, and persons with a disability) qualify to enroll in primary care case management (PCCM). Mental health and substance abuse services are excluded from the managed care program and are delivered through the fee-for-service system. As of July 2003, there were 557,074 Medicaid beneficiaries in the Medicaid program, with 325,886 enrollees in the PCCM program.

### Medicaid

---

#### *Who Is Eligible for Medicaid?*

##### **Families and Children**

1. Families that would have qualified for cash assistance from the Arkansas Aid to Families with Dependent Children program.
2. All children under age 6 from families with incomes of 133 percent FPL or less.
3. All children aged 6–18 from families with incomes of 100 percent FPL or less.
4. Uninsured children age 18 or under from families with incomes of 200 percent FPL or less who do not otherwise qualify for Medicaid. (Also referred to as ARKids.)
5. Pregnant women from families with incomes of 133 percent FPL or less.
6. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act.

##### **Aged, Blind, and Disabled**

1. Individuals receiving Supplemental Security Income (SSI).

# Arkansas

Data as of July 2003

2. Individuals who are in institutions for at least 30 consecutive days and who earn no more than 300 percent of the cash SSI benefit.
3. Certain disabled children age 18 or under who are living at home, who would be eligible for Medicaid if they were in a medical institution.
4. Individuals under the age of 21 who are receiving active treatment as inpatients in psychiatric facilities or programs.
5. All working individuals aged 16–64 who meet the SSI definition of disability and have an income of 250 percent FPL or less.

## Medically Needy

Members of the following groups may qualify for Medicaid coverage as medically needy if they meet a special income limit set by the State or have sufficient medical expenses to spend down to that level:

1. Pregnant women.
2. Children under age 18.
3. Children under age 21 who are in foster homes, private institutions, or inpatient psychiatric facilities.
4. Aged, blind, and disabled individuals financially supported by family caretakers.

Special income limits vary by family size and are no more than \$108.33 per one-person family, or \$216.66 per two-person family, etc.

## Waiver Populations

A §1115 waiver allows Arkansas to cover low-income children as described above.

## ***What Mental Health/Substance Abuse Services Are Covered by Medicaid?***

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of services Arkansas Medicaid covers and the coverage requirements for those services. The services are presented as they are grouped in the Medicaid State plan that Arkansas must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

<b>Inpatient Hospital Services</b>		
Service	Description	Coverage Requirements
Inpatient psychiatric care	Services to treat mental health conditions provided in an inpatient hospital setting	<ul style="list-style-type: none"> <li>• All stays of longer than 4 days must be approved by the Medicaid agency's designated agent.</li> <li>• Beneficiaries age 21 and over may receive no more than 20 days of inpatient services per year.</li> <li>• Beneficiaries under age 21 may not receive more than 20 days of service without the prior authorization of the Medicaid agency.</li> </ul>

<b>Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services</b>		
Service	Description	Coverage Requirements
Outpatient psychiatric	Mental health services that would	<ul style="list-style-type: none"> <li>• Beneficiaries age 21 or older may not receive</li> </ul>

Information compiled from Medicaid state plan, SCHIP state plan, and various web-related resources that may include the state and/or CMS

# Arkansas

Data as of July 2003

care	be covered if provided in another setting may be provided by an outpatient hospital clinic	<p>more than 12 visits to an outpatient hospital facility per State fiscal year without the authorization of the Medicaid agency. (The visit limit does not apply to beneficiaries under age 21).</p> <ul style="list-style-type: none"> <li>• A mental health/substance abuse service provided in an outpatient hospital setting must meet the same coverage requirements as it would if provided in another setting.</li> </ul>
Federally Qualified Health Centers (FQHCs)	Any mental health service that would be covered if provided in another setting	<ul style="list-style-type: none"> <li>• Beneficiaries age 21 or older may not receive more than 12 visits to a FQHC per State fiscal year without the authorization of the Medicaid agency. (The visit limit does not apply to beneficiaries under age 21).</li> <li>• A mental health/substance abuse service provided in a FQHC must meet the same coverage requirements as it would if provided in another setting.</li> </ul>
Rural Health Clinics (RHCs)	Mental health services that are typically furnished by a physician in an office or in a physician home visit	<ul style="list-style-type: none"> <li>• Beneficiaries age 21 or older may not receive more than a combined total of 12 visits per State fiscal year for any of the following types of services. (The visit limit does not apply to beneficiaries under age 21): <ul style="list-style-type: none"> <li>– Rural health clinic services</li> <li>– Physicians' services</li> <li>– Medical services furnished by a dentist</li> <li>– Office medical services furnished by an optometrist</li> <li>– Certified nurse midwife services</li> </ul> </li> <li>• A mental health/substance abuse service provided in a rural health clinic must meet the same coverage requirements as it would if provided in another setting.</li> </ul>

<b>Physician Services</b>		
Service	Description	Coverage Requirements
Physician services	Services that include mental health services provided by a physician acting within his/her scope of practice as defined in State law	<ul style="list-style-type: none"> <li>• Beneficiaries age 21 or older may not receive more than a combined total of 12 visits per State fiscal year for any of the following types of service. (The visit limit does not apply to beneficiaries under age 21): <ul style="list-style-type: none"> <li>– Rural health clinic services</li> <li>– Physicians' services</li> <li>– Medical services furnished by a dentist</li> <li>– Office medical services furnished by an optometrist</li> <li>– Certified nurse midwife services</li> </ul> </li> <li>• A mental health/substance abuse service provided by a physician clinic must meet the same coverage requirements as it would if provided in another setting.</li> </ul>

<b>Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services for Children Under 21</b>		
Service	Description	Coverage Requirements
Child Health Management Services (CHMS)	Services provided to beneficiaries eligible through early and periodic screening, diagnostic, and treatment (EPSDT) screening in	<ul style="list-style-type: none"> <li>• Beneficiaries may only receive services that are needed to treat or ameliorate a condition identified in an EPSDT screen.</li> <li>• Beneficiaries must be under age 21</li> </ul>

# Arkansas

Data as of July 2003

	<p>multidisciplinary clinic settings and pediatric day program/intervention settings. Specific services include the following mental health and substance abuse services:</p> <ul style="list-style-type: none"> <li>• Behavior counseling and therapy</li> <li>• Neuropsychological testing</li> <li>• Psychiatric evaluation psychological</li> <li>• Social/emotional assessment</li> <li>• Counseling and therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiaries may not receive more than two diagnostic/evaluation services per State fiscal year without the authorization of the Medicaid agency.</li> <li>• Beneficiaries may not receive CHMS treatment services without prior authorization from the Medicaid agency.</li> </ul>
Psychology Services	<p>Children in the EPSDT program may receive the following outpatient services from a psychologist:</p> <ul style="list-style-type: none"> <li>• Diagnosis, including— <ul style="list-style-type: none"> <li>– Psychological test/evaluation</li> <li>– Psychological testing battery</li> </ul> </li> <li>• Interpretation of diagnosis</li> <li>• Crisis management visit</li> <li>• Individual therapy session</li> <li>• Marital/family therapy</li> <li>• Individual collateral services</li> <li>• Group therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiaries may only receive services that are needed to treat or ameliorate a condition identified in an EPSDT screen.</li> <li>• Beneficiaries must be under age 21.</li> <li>• All psychology services must be— <ul style="list-style-type: none"> <li>– Provided by a licensed psychologist</li> <li>– Prescribed by a physician</li> </ul> </li> <li>• Beneficiaries may not receive therapy and collateral services without the prior authorization of the Medicaid agency.</li> </ul>
Licensed Certified Social Worker (LCSW) Services	<p>LCSWs may provide the following services:</p> <ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Interpretation of diagnosis</li> <li>• Crisis management visit</li> <li>• Individual outpatient therapy sessions</li> <li>• Marital/family therapy</li> <li>• Individual outpatient collateral services</li> <li>• Outpatient group therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiaries may only receive services that are needed to treat or ameliorate a condition identified in an EPSDT screen.</li> <li>• Beneficiaries must be under age 21.</li> <li>• Beneficiaries may not receive LCSW services without a referral from a physician who participates in the Medicaid program.</li> <li>• Beneficiaries may not receive therapy and collateral services without the prior authorization of the Medicaid agency.</li> </ul>
Licensed Professional Counselor (LPC) Services	<p>LPCs may provide the following services:</p> <ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Interpretation of diagnosis</li> <li>• Crisis management visit</li> <li>• Individual outpatient therapy session</li> <li>• Marital/family therapy</li> <li>• Individual outpatient collateral services</li> <li>• Outpatient group therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiaries may only receive services that are needed to treat or ameliorate a condition identified in an EPSDT screen.</li> <li>• Beneficiaries must be under age 21.</li> <li>• Beneficiaries may not receive LPC services without a referral from a physician who participates in the Medicaid program.</li> <li>• Beneficiaries may not receive therapy and collateral services without the prior authorization of the Medicaid agency.</li> </ul>
Licensed Marriage and Family Therapist (LMFT) services	<p>LMFTs may provide the following services:</p> <ul style="list-style-type: none"> <li>• Diagnosis</li> <li>• Interpretation of diagnosis</li> <li>• Crisis management visit</li> <li>• Individual outpatient therapy session</li> <li>• Marital/family therapy</li> <li>• Individual outpatient collateral services</li> <li>• Outpatient group therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiaries may only receive services that are needed to treat or ameliorate a condition identified in an EPSDT screen.</li> <li>• Beneficiaries must be under age 21.</li> <li>• Beneficiaries may not receive LMFT services without a referral from a physician who participates in the Medicaid program.</li> <li>• Beneficiaries may not receive therapy and collateral services without the prior authorization of the Medicaid agency.</li> </ul>

# Arkansas

Data as of July 2003

School-based mental health services	Children in the EPSDT program may receive the following outpatient services from a school: <ul style="list-style-type: none"> <li>• Crisis management visits</li> <li>• Individual therapy sessions</li> <li>• Marital/family therapy</li> <li>• Group therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiaries may only receive services that are needed to treat or ameliorate a condition identified in an EPSDT screen.</li> <li>• Beneficiaries must be under age 21.</li> <li>• Beneficiaries may not receive any services without the prior authorization of the Medicaid agency.</li> </ul>
Rehabilitative services for children	If needed, children in the EPSDT program may receive the following services in a residential setting to treat or ameliorate a behavioral health condition: <ul style="list-style-type: none"> <li>• Therapeutic foster care</li> <li>• Residential treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiaries may only receive services that are needed to treat or ameliorate a condition identified in an EPSDT screen.</li> <li>• Beneficiaries must be under age 21</li> <li>• Beneficiaries may only receive services that are provided as part of an active individualized plan of care.</li> <li>• These services are only available to beneficiaries who cannot be treated in their own home.</li> </ul>
Rehabilitative services for youth	If needed, children in the EPSDT program may receive the following outpatient services in a residential setting to treat or ameliorate a behavioral health condition: <ul style="list-style-type: none"> <li>• Individual, group, and family therapy</li> <li>• Residential services including— <ul style="list-style-type: none"> <li>– Emergency shelter</li> <li>– Therapeutic foster care</li> <li>– Therapeutic group home</li> <li>– Residential treatment</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Beneficiaries may only receive services that are needed to treat or ameliorate a condition identified in an EPSDT screen.</li> <li>• Beneficiaries must be under age 21.</li> <li>• Beneficiaries may only receive services that are provided as part of an active individualized plan of care.</li> <li>• No beneficiary may receive therapy services without the prior authorization of the Medicaid agency.</li> <li>• Residential services are only available to beneficiaries who cannot be treated in their own home.</li> </ul>

## Optional State Plan Services

Inpatient Psychiatric Services (for persons under the age of 22)		
Service	Description	Coverage Requirements
Inpatient psychiatric facility services for individuals under 22	Inpatient or residential services to treat a psychiatric condition in a distinct unit for children and adolescents	<ul style="list-style-type: none"> <li>• Only beneficiaries under age 21 may begin treatment in an inpatient psychiatric facility. If the beneficiary was an inpatient when he/she reached 21, services may continue until services are no longer required or the individual turns 22, whichever comes first.</li> <li>• Beneficiaries may only receive services— <ul style="list-style-type: none"> <li>– That are part of an individual plan of care developed by an interdisciplinary team</li> <li>– With prior authorization from the Medicaid agency review team</li> <li>– Under the direction of a physician</li> </ul> </li> </ul>

Rehabilitative Services		
Service	Description	Coverage Requirements
Rehabilitative Services for Persons with Mental Illness (RSPMI)	Services needed to treat a mental illness, including the following— <ul style="list-style-type: none"> <li>• Acute outpatient services, including— <ul style="list-style-type: none"> <li>– Diagnosis</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• No beneficiary may receive the following services without the prior authorization of the Medicaid agency— <ul style="list-style-type: none"> <li>– Individual and group outpatient</li> </ul> </li> </ul>

# Arkansas

Data as of July 2003

	<ul style="list-style-type: none"> <li>- Psychological test/evaluation</li> <li>- Psychological testing battery treatment plan</li> <li>- Interpretation of diagnosis</li> <li>- Individual outpatient therapy session</li> <li>- Marital/family therapy</li> <li>- Outpatient group therapy</li> <li>- Group outpatient medication maintenance</li> <li>• Acute day treatment</li> <li>• Assessment-reassessment and plan of care development</li> <li>• Crisis intervention and stabilization interventions</li> <li>• Onsite intervention</li> <li>• OffSite intervention</li> <li>• Rehabilitation day services</li> <li>• Physical examination</li> <li>• Medication maintenance by a physician</li> <li>• Periodic review of plan of care</li> <li>• Routine venipuncture for collection of specimen</li> <li>• Catheterization for collection of specimen</li> <li>• Medication administration by a licensed nurse</li> <li>• Collateral intervention</li> <li>• Inpatient visits in acute care hospitals by board certified psychiatrists</li> </ul> <p>Methadone maintenance and levo-alpha-acetyl-methadol (LAAM) are not covered</p>	<p>therapy sessions</p> <ul style="list-style-type: none"> <li>- Offsite and onsite interventions</li> <li>- Rehabilitation day services</li> <li>- Medication maintenance by a physician</li> <li>• No beneficiary under age 21 may receive the following services without the prior authorization of the Medicaid agency— <ul style="list-style-type: none"> <li>- Marital/family therapy</li> <li>- Collateral intervention</li> </ul> </li> <li>• No beneficiary age 21 or over may receive the following services without the prior authorization of the Medicaid agency— <ul style="list-style-type: none"> <li>- Acute day treatment</li> <li>- Crisis stabilization intervention</li> </ul> </li> <li>• Services may only be provided as part of an active, individualized plan of care.</li> </ul>
--	---	---

## **SCHIP Medicaid Expansion Program**

---

Arkansas Does Not Operate A SCHIP Medicaid Expansion Program.

## **Separate SCHIP Program**

---

Arkansas Does Not Operate A Separate SCHIP Program.