

PUBLIC NOTICE
State Plan Amendment regarding Alternative Benefit Plan

The Director of the Division of Medical Services of the Department of Human Services (DHS) announces for a public comment period of fourteen (14) calendar days, a public notice pursuant to requirements contained in the Code of Federal Regulation (42 C.F.R. §440.386) to be effective January 1, 2023. DHS intends to submit a State Plan Amendment to define the Alternative Benefit Plan as further described below (hereinafter ABP SPA). The State Plan Amendment requires approval by the Centers for Medicare and Medicaid Services (CMS).

The Director of the Division of Medical Services amends the State Plan, along with Provider Manuals and Medical Services Policy currently in promulgation pursuant to the Arkansas Administrative Procedure Act (Sections 124.000, 124.220, 124.230, 124.240, 124.250, 133.000, 134.000, and 135.000 of the Medicaid Provider Manual, Sections 213.200, 213.300, and 214.200 of the Medicaid Visual Provider Manual, and Medical Services Policy Section A), to comply with CMS requested changes and to revise copayment amounts and limits for the ARHOME Program, Workers with Disabilities, and Traditional Medicaid.

The ARHOME QHP Cost Share Schedule and the Adult Medicaid Cost Share Schedule copays range from \$0.00 to \$9.40, with the specific amount dependent on the covered service. DMS adds that exclusions from cost sharing policy will apply to individuals enrolled in a Provider-led Arkansas Shared Savings Entity (PASSE), individuals receiving hospice care, and individuals at or below 20% of the federal poverty level. DMS also adds that the following services are excluded from the client cost sharing requirement: emergency services, pregnancy related services, preventative services, and services for provider-preventable conditions. DMS adds information concerning the collection of coinsurance/co-payments that detail hospital compliance with updated screening requirements. DMS has eliminated coinsurance for inpatient hospital stays.

Changes to the Alternative Benefit Plan pages of the State Plan include:

- Changing the name of the Medicaid Expansion program from Arkansas Works to Arkansas Health and Opportunity for Me (ARHOME) program;
- Clarifying the benefit structures of the four benefit plans associated with ARHOME:
 - The medically frail plan that mirrors traditional State Plan benefits
 - The plan that mirrors the benefits in the Essential Health Benefits that medically frail clients may choose as an alternative to the medically frail plan
 - The benefit plan delivered through fee for service that ARHOME clients will be in while they wait to enroll in a QHP
 - And the benefit plan delivered through QHPs;
- Eliminating premium assistance for employer-sponsored insurance through the ARHOME program; Premium assistance for ESI will continue to be offered through the ARHIPP program;
- Clarifying that ARHOME eligibility is determined by DHS's eligibility system, rather than the Federally Facilitated Marketplace;
- Clarifying the application questions that determine eligibility for medically frail;
- Clarifying the benefit plan options for individuals who are determined to be medically frail;
- Specifying that individuals who are not deemed medically frail at the time of application may be rescreened later to determine medically frail status;

- Eliminates the state’s review of QHP medical claims to identify medically frail status and instead allows the individual to drive their decision to receive benefits through medically frail status or his or her QHP;
- Adding language reflecting the changes to the ARHOME Special Terms and Conditions allowing individuals to enroll in the PASSE, if eligible;
- Clarifying that individuals who identify as American Indian or Alaskan Native are not required to enroll in a QHP and can choose to enroll in an EHB-equivalent benefit plan delivered through Medicaid fee for service;
- Clarifying that individuals who meet the ABP exemption criteria are either not required to enroll in a QHP or are placed in other Medicaid aid categories; and
- Clarifying that individuals that are medically frail will be required to participate in the Primary Care Case Management program (PCCM). ARHOME clients will not be required to participate the PCCM program while awaiting enrollment in a QHP. ARHOME clients in a QHP will follow the requirements of their QHP.

There are no changes to Early Periodic Screening, Diagnosis, and Treatment services (EPSDT). DHS assures continued access to EPSDT services in compliance with 42 C.F.R. §440.345.

The estimated fiscal impact of the ABP SPA is (\$792,112) for federal fiscal year 2023, and (\$1,056,149) for federal fiscal year 2024.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Rules Promulgation, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule at <https://humanservices.arkansas.gov/do-business-with-dhs/proposed-rules/>. Public comments regarding the State Plan Amendment must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov. All public comments must be received by DHS no later than December 6, 2022. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter’s name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

If you need this material in a different format, such as large print, contact the Office of Rules Promulgation at 501-534-4138. The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin.