

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  2010-001	2. STATE  ARKANSAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE  May 1, 2010	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR 440.120(c)		7. FEDERAL BUDGET IMPACT: a. FFY 2010      \$ 44,945 b. FFY 2011      \$ 107,869	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Page 3c Attachment 3.1-B, Page 3e Attachment 4.19-B, Page 2J		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Attachment 3.1-A, Page 3c, Approved 4-17-02, TN 02-10 Attachment 3.1-B, Page 3e, Approved 4-17-02, TN 02-10 None, New Page	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to increase the Medicaid maximum reimbursement rates for specialized rehabilitative equipment.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  <i>Eugene I. Gessow</i>		16. RETURN TO:  Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437  Attention: LeAnn Edwards	
13. TYPED NAME: Eugene I. Gessow			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: April 7, 2010			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:      7 April, 2010		18. DATE APPROVED:      4 November, 2010	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 May, 2010		20. SIGNATURE OF REGIONAL OFFICIAL:  <i>Bill Brooks</i>	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

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

May 1, 2010

7. Home Health Services (Continued)

c. Medical Supplies, Equipment and Appliances Suitable for Use in the Home (continued)

(11) Specialized Rehabilitative Equipment

Effective for claims with dates of service occurring on and after May 1, 2010, the reimbursement rate maximums for the following listed Medicaid covered specialized rehabilitative equipment will be 85% of the February 1, 2009 retail price.

Reimbursement for this specialized rehabilitative equipment is by fee schedule, at the lesser of the billed charge or the Title XIX (Medicaid) maximum allowable. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of this specialized rehabilitative equipment and the fee schedule is published on the Medicaid website at [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

Bath chair 56"	Commode chair, extra wide and/or heavy duty
Tray for Gait Trainer	Standing frame syst., any size, w/wo wheels
Corner chair w tray & casters, small	Transition toddler chair, small
Corner chair w tray & casters, large	Gait trainer, ped size, posterior support, w/all Accessories
Low back activity chair	Adjustable abduction wedge w/hip stabilizer
Supine stander 51", small	Up-rite stander, small
Supine stander 71", large	Up-rite stander, medium
Prone stander 35"	Up-rite stander, large
Prone stander 42"	Tumble form feeder seat, small
Prone stander 50"	Tumble form feeder seat, medium
Tray for stander, prone	Tumble form feeder seat, large
Tray for stander, supine	Seat & back pad for toddler chairs
Foot sandals for standers	T&S high back w/support activity chair, 14"
Caster base for up-rite stander, small	T&S high back w/support activity chair, 16"
Caster base for up-rite stander, medium	Toilet seat reducer ring (padded)
Caster base for up-rite stander, large	4 wheel reverse walker
Tumble form tri stander w/tray, small	4 wheel front swivel reverse walked
Tumble form tri stander w/tray, large	
Mobile floor sitter, medium/large	
Tray for toddler chair	
Wrap around back support, small	
Wrap around bath support, large	
Toilet support w/high back, small	
Toilet support w/high back, large	
Adult gait trainer	

SUPERSEDES: NONE - NEW PAGE

STATE	Arkansas	A
DATE REC'D	7-7-10	
DATE APPL'D	11-4-10	
DATE EFF	5-1-10	
HC FA 179	10-1	