MEDICAID FACTSHEET
HOSPICE SERVICES

Hospice Expenditures
as % of Total Hosp/Med Exp:
SFY98: 0.34%
SFY99: 0.27%
SFY00: 0.29%
SFY01: 0.31%
SFY02: 0.34%

Definition:

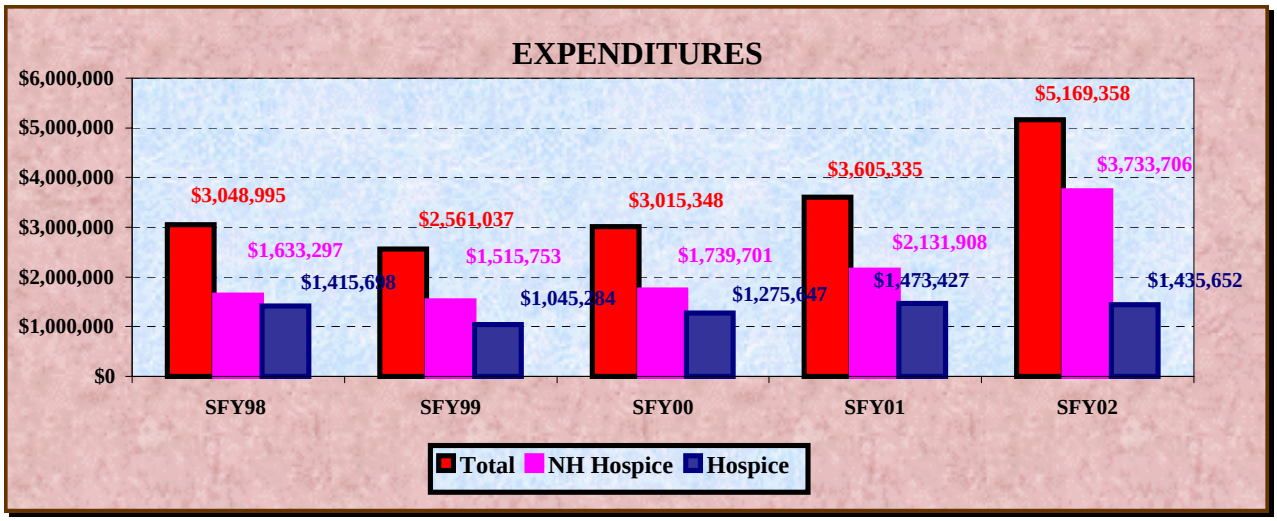
Hospice is a continuum of care, directed by professionals, designed to meet the needs & desires of those who are terminally ill & for whom curative medicine has exhausted its possibilities. Hospice services are reasonable & medically necessary services,

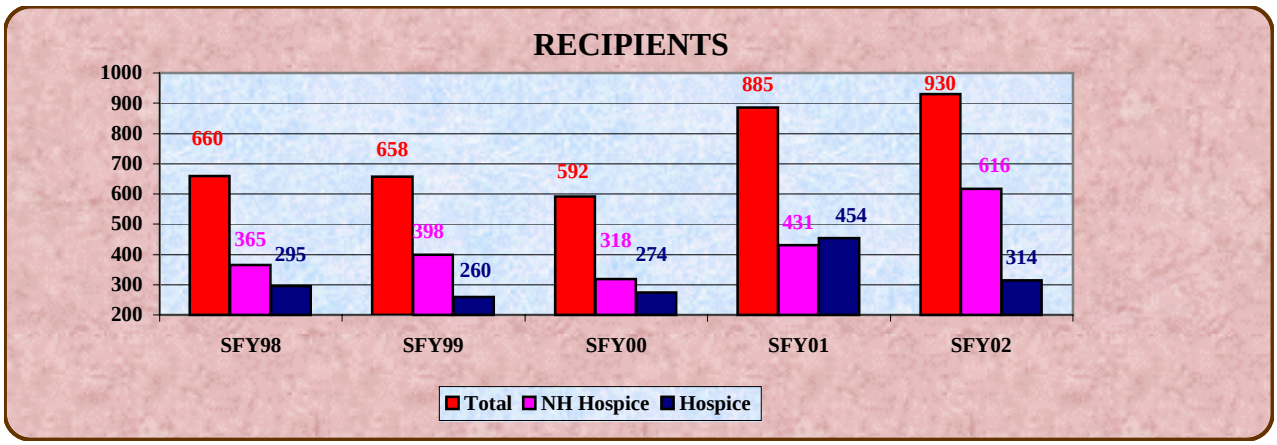
Eligibility:

* **Patients of all ages are eligible; Dual eligibles must reside in a Nursing Facility**
* **Patient must have terminal illness with life expectancy of six months or less**
* **Patients elect to receive hospital services instead of certain other Medicaid Benefits**
* **Hospice services must be provided primarily in patient's residence**

A patient may elect to receive hospice services in a nursing facility under specific agreement; or, in a hospital or nursing facility if the facility is an enrolled Medicaid Hospice provider. Hospice providers must have an interdisciplinary staff and volunteer assistants. Volunteer hours must be equivalent to at least five percent of the total compensated patient care hours.

Reimbursable Hospice Services: nursing care; social workers; physician services; counseling services to patient/family/care givers; medical appliances & supplies including drugs; home health aide services; certain physical, occupational & speech therapy services; continuous home care during crisis period; inpatient respite care; general inpatient care





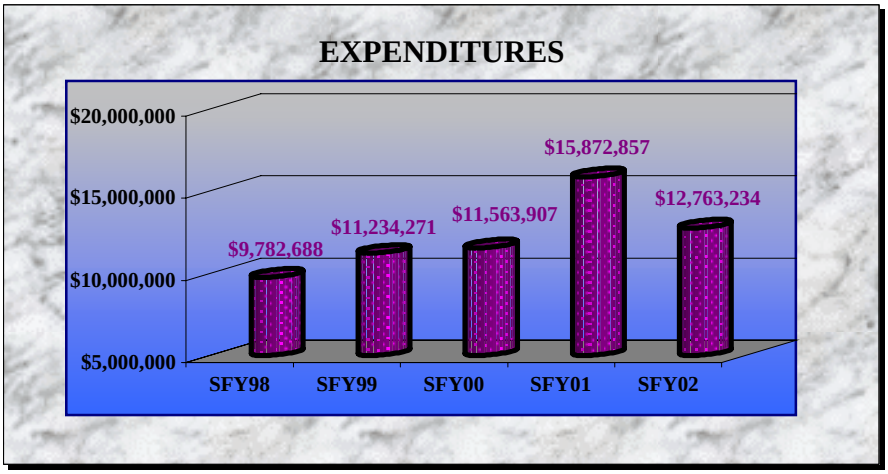
Source: DSS Reports; Medicaid Statistical Reports; Medicaid Provider Manual

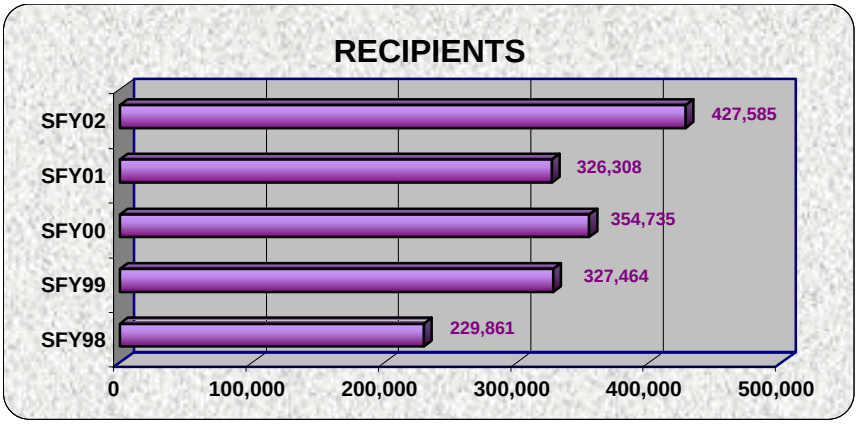
MEDICAID FACTSHEET
TRANSPORTATION

Transportation Expenditures
as % of Total Hosp/Med Exp:
SFY98: 1.09%
SFY99: 1.19%
SFY00: 1.15%
SFY01: 1.35%
SFY02: 1.08%

Non-Profit and Public Transportation is covered when the recipient is transported to or from a medical facility to receive covered services, when transportation is not otherwise available, for the least expensive available means suitable to the recipient's medical needs, to deliver individuals to the nearest qualified providers who are generally available and used by other residents of the community (unless the patient is referred by a physician to a provider that is outside of the general area).

If there is more than one recipient transported at the same time to the same location, Medicaid may be billed for only one recipient; if there is more than one recipient transported at the same time to different locations, the provider may bill only for the recipient traveling the farthest distance.





Source: DSS Reports; Medicaid Statistical Reports; Medicaid Provider Manual

MEDICAID FACTSHEET
MENTAL HEALTH SERVICES

Mental Health Expenditures
as % of Total Hosp/Med Exp:
SFY98: 13.59%
SFY99: 13.64%
SFY00: 13.18%
SFY01: 12.44%
SFY02: 12.86%

Mental Health Services are provided by Inpatient Psychiatric Facilities and Outpatient Services (RSPMI).

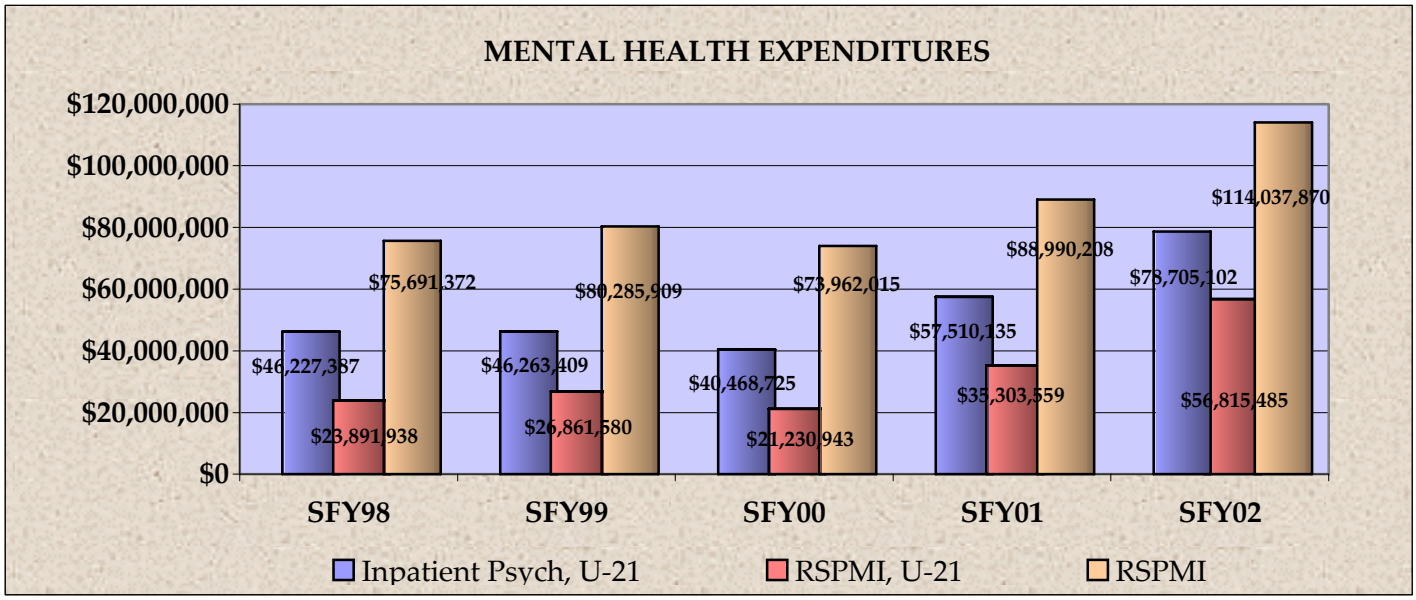
Inpatient Psychiatric Services are for recipients up to the age of 21; elective admissions require pre-certification by an independent certification team (First Mental Health, Inc., Nashville, TN).

Outpatient Services for Rehabilitative Services for Persons with Mental Illness (RSPMI) are provided by Community Mental Health Centers.

RECIPIENTS	SFY98	SFY99	SFY00	SFY01	SFY02
Inpatient Psych, U-21	3,155	3,442	3,226	4,015	4,898
RSPMI	24,787	27,436	28,692	33,723	40,517
Total	27,942	30,878	31,918	37,738	45,415

EXPENDITURES	SFY98	SFY99	SFY00	SFY01	SFY02
Inpatient Psych, U-21	$ 46,227,387	$ 46,263,409	$40,468,725	$57,510,135	$78,705,102
RSPMI	$ 75,691,372	$ 80,285,909	$73,962,015	$88,990,208	$114,037,870
Total	$ 121,918,759	$ 126,549,318	$114,430,740	$146,500,343	$192,742,973

RSPMI, U-21	SFY98	SFY99	SFY00	SFY01	SFY02
RECIPIENTS	12,080	13,407	14,080	18,831	24,902
EXPENDITURES	$23,891,938	$26,861,580	$21,230,943	$35,303,559	$56,815,485



Source: DSS Reports; Medicaid Statistical Reports; Medicaid Provider Manual; HCFA 2082

MEDICAID FACTSHEET
PSYCHOLOGIST SERVICES

Psychologist Svcs. Expenditures
as % of Total Hosp/Med Exp:
SFY98: 0.10%
SFY99: 0.09%
SFY00: 0.08%
SFY01: 0.09%
SFY02: 0.09%

The Psychology Program consists of a range of mental health diagnostic, therapeutic, rehabilitative or palliative services provided by a licensed psychologist to Medicaid eligible clients **under the age of 21** who suffer from psychiatric conditions as described in the American Psychiatric Association Diagnostic and Statistical Manual (DSM III) and subsequent revisions.

Covered Psychology Services:

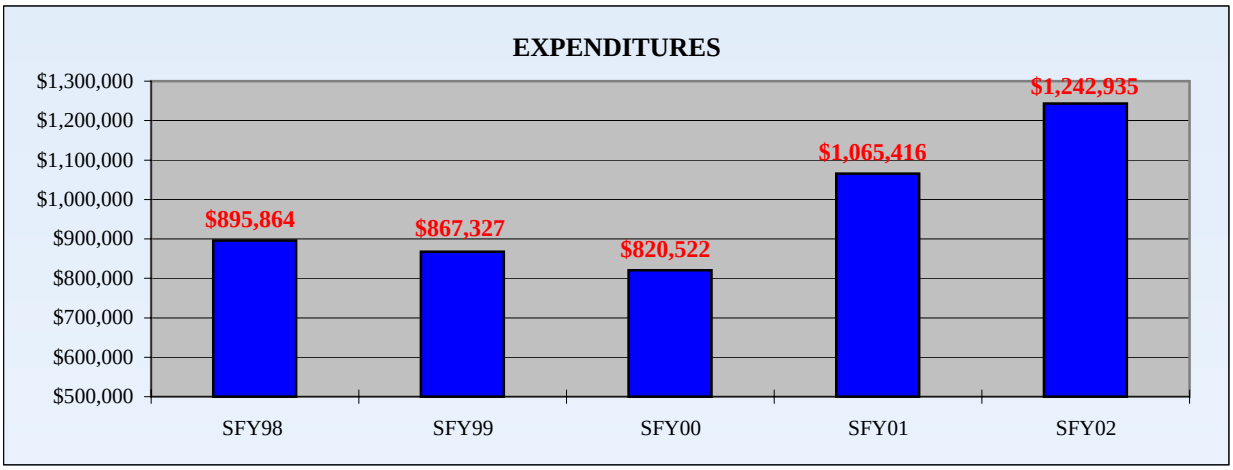
* prescribed by a physician
* provided to outpatients
* provided by licensed psychologist
* when applicable, provided according to an Individualized Education Plan

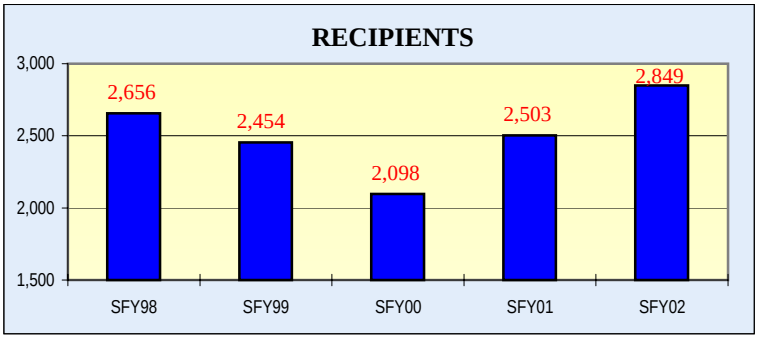
Services covered when provided in:

* provider's office
* outpatient acute care hospital setting
* public school system setting under authority of Arkansas Department of Education

Psychology services are not available to inpatients. Psychologist may not bill for services provided in a Community Mental Health Clinic or an inpatient psychiatric facility (the individual facility must bill through their respective program).

Covered services include: diagnosis; psychological testing/evaluation; interpretation of diagnosis; crisis management visits; individual outpatient therapy sessions; marital/family therapy; group outpatient therapy.





Recipients by Age, SFY02:

Under 1	2
Ages 1 - 5	321
Ages 6 - 14	2,005
Ages 15 - 20	521

Source: DSS Reports; Medicaid Statistical Reports; Medicaid Provider Manual

MEDICAID FACTSHEET
PROSTHETICS/DME

Expenditures for Prosthetics/DME
as % of Total Hosp/Med Exp:
SFY98: 0.74%
SFY99: 0.94%
SFY00: 0.99%
SFY01: 0.97%
SFY02: 0.91%

Prosthetics Services are defined as durable medical equipment/oxygen, orthotic appliances, prosthetic devices, augmentative communication devices, specialized wheelchairs, wheelchair seating systems and specialized rehabilitative equipment. Prosthetics services may include any or all of these services.

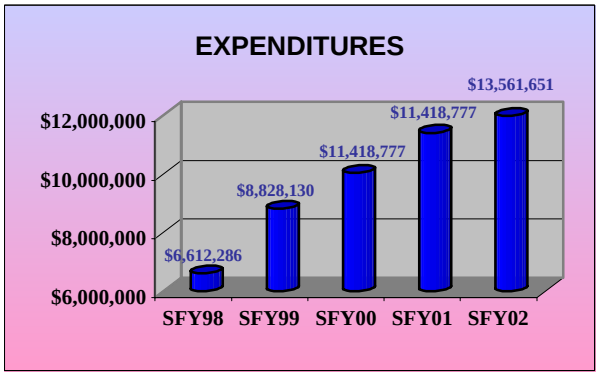
Services must be medically necessary and prescribed by the recipient's Primary Care Physician (PCP) unless the recipient is exempt from PCP requirements. Specified services are covered for recipients of all ages. Certain services are covered only for recipients under age 21 in the EPSDT Program. Where applicable, Prior Authorization is required.

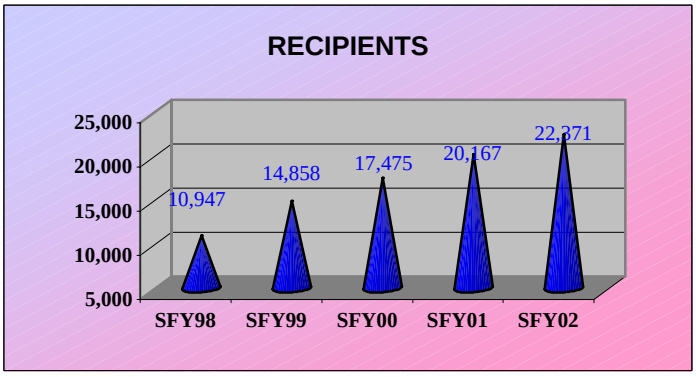
In order to be covered for services, a recipient's place of residence may not include a hospital, a skilled nursing facility, intermediate care facility or any other supervised living setting which is required to provide prosthetic services.

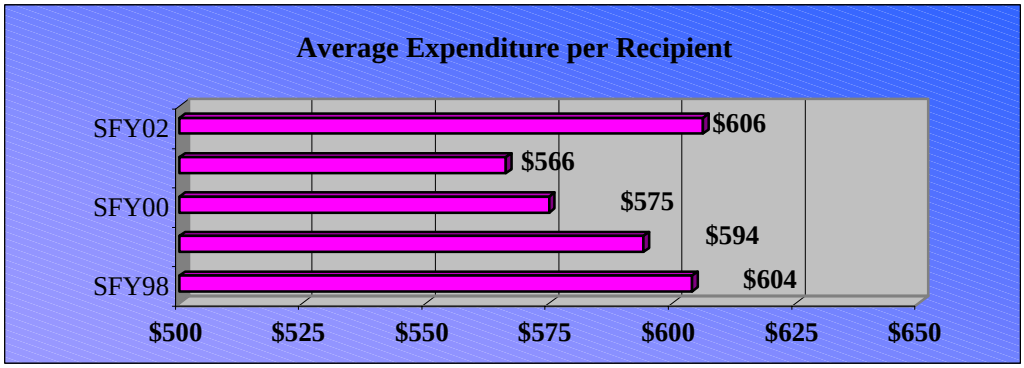
Non-Covered Services:

* Orthotic appliances and prosthetic devices for recipients over age 21
* Over-the-counter items provided through the Pharmacy Program
* Over-the-counter drugs
* Specialized wheelchair equipment which has ever been previously purchased for the recipient
* Wheelchairs for recipients under age 21 within two years of the purchase of a specialized wheelchair
* food stuffs; hyperalimentation

At least once every 6 months, the Primary Care Physician must certify medical necessity for prosthetics







Source: DSS Reports; Medicaid Statistical Reports; Medicaid Provider Manual