

**DEPARTMENT OF HUMAN SERVICES, DIVISION OF COUNTY OPERATIONS &
DIVISION OF MEDICAL SERVICES**

SUBJECT: Pregnant Presumptive Eligibility, 20 CAR pts. 57, 63, 500, 600, 610, 631

DESCRIPTION:

Statement of Necessity

The Department of Human Services (DHS) seeks to add presumptive eligibility for pregnant women under Medicaid pursuant to Acts 124 and 140 of 2025, known widely as “Healthy Moms, Healthy Babies”. The goal of Presumptive Eligibility – Pregnant Women (PE-PW) is to offer immediate health care coverage to pregnant women likely to be eligible for Medicaid before there has been a full eligibility determination. Implementation of the PE-PW coverage requires an amendment to the Medicaid State Plan, as well as updates to the Medical Services Policy (MSP) Manual and Medicaid Provider Manuals.

The Division of County Operations (DCO) adds “Presumptive Eligibility – Pregnant Women” (PE-PW) Section B-280 to the Medicaid Services Policy Manual. The Division of Medical Services (DMS) adds presumptive eligibility to Sections I and II of the Physician, Certified Nurse Midwife, and Nurse Practitioner provider manuals. DHS will submit a state plan amendment (SPA) to the Medicaid State Plan.

Summary

DCO creates Section B-280 in the MSP Manual. B-280 describes the PE-PW program, eligibility determination and length of coverage, and the process for applying for ongoing coverage. The MSP Glossary is updated to further define “Qualified Entities (QE)”, which are designated agencies that determine presumptive eligibility.

DMS updates the Medicaid Provider Manual Section I (124.140) and mirrors the language in the Certified Nurse Midwife manual, Nurse Practitioner manual, and Physician Manual. The added language is: “Medicaid provides a temporary Aid Category 62, Presumptive Eligibility Pregnant Woman (PE-PW). Coverage is restricted to prenatal services and services for conditions that may complicate the pregnancy. These services are further limited to the outpatient setting only.”

A state plan amendment will be submitted to the Centers for Medicare & Medicaid Services.

PUBLIC COMMENT: A public hearing was held on this rule on April 23, 2025. The public comment period expired on May 5, 2025. The agency indicated that it received no public comments.

The proposed effective date is July 1, 2025.

FINANCIAL IMPACT: The agency indicated that this rule has a financial impact.

Per the agency, the total cost to implement this rule is \$483,929 for the current fiscal year (\$139,662 in general revenue and \$344,267 in federal funds) and \$1,607,144 for the next fiscal year (\$486,844 in general revenue and \$1,120,300 in federal funds). The total estimated cost by fiscal year to a state, county, or municipal government is \$139,662 for the current fiscal year and \$486,844 for the next fiscal year.

The agency indicated that there is a new or increased cost or obligation of at least \$100,000 per year to a private individual, private entity, private business, state government, county government, municipal government, or to two or more of those entities combined. Accordingly, the agency provided the following written findings:

(1) a statement of the rule's basis and purpose;

Provide prenatal care to pregnant women, if eligible while awaiting full determination of healthcare benefits, in compliance with Acts 124 and 140 of 2025.

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

Increase early access to quality prenatal care and address complications of pregnancy with better and earlier management of risk factors.

(3) a description of the factual evidence that:

(a) justifies the agency's need for the proposed rule; and

(b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;

N/A

(4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

N/A

(5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

N/A

(6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or

contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and

N/A

(7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:

(a) the rule is achieving the statutory objectives;

(b) the benefits of the rule continue to justify its costs; and

(c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

The Agency monitors state and federal rules and policies for opportunities to reduce and control cost.

LEGAL AUTHORIZATION: This rule implements identical Acts 124 and 140 of 2025. Act 124, sponsored by Representative Aaron Pilkington, and Act 140, sponsored by Senator Missy Irvin, created the Healthy Moms, Healthy Babies Act and amended Arkansas law to improve maternal health in this state. Each Act required the Department of Human Services to adopt rules implementing the Act. *See* Act 124, § 3; Act 140, § 3.



Office of Policy and Rules

P.O. Box 1437, Slot S295, Little Rock, AR 72203-1437

P: 501.320.6383 F: 501.404.4619

April 4, 2025

Mrs. Rebecca Miller-Rice
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
#1 Capitol, 5th Floor
Little Rock, AR 72201

Dear Mrs. Rebecca Miller-Rice:

Re: Pregnant Presumptive Eligibility

Please arrange for this rule to be reviewed by the ALC-Administrative Rules Subcommittee. If you have any questions or need additional information, please contact me at 501-320-6383 or by emailing Mac.E.Golden@dhs.arkansas.gov.

Sincerely,

Mac Golden

Mac Golden
Deputy Chief

Attachments

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH
THE ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT _____
BOARD/COMMISSION _____
BOARD/COMMISSION DIRECTOR _____
CONTACT PERSON _____
ADDRESS _____
PHONE NO. _____ EMAIL _____
NAME OF PRESENTER(S) AT SUBCOMMITTEE MEETING _____
PRESENTER EMAIL(S) _____

INSTRUCTIONS

In order to file a proposed rule for legislative review and approval, please submit this Legislative Questionnaire and Financial Impact Statement, and attach (1) a summary of the rule, describing what the rule does, the rule changes being proposed, and the reason for those changes; (2) both a markup and clean copy of the rule; and (3) all documents required by the Questionnaire.

If the rule is being filed for permanent promulgation, please email these items to the attention of Rebecca Miller-Rice, miller-ricer@blr.arkansas.gov, for submission to the Administrative Rules Subcommittee.

If the rule is being filed for emergency promulgation, please email these items to the attention of Director Marty Garrity, garritym@blr.arkansas.gov, for submission to the Executive Subcommittee.

Please answer each question completely using layman terms.

1. What is the official title of this rule?

2. What is the subject of the proposed rule? _____
3. Is this rule being filed under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No

If yes, please attach the statement required by Ark. Code Ann. § 25-15-204(c)(1).

If yes, will this emergency rule be promulgated under the permanent provisions of the Arkansas Administrative Procedure Act? Yes No

4. Is this rule being filed for permanent promulgation? Yes No

If yes, was this rule previously reviewed and approved under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No

If yes, what was the effective date of the emergency rule? _____

On what date does the emergency rule expire? _____

5. Is this rule required to comply with a *federal* statute, rule, or regulation? Yes No

If yes, please provide the federal statute, rule, and/or regulation citation.

6. Is this rule required to comply with a *state* statute or rule? Yes No

If yes, please provide the state statute and/or rule citation.

7. Are two (2) rules being repealed in accord with Executive Order 23-02? Yes No

If yes, please list the rules being repealed.

If no, please explain.

8. Is this a new rule? Yes No

Does this repeal an existing rule? Yes No

If yes, the proposed repeal should be designated by strikethrough. If it is being replaced with a new rule, please attach both the proposed rule to be repealed and the replacement rule.

Is this an amendment to an existing rule? Yes No

If yes, all changes should be indicated by strikethrough and underline. In addition, please be sure to label the markup copy clearly as the markup.

9. What is the state law that grants the agency its rulemaking authority for the proposed rule, outside of the Arkansas Administrative Procedure Act? Please provide the specific Arkansas Code citation(s), including subsection(s).

10. Is the proposed rule the result of any recent legislation by the Arkansas General Assembly?
Yes No

If yes, please provide the year of the act(s) and act number(s).

11. What is the reason for this proposed rule? Why is it necessary?

12. Please provide the web address by which the proposed rule can be accessed by the public as provided in Ark. Code Ann. § 25-19-108(b)(1).

13. Will a public hearing be held on this proposed rule? Yes No

If yes, please complete the following:

Date: _____

Time: _____

Place: _____

Please be sure to advise Bureau Staff if this information changes for any reason.

14. On what date does the public comment period expire for the permanent promulgation of the rule? Please provide the specific date. _____

15. What is the proposed effective date for this rule? _____

16. Please attach (1) a copy of the notice required under Ark. Code Ann. § 25-15-204(a)(1) and (2) proof of the publication of that notice.

17. Please attach proof of filing the rule with the Secretary of State, as required by Ark. Code Ann. § 25-15-204(e)(1)(A).

18. Please give the names of persons, groups, or organizations that you anticipate will comment on these rules. Please also provide their position (for or against), if known.

19. Is the rule expected to be controversial? Yes No

If yes, please explain.

NOTICE OF RULE MAKING

The Department of Human Services (DHS) announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§20-76-201, 20 77-107, and 25-10-129. The proposed effective date of the rule is July 1, 2025.

The Department of Humans Services (DHS) seeks to add presumptive eligibility for pregnant women under Medicaid pursuant to Acts 124 and 140 of 2025. The goal of Presumptive Eligibility – Pregnant Women (PE-PW) is to offer immediate health care coverage to pregnant women likely to be eligible for Medicaid before there has been a full eligibility determination. The proposed rule estimates a financial impact of \$483,929.00 (\$139,662.00 State; \$344,267.00 Federal) for State Fiscal Year (SFY) 2025 and \$1,607,144.00 (\$486,844 State; \$1,120,300.00 Federal) for SFY 2026.

To implement PE-PW, DHS revises the Medical Services Policy (MSP) Manual by creating Section B-280 that describes the PE-PW program, eligibility determination and length of coverage, and the process for applying for ongoing coverage. The MSP Glossary is updated to further define Qualified Entities (QE)”, which are designated agencies that determine presumptive eligibility. DMS updates the Medicaid Provider Manual Section I (124.140) and mirrors the language in the Certified Nurse Midwife manual, Nurse Practitioner manual, and Physician Manual. Medicaid will provide a temporary aid category for PE-PW, with coverage restricted to prenatal services and services for conditions that may complicate the pregnancy, in an outpatient setting only. A state plan amendment will be submitted to the Centers for Medicare & Medicaid Services.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Policy and Rules, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. This notice also shall be posted at the local office of the Division of County Operations (DCO) of DHS in every county in the state. You may also access and download the proposed rule at ar.gov/dhs-proposed-rules.

Public comments can 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 May 5th. 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.

A public hearing will be held by remote access through Zoom. Public comments may be submitted at the hearing. The details for attending the Zoom hearing appear at ar.gov/dhszoom.

If you need this material in a different format, such as large print, contact the Office of Policy and Rules at 501-320-6428.

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. **4502201653**

Mary Franklin, Director
Division of County Operations

Elizabeth Pitman, Director
Division of Medical Services

From: [Legal Ads](#)
To: [Jack Tiner](#)
Cc: [Mac Golden](#); [Lakeya Gipson](#); [Elaine Stafford](#); [Renita Jones](#)
Subject: Re: Full Run AD (R297)
Date: Friday, April 4, 2025 10:11:43 AM
Attachments: [image001.png](#)
[image002.png](#)

[EXTERNAL SENDER]

Will run Sun 4/6, Mon 4/7, and Tues 4/8. Thank you.

Gregg Sterne, Legal Advertising
Arkansas Democrat-Gazette
legalads@arkansasonline.com

From: "Jack Tiner" <jack.tiner@dhs.arkansas.gov>
To: "legalads" <legalads@arkansasonline.com>
Cc: "Mac Golden" <Mac.E.Golden@dhs.arkansas.gov>, "Lakeya Gipson" <Lakeya.Gipson@dhs.arkansas.gov>, "Elaine Stafford" <elaine.stafford@dhs.arkansas.gov>, "Renita Jones" <Renita.Jones@dhs.arkansas.gov>, "Jack Tiner" <jack.tiner@dhs.arkansas.gov>
Sent: Friday, April 4, 2025 9:19:31 AM
Subject: RE: Full Run AD (R297(

Please Reply to this email using REPLY ALL.

Please run the attached ad in the Arkansas Democrat-Gazette on the following days:

- Sunday April 6, 2025
- Monday April 7, 2025
- Tuesday April 8, 2025

A public hearing by remote access only will be held through a Zoom webinar. I am aware that the print version will only be provided to all counties on Sundays.

Invoice to: **AR Dept of Human Services**
OPR, ATTN: Lakeya Gipson
P.O. Box 1437, Slot S295
Little Rock, AR 72203-8068

(Lakeya.Gipson@dhs.arkansas.gov)

Thanks.

From: [Jack Tiner](#)
To: register@sos.arkansas.gov
Cc: [Renita Jones](#); [Mac Golden](#); [Jack Tiner](#); [Dara Hall](#); [JAMIE EWING](#); [Lakeya Gipson](#)
Subject: DHS/DCO & DMS--Proposed Filing--Pregnant Presumptive Eligibility (R296)
Date: Friday, April 4, 2025 1:46:46 PM
Attachments: [SoS-Proposed Filing Packet-Pregnant Presumptive Eligibility-R296.pdf](#)
[image001.png](#)
[image002.png](#)

Please find attached the proposed filing packet for rule titled: *Pregnant Presumptive Eligibility*

Please let me know if you need anything else. Thank you.



OFFICE OF POLICY AND RULES

DHS/DMS MEDICAL ASSISTANCE MANAGER

P: 501.251.6535

F: 501.404.4619

700 Main St., Slot S295

Little Rock, AR 72203

Jack.Tiner@dhs.arkansas.gov

humanservices.arkansas.gov



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FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

DEPARTMENT _____
BOARD/COMMISSION _____
PERSON COMPLETING THIS STATEMENT _____
TELEPHONE NO. _____ **EMAIL** _____

To comply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and email it with the questionnaire, summary, markup and clean copy of the rule, and other documents. Please attach additional pages, if necessary.

TITLE OF THIS RULE _____

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes No

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?
Yes No

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No

If no, please explain:

(a) how the additional benefits of the more costly rule justify its additional cost;

(b) the reason for adoption of the more costly rule;

(c) whether the reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and

(d) whether the reason for adoption of the more costly rule is within the scope of the agency's statutory authority, and if so, how.

4. If the purpose of this rule is to implement a *federal* rule or regulation, please state the following:
(a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total _____

Next Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total _____

(b) What is the additional cost of the state rule?

Current Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total _____

Next Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total _____

5. What is the total estimated cost by fiscal year to any private individual, private entity, or private business subject to the proposed, amended, or repealed rule? Please identify those subject to the rule, and explain how they are affected.

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____

6. What is the total estimated cost by fiscal year to a state, county, or municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes No

If yes, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

FINANCIAL IMPACT STATEMENT ADDENDUM

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes ☒ No ☐

If yes, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;

Provide prenatal care to pregnant women, if eligible while awaiting full determination of Healthcare benefits, in compliance with Acts 124 and 140 of 2025.

- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

Increase early access to quality prenatal care and address complications of pregnancy with better and earlier management of risk factors.

- (3) a description of the factual evidence that:

- (a) justifies the agency's need for the proposed rule; and
- (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;

N/A

- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

N/A

- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

N/A

- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and

N/A

- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:

- (a) the rule is achieving the statutory objectives;
- (b) the benefits of the rule continue to justify its costs; and
- (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

The Agency monitors State and Federal rules and policies for opportunities to reduce and control cost.

Pregnant Presumptive Eligibility

Statement of Necessity

The Department of Humans Services (DHS) seeks to add presumptive eligibility for pregnant women under Medicaid pursuant to Acts 124 and 140 of 2025, known widely as “Healthy Moms, Healthy Babies”. The goal of Presumptive Eligibility – Pregnant Women (PE-PW) is to offer immediate health care coverage to pregnant women likely to be eligible for Medicaid before there has been a full eligibility determination.

Implementation of the PE-PW coverage requires an amendment to the Medicaid State Plan, as well as updates to the Medical Services Policy (MSP) Manual and Medicaid Provider Manuals. The Division of County Operations (DCO) adds “Presumptive Eligibility – Pregnant Women” (PE-PW) Section B-280 to the Medicaid Services Policy Manual. The Division of Medical Services (DMS) adds presumptive eligibility to Sections I and II of the Physician, Certified Nurse Midwife, and Nurse Practitioner provider manuals. DHS will submit a state plan amendment (SPA) to the Medicaid State Plan.

Summary

DCO creates Section B-280 in the MSP Manual. B-280 describes the PE-PW program, eligibility determination and length of coverage, and the process for applying for ongoing coverage. The MSP Glossary is updated to further define Qualified Entities (QE)”, which are designated agencies that determine presumptive eligibility.

DMS updates the Medicaid Provider Manual Section I (124.140) and mirrors the language in the Certified Nurse Midwife manual, Nurse Practitioner manual, and Physician Manual. The added language is: “Medicaid provides a temporary Aid Category 62, Presumptive Eligibility Pregnant Woman (PE-PW). Coverage is restricted to prenatal services and services for conditions that may complicate the pregnancy. These services are further limited to the outpatient setting only.”

A state plan amendment will be submitted to the Centers for Medicare & Medicaid Services.

B-280 Presumptive Eligibility – Pregnant Woman (PE-PW)

MS Manual 07/01/25

Agencies who have been designated by DHS as Qualified Entities* may determine women presumptively eligible for PE-PW Health Care based on preliminary information, subject to federal and state requirements, in order that the individual may receive temporary coverage until ongoing eligibility for Health Care is officially determined by DHS. The goal of the PE-PW process is to offer immediate health care coverage to pregnant women likely to be Health Care eligible before there has been a full Health Care eligibility determination.

* See the Medical Services Policy Glossary for more information on Qualified Entities for PE-PW.

If determined eligible for PE-PW, the individual will have temporary coverage during the PE-PW period. The PE-PW period begins on the day that a qualified entity determines the individual to be presumptively eligible. The individual must not be currently receiving Health Care coverage through Medicaid or the Children's Health Insurance Program (CHIP). Pregnant women are limited to one PE-PW determination per pregnancy. If a woman is pregnant more than once in a calendar year, they may have more than one presumptive eligibility period in a calendar year due to multiple pregnancies.

NOTE: PE-PW coverage is temporary and will end on the last day of the month following the month in which the client was determined presumptively eligible by the qualified entity.

Qualified Entities (QE), including DHS, are responsible for determining eligibility for PE-PW. The QE will make the PE-PW determination based on the following criteria:

- State residency
- Income

PE-PW Coverage will be determined based off self-attested information and may be approved while information is pending to determine eligibility for an ongoing Health Care coverage. Self-attestation of household income and state residency will be accepted for PE-PW. The income limit for the PE-PW category may be found in Appendix F.

Citizenship or immigration status, household income and state residency will be accepted for PE- PW. The income limit for the PE-PW category may be found in Appendix F.

Medicaid provides temporary Presumptive Eligibility Pregnant Woman (PE-PW).

Coverage is restricted to prenatal services and services for conditions that may complicate the pregnancy. These services are further limited to the outpatient setting only.

plan of care is ONLY good for 60 days. If it expires, the assessment must be redone to re- determine need and/or establish eligibility date for ALF.

Qualified Alien –

An alien lawfully admitted and lawfully given the privilege of residing permanently in the United States.

Qualified Entities (QE) –

Designated agencies along with the Department of Human Services (DHS) that determine eligibility for the Presumptive Eligibility-Pregnant Woman category. Agencies outside of DHS must be approved and trained by the Department of Human Services.

Recipient –

Someone enrolled in Medicaid who actually received a health service for which Medicaid reimbursed the provider.

Renewal –

A periodic review of an approved Medicaid case to determine continued eligibility.

Serious Mental Illness or Disorder –

Schizophrenia, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; or other psychotic disorder.

Skilled Level of Care –

Services required on a 24 hour a day basis, delivered by licensed medical personnel in accordance with a medical care plan requiring a continuing assessment of needs and monitoring of response to plan of care. The services must be reasonable and necessary to the treatment of the individual's illness or injury, i.e., be consistent with the nature and severity of the individual's illness or injury, the individual's particular medical needs, accepted standards of medical practice, and in terms of duration and amount.

Spend Down (SD) –

The amount of money a beneficiary must pay towards medical expenses when income exceeds the Medicaid financial guidelines. A component of the medically needed program allows an individual or family whose income is over the Medically Needy Income Limit (MNIL) to use medical bills to spend excess income down to the MNIL.

Substantial Gainful Activity –

The performance of significant physical and/or mental work activities for pay, or profit or work activities generally performed for pay or profit.

TOC required

124.140

Presumptive Eligibility Pregnant Woman~~Reserved~~(PE-PW)

9-1-157-1-
25

Medicaid provides a temporary Aid Category 62, Presumptive Eligibility Pregnant Woman (PE-PW). Coverage is restricted to prenatal services and services for conditions that may complicate the pregnancy. These services are further limited to the outpatient setting only.

TOC not required

215.260 Expansion of Medicaid Eligibility for Pregnant Women

4-4-237-1-
25

- A. Arkansas Medicaid provides expanded coverage for pregnant women. Women in Aid Category 61 (PW) receive the full range of Medicaid benefits. Service settings may be both outpatient and inpatient, as appropriate.

Aid Category 61 also includes benefits to unborn children of alien pregnant women who meet the eligibility requirements. The benefits for this eligibility category are:

1. Prenatal services
2. Delivery
3. Postpartum services for 60 days (plus the days remaining in the month in which the 60-day period ends)
4. Services for conditions that may complicate the pregnancy

System eligibility verification will specify "PW unborn ch-no ster cov/FP."

Aid Category 61 PW Unborn Child does not include family planning benefits.

- B. When verifying a client's eligibility, please note the "AID CATEGORY CODE" and "AID CAT DESCRIPTION" fields. The "AID CATEGORY CODE" field contains the 2-digit numeric code identifying the client aid category. The "AID CAT DESCRIPTION" field contains an abbreviation of the aid category description, comprising 2 or more characters, usually letters, but sometimes numerals as well as letters.

1. Pregnant Women (PW) eligibility will occasionally overlap with eligibility in another category, such as Aid Category 20, TEA-GR. -If a PW-eligible client is seeking services that are not for pregnancy or conditions that may complicate pregnancy and are not family planning services, other eligibility segments may be reviewed on the transaction response and other available electronic options. The woman may have benefits for the date of service in question under another aid category. -If so, the service may be performed, and the claim **may be** filed with Medicaid as usual.
2. Medicaid **also** provides coverage in Aid Category 61 (PW) to children who are eligible for all Medicaid benefits. The aid category code is the same as those of a pregnant woman.

3. **Medicaid provides a temporary Aid Category 62, Presumptive Eligibility Pregnant Woman (PE-PW). Coverage is restricted to prenatal services and services for conditions that may complicate the pregnancy. These services are further limited to the outpatient setting only.**

Aid Categories 62 (**PW-PEPE-PW**), 65 (PW-NG), 66 (PW-EC) and 67 (PW-SD) only cover the pregnant woman. Aid Categories 65, 66 and 67 have lower income limits than those listed above for Aid Category 61. Only Aid Category 61 may include eligible pregnant women and/or children.

TOC not required

214.600 Obstetrical Services

**4-4-237-1-
25**

The Arkansas Medicaid Program covers obstetrical services for Medicaid-eligible clients in *full* coverage aid categories with a medically verified pregnancy.

Aid category 61, PW clients are eligible for full range Medicaid coverage. Aid category 61, PW pregnant women's eligibility ends on the last day of the month in which the 60th postpartum day falls.

Medicaid provides a temporary Aid Category 62, Presumptive Eligibility Pregnant Woman (PE-PW). Coverage is restricted to prenatal services and services for conditions that may complicate the pregnancy. These services are further limited to the outpatient setting only.

TOC not required

247.100 Pregnant Women in the PW Aid Category

74-1-253

Women in Aid Category 61 (PW) receive the full range of Medicaid benefits. Aid Category 61 also includes benefits to unborn children of alien pregnant women who meet the eligibility requirements. The benefits for this eligibility category are:

- A. Prenatal services
- B. Delivery
- C. Postpartum services for 60 days (plus the days remaining in the month in which the 60-day period ends)
- D. Services for conditions that may complicate the pregnancy

System eligibility verification will specify "PW unborn ch-no ster cov/FP."

Aid Category 61 PW Unborn Child does not include family planning benefits.

Medicaid provides a temporary Aid Category 62, Presumptive Eligibility Pregnant Woman (PE-PW). Coverage is restricted to prenatal services and services for conditions that may complicate the pregnancy. These services are further limited to the outpatient setting only.

B-280 Presumptive Eligibility – Pregnant Woman (PE-PW)

MS Manual 07/01/25

Agencies who have been designated by DHS as Qualified Entities* may determine women presumptively eligible for PE-PW Health Care based on preliminary information, subject to federal and state requirements, in order that the individual may receive temporary coverage until ongoing eligibility for Health Care is officially determined by DHS. The goal of the PE-PW process is to offer immediate health care coverage to pregnant women likely to be Health Care eligible before there has been a full Health Care eligibility determination.

* See the Medical Services Policy Glossary for more information on Qualified Entities for PE-PW.

If determined eligible for PE-PW, the individual will have temporary coverage during the PE-PW period. The PE-PW period begins on the day that a qualified entity determines the individual to be presumptively eligible. The individual must not be currently receiving Health Care coverage through Medicaid or the Children's Health Insurance Program (CHIP). Pregnant women are limited to one PE-PW determination per pregnancy. If a woman is pregnant more than once in a calendar year, they may have more than one presumptive eligibility period in a calendar year due to multiple pregnancies.

NOTE: PE-PW coverage is temporary and will end on the last day of the month following the month in which the client was determined presumptively eligible by the qualified entity.

Qualified Entities (QE), including DHS, are responsible for determining eligibility for PE-PW. The QE will make the PE-PW determination based on the following criteria:

- State residency
- Income

PE-PW Coverage will be determined based off self-attested information and may be approved while information is pending to determine eligibility for an ongoing Health Care coverage. Self-attestation of household income and state residency will be accepted for PE-PW. The income limit for the PE-PW category may be found in Appendix F.

Citizenship or immigration status, household income and state residency will be accepted for PE- PW. The income limit for the PE-PW category may be found in Appendix F.

Medicaid provides temporary Presumptive Eligibility Pregnant Woman (PE-PW). Coverage is restricted to prenatal services and services for conditions that may complicate the pregnancy. These services are further limited to the outpatient setting only.

plan of care is ONLY good for 60 days. If it expires, the assessment must be redone to re- determine need and/or establish eligibility date for ALF.

Qualified Alien –

An alien lawfully admitted and lawfully given the privilege of residing permanently in the United States.

Qualified Entities (QE) –

Designated agencies along with the Department of Human Services (DHS) that determine eligibility for the Presumptive Eligibility-Pregnant Woman category. Agencies outside of DHS must be approved and trained by the Department of Human Services.

Recipient –

Someone enrolled in Medicaid who actually received a health service for which Medicaid reimbursed the provider.

Renewal –

A periodic review of an approved Medicaid case to determine continued eligibility.

Serious Mental Illness or Disorder –

Schizophrenia, mood, paranoid, panic or other severe anxiety disorder; somatoform disorder; personality disorder; or other psychotic disorder.

Skilled Level of Care –

Services required on a 24 hour a day basis, delivered by licensed medical personnel in accordance with a medical care plan requiring a continuing assessment of needs and monitoring of response to plan of care. The services must be reasonable and necessary to the treatment of the individual's illness or injury, i.e., be consistent with the nature and severity of the individual's illness or injury, the individual's particular medical needs, accepted standards of medical practice, and in terms of duration and amount.

Spend Down (SD) –

The amount of money a beneficiary must pay towards medical expenses when income exceeds the Medicaid financial guidelines. A component of the medically needed program allows an individual or family whose income is over the Medically Needy Income Limit (MNIL) to use medical bills to spend excess income down to the MNIL.

Substantial Gainful Activity –

The performance of significant physical and/or mental work activities for pay, or profit or work activities generally performed for pay or profit.

TOC required

124.140 Presumptive Eligibility Pregnant Woman (PE-PW)

7-1-25

Medicaid provides a temporary Aid Category 62, Presumptive Eligibility Pregnant Woman (PE-PW). Coverage is restricted to prenatal services and services for conditions that may complicate the pregnancy. These services are further limited to the outpatient setting only.

PROPOSED

TOC not required

215.260 Expansion of Medicaid Eligibility for Pregnant Women

7-1-25

- A. Arkansas Medicaid provides expanded coverage for pregnant women. Women in Aid Category 61 (PW) receive the full range of Medicaid benefits. Service settings may be both outpatient and inpatient, as appropriate.

Aid Category 61 also includes benefits to unborn children of alien pregnant women who meet the eligibility requirements. The benefits for this eligibility category are:

1. Prenatal services
2. Delivery
3. Postpartum services for 60 days (plus the days remaining in the month in which the 60-day period ends)
4. Services for conditions that may complicate the pregnancy

System eligibility verification will specify "PW unborn ch-no ster cov/FP."

Aid Category 61 PW Unborn Child does not include family planning benefits.

- B. When verifying a client's eligibility, please note the "AID CATEGORY CODE" and "AID CAT DESCRIPTION" fields. The "AID CATEGORY CODE" field contains the 2-digit numeric code identifying the client aid category. The "AID CAT DESCRIPTION" field contains an abbreviation of the aid category description, comprising 2 or more characters, usually letters, but sometimes numerals as well as letters.
1. Pregnant Women (PW) eligibility will occasionally overlap with eligibility in another category, such as Aid Category 20, TEA-GR. If a PW-eligible client is seeking services that are not for pregnancy or conditions that may complicate pregnancy and are not family planning services, other eligibility segments may be reviewed on the transaction response and other available electronic options. The woman may have benefits for the date of service in question under another aid category. If so, the service may be performed, and the claim filed with Medicaid as usual.
 2. Medicaid provides coverage in Aid Category 61 (PW) to children who are eligible for all Medicaid benefits. The aid category code is the same as those of a pregnant woman.
 3. Medicaid provides a temporary Aid Category 62, Presumptive Eligibility Pregnant Woman (PE-PW). Coverage is restricted to prenatal services and services for conditions that may complicate the pregnancy. These services are further limited to the outpatient setting only.
- Aid Categories 62 (PE-PW), 65 (PW-NG), 66 (PW-EC) and 67 (PW-SD) only cover the pregnant woman. Aid Categories 65, 66 and 67 have lower income limits than those listed above for Aid Category 61. Only Aid Category 61 may include eligible pregnant women and/or children.

TOC not required

214.600 Obstetrical Services

7-1-25

The Arkansas Medicaid Program covers obstetrical services for Medicaid-eligible clients in *full* coverage aid categories with a medically verified pregnancy.

Aid category 61, PW clients are eligible for full range Medicaid coverage. Aid category 61, PW pregnant women's eligibility ends on the last day of the month in which the 60th postpartum day falls.

Medicaid provides a temporary Aid Category 62, Presumptive Eligibility Pregnant Woman (PE-PW). Coverage is restricted to prenatal services and services for conditions that may complicate the pregnancy. These services are further limited to the outpatient setting only.

PROPOSED

TOC not required

247.100 Pregnant Women in the PW Aid Category

7-1-25

Women in Aid Category 61 (PW) receive the full range of Medicaid benefits. Aid Category 61 also includes benefits to unborn children of alien pregnant women who meet the eligibility requirements. The benefits for this eligibility category are:

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Submission - Medicaid State Plan

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0002O | AR-25-0002

CMS-10434 OMB 0938-1188

The submission includes the following:

- ☐ Administration
- ☒ Eligibility
 - ☐ Income/Resource Methodologies
 - ☐ Income/Resource Standards
 - ☐ Mandatory Eligibility Groups
 - ☐ Optional Eligibility Groups
 - ☐ Non-Financial Eligibility
 - ☒ Eligibility and Enrollment Processes

☐ Eligibility Process

☐ Application

☒ Presumptive Eligibility

Reviewable Unit Name	Included in Another Source Type Submission Package	
Presumptive Eligibility	(NEW

☐ Continuous Eligibility for Children

☐ Continuous Eligibility for Pregnant Women and Extended Postpartum Coverage

☐ Benefits and Payments

PROPOSED

Medicaid State Plan Eligibility

Eligibility and Enrollment Processes

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0002O | AR-25-0002

Package Header

Package ID	AR2025MS0002O	SPA ID	AR-25-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

The state provides Medicaid services to individuals during a presumptive eligibility period following a determination by a qualified entity.

Presumptive eligibility covered in the state plan includes:

Eligibility Groups

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility for Children under Age 19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Parents and Other Caretaker Relatives - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Presumptive Eligibility for Pregnant Women	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	NEW
Adult Group - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65 - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Former Foster Care Children - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer - Presumptive Eligibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Hospitals

Eligibility Group Name	Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Presumptive Eligibility by Hospitals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

PROPOSED

Presumptive Eligibility

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0002O | AR-25-0002

Package Header

Package ID	AR2025MS0002O	SPA ID	AR-25-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	N/A
Superseded SPA ID	N/A		

Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

PROPOSED

Medicaid State Plan Eligibility

Presumptive Eligibility

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0002O | AR-25-0002

Package Header

Package ID	AR2025MS0002O	SPA ID	AR-25-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	6/9/2025
Superseded SPA ID	N/A		

The state covers ambulatory prenatal care for individuals qualifying as pregnant women under 42 CFR 435.116 when determined presumptively eligible by a qualified entity.

A. Presumptive Eligibility Period

- The presumptive period begins on the date the determination is made.
- The end date of the presumptive period is the earlier of:
 - The date the eligibility determination for regular Medicaid is made, if an application for Medicaid is filed by the last day of the month following the month in which the determination of presumptive eligibility is made; or
 - The last day of the month following the month in which the determination of presumptive eligibility is made, if no application for Medicaid is filed by that date.
- There may be no more than one period of presumptive eligibility per pregnancy.

B. Application for Presumptive Eligibility

- ☒ 1. The state uses a standardized screening process for determining presumptive eligibility.
- ☒ 2. The state uses the single streamlined paper and/or online application for Medicaid and Presumptive Eligibility, approved by CMS. A copy of the single streamlined paper and/or online application with questions necessary for a PE determination highlighted or denoted is attached.

- ☒ a. Paper - A copy of the application form is included.

Name	Date Created	
DCO-0004 (1)	3/10/2025 9:54 AM EDT	

- ☐ b. Online - A copy of the application form is included.

- ☐ 3. The state uses a separate paper application form for presumptive eligibility, approved by CMS. A copy of the application form is included.
- ☐ 4. The state uses an online portal or electronic screening tool for presumptive eligibility approved by CMS. Screenshots of the tool included.

5. Describe the presumptive eligibility screening process:

None

C. Presumptive Eligibility Determination

The presumptive eligibility determination is based on the following factors:

- The woman must be pregnant.
- Household income must not exceed the applicable income standard of 42 CFR 435.116.
 - ☐ a. A reasonable estimate of MAGI-based income is used to determine household income.
 - ☐ b. Gross income is used to determine household size.
- ☒ 3. State residency
- ☐ 4. Citizenship, status as a national, or satisfactory immigration status

PROPOSED

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0002O | AR-25-0002

Package Header

Package ID	AR2025MS0002O	SPA ID	AR-25-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	6/9/2025
Superseded SPA ID	N/A		

D. Qualified Entities

1. The state uses qualified entities, as defined in section 1920A of the Act, to determine eligibility presumptively for this eligibility group. A qualified entity is an entity that is determined by the agency to be capable of making presumptive eligibility determinations based on an individual's household income and other requirements.



2. The following qualified entities are used to determine presumptive eligibility for this eligibility group:

☒ Other entity the agency determines is capable of making presumptive eligibility determinations

Name of entity	Description
Department of Human Services-Division of County Operations	Agency determines eligibility for Medicaid.

☒ 3. The state assures that it has communicated the requirements for qualified entities, at 1920A(b)(3) of the Act, and has provided adequate training to the entities and organizations involved.

4. A copy of the training materials has been uploaded for review during the submission process.

Name	Date Created	
PUB-650 PE-PW	3/10/2025 9:51 AM EDT	
SYSTEM UPDATES FOR PRESUMPTIVE ELIGIBILITY-PREGNANT	3/10/2025 9:56 AM EDT	

PROPOSED

Presumptive Eligibility for Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0002O | AR-25-0002

Package Header

Package ID	AR2025MS0002O	SPA ID	AR-25-0002
Submission Type	Official	Initial Submission Date	N/A
Approval Date	N/A	Effective Date	6/9/2025
Superseded SPA ID	N/A		

E. Additional Information (optional)

PROPOSED

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1188. The time required to complete this information collection is estimated to range from 1 hour to 80 hours per response (see below), including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

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PROPOSED

State of Arkansas
95th General Assembly
Regular Session, 2025

A Bill

HOUSE BILL 1427

By: Representatives Pilkington, Wardlaw, Hudson, L. Johnson, Bentley
By: Senators Irvin, B. Davis

For An Act To Be Entitled

AN ACT TO CREATE THE HEALTHY MOMS, HEALTHY BABIES
ACT; TO AMEND ARKANSAS LAW TO IMPROVE MATERNAL HEALTH
IN THIS STATE; AND FOR OTHER PURPOSES.

Subtitle

TO CREATE THE HEALTHY MOMS, HEALTHY
BABIES ACT; AND TO AMEND ARKANSAS LAW TO
IMPROVE MATERNAL HEALTH IN THIS STATE.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

SECTION 1. DO NOT CODIFY. Title.

This act shall be known and may be cited as the "Healthy Moms, Healthy
Babies Act".

SECTION 2. Arkansas Code § 20-77-151 is repealed to be reenacted and
transferred to another subchapter of the Arkansas Code.

~~20-77-151. Depression screening for pregnant women.~~

~~(a) The Arkansas Medicaid Program shall reimburse for depression
screening of a pregnant woman.~~

~~(b) The Department of Human Services shall apply for any federal
waiver, Medicaid state plan amendments, or other authority necessary to
implement this section.~~

SECTION 3. Arkansas Code Title 20, Chapter 77, is amended to add an
additional subchapter to read as follows:

Subchapter 29 – Maternal Health



1
2 20-77-2901. Depression screening for pregnant women.

3 (a) The Arkansas Medicaid Program shall reimburse for depression
4 screening of a pregnant woman.

5 (b) The Department of Human Services shall apply for any federal
6 waiver, Medicaid state plan amendments, or other authority necessary to
7 implement this section.

8
9 20-77-2902. Coverage of prenatal, delivery, and postpartum services.

10 (a) The Arkansas Medicaid Program shall reimburse for prenatal,
11 delivery, and postpartum services separately in lieu of a global payment or
12 an all-inclusive payment methodology for maternity services.

13 (b) Prenatal, delivery, and postpartum services include without
14 limitation:

- 15 (1) Office visits;
16 (2) Laboratory fees;
17 (3) Physician ordered testing;
18 (4) Blood work;
19 (5) Remote monitoring;
20 (6) Fetal nonstress tests; and
21 (7) Continuous glucose monitors or other services for
22 gestational diabetes when medically necessary.

23 (c) This section does not alter coverage provided through the Arkansas
24 Health and Opportunity for Me Program or a risk-based provider organization
25 under the Medicaid Provider-Led Organized Care Act, § 20-77-2701 et seq.

26
27 20-77-2903. Presumptive eligibility for pregnant women.

28 (a) The Arkansas Medicaid Program shall make presumptive eligibility
29 determinations for pregnant women who are applying for the program to improve
30 access to prenatal care and allow prenatal care to be delivered immediately
31 while waiting for a full application to be processed.

32 (b) The program may designate one (1) or more qualified entities to
33 screen for eligibility and immediately enroll pregnant women into the
34 program.

35
36 20-77-2904. Blood pressure monitoring for pregnant and postpartum

1 women.

2 (a) The Arkansas Medicaid Program shall provide coverage and
3 reimbursement for self-measurement blood pressure monitoring services for
4 pregnant women and postpartum women.

5 (b) Self-measurement blood pressure monitoring services shall include:

6 (1) Validated blood pressure monitoring devices, such as a blood
7 pressure cuff and replacement cuffs, as medically necessary, to diagnose or
8 treat hypertension;

9 (2) Patient education and training on the set-up and use of a
10 self-measurement blood pressure measurement device that is validated for
11 clinical accuracy, device calibration, and the procedure for obtaining self-
12 measurement readings; and

13 (3) Collection of data reports by the patient or caregiver for
14 submission to a healthcare provider to communicate blood pressure readings
15 and create or modify treatment plans.

16
17 20-77-2905. Reimbursement for remote ultrasound procedures.

18 (a)(1) The Arkansas Medicaid Program shall reimburse for medically
19 necessary remote ultrasound procedures utilizing established Current
20 Procedural Terminology codes for remote ultrasound procedures when the
21 patient is in a residence or other off-site location from the healthcare
22 provider of the patient and the same standard of care is met.

23 (2) Subdivision (a)(1) of this section shall apply to the fee-
24 for-service categories of the program and any managed care plan within the
25 program.

26 (b) A remote ultrasound procedure shall be reimbursable when the
27 healthcare provider uses digital technology that:

28 (1) Collects medical and other forms of health data from a
29 patient and electronically transmits the information securely to a healthcare
30 provider in a different location for interpretation and recommendation;

31 (2) Is compliant with the Health Insurance Portability and
32 Accountability Act of 1996, 42 U.S.C. § 1320d et seq., as it existed on
33 January 1, 2025; and

34 (3) Is approved by the United States Food and Drug
35 Administration.

36

1 20-77-2906. Coverage for certain services provided by doulas and
 2 community health workers.

3 The Arkansas Medicaid Program shall reimburse doulas and community
 4 health workers for home visitation related to prenatal care and postpartum
 5 care.

6
 7 20-77-2907. Implementation and rules.

8 The Department of Human Services shall:

9 (1) Apply for any federal waiver, Medicaid state plan
 10 amendments, or other authority necessary to implement this subchapter; and

11 (2) Adopt rules to implement this subchapter.
 12

13 SECTION 4. Arkansas Code § 16-114-203(c), concerning the statute of
 14 limitations, is amended to read as follows:

15 (c)(1) ~~If~~ Except as otherwise provided in this subsection, if an
 16 individual is nine (9) years of age or younger at the time of the act,
 17 omission, or failure complained of, the minor or person claiming on behalf of
 18 the minor shall have until the later of the minor's eleventh birthday or two
 19 (2) years from the act, omission, or failure in which to commence an action.

20 (2) ~~However, if~~ If no medical injury is known and could not
 21 reasonably have been discovered prior to the minor's eleventh birthday, then
 22 the minor or his or her representative shall have until two (2) years after
 23 the medical injury is known or reasonably could have been discovered, or
 24 until the minor's nineteenth birthday, whichever is earlier, in which to
 25 commence an action.

26 (3) If an alleged medical injury occurred during childbirth, the
 27 minor or his or her representative shall have until the minor's fifth
 28 birthday to commence an action.
 29
 30

31 **APPROVED: 2/20/25**
 32
 33
 34
 35
 36

State of Arkansas
95th General Assembly
Regular Session, 2025

A Bill

SENATE BILL 213

By: Senators Irvin, B. Davis
By: Representatives Pilkington, Wardlaw, Hudson, L. Johnson, Bentley

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9 20-77-2902. Coverage of prenatal, delivery, and postpartum services.

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12 an all-inclusive payment methodology for maternity services.

13 (b) Prenatal, delivery, and postpartum services include without
14 limitation:

- 15 (1) Office visits;
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21 (7) Continuous glucose monitors or other services for
22 gestational diabetes when medically necessary.

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24 Health and Opportunity for Me Program or a risk-based provider organization
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30 provider in a different location for interpretation and recommendation;

31 (2) Is compliant with the Health Insurance Portability and
32 Accountability Act of 1996, 42 U.S.C. § 1320d et seq., as it existed on
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36

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15 (c)(1) ~~If~~ Except as otherwise provided in this subsection, if an
16 individual is nine (9) years of age or younger at the time of the act,
17 omission, or failure complained of, the minor or person claiming on behalf of
18 the minor shall have until the later of the minor's eleventh birthday or two
19 (2) years from the act, omission, or failure in which to commence an action.

20 (2) ~~However, if~~ If no medical injury is known and could not
21 reasonably have been discovered prior to the minor's eleventh birthday, then
22 the minor or his or her representative shall have until two (2) years after
23 the medical injury is known or reasonably could have been discovered, or
24 until the minor's nineteenth birthday, whichever is earlier, in which to
25 commence an action.

26 (3) If an alleged medical injury occurred during childbirth, the
27 minor or his or her representative shall have until the minor's fifth
28 birthday to commence an action.
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31 **APPROVED: 2/25/25**
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