FACSIMILE TRANSMISSION REQUEST

ADDRESSEE: (Name, Organization, Address)

~~Cindy Mann~~

Devorah Adler

Phone: 456-5557

Health Care Financing Administration
Center for Medicaid and State Operations

JOAN PETERSON, Ph.D.
Family and Children's
Health Programs Group

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TOTAL PAGES: (Without Cover)	ADDRESSEE'S FAX MACHINE PHONE NUMBER: (If Known)	DATE:
27	202-358-3403	7/31/00

REMARKS: ARKids First documents, as requested

1) application
2) redetermination
3) manual transmittal
4) DCO-996 Choice of Coverage Follow-Up
5) DCO-998 Name Change Explanation Notice
6) DCO-999 Notice of Potential Eligibility for ARKids A
7) Pub-394 Re. Child Support Services

NOTE:
ARKids B = 1115
ARKids A = SOBRA children, SOBRA newborns, + other newborns

IF FAX MACHINE RETRANSMISSION IS NECESSARY PLEASE CALL:

_____ **AT:** _____
(Name) (Phone)

REQUESTOR'S INSTRUCTIONS TO RECEIVER:

_____ **Please call:** _____ **at** _____ **for pick-up**
(Name) (Phone)

_____ **Mail copies to:** _____

Location: _____

_____

_____ **Retain copies in files.**

From: "Wallis, Joie" <Joie.Wallis@medicaid.state.ar.us>
To: '"jpeterson2@hcfa.gov"' <jpeterson2@hcfa.gov>
Date: 7/31/00 2:36pm
Subject: FW: ARKids

This should be a copy of everything you need. Let me know, though, if there is anything else you need. The State's Legislative council subcommittee on Administrative Rules and Regulations will meet on Thursday of this week - this is on their agenda. That's why we are not planning to implement until Friday. 9/4/00

Joie.wallis@Medicaid.state.ar.us
Program Administrator
Division of Medical Services
Phone 501-682-5424
FAX 501-682-2480

-----Original Message-----
From: Jack Tiner [SMTP:jack.tiner@mail.state.ar.us]
<mailto:[SMTP:jack.tiner@mail.state.ar.us]>
Sent: Monday, July 31, 2000 1:35 PM
To: 'Joie.Wallis@Medicaid.state.ar.us'
Subject: ARKids

<<ARKIDS Manual Transmittal~1_.doc>> <<ARKids First_App.doc>>
<<ARKids First Redetermination.doc>> <<DCO-996 Arkids notice.doc>>

<<DCO-998.doc>> <<DCO-999 ARKids A.doc>>
<<PUB-394 Child Support Info.doc>> <<ARKIDS Manual Transmittal~1_.doc>>
<<ARKids First_App.doc>> <<ARKids First Redetermination.doc>> <<DCO-996
Arkids notice.doc>> <<DCO-998.doc>> <<DCO-999 ARKids A.doc>> <<PUB-394
Child Support Info.doc>>

ARKids First

Mail-In Application

If you need this material in a different format, such as large print, contact your DHS county office.

Thank you for your interest in ARKids First. ARKids provides comprehensive health insurance to eligible Arkansas children for a small or no co-payment. ARKids offers two health coverage packages that children may qualify for based on the family's income and assets. This application will be used to determine your eligibility for either coverage package. The following provides a brief highlight of the differences between the two packages. Services must be medically necessary. Limitations may apply.

	ARKids A	ARKids B
Basic Coverage: Physician, prescription drugs, hospital, ambulance (emergency only), dental, medical equipment, medical supplies, emergency department services, eye glasses, family planning, health screens, home health services, laboratory and x-ray, mental health –outpatient only, podiatry, speech therapy and vision, chiropractor, immunizations, nurse midwife and nurse practitioner.	Yes	Yes
Additional Coverage: Audiology, child health management services, developmental day treatment clinic services, domiciliary care, end stage renal disease services, hearing aids, hospice, hyperalimentation, inpatient psychiatric, nursing facilities, orthotics, personal care, transportation (non-emergency), private duty nursing, prosthetics, therapy (occupational and physical), ventilator services, and targeted case management.	Yes	No
Screenings (through Child Health Services): If the child receives periodic Child Health Services checkups, benefits are unlimited for covered services that are medically necessary.	Yes	No
Co-payments: ARKids B requires a co-pay as follows: $5.00 per prescription drug, $10.00 per medical visit, $10.00 per emergency ambulance trip, 20% of the 1st day of inpatient hospitalization. A co-payment is not required for preventative health screens and family planning services.	No	Yes

Do you want your children considered for:

❑ Either ARKids package* ❑ ARKids A only ❑ ARKids B only

*If you choose EITHER, your child(ren) will be placed in the package with the most coverage based on their eligibility.

1 Applicant Information

You must be a PARENT, GUARDIAN or RELATED PERSON of the child(ren) who will receive ARKids

Social Security Number*	Last Name			First Name		MI
Birth Date	Race	Sex	County of Residence	Telephone or contact phone. (Home)	May we contact you at work? (Work)	
Street Address				City	State	Zip Code
Mailing Address (if different)		E-mail Address		City	State	Zip Code

**Social security number of the parent, guardian or related person is not required, but it is helpful to better serve you*

FOR OFFICE USE ONLY

REG	REGISTER #	APP DATE	COUNTY	CAT	ADULTS	CHILD	WORKER #	SMN	ARKID IN	KEY DATE	OP INT
DEN	WORKER #	DENIAL DATE	REASON		SAVING	TYPE	CAT	CN	KEY DATE		OP INT

2 Household

List all children under age 19 who you want considered for ARKids. Attach copies of social security cards and birth certificates for all children applying for ARKids. Use additional sheets if needed.

Social Security Number	Last Name	First Name	Birth Date	Race	Sex	Relationship to YOU	U.S. Citizen* (Yes/No)

* *You do not have to be a U.S. citizen to qualify. If you are not a U.S. citizen, attach documentation of alien status.*

List all parents of the children listed above who live in the home.

Social Security Number	Last Name	First Name	Birth Date	Race	Sex	Children's Names	U.S. Citizen* (Yes/No)

3 Income

Does anyone listed above have income from the following? Attach additional sheets to explain, if needed.

Source of Income	Y	N	Source	Gross Pay (Before deductions)	How often?	Who receives?
Employment, work, job, farming, self-employment (List all jobs for all individuals listed above)						
Retirement, social security, SSI, veterans benefits						
Child support, alimony, unemployment benefits, worker's compensation, student loans, grants						
Miscellaneous income (part time work, babysitting, rental property, contributions from friends/relatives, roomer or boarders, insurance, etc.)						

4 Vehicles

Does anyone listed above own cars, trucks, boats, trailers or any other vehicle?

❑ Yes ❑ No If yes, complete the following. Use additional sheets as needed.

Year, Make & Model	Current Value	Amount Owed

5 Total Assets

Not counting your home or vehicles, what is the **TOTAL VALUE** of all assets owned by the individuals listed on page 2, including cash on hand, checking accounts, savings accounts, credit union accounts, money market accounts, certificate of deposit (CDs), stocks, bonds, mutual funds, promissory notes, trust funds, etc. $ _____

6 Child Care

Does anyone listed on page 2 of this application pay for childcare for children listed on page 2?

❑ Yes ❑ No If yes, How much? $ _____ How often? _____

7 Unpaid Medical Bills

Do any of the children listed on page 2 have unpaid medical expenses for the past 3 months?

❑ Yes ❑ No If yes, Who? _____ In which month(s)? _____

8 Health Insurance

Does anyone listed on page 2 have health insurance of any kind at this time?

❑ Yes ❑ No If yes, Who? _____ Insurance company _____

If yes, is the insurance through your employer? ❑ Yes ❑ No

Has anyone listed on page 2 had health insurance, other than Medicaid, in the last 6 months?

❑ Yes ❑ No If yes, Who? _____ Insurance company _____

If yes, was the insurance through your employer? ❑ Yes ❑ No

Please explain why health insurance is no longer available. _____

9 Chronic Illness or Disability

Do any of the children listed on page 2 have a chronic illness or disability (special health care need)?

❑ Yes ❑ No If yes, Who? _____

10 Primary Care Physician Selection

Select the physician or clinic you want as primary care physician for each of the children listed on page 2. Indicate your 1st, 2nd and 3rd choices. ARKids allows each child covered to have only **one** primary care physician. If you do not know whom to select as your primary care physician, call toll-free 1-800-275-1131 for assistance. Attach additional sheets, if needed.

Child's Name	First Choice	Second Choice	Third Choice

Read carefully before you sign this application

Assignment of Medical Support. I authorize any holder of medical or other information about me to release information needed for an ARKids claim to DHS. I further authorize release of any information to other parties who may be liable for my medical expenses. As an eligibility condition, I automatically assign my right to any settlement, judgment, or award which may be obtained against any third party to DHS to the full extent of any amount which is paid by DHS for my behalf. I authorize and request that funds, settlement or other payments made by or on behalf of third parties, including tortfeasors or insurers arising out of an ARKids claim, be paid directly to DHS. My application for ARKids benefits shall in itself constitute an assignment by operation of law and shall be considered a statutory lien of any settlement, judgment, or award received by me from a third party. A third party is any person, entity, institution, organization or other source who may be liable for injury, disease, disability or death sustained by me or others named herein, including estates of said individuals. I also assign all rights in any settlement made by me or on my behalf arising out of any claim to the extent medical expenses paid by DHS, whether or not a portion of such settlement is designated for medical expenses. Any such funds received by me shall be paid to DHS. A copy of this authorization may be used in place of the original.

Continued on next page

Read carefully before you sign this application (continued)

- I understand that I must help establish my eligibility by providing as much information as I can and in some situations I may be required to provide proof of my circumstances.
- I authorize the Department of Human Services (DHS) to obtain information from other state agencies and other sources to confirm the accuracy of my statements.
- I understand Social Security Numbers (SSNs) will be used in a computer match to detect and prevent duplicate participation. SSNs are also used in a match through the State Income and Eligibility Verification System to secure wage, unearned income and benefit information from the Social Security Administration, Employment Security Division, and Internal Revenue Service. Information received may be verified through other contacts when discrepancies are found by DHS and may affect eligibility or level of benefits.
- I understand that no person may be denied ARKids benefits on the grounds of race, color, sex, age, disability, religion, national origin, or political belief.
- I may request a hearing from DHS if a decision is not made on my case within the proper time limit or if I disagree with the decision.
- I agree to notify the DHS county office within 10 days if I or any of my dependents cease to live in my home, if I move, or if any other changes occur in my circumstances.
- I authorize DHS to examine all records of mine or records of those who receive or have received ARKids benefits through me to investigate whether or not any person has committed ARKids fraud, or for use in any legal, administrative or judicial proceeding.

Assignment of Support. As a condition of eligibility for ARKids, each applicant or recipient must cooperate with the Office of Child Support Enforcement (OCSE) in establishing paternity and obtaining medical support for each child who has a parent absent from the home. All other OCSE services, including collection of child support payments from the absent parent, will be provided unless OCSE is notified by me in writing that I do not want these services.

I DECLARE UNDER PENALTY OF PERJURY THAT THE ABOVE IS TRUE AND CORRECT. If I receive benefits to which I am not entitled because I withheld information or provided inaccurate information, such assistance will be subject to recovery by the Department of Human Services, and I may be subject to prosecution for fraud and fined and/or imprisoned.

Signature of Parent, Guardian or Relative	Date	Telephone number of person helping to complete form	
Signature of person helping to complete form	Date		
Signature of Family Support Specialist	Date	Address of person helping to complete form	

A decision on your application should be made within 45 days.

Questions? If you have questions about eligibility for ARKids, call your local DHS county office. If you have questions about medical services covered by either ARKids A or ARKids B, call toll-free 1-888-474-8275. TDD# (501) 682-0102.

Return This Application, including attached pages, and copies of social security cards and birth certificates for each of the children you want considered for ARKids to your local DHS office.

RETURN TO:

Your local DHS office

ARKids First

Annual Renewal Notice and Eligibility Report Form

If you need this material in a different format, such as large print, please call 1-888-543-7890.

County Office Address

Complete this report for the previous full month.
REPORT DATE: Return this report to the address to the left by:

If above address has changed, please provide corrected address.

ANNUAL RENEWAL INSTRUCTIONS – It is time for the annual review of your children's eligibility for ARKids First insurance. COMPLETE EACH QUESTION ON THIS REPORT AND RETURN IT BY THE REPORT DATE SHOWN ABOVE. THIS REPORT WILL BE USED TO DETERMINE YOUR CONTINUING ELIGIBILITY FOR ARKIDS. You will not be required to visit your local DHS County Office.

ARKids offers two health insurance coverage packages that children may qualify for based on the family's income and assets. This form will be used to determine eligibility for either coverage package. Services must be medically necessary. Limitations may apply.

Coverage	ARKids A	Arkids B
Basic Coverage: Physician, prescription drugs, hospital, ambulance (emergency only), dental, medical equipment, medical supplies, emergency department services, eye glasses, family planning, health screens, home health services, laboratory and x-ray, mental health –outpatient only, podiatry, speech therapy and vision, chiropractor, immunizations, nurse midwife and nurse practitioner.	Yes	Yes
Additional Coverage: Audiology, child health management services, developmental day treatment clinic services, domiciliary care, end stage renal disease services, hearing aids, hospice, hyperalimentation, inpatient psychiatric, nursing facilities, orthotics, personal care, transportation (non-emergency), private duty nursing, prosthetics, therapy (occupational and physical), ventilator services, and targeted case management.	Yes	No
Screenings (through Child Health Services): If the child receives periodic Child Health Services checkups, benefits are unlimited for covered services that are medically necessary.	Yes	No
Co-payments: ARKids B requires a co-pay as follows: $5.00 per prescription drug, $10.00 per medical visit, $10.00 per emergency ambulance trip, 20% of the 1st day of inpatient hospitalization. A co-payment is not required for preventative health screens and family planning services.	No	Yes

Do you want your children considered for:

☐ Either ARKids package* ☐ ARKids A only ☐ ARKids B only

*If you choose EITHER, your child(ren) will be placed in the package with the most coverage based on their eligibility.

1 Household (Attach additional sheets if needed.)

Complete if there are any children living in your home that you would like to add to your ARKids coverage.

Social Security Number	Last Name	First Name	Birthdate (MM-DD-YY)	Race	Sex	Relationship to you	U.S. Citizen Yes	No

Provide a copy of their birth certificate and social security number.

Has a parent of any ARKids child moved into the home in the last 12 months? ☐ Yes ☐ No If yes, complete:

Social Security Number	Last Name	First Name	Birthdate (MM-DD-YY)	Race	Sex	Relationship to you	U.S. Citizen Yes	No

Has any child covered by ARKids or their parent moved out of the home in the last 12 months? ❑ Yes ❑ No If yes, who?

Name(s)	Social Security Number(s)	Date Moved

2 Income

Does anyone receive income from the following? Attach additional sheets to explain, if needed.

Source of Income	Y	N	Source	Gross Pay (Before deductions)	How often?	Who receives?
Employment, work, job, farming, self-employment (List all jobs for all individuals listed above)						
Retirement, social security, SSI, veterans benefits						
Child support, alimony, unemployment benefits, worker's compensation, student loans, grants						
Miscellaneous income (part time work, babysitting, rental property, contributions from friends/relatives, roomer or boarders, insurance, etc.)						

3 Vehicles

Does anyone own cars, trucks, boats, trailers or any other vehicle? ❑ Yes ❑ No If yes, complete the following. Use additional sheets as needed.

Year, Make & Model	Current Value	Amount Owed

4 Total Assets

Not counting your home or vehicles, what is the **TOTAL VALUE** of all assets owned, including cash on hand, checking accounts, savings accounts, credit union accounts, money market accounts, certificate's of deposit (CDs), stocks, bonds, mutual funds, promissory notes, trust funds, etc. $ _____

5 Child Care

Does any parent pay childcare for any child(ren) receiving ARKids coverage? ❑ Yes ❑ No

If yes, How much? $ _____ How often? _____.

6 Health Insurance

Did a child receiving or added to ARKids have health insurance during the last 6 months? ❑ Yes ❑ No If yes, please provide:

Children's Names	Insurance Company	Date Coverage Began

7 Primary Care Physician Selection:

Complete only if you are adding a child or changing a primary care physician.

Child's Name	1st Choice	2nd Choice	3rd Choice

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

- I understand that if any of my children receive assistance to which they are entitled as a result of withholding information, I will be liable for any overpayment.
- I understand that the information provided on this report may result in loss of my ARKids coverage.
- I declare that the information provided is correct.

I understand that by signing this annual report I am subject to penalties for false statements.

Sign Your Name _____ Date _____

MANUAL TRANSMITTAL

Arkansas Department of Human Services
Division of County Operations

☐ Policy ☐ Form ☒ Policy Directive

Issuance Number: MS 00-8

Medical Services Policy Manual

Issuance Date: August 4, 2000

From: Ruth Whitney, Director

Expiration Date: Until Superseded

Subj: ARKids First and SOBRA Procedural Changes

Since the ARKids First program was implemented in September 1997, many low-income Arkansas families have taken the opportunity to enroll in affordable health care coverage for their otherwise uninsured children. Currently, the ARKids First program covers almost 60,000 children. By any measure, the program has succeeded in reaching families who might otherwise not have health care coverage for their children.

Recent reports have indicated that many of the current ARKids families may be eligible for full Medicaid coverage. Although families who appear to be income eligible are encouraged to apply for regular Medicaid when the ARKids application is approved, some may not follow-through due to the complexity of the application process. This has been a shared concern of the federal Department of Health & Human Services, Health Care Financing Administration, advocacy groups, and DHS.

To simplify the application process, a joint application will be available August 4, 2000 for SOBRA Medicaid category (renamed ARKids A) and ARKids First (renamed ARKids B). Under the umbrella name ARKids First, the combined application form describes the differences in the two types of coverage and allows the applicant to choose the type of coverage for which he or she wants to be considered.

A mail-in application process and self-declaration will also encourage participation and simplify the application process. These changes necessitate other changes, including moving responsibility for processing all ARKids First applications to the county offices. The purpose of this directive is to discuss in detail the changes being made in both the current ARKids First program and the children's SOBRA category and to provide implementation procedures for the changes that are effective August 4, 2000.

I. Overview of Changes

A. Effective Date: Effective August 4, 2000, SOBRA Medicaid (category 61) for children and the Newborn categories (52 and 63) are being brought under the **ARKids First** umbrella. SOBRA (61) and Newborn (52 and 63) Medicaid for children will be called **ARKids A** and ARKids First (01) benefits will be called **ARKids B.**

B. Joint Application/Choice of Coverage: The ARKids application form (DCO-995) and re-enrollment form (DCO-975) have been revised to be used for both ARKids A and ARKids B. Both applicants and recipients (at re-enrollment) will have a choice of coverage for their children: **ARKids A** coverage (category 61), which provides the full range of Medicaid benefits and no co-payments, or **ARKids B** coverage (category 01), which provides limited coverage and requires small co-payments. There will be no change in the application or certification process for Newborns. For Newborns (categories 52 & 63), this is a name change only.

C. Mail-in Process/Self-Declaration: The applicant will not be required to visit the local DHS county office for an interview regardless of which ARKids coverage package he or she chooses on the application form and self-declaration will be accepted for most eligibility requirements. The applications may be mailed in or hand delivered to the local county office, then processed based on the eligibility criteria that are currently used for ARKids First and SOBRA Medicaid applicants.

D. Distribution of New Forms to County Offices: OPPD will email the revised application (DCO-995) to the county offices on August 4, 2000 for immediate use and mail an initial supply of printed forms on the same day.

E. Distribution of Forms to Community Contacts: County offices should supply the new form to contacts in the community who have assisted families in applying for ARKids First and Medicaid in the past and collect the old forms so they can be destroyed. Arkansas Advocates for Children and Families will also assist in this effort. Please note that the **local county office mailing address must be stamped on the back of the form** before supplies are distributed in the community or to clients.

F. ARKids First Unit Application Process: Effective August 4, 2000, the new DCO-995 will be processed in the local county office where the applicant resides. The ARKids First Central Office Eligibility Unit will process old forms received by the unit before September 1, 2000. Effective September 1, 2000, all old DCO-995 applications that are received by the ARKids First Central Office Eligibility Unit will be routed to the county office for processing. All ARKids A and new ARKids B case records will be maintained in the county office of the applicant/recipient's residence effective immediately.

G. ARKids First Unit Re-enrollment Process/ID Cards: The ARKids First Central Office Eligibility Unit will process re-enrollment for ARKids B (01) cases through August 2001. The Unit will forward ARKids B case files to the county offices as reevaluations are completed. The ARKids First Central Office Eligibility Unit will also be responsible for making new ARKids A (61, 52 and 63) and ARKids B (01) identification cards. Neither card will require a photo ID. Identification cards for existing SOBRA Medicaid and ARKids First cases will not be replaced, except as needed.

II. Processing of ARKids First Applications by County Offices

The applications may be mailed in or hand delivered to the local county office and then processed based on eligibility criteria that are currently used for ARKids First (MS 2300) and SOBRA Medicaid applicants (MS 5720).

A. Registering Applications

The county office staff will be responsible for registering all ARKids A and B applications. A new ***REQUIRED*** field has been added to WIMA called ***ARKids Ind***. This field will be used to keep statistics on the number of applicants who apply for ARKids A, B or Either. The following codes will be used for ARKids First.

Form	Choice	ENTER ARKids Ind	ENTER Category
ARKids First (DCO-995)	ARKids A only	A	61
	ARKids B only	B	01
	Either	E	61
	No selection made	E	61
Newborn[1] (DCO-645)	Not Applicable	A[1]	52 or 63
Pregnant Woman[2] (DCO-95)	Not applicable	N[2]	61

[1] WIMA will only accept an "A" in the **ARKids Ind** field for applications registered under the Newborn categories 52 or 63.

[2] If a Pregnant Woman only is registered in category 61, the caseworker will key an "**N**" in the **ARKids Ind** field. If a Pregnant Woman is applying for herself and her children, the caseworker will key an "**A**" or "**E**" in the **ARKids Ind** field.

B. Determining Eligibility

1. Eligibility Criteria

Process applications based on eligibility criteria that are currently used for ARKids First (MS 2300) and SOBRA Medicaid applicants (MS 5720) as follows.

Choice	ARKid Ind	Category	Initially Eligibility Determination
ARKids A only	A	61	MS 5720
ARKids B only	B	01	MS 2300
Either	E	61	MS 5720
No selection made	E	61	MS 5720

See Section III for information regarding specific ARKids requirements.

2. Applicant Selects "ARKids A only"

If the applicant selects "ARKids A only" and the children are not eligible for A but they are eligible for ARKids B, the caseworker will take the following steps:

a. Attempt to contact the applicant immediately by phone. Inform the applicant that the children are not eligible for ARKids A but are eligible for ARKids B and ask if he or she would like them to be certified for ARKids B.

b. If the caseworker cannot reach the applicant by phone, mail form letter DCO-996 (see attached) the same day giving the applicant 15 days to respond if they want ARKids B.

c. Dispose of the application upon receipt of the DCO-996 from the applicant or after 15 days from the date the form was sent, whichever occurs earlier.

d. If the applicant declines ARKids B coverage in this situation, use new denial code **"096 – Declined ARKids B"** to deny the application. This code has been added to track those who decline ARKids B. The notice text for the 096 denial will state that if the applicant changes his or her mind within 30 days, to contact the caseworker and the ARKids B will be approved with no new application.

e. If the applicant doesn't respond within the 15-day notice period, deny the application based on the reason for ARKids A ineligibility.

3. Applicant Selects "ARKids B only"

If the applicant selects "ARKids B only", determine eligibility for ARKids A (61) and ARKids B (01). If they are eligible for ARKids A, which would provide more coverage, the caseworker will take the following steps:

a. Attempt to call the applicant immediately. Inform the applicant that the children are eligible for ARKids A and that it provides more coverage than ARKids B. Ask the applicant to again specify which coverage he or she prefers the children to receive. If they state that they do want to be considered for ARKids A, certify in A. If they refuse ARKids A, send a manual approval notice stating that they have been approved for ARKids B but are eligible for ARKids A. If they change their minds within 30 days and would prefer ARKids A, to please contact their caseworker and coverage can be approved in ARKids A without a new application.

b. If the caseworker cannot reach the applicant by phone, mail form letter DCO-996 (see attached) the same day giving the applicant 15 days to respond if he or she wants ARKids A.

c. Dispose of the application upon receipt of the DCO-996 from the applicant or after 15 days from the date the form was sent, whichever occurs earlier.

d. If the applicant doe not respond, certify in ARKids B.

If the applicant selects "ARKids B only" and does not complete the resource section of the application, the application will be processed as is and eligibility will be determined for category 01 only.

4. Applicant Selects "A" or "Either"

If the applicant selects "A" or "E" and appears to be income eligible for ARKids "A" but fails to complete the resource/asset section of the application, the caseworker will take the following steps:

a. Attempt to contact the applicant by telephone to obtain the client's declaration of resource/asset values.

b. If the worker cannot reach the applicant, mail form letter DCO-996 (see attachment) the same day giving the applicant 15 days to respond if he or she wants the children considered for ARKids A.

c. Dispose of the application upon receipt of the DCO-996 from the applicant or after 15 days from the date the form was sent, whichever occurs earlier.

d. If the applicant does not respond, and selected "E", approve the case in ARKids B. If the applicant does not respond, and selected "A" only, deny the application using denial code 096, as the DCO-996 gives them the opportunity to be considered for ARKids B and not provide their assets.

5. Applicant Selects "Either" or makes No Selection

If the applicant selects "either" or makes no selection, eligibility will be determined in category 61 first, then category 01.

C. Self Declaration and Verification

1. Self Declaration

Verification of income, resources, collateral statements to verify residency, and proof of relationship are no longer required. **Self-declaration of these eligibility factors will be accepted**. If the county has verification of income and resources through other programs (e.g., Food Stamps), that information can be used in ARKids First. If there are discrepancies in what the client has declared and what the county has previously verified, the caseworker will do the following:

Verified Information is:	Declared Information is:	Action:
Under the limit	Under the limit	Certify if otherwise eligible
Over the limit	Under the limit	Follow-up with the client and obtain current verification
Under the limit	Over the limit	Follow-up with the client and obtain current verification
Over the limit	Over the limit	Deny the application

2. Verification

The only requirements that **must** be verified are age and alien status for non-citizens. If the applicant does not or cannot provide verification of age, as requested on the initial application (DCO-995), the county office worker will search any existing files for proof of birth or search the Health Department screen for proof. If a previous file cannot be located, but the system shows the applicant has a previous TEA or Medicaid case certified prior to 08/04/00, the worker can print the WACE screen for the child in question and file it in the document section of the case as proof of age. This should be done before a 15-day notice is sent requesting the applicant to provide verification.

D. Disposing of an Application

An application may be registered in one category and approved in a different category as follows.

Choice	Situation	Registered In	Approve In
ARKids A only	Eligible for 61	61	61
ARKids A only	Not eligible for 61, but meets eligibility criteria for 01 and accepts 01	61	01
ARKids B only	Eligible for 01 only	01	01
ARKids B only	Eligible for 61. Applicant indicates they want ARKids A even though they applied for B only.	01	61
Either or no selection	Eligible for 61	61	61
Either or no selection	Not eligible for 61, but eligible for 01	61	01

Do not reuse closed category 61 case numbers for category 01 approvals, nor closed category 01 case numbers for category 61 approvals. Since the ARKids A and B cards are different, the only way for the client to receive the appropriate card would be to certify using a new case number. You may certify a category 01 on a closed category 01, or a closed category 61 on a closed category 61.

E. Special Situations

1. A **Pregnant Minor** is sometimes not eligible as a child under ARKids A (61) but is eligible as a pregnant woman under category 61, since parent's income is deemed to the child and the resources of a deemer are not counted. A pregnant minor may also be eligible for ARKids B. ARKids B provides obstetrical services like category 61, but requires a co-pay. SOBRA for pregnant women only covers pregnancy related services. A pregnant minor is allowed to receive dual coverage in the ARKids B (01) category and PW coverage in Category 61.

The PW (61) category requires her suffix number to be in the 100 series (e.g., 101) as a pregnant minor, and the ARKids B suffix number to be in the 200 series (e.g., 201) as a dependent child.

For Example: A mother applies for Medicaid for her pregnant daughter who is 15. The caseworker first determines eligibility under ARKids A (61) so that the child can receive the most benefits. The minor is ineligible for ARKids A due to the parent's countable resources of $7000. The minor PW is eligible for 61 PW coverage as the parent's resources are not deemed to a minor PW. The child would also be eligible under ARKids B since there is no asset test for that category. The caseworker certifies the minor in both categories so that the child can receive all the coverage for which she is entitled.

2. **If the children are not eligible under ARKids A or ARKids B**, the same application may be used to determine eligibility for a child in any Medicaid category for which they might be eligible. If the applicant makes application on the DCO-95, DCO-180 or DCO-180P, ARKids A and B coverage will be determined using those forms. A new application does not need to be completed.

3. If the parent completes the DCO-995 and wants to be considered for Medicaid, he or she can complete just the information needed on the **DCO-95** for the parent's eligibility, sign the DCO-95 and it will be used as an addendum to the DCO-995. The parent does not have to complete the entire DCO-95 for eligibility to be determined. This does not waive the interviews or verification requirements for the adult's eligibility.

4. The DCO-95 may be used in determining eligibility for both ARKids A and B for a **Pregnant Woman and her Children**. Both the Pregnant Woman and the children may be approved under the same category 61 case, as is currently being done. The Pregnant Woman (101 suffix) will receive a letter requiring a photo Medicaid ID card. The children (200 series suffix) will receive an ARKids A card.

III. Requirements Specific to ARKids First Determinations

A. Primary Care Physician (PCP) - MS 1190

The applicant **must** select a primary care physician before the ARKids B (01) application can be certified. There is a place on the DCO-995 to make the PCP selection. If the applicant does not make a selection, the application will be denied after the appropriate

notice (15 days) and DCO-2609 has been sent. **This is a special condition of the ARKids First Demonstration Waiver.**

The ARKids A (61) application can be certified without a PCP selection; however, the worker should follow up after certification to make sure a PCP is selected if the client has not selected one.

B. Child Support Requirements

When an application is made for ARKids A or B coverage and one or both parents are absent, the worker can process the case without the DCO-90 being signed. There will be no child support edits requiring absent parent referrals for both categories 61 and 01 on ACES.

After approval, the worker will follow up by sending PUB-394, Important Child Support Information (see attached) which encourages participation with child support activities and requests that the applicant sign the DCO-90 and provide information on the absent parent on the DCO-116. When the DCO-90 is received back into the county office, a referral is made to OCSE. If the DCO-90 is not received back, no referral is made to OCSE.

If the county office learns that an applicant or recipient already has an active child support case with the OCSE on the absent parent of the child or children for whom they are applying, the county office will request the casehead to review and sign a DCO-90. However, in this situation a referral can be made without a signed DCO-90.

Although a child can never lose eligibility for Medicaid due to a parent or specified relative not cooperating with OCSE, caseworkers should never advise clients that they do not have to cooperate. Federal law requires that they cooperate in establishing medical support and paternity. Caseworkers should make every effort to obtain the information to make a proper referral to OCSE. If the parent does not cooperate, he or she cannot be eligible for any category of Medicaid except for Pregnant Women and Family Planning Waiver.

C. Insurance Coverage ARKids B (01) - MS 2330 # 10

If a family currently has primary comprehensive insurance coverage or had it within the past 6 months, they are not eligible for ARKids B coverage, unless certain conditions are met as specified. Please refer to MS 2330#10, for further explanations. The ARKids B look back period for dropping group and/or employer based health insurance is **6 months** preceding the date of application. Children receiving health insurance under non-group and/or non-employer based plans meet the insurance requirement under the ARKids B program **immediately**.

Note: Extended insurance under **COBRA,** available for individuals who leave employment, will be treated as a non-employer based plan.

Caseworkers should also follow the last paragraph of MS 2330#10 in regard to declaration of insurance.

ARKids A **(61)** does not have an insurance rule.

D. Continuous Eligibility for ARKids B (01)

As a special condition of the ARKids First Demonstration Waiver, children certified and re-enrolled under ARKids B (01) are guaranteed 12 months of coverage. Changes in income, resources and other eligibility criteria during the year will not affect the child's eligibility. The only way a child can lose eligibility during the year is if he moves out of state or reach the age of 19.

Since **ARKids A (61)** is regular Medicaid for children and not part of the ARKids First Demonstration Waiver, children certified under this category **must meet all eligibility requirements during the year.** If the county learns of changes between re-enrollment periods, they must assess the change to determine if eligibility continues for the child under ARKids A.

E. Requests for Information

For both ARKids A (61) and ARKids B (01), procedures at MS 2344 and MS 2347.2 will be followed whenever the application is received through the mail and there is no interview. That is, when initially requesting information, the caseworker will send a **15-day** notice. If the applicant needs additional time, a second 10-day notice will be sent.

IV. Routing of Applications Received by the ARKids Central Unit

A. Forms Received Prior to September 1, 2000

The ARKids Unit will continue to process any old Form DCO-995 received in the Unit during the month of August. Upon disposition of the application, the case record will be routed to the county office in which the family resides.

B. Forms Received on and after September 1, 2000

1. Effective September 1, 2000, when an old DCO-995 is received into the ARKids Unit, the worker will take the following steps:
   a. Log the application and date stamp the application with the date it was received in the ARKids First Central Office Eligibility Unit.
   b. Screen the application for potential ARKids A (61) eligibility. If they are potentially income eligible for ARKids A (61), the ARKids Unit will send a DCO-999 (see attached) to the applicant along with a revised DCO-995 (R. 08-00) and an envelope with the local county office address for the client's resident county.
   c. Attach a copy of the DCO-999 and a cover letter to the application packet and previous case record (if applicable) and route to the local county office.

2. Upon receipt of an old DCO-995 from the ARKids Unit, the county office will:
   a. Register the application in ARKids B (01). The application date is the date received by the ARKids First Central Office Eligibility Unit.
   b. Process and certify in ARKids B (01), if eligible.
   c. Notify the client of ARKids B approval and if income eligible for ARKids A (61), state that in the manual notification and send another new DCO-995 (R. 08-00).
   d. If the applicant later submits a new or revised application, determine eligibility in ARKids A (61) and if eligible, convert ARKids B (01) to ARKids A (61) by closing ARKids B (01) and approving the ARKids A (61) with a new register number, A Action Type and 101 Action Reason. Remember to get a new case number.
   e. If a revised application (DCO-995) is not returned by the recipient, the case will remain active in ARKids B (01) with limited benefits.

3. If a revised DCO-995 joint application form is received by the ARKids Unit, it will be promptly date stamped and logged, then routed to the applicant's local county office for processing. The local DHS county office will use the date the application was received at the ARKids Unit as the application date.

V. Re-enrollment

The **revised Annual Review** form (DCO-975) also explains the differences in the ARKids A and B coverage packages. The recipient will have a choice at re-enrollment to be considered for ARKids A (61), ARKids B (01) or either, as they do on the DCO-995. Space is provided on the form for the recipient's declaration of assets, so that a determination can be made for ARKids A (61).

A. Reevaluations to be processed by the ARKids First Central Office Eligibility Unit

August 2000 and September 2000 re-enrollments will be on the old DCO- 975.

The ARKids First Central Office Eligibility Unit at the Pulaski North Office will continue to process ARKids B (01) reevaluations for the next year. The DCO-975 is currently a system-generated form that is mailed directly to the client from Little Rock. This process will continue for the new DCO-975.

Since re-enrollment forms are sent at the end of the 10th month, the client will be sent the old DCO-975 for August and September. For those months the ARKids worker will:

1. Complete the re-evaluation process, and key the review date into the system.
2. Screen the case for ARKids A potential eligibility and if potentially income eligible, **send out a new DCO-975** (R. 08-00) and a DCO-999 to the recipient with a return envelope addressed to their local DHS county office.
3. Route the case and a copy of the explanation letter along with a cover memo to the recipient's local county office for processing.

B. Re-enrollments in October, 2000 and later

A new DCO-975 (R. 08-00) will be sent for re-enrollments due in October, 2000 and later. The ARKids Unit worker will complete the following:

1. Complete the ARKids B (01) re-enrollment and key the review date into the system.
2. Attach a cover memo along with the DCO-975 to the top of the case record and route to the local county office.
3. When the county office receives the case, the caseworker will screen the DCO-975 to determine if they are potentially eligible for ARKids A (61), if the casehead requested consideration for ARKids A or did not indicate a choice.

C. Closures

If the recipient fails to return the Annual Review Form (DCO-975) or requested information, or is found otherwise ineligible for ARKids B, the case will be closed after appropriate notice has been sent, then routed to the county office to be filed.

Note: The Annual Review Form (DCO-975) will be system generated and mailed from Central Office for ARKids A (61) and B (01) reevaluations. Beginning in August, DCO-975s for ARKids A (61) will be sent out for the review month of

October. Once the forms are being system generated, each county office will receive a print out listing the cases to which the form was sent and will stop receiving the DCO-75s for these cases. For the first year, the system generated DCO-975 will also contain a DCO-998 (see attached) explaining the name change for category 61. For the few months before the DCO-975 is system generated, the county will manually mail the DCO-975 with a copy of the DCO-998 to the family.

D. County Office Conversion Process for Active ARKids B (01) Cases

As the cases are received by the county office from the ARKids First Central Office Eligibility Unit, the receiving caseworker will:

1. Check the system to make sure the reevaluation date was keyed.
2. Screen for potential ARKids A (61) eligibility.
3. If potentially eligible for ARKids A and the reevaluation was completed from an old DCO- 975, mail out the new DCO-975 (R. 08-00) with a DCO-999 stating they may be eligible for ARKids A (61). When the DCO-975 returns, determine if they would be eligible for ARKids A (61). If the client does not return the DCO-975, no further action will be taken.
4. If the reevaluation was completed from a new DCO-975, determine if the children will be eligible under ARKids A (61).
5. If all of the children are determined eligible:
   (1) Close the ARKids B case.
   (2) Obtain a register number by using an old application.
   (3) Approve in ARKids A (61) under a new case number.
   (4) Coincide Medicaid begin and end dates for each child.

   NOTE: If only some children are eligible for ARKids A (61) coverage (e.g., children under age 6), leave the ARKids B (01) eligible children in the case and get a new case number for the ARKids A (61) eligibles.

6. Reassign PCP's, using the choice in the ARKids B case.

E. Re-enrollments processed by county office

Current category 61 cases due for re-evaluation will continue to be processed by the county office.

F. ARKids Indicator on WACE

Whenever a **reevaluation date is keyed** or the case is **closed** in categories 01 or 61, entry to a new ***REQUIRED*** field on WACE called ***ARK-I*** must be keyed based on the client's choice on the re-enrollment form (DCO-975). Also, whenever a 61 or an 01 is closed so that the case can be opened in another ARKids category, the caseworker should use the new closure code **085, Closure, Elected Coverage in Other ARKids Category**. The caseworker should take the following action at reevaluation:

Open Category	Choice	ARKids Ind Code	Action
61	ARKids A only	A	Case remains open. If no longer eligible, but children are eligible for 01, contact client.
61	Either ARKids	E	Case remains open unless no longer eligible. If eligible in 01, close 61 using 085 action reason and open 01 with new case #.
61	ARKids B only	B	Contact client to make sure they really want less coverage for their children. If so, close 61 using 085 action reason, register and approve in 01
01	ARKids B only	B	Case remains open. If eligible for 61, contact client to make sure they know they can get more coverage under 61
01	Either ARKids	E	If eligible for 61, close 01 using 085 action reason and register and approve in 61; otherwise case remains open.
01	ARKids A only	A	Close 01 using 085 action reason and register and approve 61 if eligible. If not eligible for 61, but still eligible for 01, inform the client.

An "N" should be keyed to the ARKids Ind field whenever the case is closed for any reason other than certifying the child in the other ARKids category.

V. Special Instructions for ANSWER Counties

When an ARKids A (61) case is processed using self declaration for Income and resources (assets) the following will apply when keying to the ANSWER system,

A. Income

If income has been verified through another program, the worker should use that income as "representative", then run the SOBRA or ARKids A (61) budget.

If we are processing the case with self-declared income, the worker should show the type of income, the frequency of income and the begin date. The check type will be shown as "estimated" income to run the budget.

B. Resources

If resources were self declared for ARKids A, but verified in another program (Food Stamps, TEA, etc.), we would need to show an end date in the system for "other" since this is used when assets are self declared. The worker should then run the budget using the verified assets from the other program. This should be done to prevent the system from counting the same resource twice.

If the resources were self-declared, the worker would need to show them in ANSWER as "other", then show the total amount declared.

Inquiries to: Jack Tiner, 501-682-8259
Diana Teal, 501- 682-1562
Carmen Brown, 501-682-8258
Lisa Mancieri, 501-682-8254

ARKids First

Choice of Coverage Follow-Up

If you need this material in a different format, such as large print, contact your DHS county office.

TO: **Date:**
From:

Only the section checked below applies to you

☐ **Section I** **ARKids A Application**

You applied for ARKids A benefits for your children on _____. We have determined they are not eligible for ARKids A benefits because of _____. However, your children are eligible for ARKids B which provides basic health care coverage with a small co-payment. Please show whether you want ARKids B benefits for your children or not by checking the **Yes** or **No** box below. Please sign your name on the line next to the **X** and return this form to me by _____. If you do not return this form or contact me by this date, your ARKids application will be denied.

Do you want ARKids B benefits for your children? ☐ **Yes.**
☐ **No.** I understand my ARKids application will be denied.

X _____ _____
Signature Date

☐ **Section II** **ARKids B Application**

You applied for ARKids B benefits for your children on _____. We have determined that they are eligible for ARKids A benefits, which provides more coverage with no co-pays. Please show whether you want ARKids A benefits for your children or prefer ARKids B by checking the **A** or **B** box below. Please sign your name on the line next to the **X** and return this form to me. If you do not return this form or contact me by _____, your children will be approved for ARKids B benefits.

Please approve my children in ARKids A so that they can receive more medical coverage. ☐ **A**

I do not want ARKids A. Please approve my children in ARKids B. ☐ **B**

X _____ _____
Signature Date

☐ **Section III** **ARKids (Assets)**

You applied for ARKids benefits for your children on _____. However, since you did not provide the total value of your household assets on your application form, we cannot determine your children's eligibility for ARKids A. Please contact me to provide information regarding your assets by _____ or your application will be:

☐ Approved in ARKids B with less benefits and co-pays. ARKids B does not require asset information.

☐ Denied, as you applied for ARKids A only. However, ARKids B does not require asset information so your children could be approved for ARKids B if you do not want to provide the information. Please contact me if you prefer ARKids B.

Worker Signature **Date** **Telephone Number**

DCO-996 (08/00)

DRAFT

ARKids First

Name Change Explanation Notice

If you need this material in a different format, such as large print, contact your DHS County Office.

Dear ARKids Recipient:

The name of the medical program that your child or children are enrolled in has changed from SOBRA Medicaid to ARKids A. ARKids A is a category of medical coverage under ARKids First.

The name of the medical program has changed, but the medical coverage remains the same. Your child or children will still receive the same full range of medical benefits that has always been provided with no required co-payments.

Continue to use your child's current Medicaid identification card as usual; however, new ARKids A recipients and those requesting replacement cards will receive a new ARKids A identification card.

Please complete and return the new re-enrollment form, DCO-975, for your child/children to be considered for continued eligibility.

If you have any questions or concerns regarding the name change, identification card, or re-enrollment process contact your DHS County Office.

DCO-998 (8/00)

ARKids First

Notice of Potential Eligibility for ARKids A

If you need this information in a different format, such as large print, contact your DHS County Office.

Date:

TO: **FROM:**

Dear Applicant/Recipient:

The **ARKids First** program has added a new category of coverage called ARKids A. ARKids A provides more benefits than ARKids First and has no co-payment. The ARKids First category has been renamed ARKids B. For a better understanding of the two ARKids benefit packages, please read the first page of the enclosed form (DCO-995/975).

You have applied for/received the ARKids B benefit package. It appears that you may be eligible for expanded coverage under ARKids A. If you are interested in ARKids A coverage, please complete and return the revised DCO-995/975 by _____ to your local DHS County Office (see address below). If your application is not returned by _____, your application/re-enrollment form will be processed in ARKids B.

Your local DHS office address

DCO-999 (8/00)

DRAFT

DRAFT

Important Child Support Information About How You Can Receive FREE Services

Good News !!!

Your children have been approved or continue to be eligible for ARKids First health care benefits. Our records show that your children have a parent who does not live in your home.

Did you know that the Office of Child Support Enforcement (OCSE) can help you get cash and/or medical support from that parent? Wouldn't that extra cash or medical insurance help you provide a better life for your children? Even if their other parent is providing some support, the OCSE can help you determine if he or she could afford to do more and can help enforce the court's order. OCSE services are available to any Arkansas family but your children's eligibility for ARKids entitles you to receive them **FREE OF CHARGE!!** (Please see the Important Note on the other side of this paper.)

With your cooperation, the OCSE can assist you in:

- Obtaining cash support from the child's other parent.
- Obtaining medical support through the other parent (e.g. Health Insurance) if it is available and the judge determines that it is available at a reasonable cost.
- Establishing paternity, if it hasn't already been established.

To activate your free services, we'll need some information from you. First, please read the enclosed *Notice Concerning Good Cause for Refusal to Cooperate* (form DCO-90) carefully. It explains some of the benefits of pursuing support, some of the activities you may be

OVER

required to do by the OCSE, and an explanation of your right to not cooperate in those activities if you think you or your children's safety would be at risk if you did. If you have any questions about any of the information, or if you think you or the children would be at risk, please contact your DHS caseworker immediately.

If you do not want to claim good cause, please sign the DCO-90 and then complete the enclosed form (DCO-116) to give us as much information about your children's other parent as possible. The more information you provide, the better services the OCSE will be able to provide you. Remember, these services are *FREE* to you. Return both forms to your caseworker at your local DHS county office in the enclosed envelope.

Important Note:

Public law mandates that the Office of Child Support Enforcement provide these services to families who receive ARKids benefits. Public law also mandates that recipients must cooperate in obtaining medical support and in establishing paternity. If you do not want to cooperate in obtaining cash support, please write a note stating that and return it with your other forms. If you do not cooperate in obtaining medical support or establishing paternity, it will not affect your child's eligibility. However, it will mean you may not be eligible for Medicaid benefits for yourself if you are otherwise eligible now or in the future.*

Because of the many benefits your children will receive as a result of child support activities, and since federal and state law do require your cooperation, we strongly encourage you to access these valuable free services. Remember, if you think **you or your children's safety is at risk, you can claim good cause and not cooperate** but please contact your DHS caseworker to do that.

* If you are pregnant or receiving family planning waiver services, your eligibility will not be affected if you do not cooperate.

DEPARTMENT OF HEALTH & HUMAN SERVICES

Melissa T. Skolfield
Assistant Secretary for Public Affairs
Phone: (202)690-7850 **Fax: (202)690-5673**

To: Devorah
Chris Jennings Ofc

Fax: 456-5557 Phone: 456-5560

Date: 8/4/00 Total number of pages sent: 3

Comments:

Assets test for kids' health insurance draws fire

BY MICHAEL ROWETT
ARKANSAS DEMOCRAT-GAZETTE

The state's requirement that families pass an assets test to get the no-cost version of state health insurance for their children provoked complaints Thursday from legislators and a community group. Both contended that the test discriminates against low-income families.

The Legislative Council's Committee on Rules and Regulations reviewed the state Department of Human Services' new joint application for both versions of the children's insurance program.

One version has been known as the basic or traditional Medicaid program, the other has been known as ARKids First. Effective today, both will be labeled as ARKids, with one being called Version A (the traditional version) and the other Version B.

With this change, applicants for the more generous version (A) will no longer have to visit a state office and fill out long forms to document their assets. They will instead be asked to list assets on a mail-in application, and the state will take their word that they're telling the truth, department spokesman Joe Quinn said.

"We're going to take it for granted that we're dealing with honest Arkansans," Quinn said.

The higher-income families that qualify for ARKids First aren't required to pass the asset test. Both programs are funded through the state and federal Medicaid programs. The federal government contributes $3 for each $1 the state spends on Medicaid.

ARKids B requires a nominal co-payment for each service and doesn't cover 21 services offered by ARKids A. These services include hearing aids, physical therapy, specialized wheelchairs, hospice care and other things.

The fact that providing information for the assets test will be easier didn't satisfy Sen. Jon Fitch of Hindsville, and Reps. Gary Biggs, D-Paragould, and Jim Milum, R-Harrison. They said they would support legislation to make it easier for applicants to get past the assets test, or perhaps abolish the test altogether.

Most states don't impose an assets test for children's health care. Arkansas and eight other states do.

"In today's world, the [asset value] of the automobile they drive to get them to the doctor means they may not qualify ..." Biggs said. "I'd like to see it done away with."

The assets limit in Arkansas starts at a base level of $2,000 and

See ARKIDS, Page 14B

Arkansas Democrat Gazette

ARKids

• Continued from Page 1B

increases to $3,300 for a five-member household, with $100 for each additional household member, said Sandra Miller of Conway, deputy director of the department's Division of County Operations.

Exempt from determining a family's assets are the home, household and personal goods, student loans and grants and one burial plot per family member. The family also is allowed to have up to $1,500 equity in a single vehicle before the assets level is applied.

Fitch said even with those exemptions, the assets test is still "severe."

Ruth Whitney of Little Rock, director of the division, defended the assets test to the committee as a necessary "second level" of accountability for families who want

cerns through the changes we'll be implementing," Quinn said.

In recent months, the two Medicaid programs have been the subject of contention. ARKids First was marketed to the General Assembly in 1997 as a way to help families who were poor but who had more income than families who have income at or below the poverty level, for whom the basic Medicaid program was design...

The controversy has been l... ly about whether the applica... process was skewed to raise the number of people enrolled in ... ARKids version. Critics, includi... ACORN, raised allegations — ... ularly denied by the state — ... there was an effort to ... ARKids look good, perhaps fo... litical reasons benefiting ... Mike Huckabee, even if it mean... steering children into AR... when they were eligible for th... greater number of services a... able at no cost in the basic ... gram.

the no-cost benefits of the more generous version of Medicaid. Biggs didn't buy that argument.

"Accountability is good, but we're talking about people who are living below the poverty level here," Biggs said.

Later Thursday, Arkansas Community Organizations for Reform Now issued a survey of 38 people's experiences under the previous application system for general Medicaid. The survey participants who were at a news conference said they faced continual delays, conflicting directions from department caseworkers and a maze of paperwork.

Betty Ford of Little Rock said she was so frustrated by what she saw as barriers to applying for general Medicaid that she gave up and decided to enroll her son in ARKids First, even though she suspected her income level might qualify him for the more generous package.

Mary Humphrey of College Station complained that unless one provides every single document requested by the department, applicants are sent notices telling them that their application has been rejected and that their file will be closed soon without the documents. Humphrey said she's spent three months trying to get general Medicaid for one of her children.

Quinn said the department strives to improve its procedures. He said ACORN is erroneously focusing on requirements that have been phased out with the new "seamless" application. "We've dealt with almost all of their con-

The federal Health Care Financing Administration has complimented the state for the changes it is implementing as of today but remains at loggerheads over the state's allowing parents to choose between the two programs even when their children are eligible for the greater services at lower cost of Version A. The federal agency on July 21 ordered the state to place all children eligible for general Medicaid into that program. As of September 1999, about half of the state's 55,000 ARKids enrollees were eligible for Medicaid, at least on an income basis.

Huckabee has said the state will continue to allow parents to choose, even if the federal agency takes away money for ARKids, something it hasn't threatened to do. He has said some parents don't like to sign up for general Medicaid out of "pride" because they say it carries a stigma.

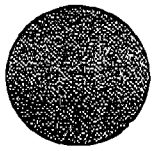
Several of the participants at Thursday's ACORN conference said they don't buy the governor's argument. They said pride wouldn't keep them from getting the best health care possible for their children, and if parents would let that happen, that's another argument supporting the federal position that parents shouldn't be given a choice between the two programs.

"Pride should never come before the health of a child," said Mable House of Little Rock.

Arkansas has been given until Jan. 1 to implement a plan to transfer all general Medicaid eligible children now in ARKids First to the general Medicaid program.

STATE OF ARKANSAS
MIKE HUCKABEE
GOVERNOR

July 24, 2000



The Honorable Bill Clinton
President of the United States
1600 Pennsylvania Ave.
Washington, D.C. 20500

Dear Mr. President:

On Friday, July 21, I was informed of a decision by the federal Health Care Financing Administration to require Arkansas families to place their children in the regular Medicaid program if they are eligible even if those families choose our innovative and exceptionally successful ARKids First program. This decision by your administration to take away parental choice means children who currently are covered with preventive and primary health benefits will end up having no coverage if their parents don't accept the government's choice for them.

Mr. President, a spokesman for your office said Friday that you agree with this decision. I cannot believe you've been given the full story. It's inconceivable to me that you would put children in your home state at risk of losing coverage. I remember your speech in West Memphis last December when you told of driving to the Delta region during your college days and hoping you could do something for the hard-working people there. You can indeed do something to help these people by reviewing this shortsighted decision on the part of bureaucrats who may know a great deal about political pressure from the left in Washington but clearly know nothing of the stubborn pride of Arkansas' working people.

We've made significant improvements in the ARKids First program, including a new application process for the regular Medicaid program and the ARKids First program. The process is now a seamless one with one application form. Both the regular Medicaid program and the original ARKids First program are now under the common banner of ARKids First. Parents will apply and be placed in the program with the most benefits for which they qualify unless they state otherwise.

With our plan, there's a wide safety net under the children of Arkansas. If for any reason the Medicaid-eligible family chooses to make a co-payment for pride's sake, the child will still be covered. Under the plan HCFA insists we use, if the parents don't accept the administration's choice for whatever reason, their children will have no coverage. How can that be a better plan?

JUL 28 2000

By offering them the traditional ARKids First program, at least there's another option for coverage.

Mr. President, I further must express my profound disappointment in the manner in which this decision was handled by HCFA last Friday. I was promised during the National Governors' Association meeting in Washington in February by HCFA officials that I would be personally notified of any final decision. The decision by HCFA officials in a letter from Tim Westmoreland was delivered to Ray Hanley, the state Medicaid director, with only a few minutes of notice by phone. That letter was released to the media at about the same time it was sent to Ray. I never received a call from HCFA officials on this matter of great importance to the children of our state. I was informed of the decision by the media and by Ray, who faxed me his copy of the letter.

A broken promise about proper notification is the least of my concerns, though. We worked hard to create the ARKids First program and have continued to work hard to constantly improve it. It's working wonderfully for the children of our state. The fact HCFA decided to abruptly issue its letter on the eve of our rolling out the seamless application procedure smacks of election-year Washington politics. Frankly, we've answered all of HCFA's concerns. It's now easier for Arkansas parents to apply for Medicaid coverage for their children than ever before.

Sadly, your administration's decision could come at the expense of families in our state. I cannot accept the fact that there exists such an arrogance on the part of a few in Washington who believe their decisions for children they don't even know are automatically better than the decisions of mothers and fathers who put their arms around those children every day.

Mr. President, I'm not asking you to back down on a decision you've made. I honestly don't believe you personally made such a decision. I don't believe you've been given an objective analysis about the situation. I'm asking you to intervene on behalf of your home state so we can offer the best care to children without having any of them fall through cracks created by this misguided position.

We have our political differences, but I don't believe you knowingly would allow a bureaucratic decision to hurt families in Arkansas and deprive children of health care. Contact our mutual friend Amy Rossi of Little Rock and ask about the effectiveness of the ARKids First program and the many improvements we've made. Contact your friend and adviser Skip Rutherford here in Little Rock and ask him to tell you how ARKids First has had a positive impact on Arkansas Children's Hospital and the children it treats.

Do you remember David Gossow, the young man from Paris, Ark., with whom you visited following the tornadoes in January 1999? You were very kind to talk to him on the parking lot of

the Harvest Foods store that had been destroyed in downtown Little Rock. When he died in the fall of 1999, you and Mrs. Clinton were thoughtful enough to send flowers to his funeral and an American flag for his coffin. David was an ARKids First recipient, and his parents have told me repeatedly they couldn't have made it without the coverage that came from the program. His parents are examples of the hard-working people of Arkansas who don't want a handout but only help in properly insuring their children.

We recently enrolled a family in western Arkansas that had refused regular Medicaid for their children even though they were eligible. They accepted ARKids First coverage because the father wanted to pay something, however small. He said he didn't want "charity." Until signing up for the ARKids program, he had purchased antibiotics from a feed store to give his children for infections because that was less expensive than getting a prescription from a doctor. Thanks to a vigilant school nurse and the ARKids First program, his kids have health care and the father still has his dignity. That's what this is all about, Mr. President. It's about insuring as many children as possible, and sometimes that means we must give parents a choice.

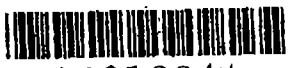
Since it appears those in your administration want to make this debate as public as possible, I will share this letter with the people of Arkansas so they can know the facts. I hope to hear from you soon.

Sincerely yours,

Mike Huckabee

Mike Huckabee

(our last response to this issue) -A



THE WHITE HOUSE

WASHINGTON

COPY

October 28, 1999

The Honorable Mike Huckabee
Governor of Arkansas
Little Rock, Arkansas 72201

Dear Mike:

Thank you for sharing your concerns about the Department of Health and Human Services (HHS) letter about enrolling Medicaid-eligible children in ARKids. Expanding coverage to children has been a priority for me, and I applaud your leadership in making ARKids outreach efforts among the most successful in the nation.

As we discussed on Monday, I want to reiterate my commitment to putting the children of Arkansas first and foremost in any discussion that we have on the ARKids issue. I want to assure you that, during the process to resolve this issue, my Administration will not take any action that will cause Arkansas children to lose health coverage.

I have instructed White House and HHS staff to work with your Director of Medical Services, Ray Hanley, to rapidly resolve this issue. I was encouraged to learn that we share a mutual interest in making Medicaid as user-friendly and accessible as the ARKids program.

I am confident that, given the priority that we both place on the health and well-being of our children, we can develop a solution that best serves the children of Arkansas. I look forward to working with you in this regard.

Sincerely,

Bill Clinton

faxed copy 10/29/99 + fed-ex'd original per Staff Sec Office

The Arkansas Democrat-Gazette

June 06, 2000, Tuesday

SECTION: EDITORIAL; Pg. B7

LENGTH: 963 words

HEADLINE: Eat crow and get fit Check out the buffet

BYLINE: JOHN BRUMMETT

BODY:

Today we offer a buffet of state government items, getting the bite of crow out of the way first.

I made an error in Saturdays column that might have caused financial alarm to many people. The least I can do is not bury the correction, but put it up high. The most I could do would be volunteer to answer phone calls at the state Higher Education Department from upset parents and students.

The subject was criticism of Gov. Mike Huckabees tendency to exaggerate, whether his position is sound or unsound. I wrote about the looming deficit in the Arkansas Academic Challenge Scholarship program and the governors hollow rhetoric about selling off the Capitols marble to cover it.

I wrote that the basic college scholarship was $ 1,000 a year. That was wrong. Its $ 2,500.

In explaining that the coordinating council of the Higher Education Department had voted to eliminate the annual $ 500-a-year bonus for maintaining a high grade-point averagewhich could be earned cumulatively, meaning a student could pile one annual bonus on top of anotherI relied on the erroneous base figure of $ 1,000.

I wrote that a senior enrolling this fall expecting three years of earned bonuses on top of the base amount for a total scholarship of $ 2,500 would instead get only $ 1,000. Wrong. In fact, hell expect $ 4,000 and instead get $ 2,500.

My apologies to the college-going youth of Arkansas and their parents for presuming to take another $ 1,500 out of their pockets.

Fitness on the cheap

The most cost-effective idea for spending from the tobacco settlement has come from David Bazzel, former Razorback linebacker and current media fixture and Jennings Osborne aide-de-camp.

As chairman of Huckabees advisory council on physical fitness, Bazzel proposed to a legislative committee last year that a piddling portion, only tens of thousands a year from a pot expected to exceed a billion dollars over a quarter-century, go to matching grants to local communities to build walking paths. Great Strides, he called it.

It was, and remains, a smart and progressive idea. Everyone should have the advantage of the Hillcrest resident on a weight-loss obsession: user-friendly pedestrian walkways, sufficiently removed from motorized danger, winding amid interesting and attractive landscape.

The states health care establishment, the governor and legislators dismissed this inexpensive idea even though it was simply the single best way to help people achieve better cardiovascular health and fitnesswalking two or three miles at a brisk and steady pace three or four times a week.

Bazzels advisory council will have its first statewide conference on Wednesday and issue a report on the physical fitness of Arkansans. He says it will not be flattering. I suspect it will belabor the obvious: Arkansans are less healthy than people in nearly all other states, overweight, irresponsibly nourished, sedentary and too committed to treatment for, not prevention of, disease.

Bazzel says his group will recommend solutions, including, we can assume, this cost-effective one that policy-makers ignored last year.

No further apology

Warning: Ray Hanley, the state Medicaid director, is e-mailing again.

He tells me I should apologize to Huckabee for thrashing him in that same Saturday column for having said on a call-in show on public television that the federal government wants poverty-level Arkansas children to get Medicaid or no health insurance at all.

Thats exactly what the feds said months ago when they first jumped the states case for putting Medicaid-eligible kids into **ARKids First,** Hanley said.

I have pondered his request and come to this conclusion: No can do.
The federal government provides three dollars of every four the state spends for Medicaid. There always is the implied threat that if the state violates federal guidelines, it could lose the money.
But the real issue is Medicaid vs. **ARKids First** for kids below the poverty level. It is not, and never has been, Medicaid vs. nothing.
Huckabee wants Medicaid-eligibles to be able to enroll instead in his pet project, **ARKids First,** a superb program, yes, but for the working poor, not the welfare poor. From the get-go, it was for children in households with incomes exceeding the poverty level but less than twice the poverty level.
Clinton administration officials with the federal Health Care Financing Administration want kids eligible for Medicaid, meaning those below the federal poverty level, to receive Medicaid, not some worthy, lesser state program designed for households with incomes lifting them beyond the federal poverty level, but not so far as to get by without help.
Huckabees core argument is that a welfare-level parent ought to be allowed to exercise as a matter of pride the option to decline Medicaid for his kids and pay a little something for **ARKids First.** My counterpoint is that a welfare-level parent with that much pride ought to be given not the choice to reduce his kids health care coverage, but a job, or at least competent training for one.
Thats the right way to deny welfare to a childhelp lift his proud and responsible parents out of it.
Next month, state government will roll out a system by which full Medicaid and the current **ARKids First** program will be combined into a seamless application process. All of it will be called **ARKids First.** Therell be Parts 1 and 2 for full Medicaid and the current ARKids.
This will eliminate some of the hassle and stigma of Medicaid. But the state will still insist on asking parents to choose Part 1 or Part 2. It ought to simply take the application and steer the Medicaid-eligibles to Medicaid and the working poor to **ARKids First.**
John Brummetts column appears every Tuesday, Thursday, Saturday and Sunday.

LANGUAGE: ENGLISH

LOAD-DATE: June 6, 2000

The Arkansas Democrat-Gazette

May 18, 2000, Thursday

SECTION: NEWS; Pg. B1

LENGTH: 784 words

HEADLINE: Rivals Smith, Dickey want to guard ARKids Don't take matter to Congress, opponents say

BYLINE: SETH BLOMELEY, ARKANSAS DEMOCRAT-GAZETTE

BODY:

Former state Rep. Judy Smith, D-Camden, has at least one thing in common with U.S. Rep. Jay Dickey, a Republican from Pine Bluff whom she hopes to challenge in this year's general election for 4th District congressman.

Both said parents should have the right to decide whether their children may enroll in Medicaid or **ARKids First.**

"There are many families who want to be able to contribute financially to their children's health," Smith said. "I was a co-sponsor of ARKids and will fight in Congress to protect this system."

But according to answers given in an Arkansas Democrat-Gazette issues questionnaire, Smith's three opponents in the May 23 Democratic primary -- state Sen. Mike Ross of Prescott, former congressional aide Bruce Harris and former television reporter Dewayne Graham -- think Congress should stay out of the debate.

The way the state is handling the program has upset federal officials because some children who were eligible for Medicaid, which gives more benefits at a lower cost, wound up in the **ARKids First** program.

"This practice must stop," Ross said. "Children eligible for full Medicaid benefits should be receiving them. However, any problems with the program should be corrected by the state, not the U.S. Congress."

Harris said, "The state and federal government should be able to address their concerns without legislation."

"It's a state issue," Graham said.

Dickey said Congress should pass a law allowing Arkansas greater flexibility with **ARKids First** because the state better manages "poverty programs such as welfare."

In the 2nd District, the winner between Republicans Bob Thomas and Rod Martin, both of Little Rock, will face U.S. Rep. Vic Snyder, a Democrat from Little Rock.

Thomas and Snyder said Congress should stay out of it, but Martin said he would urge passing a law to allow Arkansas to "continue doing what it's doing. It's time we shed this ridiculous 'government knows best' mind-set."

In the 1st District, U.S. Rep. Marion Berry, a Democrat from Gillett, will face the winner of the Republican primary between Susan Myshka and Jason Sutfin, both of Jonesboro. They said Congress should stay out of the debate.

In the 3rd District, U.S. Rep. Asa Hutchinson, a Republican from Fort Smith, has no opposition. He didn't say whether Congress should get involved but said he supported parents having the option to choose between programs.

GUNS

The 4th District candidates all agree that no more gun laws are necessary.

"Anything that will infringe on the Second Amendment is not acceptable," Graham said.

Dickey, Ross and Harris all said the current laws should be enforced. "Law enforcement officers need the necessary resources to enforce those laws," Harris said.

In 2nd District, Snyder was the only candidate in all the races to say he favors more gun-control laws. "Congress should, as the House did last year, act to close loopholes in the current gun laws so that background checks are done by all dealers at gun shows," Snyder said.

Martin offered a quote that he said was from Thomas Jefferson: "Laws that forbid the carrying of arms

disarm only those who are neither inclined nor determined to commit crimes."
In the 1st District, Myshka said she supports an additional five years in prison for felons illegally using a gun. Sutfin wants to "sundown" some gun laws but didn't say which ones.
In the 3rd District, Hutchinson didn't give a clear answer on whether more gun laws should be passed. He said new laws wouldn't have prevented the recent school shooting in Prairie Grove. But he also said he supported voluntary trigger locks and that Congress needs to pass more laws addressing crime.
MILITARY RECRUITING
Candidates in the 4th District are split on whether laws are needed to help facilitate military recruiting at high schools.
Harris and Graham said Congress shouldn't get involved. Dickey, Ross and Smith support the passage of such laws.
"As a member of the Appropriations Defense Subcommittee, I was shocked to learn that certain schools forbid military recruiters from visiting their campuses," Dickey said.
In the 2nd District, Snyder, who is a Vietnam veteran, and Martin and Thomas all favor facilitating contact between students and military recruiters.
Thomas, a former Army Ranger, was unclear as to what type of law he favored.
Candidates Berry, Myshka and Sutfin in the 1st District agreed, but Berry offered this point: "Recruiters should be cooperative and respectful of school officials and honest to students."
In the 3rd District, Hutchinson didn't answer the question specifically but said, "We can and should do more to encourage our young people to serve our nation."

LANGUAGE: ENGLISH

LOAD-DATE: May 19, 2000

The Arkansas Democrat-Gazette

May 20, 2000, Saturday

SECTION: EDITORIAL; Pg. B11

LENGTH: 985 words

HEADLINE: The good, bad and ugly Huckabee and Medicaid

BYLINE: John Brummett

BODY:

I'd like to put in a good word and a bad one for the Huckabee administration on Medicaid, with specific attention to Ray Hanley, that fighting dude who administers Medicaid funding at the Human Services Department.

Hanley is a bureaucratic veteran and bean-counter extraordinaire. He's also become such a prolific and scathing writer that I'm wondering if he hasn't been invaded by the ghost of John Robert Starr.

Hanley, with Mike Huckabee behind him every step of the way, is at war on one hand with Wal-Mart and Walgreen's because they charge more for the state's Medicaid prescription drugs than they charge for the
privately insured ones of Blue Cross. That's good.

He's at war on the other hand, and with Huckabee still behind him all the way, with federal officials who insist quite sensibly that kids in Arkansas who are so miserably poor as to qualify for Medicaid, meaning their household incomes are under the poverty level, ought by George to get Medicaid with its extensive welfare services including transportation--period, end of discussion. That's bad.

Hanley and Huckabee insist that these welfare-level parents be offered, perhaps tacitly encouraged to choose, an option for the lesser but more pleasant-sounding **ARKids First.** That's a supplemental public insurance plan with a co-payment and restricted services that was commendably created by the Huckabee administration ostensibly for those children in families ineligible for Medicaid but with incomes less than 200 percent of the poverty level.

I'll pursue the bad first, wanting to end on a positive note.

At the beginning of the week Hanley got mad at U.S. Rep. Vic Snyder because Snyder had voiced his logical agreement with the federal government that Medicaid-eligibles ought to get Medicaid and suggested that U.S. Rep. Jay Dickey ought not to be inserting silly language into appropriations bills to try to cow the feds into getting off the state's back.

Hanley fired off a spiteful, sarcastic letter to Snyder and released the sonofagun to the media. Hanley wondered where Snyder was back in his days as a state senator, and Bill Clinton's days as governor, when Medicaid had funding problems and the state had no supplemental plan for the working poor like **ARKids First.**

I shipped Hanley an e-mail after reading his letter to Snyder. I said I didn't know which I found more offensive, the substance or tone. I told Ray that he surely knew whom he worked for.

I have just finished trying to print the full text of the two-day e-mail war that ensued. I ran out of paper. It was a good thing.

The printer cartridge was about to overheat.

Here's a highlighted exchange:

Hanley: "Sorry you find offense. (No, on second thought I really don't care.) I've had it up to here with people taking cheap shots without acknowledging how far we have moved over the past two years--and more so when it's from people who had ample chances under their watch (especially Clinton) and did nothing but talk. As to whether or not a child should be on the regular Medicaid program, I agree, if the parents wish to apply for that option we should facilitate
it. . . . As to who I work for, I work for the people of Arkansas in general and for those in need of health care in particular--and those needs are being met to a much greater degree than they were two years ago. I've been here under three governors and am probably the least partisan appointee you will find. Have a good evening."

Me: "I think it comes down to one of your sentences: 'If the parents wish to apply for that option

(Medicaid), we should facilitate it.' Hmmm. Sounds positively Clintonesque. I think you should be more interested in providing everything to which the poorest child is entitled--period--rather than facilitating a parent's choice. To heck with a parent's possibly ill-informed choice when a child in poverty is in need of health care."

It went on and on. Hanley made many good points: ARKids has greatly increased the number of kids with health insurance and Huckabee deserves the credit; the state's assets test for Medicaid that Snyder and others find offensive stems from the Clinton era; the state has one of the most responsive and efficient systems in the country for acute care for the sickest kids under Medicaid.

But on the central point highlighted in the preceding exchange, he didn't budge. He wants Medicaid-eligible families to be given the option to pay from their tragically meager means to get less health coverage for their sick kids under **ARKids First.** At one point, he compared this choice to a woman's right to choose abortion.

I remain equal parts flabbergasted and outraged. This would be a good time to change subjects.

It takes nerve in this state to challenge Wal-Mart, and Huckabee and Hanley have done it. They have declared war on the thoroughly indefensible and long-standing practice by which Wal-Mart and Walgreen's charge more for Medicaid prescriptions than privately insured ones.

It's a taxpayer rip-off, and Hanley and Huckabee have these retailing giants on the run--into federal court to argue something about equal protection under the law, mainly to try to head off a precedent that could erode this gravy train and taxpayer drain state by state.

In one e-mail Hanley wondered whether Clinton would have had the nerve to take on Wal-Mart as governor of Arkansas.

What these two cases come down to, I think, is Huckabee as Jekyll and Hyde, trying to mitigate his progressive and populist instincts with a perceived need to feed the right-wingers with occasional rhetorical flourishes and grandstanding against welfare.

Hanley is just a guy with natural combative inclinations who is devoted to fiscal efficiencies and bears some kind of grudge against Clinton. He also has not a bad way with the written salvo.

John Brummett's column appears every Tuesday, Thursday, Saturday and Sunday.

LANGUAGE: ENGLISH

LOAD-DATE: May 22, 2000

FOCUS™
Search: General News;ARKids First

To narrow this search, please enter a word or phrase:

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Example: **House of Representatives**

STRATEGIES FOR IMPROVING MEDICAID ENROLLMENT

Barriers do not dampen parents' desire to enroll their children.

Focus on greater convenience and smoother processes.

Reinforce Medicaid's identity as a health insurance program for low-income, working families.

Address concerns about quality of care.

Provide enrollment materials and assistance in different languages.

Different approaches are necessary for different groups.

Barriers do not dampen parents' desire to enroll their children.

Despite the many reasons parents give for not trying to enroll their children in Medicaid, nine in ten parents of eligible uninsured children appear willing to enroll if their child were eligible (see Figure 3). The perceived and actual barriers to enrollment they identify do not make them feel negatively about the program (recall that a large majority of parents say it is a good program) nor lessen their desire to enroll their children. These findings suggest that parents want to overcome obstacles to obtaining health insurance coverage for their children.

The survey tested ideas to help facilitate Medicaid enrollment. Generally, parents responded positively toward many strategies for encouraging Medicaid enrollment. Most parents, especially parents of eligible uninsured children, placed the highest priority on making the enrollment process easier and more convenient. Table 2 (see page 16) below lists seven ideas to improve enrollment and parents' responses.

Table 2: Ideas That Would Make Parents "Much More Likely" to Enroll Their Children in Medicaid

	Medicaid Enrolled	Eligible Uninsured
	Much More Likely to Enroll	
	(%)	(%)
Making enrollment more convenient:		
• Mail in the enrollment form or enroll over the phone	51	60
• Immediate enrollment and provide all the forms later	51	56
• Enrollment office open after work or on weekends	52	55
• Shorter enrollment form	41	53
• Enrollment forms available at more places in the community	44	41
Enrolling when signing-up for other programs:		
• Automatic enrollment when my child enrolls in the school lunch program	53	53
Enrolling at more convenient locations:		
• Enroll at a doctor's office or clinic	52	54
• Enroll at my child's school or day care center	42	51
• Enroll at a local community center	34	40
• Enroll where I get food stamps	42	31
Talking to someone before enrolling:		
• An 800 number to talk with someone about what to do before going to the office	49	53
• Talk with someone actually enrolled in Medicaid before I enroll	37	35
Reinforcing Medicaid's identity as a health insurance program:		
• Better treatment at enrollment office	47	55
• Not go to the welfare office to enroll	42	42
• Call it something other than "Medicaid"	14	17
Improving quality of care:		
• Get better doctors	54	47
Overcoming language barriers:		
• Help from someone who speaks my language (asked only of Spanish-speakers)	53	50

Focus on greater convenience and smoother processes.

Parents ranked most ideas that make enrolling in Medicaid easier high. Given these preferences, simple process improvements could substantially increase enrollment of eligible uninsured children. The gaps in knowledge about how to enroll and about eligibility criteria, however, show that education will also be needed before some parents will even attempt to enroll.

1. Make the enrollment process more convenient.

When asked what would make them much more likely to enroll, parents placed the highest priority on making Medicaid enrollment more convenient and less of a "hassle." These strategies resonated particularly with parents of eligible uninsured children who tend to be workers with limited time.

- **Mail-in or phone-in enrollment.** This was the most popular idea tested; half the parents of Medicaid enrolled children (51%) and six in ten parents of eligible uninsured children (60%) say this would make them much more likely to enroll.
- **Presumptive eligibility.** Many liked the idea of immediate enrollment with the ability to complete all of the forms later (Medicaid enrolled, 51%; eligible uninsured, 56%).
- **Extended office hours.** Half of parents also rank keeping enrollment offices open after work and on weekends (Medicaid enrolled, 52%; eligible uninsured, 55%) high.
- **Shorter enrollment form.** Four in ten parents of Medicaid enrolled children (41%) and half of parents of eligible uninsured children (53%) say a shorter enrollment form would make them much more likely to enroll.

2. Enroll eligible children when signing-up for other programs.

- **Automatic enrollment with school lunch.** More than half of parents of Medicaid enrolled children (53%) and eligible uninsured children (53%) say that they would be much more likely to enroll if their application was made automatically when their child enrolled in the school lunch program. Clearly, many parents appreciate the ease and efficiency of accelerated enrollment in Medicaid when they are found to qualify for other public programs.

3. Enroll eligible children at more convenient locations in the community.

In addition to streamlining the process, parents say they would be much more likely to enroll their children in Medicaid if they could do so in more convenient locations within their community.

- **Doctor's office or clinic.** Half of parents of Medicaid enrolled children (52%) and parents of eligible uninsured children (54%) say that they would be much more likely to enroll if they could do it at their doctor's office or a clinic.
- **School or day care center.** Four in ten parents of Medicaid enrolled children (42%) and half of parents of eligible uninsured children (51%) say they would be much more likely to enroll if they could do it at their child's school or a day care center.

Notably, both groups of parents are less enthusiastic about enrolling at local community centers and food stamps offices, reflecting the fact that they may be less likely to have reasons for going to these locations.

4. Establish venues to allow parents to talk to someone before enrolling.

- **By telephone.** An important idea for about half of parents is to have a conversation with a knowledgeable person by telephone prior to visiting the Medicaid office to enroll.

As one might expect, more parents of eligible uninsured children than parents of Medicaid enrolled children say that this idea would make them much more likely to enroll in Medicaid (53% to 49%). This makes sense because their knowledge of Medicaid lags behind that of parents with children currently enrolled in the program.

Reinforce Medicaid's identity as a health insurance program for low-income, working families.

Many low-income parents are confused by Medicaid eligibility rules and the delinking of the program from the welfare system and its requirements. Medicaid outreach and marketing efforts should emphasize the program's new image as a health insurance program for low-income, working families, separate from the welfare system.

Survey results indicate that the negative associations between welfare and Medicaid are still strong and that simple fixes are not enough to counter these negative feelings:

- **Avoid the welfare office.** Four in ten parents of Medicaid enrolled children (42%) and parents of eligible uninsured children (42%) say not having to go to the welfare office to enroll would make them much more likely to do so.
- **Program name change is not critical.** Only a small number of parents of Medicaid enrolled children (14%) or parents of eligible uninsured children (17%) say that changing the name of the program to something other than "Medicaid" would make them much more likely to enroll in the program. While changing the

name may help improve the program's image, the action must be supported by other significant changes in the application process to boost enrollment.

- **Better treatment is preferred.** Instead, greater sensitivity and better treatment at the enrollment office appeal to both parents of Medicaid enrolled (47%) and of eligible uninsured children (55%).

"Medicaid Stigma:" Less Of A Barrier Than Previously Believed

The stigma associated with public programs is often cited anecdotally as a barrier to enrollment in Medicaid. However, the survey findings suggest that parents of eligible children believe Medicaid is a good program but find enrollment processes challenging:

- Nearly nine out of ten surveyed parents (89%) think Medicaid is a good program;
- Over two-thirds of parents of Medicaid enrolled children (68%) are very satisfied with the care their child receives;
- The top two reasons parents named for not trying to enroll their child are: they did not think their child would qualify (58%) and they did not know how or where to apply (56%); and
- Nine out of ten parents of eligible uninsured children appear willing to enroll their children in Medicaid if they were eligible.

The negative public image of welfare and the historical link between Medicaid and cash assistance has created barriers to Medicaid enrollment (recall 37% of parents who never tried to enroll say they did not want their child to be considered a Medicaid recipient). These negative perceptions, however, should not necessarily be construed as people rejecting the Medicaid program. The responses to this survey suggest that low-income parents value the program; the challenge lies in further severing the association between Medicaid and welfare, and in capitalizing on these positive feelings about the coverage and protection afforded by the program. In addition to encouraging parents to initiate and facilitating the completion of the enrollment process, it is critical to change the perception of Medicaid from a welfare program to a stand-alone, health insurance for low-income families.

Address concerns about quality of care.

- **Better doctors.** Both parents of Medicaid enrolled children and parents of eligible uninsured children are much more likely to enroll in Medicaid if better doctors participated (54% to 47%).

However, these anxieties about quality of care may be more perceived than real given that 68% of parents of Medicaid enrolled children state that they are very satisfied with the care their child receives and 94% of these parents believe Medicaid is a good program. Nevertheless, the findings do underscore the need to address negative perceptions about the quality of care under the program.

Provide enrollment materials and assistance in different languages.

The recurring theme of language barriers for Spanish-speaking parents again surfaces when considering strategies for encouraging Medicaid enrollment.

- **Bilingual enrollment workers.** In addition to translated enrollment materials, half of Spanish-speaking parents (Medicaid enrolled, 53%; eligible uninsured 50%) in the survey say they would be much more likely to enroll their child in Medicaid if they could receive help from someone who speaks their language fluently.

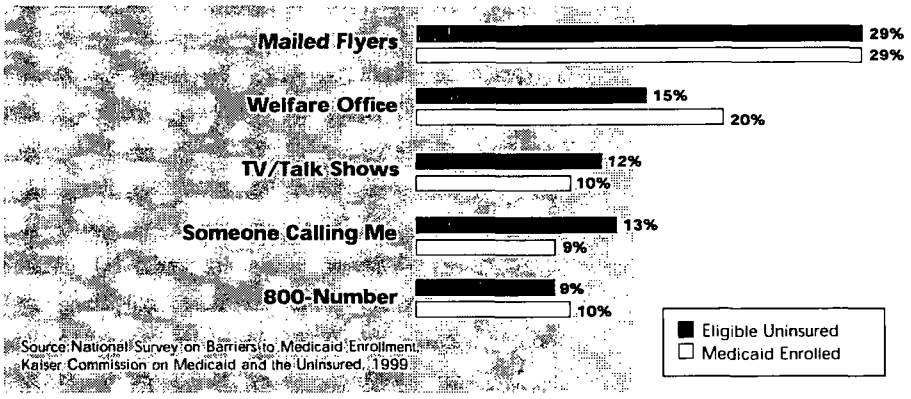
Different Approaches Are Necessary For Different Groups

Different groups of parents respond differently to specific ideas tested for encouraging Medicaid enrollment, which means one approach will probably not work for everyone. The survey shows that households with two working parents are the most supportive of ideas that have to do with making enrollment in Medicaid more convenient, such as mailing in the application form (63% of working, two-parent households vs. 54% of all parents). Similarly, parents of eligible uninsured children are more receptive to this idea than parents of Medicaid enrolled children (60% to 51%).

Spanish-speaking parents, on the other hand, seem least supportive of almost all of the ideas tested, possibly because they doubt their ability to take advantage of these ideas because they do not speak English. Conversely, African-American parents seem open to most of the ideas, particularly those that add greater convenience and avoid them having to go to the welfare offices (51% of African-American parents vs. 43% of all parents).

The survey also shows that parents of uninsured children with prior Medicaid experience seem to be among the most supportive of all of the ideas tested. Their support may come from their prior experience with Medicaid and, perhaps, stems from sme of the difficulties theyencountered while applying for the program.

Figure 11: Parental Preferences for Obtaining Medicaid Program Information



Printed materials and personal contact are key ingredients to effective outreach.

No single method or source of information was identified by low-income parents as the preferred way to receive Medicaid program information. When asked what would be the best way to get information about Medicaid, parents tend to name traditional sources and outlets (Figure 11):

- **Mailed fliers.** The number one way that parents of Medicaid enrolled children and parents of eligible uninsured children want to receive information about enrolling in Medicaid is through mailed fliers (29% for both groups).
- **Welfare offices.** Despite the negative associations they may hold of cash assistance programs, parents named the welfare office as the best place to receive information about Medicaid. This finding reaffirms the connection that low-income parents have of the two programs, though this location appeals less to parents of eligible uninsured children than to parents of Medicaid enrolled children (15% to 20% respectively). This difference may reflect the negative feelings parents who have never tried to enroll their children have toward the welfare system and the fact that most of these parents are workers who are perhaps less familiar with the welfare program.
- **Other locations and sources include:**
  - **T.V. and talk shows** (Medicaid enrolled, 10%; eligible uninsured, 12%);
  - **Telephone call from someone with information about enrollment** (Medicaid enrolled, 9%; eligible uninsured, 13%); and
  - **800 number to call for information** (Medicaid enrolled, 10%; eligible uninsured, 9%).

Like enrollment strategies, effective outreach efforts should target specific groups with tailored messages in appropriate languages and media outlets.

POLICY IMPLICATIONS

The survey findings point to four policy or process changes to increase Medicaid enrollment:

- Streamlined enrollment processes;
- Expanded outreach and clearer communication of program information;
- Simplification of eligibility criteria; and
- Better Medicaid "product."

The survey results show that Medicaid-eligible children come from working families, with moderate to little contact with the welfare system. Low-income parents view the program and the services it provides positively and many want to enroll their children. However, confusion about eligibility rules and barriers to enrollment at various points in the process prevent some parents from realizing this desire.

After testing the usefulness and appeal of strategies to reduce barriers to enrollment, the survey findings point to four policy or process changes to increase Medicaid enrollment:

1. Streamlined enrollment processes;
2. Expanded outreach and clearer communication of program information;
3. Simplification of eligibility criteria; and
4. Better Medicaid "product."

Streamlined enrollment processes

Surveyed parents cite various difficulties of the Medicaid enrollment process as major barriers to completing or even initiating the process. Strategies focusing on making the enrollment process more convenient consistently ranked high among both sets of parents. These include mail-in or phone-in enrollment, more convenient office hours, more locations in the community at which to enroll, and automatic enrollment in Medicaid when enrolling in other programs such as the school lunch program. In addition, fewer documentation requirements (e.g. one pay stub instead of eight) would ease the burden on families, encouraging them to apply to and enabling them to complete the enrollment process. These enrollment simplification efforts should also be carried over to streamline re-enrollment processes to ensure that eligible children maintain their Medicaid coverage when appropriate.

Expanded outreach and clearer communication of program information

The majority of surveyed parents work and have no contact with the welfare system, especially parents of eligible uninsured children. Few parents have spoken to knowledgeable people about enrolling in Medicaid. It is therefore not surprising that when tested on their knowledge of Medicaid eligibility rules, both sets of parents show considerable confusion about some rules. In addition, many of the most frequently cited reasons parents say they have never tried to enroll their children center on the lack of knowledge of how to apply.

These findings suggest that more needs to be done to reach and educate low-income parents about eligibility rules and how to initiate and complete the enrollment process. While different groups prefer different approaches, the most promising sources of outreach include mailed fliers and traditional media sources targeted to groups that historically have not participated in cash assistance programs. Particular attention should be placed on reinforcing Medicaid's identity as a stand-alone health insurance program for low-income, working families, separate from the welfare system. In addition, more resources are needed for bilingual services to inform parents with limited English language skills. While outreach and education efforts are critical to reach potentially eligible families, they must be supported with less cumbersome and more humane enrollment processes.

Simplification of eligibility rules

The survey affirmed the fluidity in the economic lives of low-income families. One-third of parents of uninsured children who were previously on Medicaid say their children were dropped from the program because their financial situation changed. Nearly half of parents who completed the Medicaid enrollment process but were denied coverage say their incomes were too high; yet, given that they qualify for this survey, their children appear to meet Medicaid income eligibility levels. Parents from focus groups support these findings, claiming that the moment they receive a slight increase in their paycheck, Medicaid drops them.

States have considerable latitude in simplifying income criteria and extending coverage to more low-income children and their families. They may exercise this discretion in determining income eligibility by eliminating asset tests and employing income disregards. In addition, by adopting 12-month continuous eligibility, states can help families bridge periods with income fluctuations and maintain health insurance coverage for their children.

Better Medicaid "product"

Finally, concerns about quality of care and low levels of provider participation emerged as barriers to enrollment for parents who have never tried to enroll. However, over two-thirds of parents of Medicaid enrolled children are very satisfied with the care their children are receiving and very few quit the program because of dissatisfaction with the quality of care.

These seemingly contradictory findings may simply reflect the concerns about quality of care among the population in general. They may also suggest that, especially among parents with no experience with the Medicaid program, more steps, such as efforts to monitor quality of care in Medicaid, should be taken to counter the negative perceptions of Medicaid. Increasing provider participation and their attitudes toward Medicaid beneficiaries remain issues for program improvement.

Looking beyond enrollment

It is clear from the survey findings that low-income parents value health insurance for their children and Medicaid as a vehicle for obtaining coverage. Barriers that impede enrollment in Medicaid clearly exist today, but the survey results demonstrate that most barriers to Medicaid enrollment are not inherent to the program but are problems with practical, feasible solutions that all states can implement. In fact, many states have recognized the significant role Medicaid can play and have begun to aggressively reach out to families. By using their discretion to restructure their Medicaid enrollment processes to make it more user-friendly, they have already seen growth in enrollment numbers. The new focus on extending health insurance coverage as broadly as possible and on increasing Medicaid and CHIP enrollment gives policymakers a great opportunity to examine the enrollment process itself to find ways to make it more accessible to eligible children. The challenge ahead lies in making these programs work effectively as insurers of low-income children.

The survey reveals a significant amount of Medicaid "churning" with children cycling on and off the program. Although this survey did not focus specifically on issues of retention and redetermination, many of the same measures to streamline the initial enrollment process should be applied to the reenrollment process to ensure that eligible children retain their coverage if appropriate.

It is important to bear in mind that eliminating barriers to enrollment is only the first step in providing health insurance coverage and assuring access to health care services for low-income children and their families. Once enrolled, it is essential that parents learn about their health care choices and how to navigate the system to access care.

Like the barriers to enrollment explored in this survey, these additional challenges are not insurmountable but will require willingness, creativity, and flexibility to overcome. In the meantime, concrete steps can be taken now to assure full health insurance coverage for our nation's low-income children.

APPENDIX A: SURVEY RESPONDENT DEMOGRAPHICS

	Parents of Medicaid Enrolled Children (%)	Parents of Eligible Uninsured Children (%)
Gender:		
Male	8	18
Female	92	82
Race/ethnicity:		
White	24	23
African-American	28	22
Latino	41	46
American Indian	4	6
Other	3	2
Education Level:		
1-11th Grade	41	37
High School Graduate	34	40
Non-College, Post-High School	1	3
Some College	15	14
College Graduate	6	4
Post-Graduate School	1	1
Don't Know	1	1
Age:		
24 and Under	20	15
25 to 29	18	18
30 to 34	16	23
35 to 39	16	20
40 or Older	29	23
Don't Know	0	1
Refused	1	0
Household Type:		
Two-parent	48	67
Single-parent	51	34
Source of Income:		
Work	62	75
Welfare/TANF	30	5
Soc Sec/SSI/Disability	15	11
Unemployment Insurance	4	5
Child Support/Alimony	4	4
Veterans Benefits	1	1
Other	4	3
Insurance Status:		
Insured	60	23
Uninsured	38	78
Interview Language:		
English	79	77
Spanish	21	23
	N=836	N=419

APPENDIX B: METHODOLOGY

This study was comprised of two components: a nationwide telephone survey and a series of focus groups.

Survey

In winter 1998 and spring 1999, we interviewed 1,335 low-income parents of children age 15 and under whose children were uninsured at the time and potentially eligible for Medicaid, or were currently enrolled in the program.[4] Specifically, we polled 836 parents with children enrolled in Medicaid and 419 parents with children who are currently uninsured.[5]

The target population for our survey was low-income parents, including those with children who are currently uninsured and those with children participating in a Medicaid program. The youngest child in the family was designated the "target child" (e.g., the child who was the focus of the questionnaire). Either parent could be the respondent for a target child. In some cases, legal guardians or grandparents were interviewed in place of parents.

The total survey effort yielded a 58% response rate. The margin of error for the 836 parents whose target child was enrolled in Medicaid is plus or minus four percentage points. The margin of error for the 419 parents whose target child was currently uncovered is plus or minus five percentage points.

In determining eligibility, we looked at the age of the target child as well as household income and household size. Families were eligible for the survey if they met the following conditions:

- Families with a target child under the age of 6 and with incomes below 133% of poverty ($21,878 for a family of four in 1998); and
- Families with a target child between the age of 6 and 14 with incomes below 100% of poverty ($16,450 for a family of four in 1998).

In developing the sample for this survey, we followed four steps:

- First, we selected telephone exchanges that serve low-income areas of households reporting incomes of less than $25,000. For the four Census regions, we used a uniform 50 percent criteria to select telephone exchanges that serve these areas.

[4] In addition to the nationwide survey of 1,335 parents, this study included 1,609 parents in four oversample counties. In total, 2,944 parents were surveyed. This report focuses on the national sample; results from the oversample sites will be analyzed and reported in a future Kaiser Commission on Medicaid and the Uninsured publication.

[5] The remaining 80 parents reported that their target child was in some government insurance program other than Medicaid.

- Second, among exchanges that met the first criteria, we picked exchanges that serve areas with populations reporting that at least 25 percent are under age 18.
- Third, we selected telephone blocks (i.e., area code (XXX) — exchange (XXX) — blocks (YY)) within these exchanges with the minimum of 32 percent residential listings.
- Finally, we generated random numbers for the last two digits (YY) in selected blocks within selected exchanges and produced samples for the survey.

After completing the 1,200 interviews originally planned, we found that only a quarter (27%) of those surveyed were the parents of uninsured, potentially eligible children; most (73%) reported that the target child was enrolled in Medicaid or some other government insurance program. In order to increase the number of uninsured children available in the final data for analysis, we conducted a second wave of the survey. After several weeks in the field, the second wave survey increased total completed surveys from 1,202 to 1,335. After Wave Two, roughly a third (31%) of the completed cases represented uninsured children. Therefore, comparisons between families with uninsured children and those currently enrolled in Medicaid could be accomplished with more precision.

Focus Groups

In the winter of 1998, we conducted focus groups with low-income parents of children age 15 and under whose children were uninsured at the time and potentially eligible for Medicaid, or were currently enrolled in the program. A total of six focus groups were conducted in Cleveland, OH, Albuquerque, NM, and Macon, GA. In each city, two focus groups were conducted: one with parents of uninsured children and one with parents of children covered by Medicaid.[6] The findings from the focus groups were used to design the survey questionnaire and served as a qualitative supplement to the main component of this research effort, the national survey.[7]

[6] Within any family, the health care coverage status of children can vary; some children might be uninsured while others are covered by Medicaid or private insurance. To simplify the recruitment and placement process, we concentrated on the coverage status of the youngest child.

[7] In addition, eight focus groups of parents of potentially Medicaid-eligible children were conducted in California in March 1998 to better understand barriers to enrollment. The findings are presented in *Barriers to Medi-Cal Enrollment and Ideas for Improving Enrollment* from the Henry J. Kaiser Family Foundation (Publication #1436).

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THE KAISER COMMISSION ON
Medicaid and the Uninsured

The Arkansas Democrat-Gazette

May 17, 2000, Wednesday

SECTION: NWANEWS; Pg. B5

LENGTH: 1082 words

HEADLINE: Official: Snyder wrong about ARKids program Congressman says he's surprised by tone of letter

BYLINE: MICHAEL ROWETT, ARKANSAS DEMOCRAT-GAZETTE

BODY:

NW EDITION

Arkansas Medicaid director blasted U.S. Rep. Vic Snyder on Monday for questioning the states enrollment practices for the **ARKids First** Medicaid program, questioning Snyders past commitment to expanding health coverage for low-income Arkansas children. He used the word hypocritical.

Medicaid Director Ray Hanleys 212 page letter to Snyder, D-Ark., said Snyder is wrong to support the theory that the state is steering families into ARKids and away from [general] Medicaid. ... We have not steered or otherwise enrolled any child in ARKids [who] had been otherwise determined eligible for the regular Medicaid program. Snyder had referred to enrollment practices that make it easier to get into the **ARKids First** program than into the general Medicaid program, which provides more services at lower costs to poorer people.

Hanley questioned what Snyder did as a state senator from 1991-96 to expand Medicaid coverage for children the way **ARKids First** does by applying to families who made too much money to qualify for the general Medicaid program. If Snyder didnt do anything as a state legislator, he ought not to criticize the way the administration of Gov. Mike Huckabee, a Republican, has gone about doing it, Hanley wrote.

The letter referred to Snyders comments in an Arkansas Democrat-Gazette article published Saturday. Snyder and Rep. Marion Berry, D-Ark., supported the federal governments position that the state should stop enrolling children in **ARKids First** if they are eligible for the more generous general Medicaid. **ARKids First** provides fewer services and imposes charges general Medicaid recipients dont have to pay.

In the article, Snyder questioned why the state requires families applying for general Medicaid, but not for **ARKids First,** to meet a requirement that their assets dont exceed $ 2,000.

Hanleys letter said Snyders disparaging remarks about the assets test for Medicaid suggests that you [Snyder] are not recalling some history on the issue and some missed opportunities from your days in the Arkansas General Assembly.

He questioned several times why Snyder and previous Democratic Govs. Bill Clinton and Jim Guy Tucker didnt propose or support a program similar to **ARKids First,** which was approved in 1997 by the Democratic-controlled Legislature with the active support of Huckabee.

Snyder said Monday that he was surprised at the tone of the letter. He defended his record on improving access to Medicaid for low-income children and all economically disadvantaged Ark-ansans.

I dont know why the letter had to be so vitriolic and sarcastic about my viewpoints, Snyder said. Generally, the tone of the letter is that I havent done anything for Medicaid.

Snyder said that in the state Senate he supported expanding Medicaid services whenever fiscally possible. He pointed to continual funding shortfalls and the economic downturn during the early 1990s as precluding the state from developing a program similar to **ARKids First.** These shortfalls prompted several special sessions, including one in December 1992 in which legislators voted to impose a tax on soft drink distributors to help shore up the states Medicaid program.

People sometimes forget that we havent always been in the economic boom situation that were in today, Snyder said. We spent a lot of time dealing with Medicaid and the financing of it.

Ive taken a lot of political heat on this, and the Republicans spent hundreds of thousands of dollars in ads attacking me for my votes on Medicaid [in the state Senate]. I dont feel any obligation to be defensive about any kind of Ray Hanley attack.

Snyder said as a state senator it was valid to require that general Medicaid applicants meet a financial test like the assets test to qualify for the program. But now that the state has two Medicaid programs for children **ARKids First** Medicaid and general Medicaid an assets test for one but not the other makes no sense, he said.

That test is one of the features of the states present system that has led some critics to accuse the administration of steering applicants to ARKids and away from the general Medicaid program. Another is the looser requirements for **ARKids First,** while applicants for general Medicaid have been required to visit a state government office. Further, the ARKids program has been promoted in hundreds of thousands of dollars worth of advertising not spent on promoting the general program.

Hanleys letter objected to Snyders support of the federal position that general-Medicaid eligible children should only be enrolled in general Medicaid, arguing that to do so might mean proud parents would let their children go without health care. Hanley cited a case in which he said a father from western Arkansas only applied for **ARKids First** because it allowed him to make a co-payment and appealed to the mans sense of dignity because it functioned like an insurance program and it was not a free government program.

Snyder argued that parents such as the father cited by Hanley think general Medicaid is a welfare program mainly because thats how the state has promoted it. Ads show **ARKids First** as a traditional insurance program, but the state has no corresponding ads touting the virtues of general Medicaid.

The state has not presented scientific polling to demonstrate that a majority of parents would rather enroll children in **ARKids First** instead of general Medicaid because of a welfare connotation. Hanley, Huckabee and other state officials cite visits with parents and the results of seven focus groups the state assembled last summer.

Snyder, a physician, said he can provide anecdotal examples showing that parents werent informed that **ARKids First** doesnt cover services offered by general Medicaid.

Hanley, who has overseen Medicaid since 1986, says the state does a good job of explaining the programs differences.

Hanley has proposed developing a common application form for general Medicaid and for **ARKids First** and dropping the requirement that people seeking the general program visit a state Department of Human Services office to apply. Instead, applicants for general Medicaid could mail in their forms, as do **ARKids First** applicants.

General Medicaid covers the 22 services covered by **ARKids First,** plus 21 services not offered under the ARKids program, mainly for children with disabilities and those who need physical therapy, specialized wheelchairs and hospice care.

Photo:
Vic Snyder

LANGUAGE: ENGLISH

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