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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 20-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

October 2, 2020

Janet Mann, Director
Arkansas Department of Human Services
Division of Medical Services
Office of Rules Promulgation
P.O. Box 1437, Slot S295
Little Rock, AR 72203-1437

Dear Ms. Mann:

On August 6, 2020, the Centers for Medicare & Medicaid Services (CMS) received Arkansas' State Plan Amendment (SPA) transmittal #20-0017, which removes brand names and make other minor technical changes.

Based upon the information received, we are now ready to approve SPA #20-0017 as of October 1, 2020, with an effective date of December 1, 2020, as requested by the State.

Enclosed is a copy of the CMS-179 form, as well as the approved pages for incorporation into the Arkansas State Plan.

If you have any questions regarding this amendment, please contact Michala Walker at (816) 426-5925. We hope this information is helpful. If you have further questions regarding this response, please direct them to Michala Walker of my staff, at Michala.walker@cms.hhs.gov or 816-426-5925.

Sincerely,

A black rectangular redaction box covers the signature of James G. Scott. A small portion of the CMS logo is visible above the redaction.

James G. Scott, Director
Division of Program Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2</u> <u>0</u> — <u>0</u> <u>0</u> <u>1</u> <u>7</u>	2. STATE AR
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE December 1, 2020
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5. TYPE OF PLAN MATERIAL (*Check One*)

NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)

6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY 2020 \$ <u>0</u> b. FFY 2021 \$ <u>0</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT See attached listing	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) See attached listing
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10. SUBJECT OF AMENDMENT

The Arkansas Title XIX State Plan has been amended to remove the MIC-Key brand name to describe low-profile buttons.

11. GOVERNOR'S REVIEW (*Check One*)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437
13. TYPED NAME Janet Mann	Attn: Alexandra Rouse
14. TITLE Director, Division of Medical Services	
15. DATE SUBMITTED 08/06/2020	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED August 6, 2020	18. DATE APPROVED October 1, 2020
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL December 1, 2020	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations

23. REMARKS

**ATTACHED LISTING FOR
ARKANSAS STATE PLAN
TRANSMITTAL #2020-0017**

**8. Number of the Plan
Section or Attachment**

Attachment 3.1-A, Page 3e

Attachment 3.1-B, Page 4a

Attachment 4.19-B, Page 2k

**9. Number of the Superseded Plan
Section or Attachment**

Attachment 3.1-A, Page 3e
Approved 10-05-06, TN 06-16

Attachment 3.1-B, Page 4a
Approved 09-28-15, TN 15-0005

Attachment 4.1-B, Page 2k
Approved 01-06-14, TN 13-24

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

December 01, 2020

CATEGORICALLY NEEDY

8. Private Duty Nursing Services (Continued)

In addition, at least one (1) from each of the following conditions must be met:

1. Medications:
 - Receiving medication via gastrostomy tube (G-tube)
 - Have a Peripherally Inserted Central Catheter (PICC) line or central port
2. Feeding:
 - Nutrition via a permanent access such as G-tube, **Low-Profile** Button, **or** Gastrojejunostomy tube (G-J tube). **Feedings** are either bolus or continuous.
 - Parenteral nutrition (total parenteral nutrition)

Services are provided in the beneficiary's home, a Division of Developmental Disabilities (DDS) community provider facility, or a public school. (Home does not include an institution.) Prior authorization is required. Private duty nursing medical supplies are limited to a maximum reimbursement of \$80.00 per month, per beneficiary. With substantiation, the maximum reimbursement may be extended.

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

Revised: December 1, 2020

MEDICALLY NEEDY

8. Private Duty Nursing to enhance the effectiveness of treatment for ventilator-dependent beneficiaries or non-ventilator dependent tracheotomy beneficiaries.

Enrolled providers are Private Duty Nursing Agencies licensed by **the** Arkansas **Department** of Health. Services are provided by Registered Nurses or Licensed Practical Nurses licensed by the Arkansas State Board of Nursing.

Services are covered for Medicaid-eligible beneficiaries age **twenty-one** (21) and over when determined medically necessary and prescribed by a physician.

Beneficiaries **twenty-one** (21) and over to receive PDN Nursing Services must require constant supervision, visual assessment, and monitoring of both equipment and patient. In addition, the beneficiary must be:

- A. Ventilator dependent (invasive) or
- B. Have a functioning trach requiring:
 - 1. suctioning;
 - 2. oxygen supplementation; and
 - 3. receiving Nebulizer treatments or require Cough Assist / in-exsufflator devices.

In addition, at least one (1) from each of the following conditions must be met:

- 1. Medications:
 - Receiving medication via gastrostomy tube (G-tube)
 - Have a Peripherally Inserted Central Catheter (PICC) line or central port
- 2. Feeding:
 - Nutrition via a permanent access such as G-tube, **Low-Profile** Button, **or** Gastrojejunostomy tube (G-J tube). **Feedings** are either bolus or continuous.
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

December 1, 2020

7. Home Health Services (Continued)

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

(12) **Low-Profile** Skin Level Gastrostomy Tube and Percutaneous Cecostomy Tube and Supplies

Effective for dates of service on or after September 1, 2000, reimbursement is based on the lesser of the provider's actual charge for the **Low-Profile** kits and accessories or the Title XIX (Medicaid) maximum. The agency's rates were set as of September 1, 2000 and are effective for services on or after that date. All rates are published on the [agency's website](#). Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of DME services. The Title XIX (Medicaid) maximum for the kit and accessories is based on the manufacturer's list prices to the DME providers as of July 1, 2000 plus **ten percent** (10%). The State Agency will review the manufacturer's list prices annually and may adjust the Medicaid maximums if necessary. Arkansas Medicaid will reimburse providers for the kit and accessories as purchase only items.

Effective for dates of service on or after March 1, 2014, coverage of the **Low-Profile** for Percutaneous Cecostomy Tube will be reimbursed based on the above-mentioned methodology.

d. Physical Therapy

Refer to Item 4.b.(19).