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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 21-0003

This file contains the following documents in the order listed:

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



Medicaid and CHIP Operations Group

June 11, 2021

Dawn Stehle
Deputy Director for Health and Medicaid
Arkansas Department of Human Services
112 West 8th Street, Slot S401
Little Rock, AR 72201-4608

Re: Arkansas State Plan Amendment (SPA) 21-0003

Dear Ms. Stehle:

We reviewed your proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-21-0003. This amendment proposes to add a new section for Medication Assisted Treatment (MAT) based on guidance in CMS's State Health Official Letter #20005, dated December 30, 2020. Section 1006(b) of the SUPPORT Act amends section 1902(a)(10)(A) of the Social Security Act to require state Medicaid plans to include coverage of MAT for all eligible to enroll in the state plan or waiver of state plan..

Section 1006(b) of the SUPPORT for Patients and Communities Act (SUPPORT Act), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Act to require state Medicaid plans to include coverage of MAT for all eligible to enroll in the state plan or waiver of state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

. . . all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] . . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on March 25, 2021 allowing Arkansas to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October 1, 2020.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 PHE, CMS issued an approval letter on March 25, 2021 allowing Arkansas to modify the public notice time frames set forth at 42 C.F.R. 447.205, in order to obtain an effective date of October 1, 2020 for its SPA implementing statewide methods and standards for setting payment rates for the benefit described at section 1905(a)(29) of the Act. The state issued public notice April 6, 2021.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Arkansas' Medicaid SPA Transmittal Number AR-21-0003 was approved on June 8, 2021 with an effective October 1, 2020 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act.

If you have any questions, please contact Tyson Christensen at (816) 426-6440 or via email at Tyson.christensen@cms.hhs.gov.

Sincerely,

Digitally signed by James
G. Scott -S
Date: 2021.06.11 17:39:45
-05'00'

James G. Scott, Director
Division of Program Operations

cc: Elizabeth Pitman, ADHS
Anita Castleberry, ADHS
Mac Golden, ADHS
Jack Tiner, ADHS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER 2 1 — 0 0 0 3	2. STATE Arkansas
		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 October 1, 2020	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>) <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION Section 1006(b); 1905(a)(29)		7. FEDERAL BUDGET IMPACT a. FFY 2021 \$ 760,470 b. FFY 2022 \$ 764,633	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 5 to Attachment 3.1-A, pages 1 - 8 Supplement 1 to Attachment 3.1-B, pages 1 - 8 Attachment 4.19-B, Page 17a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) New New New	
10. SUBJECT OF AMENDMENT Medication Assisted Treatment Supplement to Attachment 3.1-A			
11. GOVERNOR'S REVIEW (<i>Check One</i>) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL		16. RETURN TO	
13. TYPED NAME Elizabeth Pitman		Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437	
14. TITLE Director, Division of Medical Services		Attn: Mac Golden	
15. DATE SUBMITTED March 31, 2021			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED March 31, 2021		18. DATE APPROVED June 8, 2021	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL Digitally signed by James G. Scott -S Date: 2021.06.11 17:40:37 -05'00'	
21. TYPED NAME James G. Scott		22. TITLE Director, Division of Program Operations	
23. REMARKS			

**ARKANSAS MEDICAID FEDERAL BUDGET IMPACT
MEDICATION ASSISTED TREATMENT (MAT) MANDATORY STATE PLAN
AMENDMENT
STATE PLAN TRANSMITTAL 2021- 003**

The amendment to the Arkansas State Plan to add a new section for Medication Assisted Treatment is necessary based on guidance in CMS's State Health Official Letter #20005, dated December 30, 2020. Section 1006(b) of the SUPPORT Act amends section 1902(a)(10)(A) of the Social Security Act (the Act) to require state Medicaid plans to include coverage of MAT for all eligible to enroll in the state plan or waiver of state plan. Section 2601 of the Continuing Appropriations Act, 2021 and other Extensions Act, Pub. L. No. 116-159, amended the SUPPORT Act to specify that the rebate requirements in section 1927 shall apply to any MAT drug or biological described under the mandatory benefit to the extent that the MAT drug or biological is a covered outpatient drug. Section 1006(b) also adds a new paragraph 1905(a)(29) to the Act to add the new required benefit to the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Rates will not change. Financial impact is a result of estimated increase in utilization of Methadone as a covered outpatient drug.

The estimated total annual budget impact (total computable) is \$1,067,625. The FMAP rate for FFY 2021 and FFY 2022 were used to calculate State and Federal shares for the respective Federal fiscal years.

The FFY 2021 and FFY 2022 budget impacts are identified below.

FFY 2021		FFY 2022	
Federal Share (71.23%)	\$760,470	Federal Share (71.62%)	\$764,633

State of ARKANSAS

1905(a)(29) Medication-Assisted Treatment (MAT)

**Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)**

1905(a)(29) X MAT as described and limited in Supplement 5 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

State of ARKANSAS

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid clients who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020 and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone, all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).**
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.**
- c. The state assures coverage for all formulations of MAT drugs and biologicals for Opioid Use Disorder (OUD) that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).**

State of ARKANSAS

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

MAT is covered exclusively under section 1905(a)(29) for the period of 10/01/2020 through 9/30/2025.

Services available:

- 1. Individual Behavioral Health Counseling**
- 2. Group Behavioral Health Counseling**
- 3. Marital/Family Behavioral Health Counseling that involves the participation of a non-Medicaid eligible is for the direct benefit of the client. The service must actively involve the client in the sense of being tailored to the client's individual needs. There may be times when, based on clinical judgment, the client is not present during the delivery of the service, but remains the focus of the service.**

State of ARKANSAS

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

b) Please include each practitioner and provider entity that furnishes each service and component service.

1. Physicians, Physician Assistants, and Nurse Practitioners who possess a valid and current X-DEA identification number. These practitioners may provide counseling and behavioral health therapies.

2. Licensed Behavioral Health Practitioners: Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), Licensed Marital and Family Therapists (LMFT), This group’s role is to provide the behavioral and substance use disorder counseling required

c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training, and supervisory arrangements that the state requires.

Physicians and Nurse Practitioners must be Arkansas Licensed and possess a current and valid X-DEA number from Substance Abuse and Mental Health Services Administration (SAMHSA).

Physician Assistants must have a legal agreement to practice under an Arkansas Licensed Physician per Arkansas statute and possess a current and valid X-DEA number from SAMHSA.

State of ARKANSAS

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), and Licensed Marital and Family Therapists (LMFT) must possess a current and valid Arkansas license.

iv. Utilization Controls

- The state has drug utilization controls in place. (Check each of the following that apply)
- Generic first policy
- Preferred drug lists
- Clinical criteria
- Quantity limits
- The state does not have drug utilization controls in place.

v. Limitations

Describe the state’s limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

MAT drugs and biologicals are limited based on the FDA indication and manufacturers’ prescribing guidelines. Some oral medications are also subject to status on the Preferred Drug List.

As of 1/1/2020 the preferred oral agents for MAT therapy no longer require a Prior Authorization.

The Arkansas Medicaid Pharmacy program removed the prior authorization for preferred Buprenorphine products on 1/1/2020, due to Arkansas State Law from Act 964 which prohibits a prior authorization for Medication Assisted Treatment of Opioid Use Disorder. The removal of prior authorization was for MAT treatment according to SAMHSA guidelines. In addition, on 1/22/2021, per section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), for all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to be covered, Arkansas instructed the pharmacy vendor to bypass the non-rebate-participation, repackaged indicator, inner indicator, and prioritize coverage of all the pharmacy MAT products.

State of ARKANSAS

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State of Arkansas

1905(a)(29) Medication Assisted Treatment (MAT)

**Citation: 3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy
(Continued)**

1915(a)(29) X MAT as described and limited in Supplement 1 to Attachment 3.1-B.

ATTACHMENT 3.1-B identifies the medical and remedial services provided to the medically needy.

State of Arkansas

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid clients who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

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State of Arkansas

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State of ARKANSAS

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

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State of ARKANSAS

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

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STATE ARKANSAS

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

October 1, 2020

30. 1905(a)(29) Medication-Assisted Treatment (MAT)

Effective for dates of service on or after October 1, 2020 through September 30, 2025, reimbursement is based on the rate methodology used for individual MAT services provided within other sections of the Medicaid State Plan, Attachment 4.19-B:

- **Pages 1aaa through 1aaaa:**
 - Rural Health Clinic Services and other ambulatory services that are covered under the plan and furnished by a rural health clinic
- **Pages 1b through 1bbbb:**
 - Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub-45-4) (continued)
- **Pages 1c through 1ccc:**
 - Laboratory and X-ray Services and Other Tests
- **Page 2, 2.1, 2c:**
 - Physician's Services
- **Pages 4 through 4aaa:**
 - Reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder (OUD) will be reimbursed using the same methodology as described for prescribed drugs as referenced in Attachment 4.19-B, Pages 4-4aaa, Section 12.a. for both dispensed and administered prescribed drugs.
- **Page 5aa:**
 - Outpatient Behavioral Health Services (Other diagnostic, screening, preventative and rehabilitative services)
- **Page 14:**
 - Advance Practice Nurse and Registered Nurse Practitioner licensed as such by the Arkansas State Board of Nursing

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Outpatient Behavioral Health Provider Agencies authorized to dispense unbundled prescribed drugs and biologicals used to treat opioid use disorder (OUD). The agency's fee schedule rate was set as of 5/27/2021 and is effective for services provided on or after that date. All rates are published on the agency's website: [Fee Schedules - Arkansas Department of Human Services](#)

TN: 2021-0003
Supersedes: NEW

Approval Date: 06/08/2021
Effective Date: 10/01/2020