

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: <div style="text-align: center;">2009-015</div>	2. STATE <div style="text-align: center;">ARKANSAS</div>
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">October 1, 2009</div>	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION:		7. FEDERAL BUDGET IMPACT: (Attachment A) a. FFY 2010 \$ -0- b. FFY 2011 \$ -0-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 1h None None Attachment 3.1-B, Page 2g None None		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, Page 1h, Approved 9-17-99, TN 99-17 Attachment 3.1-A, Page 1hh, Approved 7-29-98, TN 98-07 Attachment 3.1-A, Page 1hhh, Approved 7-27-90, TN 90-33 Attachment 3.1-B, Page 2g, Approved 9-17-99, TN 99-17 Attachment 3.1-B, Page 2gg, Approved 7-29-98, TN 98-07 Attachment 3.1-B, Page 2ggg, Approved 7-27-90, TN 90-33	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to clarify information in the Early Preventive Screening Diagnosis and Treatment (EPSDT) screenings.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input checked="" type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div><input type="checkbox"/> OTHER, AS SPECIFIED:</div> </div>			
12. SIGNATURE: <div style="background-color: black; width: 200px; height: 40px; margin: 0 auto;"></div>		16. RETURN TO: Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attention: LeAnn Edwards	
13. TYPED NAME: Mike R. Jeffus			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED:			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 5 October, 2009		18. DATE APPROVED: 4 December, 2009	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 October, 2009		20. SIGNATURE: <div style="background-color: black; width: 150px; height: 30px; margin: 0 auto;"></div>	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 1h

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2009

CATEGORICALLY NEEDY

4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found.

- (1) No limitation on services within the scope of the program (except for consultations, home health services and personal care services) if services are EPSDT related. Extension of the benefit limit for consultations (2 per State Fiscal Year), home health services (50 visits per State Fiscal Year), personal care services (64 hours per calendar month), personal care transportation (50 units per date of service per recipient), physical therapy evaluations (1 per State Fiscal Year), occupational therapy evaluations (1 per State Fiscal Year), speech therapy evaluations (4 units per State Fiscal Year), and chiropractor X-ray services (2 per State Fiscal Year) will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.

Medical Screens are provided based on the recommendations of the American Academy of Pediatrics. Childhood immunizations are provided based on the Advisory Committee on Immunization Practices (ACIP).

The State will provide other health care described in Section 1905(a) of the Social Security Act that is found to be medically necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, even when such health care is not otherwise covered under the State Plan.

SUPERSEDES: TN- 99-17

STATE <u>Arkansas</u>	A
DATE REC'D <u>10-5-09</u>	
DATE APPV'D <u>12-4-09</u>	
DATE EFF <u>10-1-09</u>	
HCFA 179 <u>09-15</u>	

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 2g

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2009

MEDICALLY NEEDY

4.b Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found.

- (1) No limitation on services within the scope of the program, except for consultations, home health services) if services are EPSDT related. Extension of the benefit limit for consultations (2 per State Fiscal Year), home health services (50 visits per State Fiscal Year), physical therapy evaluations (1 per State Fiscal Year), occupational therapy evaluations (1 per State Fiscal Year), speech therapy evaluations (4 units per State Fiscal Year), and chiropractor X-ray services (2 per State Fiscal Year) will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

December 4, 2009

Our Reference: SPA AR 09-15

Mr. Roy Jeffus, Director
Division of Medical Services
Arkansas Department of Human Services
Post Office Box 1437
Little Rock, Arkansas 72203-1437

Dear Mr. Jeffus:

We have reviewed the State's proposed amendment to the Arkansas State Plan submitted under Transmittal Number 09-15 dated October 5, 2009. This amendment clarifies and updates information in the Early Periodic Screening, Diagnosis and Treatment (EPSDT) section of the State Plan.

Based on the information submitted, we have approved the amendment for incorporation into the official Arkansas State Plan with an effective date of October 1, 2009. Enclosed is a copy of the signed CMS-179 and approved plan page(s).

If you have any questions, please contact Scott Harper at (214) 767-6564.

Sincerely,

A handwritten signature in black ink, appearing to read 'Bill Brooks', is positioned above the printed name.

Bill Brooks
Associate Regional Administrator

Enclosures

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Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
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Division of Medicaid & Children's Health, Region VI

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Sincerely,

A black rectangular redaction box covering the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

 Enclosures 

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Wednesday, December 09, 2009 3:13 PM
To: CMS CMSO_508_SPA
Cc: 'Becky Murphy'; Harper, Scott S. (CMS/SC)
Subject: Approval Pkg for AR 09-15
Attachments: AR0915APPROVAL.doc; Approval Pkg (Final) AR 09-15.pdf

See Attached.

State: Arkansas

Brief Description: The SPA amends the plan to clarify and update information in the Early Periodic Screening Diagnosis and Treatment (EPSDT) screenings section.

Approval Date: 12/4/09

Effective Date: 10/1/09

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov