

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 27, 2011

Our Reference: SPA-AR-11-09

Dr. Andrew Allison  
State Medicaid Director  
Arkansas Department of Health and Human Services  
P.O. Box 1437  
Little Rock, Arkansas 72203

Dear Dr. Allison:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 11-09. Effective September 30, 2011, the Arkansas Title XIX State Plan has been amended to provide Medicaid coverage of comprehensive tobacco cessation services for pregnant women, including both counseling and pharmacotherapy, without cost sharing. Additionally, this amendment was submitted to comply with Section 1027 of the Affordable Care Act (ACA).

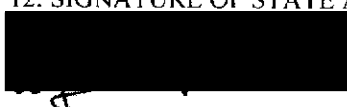

Transmittal Number 11-09 is approved with an effective date of September 30, 2011 as requested. A copy of the HCFA-179, Transmittal No. 11-09 dated September 28, 2011 is enclosed along with the approved plan pages.

If you have any questions, please contact Tamara Sampson at (214) 767-6431.

Sincerely,

Bill Brooks  
Associate Regional Administrator  
Division of Medicaid and Children's Health

Enclosure

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  2011-009	2. STATE  ARKANSAS
		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  September 30, 2011	
5. TYPE OF PLAN MATERIAL (Check One):  <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR 440.130		7. FEDERAL BUDGET IMPACT: a. FFY 2011      \$-0- b. FFY 2012      \$-0-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Please see attached listing		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Please see attached listing	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to provide Medicaid coverage of comprehensive tobacco cessation services for pregnant women, including both counseling and pharmacotherapy, without cost sharing.			
11. GOVERNOR'S REVIEW (Check One): <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:  Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437  Attention: LeAnn Edwards	
13. TYPED NAME: Eugene I. Gessow			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: September 28, 2011			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 28 September, 2011		18. DATE APPROVED: 27 December, 2011	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 30 September, 2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

**ATTACHED LISTING FOR  
ARKANSAS STATE PLAN  
TRANSMITTAL #2011-009**

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

Attachment 3.1-A, Page 2

Attachment 3.1-A, Page 2a

Attachment 3.1-A, Page 5aaa

Attachment 3.1-B, Page 2xxx

Attachment 3.1-B, Page 2xxxx

Attachment 3.1-B, Page 4i

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

Attachment 3.1-A, Page 2  
Approved 07-01-93, TN 93-22

Attachment 3.1-A, Page 2a  
Approved 05-23-97, TN 97-04

Attachment 3.1-A, Page 5aaa  
Approved 11-23-04, TN 04-04

Attachment 3.1-B, Page 2xxx  
Approved 12-19-08, TN 08-18

Attachment 3.1-B, Page 2xxxx  
Approved 10-20-04, TN 04-20

Attachment 3.1-B, Page 4i  
Approved 05-14-09, TN 09-05

State/Territory: ARKANSAS

**AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY**

- 4.a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Provided: ☒ No limitations ☐ With limitations\*  
PA\*

- 4.b. Early and periodic screening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.\*

- 4.c. Family planning services and supplies for individuals of child-bearing age.

Provided: ☐ No limitations ☒ With limitations\*

- 4.d. Tobacco cessation counseling services for pregnant women

Provided: ☐ No limitations ☒ With limitations\*

- 5.a. Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere.

Provided: ☐ No limitations ☒ With limitations\*

- 5.b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

Provided: ☐ No limitations ☒ With limitations\*

6. Medical care and any other type of remedial care recognized under state law, furnished by licensed practitioners within the scope of their practice as defined by State law.

- 6.a. Podiatrists' services.

Provided: ☐ No limitations ☒ With limitations\*

SUPERSEDES: TH- 93-22

\*Description provided on attachment.

STATE	Arkansas
DATE REC'D	9-28-11
DATE APP'D	12-27-11
DATE EFF	9-30-11
HCFA 179	4-09

A

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

ATTACHMENT 3.1-A  
Page 2a

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: September 30, 2011

CATEGORICALLY NEEDY

4.c. Family Planning Services

- (1) Comprehensive family planning services are limited to an original examination and up to three follow-up visits annually. This limit is based on the state fiscal year - July 1 through June 30.

4.d. (1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

☒ (i) By or under supervision of a physician;

☒ (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other than tobacco cessation services*; \* or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and who is specifically designated by the Secretary in regulations. (None are designated at this time)*

\*describe if there are any limits on who can provide these counseling services

(2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided: ☐ No limitations ☒ With limitations\*

\*Any benefit package that consists of *less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year)* should be explained below.

Please describe any limitations:

*Face-to-face tobacco cessation counseling services are limited to no more than two 15-minute units and two 30-minute units for a maximum allowable of 4 units per state fiscal year.*

SUPERSEDES: TN- 97-04

STATE <u>Arkansas</u>	A
DATE REC'D <u>9-28-11</u>	
DATE APP'VD <u>12-27-11</u>	
DATE EFF <u>9-30-11</u>	
HQTA 179 <u>11-09</u>	

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

ATTACHMENT 3.1-A  
Page 5aaa

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: September 30, 2011

CATEGORICALLY NEEDY

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

a. Prescribed Drugs (continued)

Prior authorization will be established for certain drug classes, particular drugs or medically accepted indication for uses and doses.

The state will appoint a Pharmaceutical and Therapeutic Committee or utilize the drug utilization review committee in accordance with Federal law.

When a pharmacist receives a prescription for a brand or trade name drug, and dispenses an innovator multisource drug that is subject to the Federal Upper Limits (FULs), the innovator multisource drug must be priced at or below the FUL or the prescription hand annotated by the prescriber "Brand Medically Necessary". Only innovator multisource drugs that are subject to the Federal Upper Limit at 42 CFR 447.332(a) and dispensed on or after July 1, 1991, are subject to the provisions of Section 1903(i)(10)(B) of the Social Security Act.

For drugs listed on the Arkansas Medicaid Generic Upper Limit List, the upper limit price will not apply if the prescribing physician certifies in writing that a brand name drug is medically necessary.

The Arkansas Medicaid Generic Upper Limit List is comprised of State generic upper limits on specific multisource drug products and CMS identified generic upper limits on multisource drug products.

The Medicaid agency will provide coverage of prescription and over-the-counter (OTC) smoking/tobacco cessation covered outpatient drugs for pregnant women as recommended in "Treating Tobacco Use and Dependence – 2008 Update: A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline.

SUPERSEDES: T1- 04-04

STATE	Arkansas
DATE REC'D	9-28-11
DATE APP'D	12-27-11
DATE EFF	9-30-11
HCFA 179	11-09

A

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

ATTACHMENT 3.1-B  
Page 2xxx

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: September 30, 2011

MEDICALLY NEEDY

4.c. Family Planning Services

- (1) Comprehensive family planning services are limited to an original examination and up to three follow-up visits annually. This limit is based on the state fiscal year (July 1 through June 30).

4.d. (1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

[X] (i) By or under supervision of a physician;

[X] (ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other than* tobacco cessation services; \* or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time)

\*describe if there are any limits on who can provide these counseling services

(2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided: ☐ No limitations ☒ With limitations\*

\*Any benefit package that consists of *less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year)* should be explained below.

Please describe any limitations:

*Face-to-face tobacco cessation counseling services are limited to no more than two 15-minute units and two 30-minute units for a maximum allowable of 4 units per state fiscal year.*

5.a. Physicians' services, whether furnished in the office, the recipient's home, a hospital, a skilled nursing facility, or elsewhere

- (1) Physicians' services in a physician's office, patient's home or nursing home are limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for recipients age 21 and older.

SUPERSEDES: TN- 08-18

STATE	<u>Arkansas</u>
DATE REC'D	<u>9-28-11</u>
DATE APP'D	<u>12-27-11</u>
DATE EFF	<u>9-30-11</u>
HCFA 179	<u>11-09</u>

A

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

ATTACHMENT 3.1-B  
Page 2xxxx

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

MEDICALLY NEEDY

Revised: September 30, 2011

STATE Arkansas  
DATE REC'D 9-28-11  
DATE APP'VD 12-27-11  
DATE EFF 9-30-11  
HCFA 179 11-09

A

5. a. Physicians' Services (Continued)

(a) Benefit Limit Details

The benefit limit will be considered in conjunction with the benefit limit established for rural health clinic services, medical services furnished by a dentist, office medical services furnished by an optometrist, certified nurse midwife services and services provided by an advanced practice nurse or registered nurse practitioner or a combination of the six. Beneficiaries under age 21 in the Child Health Services (EPSDT) Program are not benefit limited.

Certain services, specified in the appropriate provider manual, are not counted toward the 12 visit limit.

(b) Extensions

For services beyond the 12 visit limit, extensions will be provided if medically necessary.

- (i) The following diagnoses are considered to be categorically medically necessary and are exempt from benefit extension requirements: Malignant neoplasm; HIV infection and renal failure.
- (ii) Additionally, physicians' visits for pregnancy in the outpatient hospital are exempt from benefit extension requirements.
- (2) Each attending physician/dentist is limited to billing one day of care for inpatient hospital covered days regardless of the number of hospital visits rendered.
- (3) Surgical procedures which are generally considered to be elective require prior authorization from the Utilization Review Section.
- (4) Desensitization injections - Refer to Attachment 3.1-A, Item 4.b. (12).
- (5) Organ transplants are covered as described in Attachment 3.1-E.
- (6) Consultations are limited to two (2) per recipient per year in a physician's office, patient's home, hospital or nursing home. This yearly limit is based on the State Fiscal Year (July 1 through June 30). This limit is in addition to the yearly limit described in Item 5.(1). Extensions of the benefit limit will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.
- (7) Effective for dates of service on or after September 15, 1995, interactive consultations (telemedicine) are limited to two (2) per recipient. This yearly limit is based on the State Fiscal Year (July 1 through June 30). Extensions of the benefit limit will be considered for eligible recipients of all ages.
- (8) Abortions are covered when the life of the mother would be endangered if the fetus were carried to term or for victims of rape or incest. The circumstances must be certified in writing by the woman's attending physician. Prior authorization is required.

5. b. Medical and surgical services furnished by a dentist (in accordance with Section 905 (a)(5)(B) of the Act).

Medical services furnished by a dentist are limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for recipients age 21 and older.

SUPERSEDES: TEL 04-20



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

ATTACHMENT 3.1-B  
Page 4i

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: September 30, 2011

MEDICALLY NEEDY

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

a. Prescribed Drugs (continued)

Prior authorization will be established for certain drug classes, particular drugs or medically accepted indication for uses and doses.

The state will appoint a Pharmaceutical and Therapeutic Committee or utilize the drug utilization review committee in accordance with Federal law.

When a pharmacist receives a prescription for a brand or trade name drug, and dispenses an innovator multisource drug that is subject to the Federal Upper Limits (FULs), the innovator multisource drug must be priced at or below the FUL or the prescription hand annotated by the prescriber "Brand Medically Necessary". Only innovator multisource drugs that are subject to the Federal Upper Limit at 42 CFR 447.332(a) and dispensed on or after July 1, 1991, are subject to the provisions of Section 1903(i)(10)(B) of the Social Security Act.

For drugs listed on the Arkansas Medicaid Generic Upper Limit List, the upper limit price will not apply if the prescribing physician certifies in writing that a brand name drug is medically necessary.

The Arkansas Medicaid Generic Upper Limit List is comprised of State generic upper limits on specific multisource drug products and CMS identified generic upper limits on multisource drug products.

**The Medicaid agency will provide coverage of prescription and over-the-counter (OTC) smoking/tobacco cessation covered outpatient drugs for pregnant women as recommended in "Treating Tobacco Use and Dependence – 2008 Update: A Clinical Practice Guideline" published by the Public Health Service in May 2008 or any subsequent modification of such guideline.**

b. Dentures

Refer to Attachment 3.1-B Item 4.b(7) for coverage of dentures for Child Health Services (EPSDT) recipients.

Dentures are available for eligible Medicaid beneficiaries age 21 and over, but are benefit limited. Specific benefit limits and prior authorization requirements for beneficiaries age 21 and over are detailed in the Dental Provider Manual.

Dentures are excluded from the annual limit but are limited to one set per lifetime.

SUPERSEDES: T11-09-05

STATE	Arkansas
DATE REC'D	9-28-11
DATE APP'D	12-27-11
DATE EFF	9-30-11
HCFA 179	11-09

## Marks, Marsha L. (CMS/SC)

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**From:** Marks, Marsha L. (CMS/SC)  
**Sent:** Tuesday, January 10, 2012 11:59 AM  
**To:** CMS SPA  
**Cc:** Sampson, Tamara L. (CMS/CMCHO); Cano, Margaret R. (CMS/SC); Guy, Jimmy L. (CMS/SC); Seng, Suzette (CMS/SC); Tuttle, Wendy L. (CMS/CMCS); Ker, Kara (CMS/CMCS); 'LeAnn Edwards'; 'Becky Murphy'  
**Subject:** Approval for AR 11-09  
**Attachments:** Final Approval for 11-09.pdf; final AR1109APPROVAL.doc

See Attached. SPW has been updated.

State: Arkansas

**Brief Description:** This plan amendment adds language from Section 1027 of the Affordable Care Act, (ACA) to provide Medicaid coverage of comprehensive tobacco cessation services for pregnant women, including both counseling and pharmacotherapy without cost sharing. The amendment does not have a direct impact on Indians, Indian Health programs, or Urban Indian organizations.

**Approval Date:** December 27, 2011

**Effective Date:** September 30, 2011

*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 443-380-6499 // [marsha.marks@cms.hhs.gov](mailto:marsha.marks@cms.hhs.gov)

Are you uninsured? Do you have a pre-existing condition? If so, you may be eligible for the new Pre-Existing Condition Insurance Plan. Call toll free 1-866-717-5826 (TTY 1-866-561-1604) or visit [www.pcip.gov](http://www.pcip.gov) and click on "Find Your State" to learn more.