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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 13-24

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
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

January 6, 2014

Our Reference: SPA-AR-13-24

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 13-24. The proposed amendment change is adding reimbursement for the MIC-KEY Percutaneous Cecostomy Tube (MIC-Button) used in treatment of fecal incontinence. This also expands coverage of the MIC-KEY Gastrostomy Tube to include ages 21 and older. This results in an estimated 20% increase in usage for the MIC-KEY Button as a Percutaneous Cecostomy Tube for all ages and as a Skin Level Gastrostomy Tube for ages 21 and older.

Transmittal Number 13-24 is approved with an effective date of March 1, 2014, as requested. A copy of the HCFA-179, Transmittal No. 13-24 dated November 7, 2013 is enclosed along with the approved plan pages.

If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,

A black rectangular redaction box covers the signature of the sender.

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

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 2013-024	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 March 1, 2014	
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: Act 90 of the 88 th General Assembly		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$13,000 b. FFY 2015 \$22,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 1yyyyy Attachment 3.1-B, Page 2wwwww Attachment 4.19-B Page 1uuu Attachment 4.19-B, Page 2k		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, Page 1yyyyy, Approved 12-21-01, TN 01-35 Attachment 3.1-B, Page 2wwwww, Approved 12-21-01, TN 01-35 Attachment 4.19-B, Page 1uuu, Approved 08-31-00, TN 00-12 None, New Page	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to reimbursement for the MIC-KEY Percutaneous Cecostomy Tube (MIC-KEY Button) used in the treatment of fecal incontinence. This also expands coverage of MIC-KEY Gastrostomy Tube to include ages 21 and older.			
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: Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attention: Glenda Higgs	
13. TYPED NAME: Andrew Allison, PhD			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: November 7, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: November 7, 2013		18. DATE APPROVED: January 6, 2014	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: March 1, 2014		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: Pen and Ink change made per state's email to Attachment 3.1-A page 1yyyyy, correcting the date of the page from 3/1/04 to 3/1/14.			

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: ~~March 1, 2004~~
March 1, 2014

CATEGORICALLY NEEDY

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

21. Other Licensed Practitioners (Continued)

1. Licensed Marriage and Family Therapist (LMFT)

- a. Services are limited to Medicaid eligible recipients under age 21 in the Child Health Services (EPSDT) Program.
- b. Services must be provided by a licensed marriage and family therapist (LMFT) who must possess a Master's degree in mental health counseling from an accredited college or university. The LMFT must be licensed as a Licensed Marriage and Family Therapist and in good standing with the Arkansas Board of Examiners in Counseling.
- c. A referral must be made by a Medicaid enrolled physician documenting services are medically necessary. Covered outpatient LMFT services are:
 1. Diagnosis
 2. Interpretation of Diagnosis
 3. Crisis Management Visit
 4. Individual Outpatient - Therapy Session*
 5. Marital/Family Therapy*
 6. Individual Outpatient - Collateral Services*
 7. Group Outpatient - Group Therapy*

* Effective April 1, 2002, these services require prior authorization for eligible Medicaid recipients under age 21 to determine and verify the patient's need for services.

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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: March 1, 2014

MEDICALLY NEEDY

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

21. Other Licensed Practitioners (Continued)

2. Licensed Marriage and Family Therapist (LMFT)

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

Revised: March 1, 2014

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

(24) Other Licensed Practitioners

1. Licensed Certified Social Worker (LCSW)

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) Maximum charge allowed. The Title XIX Maximum is 80% of the psychologist fee schedule.

2. Licensed Professional Counselor (LPC)

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) Maximum charge allowed. The Title XIX Maximum is 80% of the psychologist fee schedule.

3. Licensed Marriage and Family Therapist (LMFT)

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) Maximum charge allowed. The Title XIX Maximum is 80% of the psychologist fee schedule.

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

March 1, 2014

7. Home Health Services (Continued)

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

(12) MIC-KEY 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 MIC-KEY 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 (www.medicaid.state.ar.us). Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of DME services. There is only one manufacturer of the MIC-KEY kits and accessories. 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 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 MIC-KEY for Percutaneous Cecostomy Tube will be reimbursed based on the above-mentioned methodology.

d. Physical Therapy

Refer to Item 4.b.(19).

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