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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 13-20

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form (with 179-like data)
- 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

December 12, 2013

Our Reference: SPA-AR-13-20

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 (TN) 13-20. With the approval of TN 13-20, the state defers to TN 13-15, where the state attests that it operates the mandatory eligibility group of pregnant women in accordance with the provisions established per Medicaid Adjusted Gross Income (MAGI) requirements. Thus, The Arkansas Title XIX State Plan has been amended to remove the references to providing services for presumptively eligible pregnant women.

Transmittal Number 13-20 is approved with an effective date of January 1, 2014, as requested. A copy of the HCFA-179, Transmittal No. 13-20 dated September 23, 2013 is enclosed along with the approved plan pages.

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

Sincerely,

/s/

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: 2013-020	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 January 1, 2014	
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: Affordable Care Act		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$-0- b. FFY 2015 \$-0-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: See attached		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): See attached	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to remove the references to providing services for presumptively eligible pregnant women.			
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: /s/		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: September 23, 2013			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 23 September, 2013		18. DATE APPROVED: 12 December, 2013	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 January, 2014		20. SIGNATURE: [Redacted] L. OFFICIAL: /s/	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

State/Territory: ARKANSAS

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

21. Ambulatory prenatal care for pregnant women furnished during a presumptive eligibility period by an eligible provider (in accordance with section 1920 of the Act).
- ☐ Provided: ☐ No limitations ☐ With limitations*
- ☒ Not provided.
22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).
- ☒ **Provided:** ☐ No limitations ☒ **With limitations* with Prior Authorization**
- ☐ Not provided.
23. Certified pediatric or family nurse practitioners' services.
- ☒ Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

State: Arkansas
Date Received: 23 September, 2013
Date Approved: 12 December, 2013
Date Effective: 1 January, 2014
Transmittal Number: 13-20

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

ATTACHMENT 3.1-A
Page 8g

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2014

CATEGORICALLY NEEDY

21. RESERVED

22. Respiratory care services (in accordance with Section 1902(e)(9)(A) through (C) of the Act).

Respiratory care for ventilator-dependent individuals means services that are not otherwise available under the State's Medicaid plan, provided on a part-time basis in the recipient's home by a respiratory therapist or other health care professional trained in respiratory therapy to an individual who---

- a. Is medically dependent on a ventilator for life support at least 6 hours per day;
 - b. Has been so dependent for at least a number of consecutive days (number is based on maximum number of days authorized under the State plan, whichever is less) as an inpatient in one or more hospitals, NFs, or ICFs/MR;
 - c. Except for the availability of respiratory care services, would require respiratory care as an inpatient in a hospital, NF, or ICF/MR and would be eligible to have payment made for inpatient care under the State plan;
 - d. Has adequate social support services to be cared for at home;
 - e. Wishes to be cared for at home; and
 - f. Receives services under the direction of a physician who is familiar with the technical and medical components of home ventilator support, and who has medically determined that in-home care is safe and feasible for the individual.
1. Ventilator Equipment (i.e., ventilator, suction pump, oxygen concentrator, liquid oxygen, liquid oxygen walker and reservoir, ventilator supplies and hospital bed) including 24-hour availability of respiratory therapy and equipment maintenance, with prior authorization.
 2. Respiratory therapy/treatment services for ventilator-dependent recipients under age 21, with prior authorization.

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

ATTACHMENT 4.19-B
Page 7i

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

Revised: January 1, 2014

21. RESERVED

22. Respiratory care services (in accordance with section 1920(e)(9)(A) through (C) of the Act).

1. See reimbursement methodology for respiratory therapy services for ventilator-dependent recipients under age 21 on Attachment 4.19-B, Page 1j.
2. Ventilator equipment - Reimbursement is based on the lower of the amount billed or the Title XIX maximum charge allowed.

The Title XIX maximum is based on the following:

- (a) The volume control ventilator and accessories are based on the LP-6 manufacturer's price (Acquitron Medical - October 1, 1986) for new equipment and 75% of the LP-6 manufacturer's price (Acquitron Medical - October 1, 1986) for used equipment.
- (b) The suction pump is based on Medicare's rate in effect in August 1987 for new equipment. Used equipment is based on 75% of Medicare's rate.
- (c) The negative pressure ventilator and accessories are based on the manufacturer's price plus 10% for the maintenance, delivery, set up, emergency call, 24/hr/day, 7 day/week availability.
- (d) The oxygen concentrator, liquid oxygen, liquid oxygen walker and reservoir, hospital bed and nebulizer are based on the DME Fiscal Year 1981 Medicare median.
- (e) The ventilator supplies are based on the manufacturer's price.
- (f) The pressure support ventilator is based on the 2007 Medicare rate.

The reimbursement methodology includes a provision for adjustments based on legislative committee review, as required.

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