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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 16-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) Approved Page(s)

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

July 12, 2017

Our Reference: SPA AR 16-009

Ms. Dawn Stehle
State Medicaid Director
Arkansas Department of Health and Human Services
Division of Medical Services
P.O. Box 1437
Little Rock, Arkansas 72203-1437

Dear Ms. Stehle:

Enclosed is a copy of approved Arkansas State Plan Amendment (SPA) 16-009, with an effective date of July 1, 2017. This amendment was submitted to establish a limit on the weekly amount of Medicaid funded speech therapy, occupational therapy, and physical therapy that are available to eligible beneficiaries, and to allow for extensions based on medical necessity.

This letter affirms that AR 16-009 is approved effective July 1, 2017 as requested by the State.

We are enclosing the CMS-179 and the following amended plan pages:

- Attachment 3.1-A, Pages 1o and 1p
- Attachment 3.1-A, Page 4a
- Attachment 3.1-B, Pages 2n and 2o
- Attachment 3.1-B, Page 4b


If you have any questions, please contact Stacey Shuman of my staff at (214) 767-6479 or by email at stacey.shuman@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

Cc: Billy Bob Farrell, DMCH
Kirsten Jensen, CMS Baltimore
Erick Carrera, CMS Baltimore

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2016-009	2. STATE ARKANSAS
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 July 1, 2017	
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:		7. FEDERAL BUDGET IMPACT: a. FFY 2017 (\$ 2,836,582) b. FFY 2018 (\$11,538,444)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Please see attached		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Please see attached	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to establish a limit on the weekly amount of Medicaid funded speech therapy, occupational therapy and physical therapy that may be provided to an eligible beneficiary. Extensions of the benefit limits will be provided if medically necessary.			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="checkbox"/> OTHER, AS SPECIFIED:			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attention: Brad Nye	
13. TYPED NAME: Dawn Stehle			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: December 20, 2016			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 12/20/2016		18. DATE APPROVED: 7/12/2017	
PLAN APPROVED - ONE COPY A 			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/2017		20. SIGNATURE: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health (DMCH)	
23. REMARKS:			

**ATTACHED LISTING FOR
ARKANSAS STATE PLAN
TRANSMITTAL #2016-009**

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

Attachment 3.1-A, Pages 1o & 1p

Attachment 3.1-A, Page 4a

Attachment 3.1-B, Pages 2n & 2o

Attachment 3.1-B, Page 4b

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

Attachment 3.1-A, Pages 1o & 1p
Approved 02-28-08, TN 07-20

Attachment 3.1-A, Page 4a
Approved 08-03-01, TN 01-15

Attachment 3.1-A, Pages 2n & 2o
Approved 02-28-08, TN 07-20

Attachment 3.1-B, Page 4b
Approved 08-03-01, TN 01-15

State: Arkansas Date Received: 20 December, 2016 Date Approved: 12 July, 2017 Effective Date: 1 July, 2017 Transmittal Number: 16-09
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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2017

CATEGORICALLY NEEDY

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

(14) RESERVED

(15) Physical Therapy and Related Services

a. Physical Therapy

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Effective for dates of service on or after October 1, 1999, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit will be provided if medically necessary.
- (3) Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.

A qualified physical therapist assistant may provide services under the supervision of a licensed physical therapist.

All therapies' service definitions and providers must meet the requirements of 42 C.F.R. § 440.110.

- (4) Effective for dates of service on or after **July 1, 2017**, individual and group therapy are limited to **six (6) units per week**. One unit equals 15 minutes. Extensions of the benefit limit will be provided if medically necessary.

State: Arkansas
Date Received: 20 December, 2016
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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2017

CATEGORICALLY NEEDY

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

(15) Physical Therapy and Related Services (Continued)

b. Occupational Therapy

(1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.

(2) Services must be prescribed by a physician and provided by or under the supervision of a qualified occupational therapist.

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A qualified occupational therapist assistant may provide services under the supervision of a licensed occupational therapist.

All therapies' service definitions and providers must meet the requirements of 42 C.F.R. § 440.110.

(3) Effective for dates of service on or after October 1, 1999, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit for the evaluation will be provided if medically necessary.

(4) Effective for dates of service on or after **July 1, 2017**, individual and group occupational therapy are limited to **six (6) units per week**. One unit equals 15 minutes. Extensions of the benefit limit will be provided if medically necessary.

c. Services for individuals with speech, hearing and language disorders (provided by or under the supervision of a speech pathologist or audiologist)

(1) Speech language pathology services are limited to Medicaid recipients in the Child Health Services (EPSDT) Program.

(2) Speech pathology services must be referred by a physician and provided by or under the supervision of a qualified speech pathologist.

A qualified speech therapist assistant may provide services under the supervision of a licensed speech therapist.

All therapies' service definitions and providers must meet the requirements of 42 C.F.R. § 440.110.

(3) Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One (1) unit equals 30 minutes. Extensions of the benefit limit will be provided if medically necessary.

(4) Effective for dates of service on or after **July 1, 2017**, individual and group speech language pathology services are limited to **six (6) units per week**. One unit equals 15 minutes. Extensions of the benefit limit will be provided if medically necessary.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

July 1, 2017

CATEGORICALLY NEEDY

9. Clinic Services

(1) Developmental Day Treatment Clinic Services (DDTCS)

Limited to comprehensive day treatment centers offering the following scope of services:

- a. Diagnosis and evaluation
- b. Habilitative training
- c. Provision of noon meal

Core services are provided at three separate levels of care:

- a. Early Intervention - 1 encounter per day; ages birth to school age.
- b. Pre-School - 5 units per day, 1 hour each; ages birth to school age.
- c. Adult Development - 5 units per day, 1 hour each; ages 18 or above.

Optional Services available through DDTCS in conjunction with core services are as follows:

- a. Physical therapy - Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.
- b. Speech therapy - Services must be referred by a physician and provided by or under the supervision of a qualified speech pathologist.
- c. Occupational therapy - Services must be prescribed by a physician and provided by or under the supervision of a qualified occupational therapist.

Effective for dates of services on or after **July 1, 2017**, individual and group therapy are limited to **six (6) units per week**. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit will be provided if medically necessary.

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

ATTACHMENT 3.1-B
Page 2n

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

MEDICALLY NEEDY

Revised: July 1, 2017

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

(14) RESERVED

(15) Physical Therapy and Related Services

a. Physical Therapy

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) For dates of service on or after October 1, 1999, evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit will be provided if medically necessary.
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A qualified physical therapist assistant may provide services under the supervision of a licensed physical therapist.

All therapies' service definitions and providers must meet the requirements of 42 C.F.R. § 440.110.

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Revised: July 1, 2017

MEDICALLY NEEDY

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

(15) Physical Therapy and Related Services (Continued)

b. Occupational Therapy

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
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A qualified occupational therapist assistant may provide services under the supervision of a licensed occupational therapist.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
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ATTACHMENT 3.1-B
Page 4b

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SERVICES PROVIDED

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MEDICALLY NEEDY

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Optional Services available through DDTCS in conjunction with core services are as follows:

- a. Physical therapy
- b. Speech therapy
- c. Occupational therapy

Effective for dates of services on or after **July 1, 2017**, individual and group therapy are limited to **six (6)** units per **week**. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit will be provided if medically necessary.

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