

## Table of Contents

State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 17-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page

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**

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December 19, 2017

Our Reference: SPA AR 17-008

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 (AR) State Plan Amendment (SPA) No. 17-008, with an effective date of January 1, 2018. This amendment was submitted to remove Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD), and their comorbid diagnoses as Episodes of Care (EOC) from the Rehab, Psychology, and Physician Services payment pages.

This letter affirms that AR 17-008 is approved effective January 1, 2018 as requested by the State.

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

- Attachment 4.19-B, Page 10000
- Attachment 4.19-B, Page 2a(4)
- Attachment 4.19-B, Page 5(3)



If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at [stacey.shuman@cms.hhs.gov](mailto: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 Dallas  
Stacey Shuman, DMCH Dallas  
Andrew Badaracco, CMS Baltimore

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  <div style="text-align: center;">2017-008</div>	2. STATE  <div style="text-align: center;">ARKANSAS</div>
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
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		4. PROPOSED EFFECTIVE DATE  <div style="text-align: center;">January 1, 2018</div>	
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 2018      \$0.00 b. FFY 2019      \$0.00		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B, Page 10000  Attachment 4.19-B, Page 2a(4) Attachment 4.19-B, Page 5(3)	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  Attachment 4.19-B, Page 10000, Approved 08-02-13, TN 13-05 Attachment 4.19-B, Page 2a(4), Approved 07-13-16, TN 16-01 Attachment 4.19-B, Page 5(3), Approved 08-02-13, TN 13-05		
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to revise Episode of Care: Attention Deficient Hyperactivity Disorder (ADHD), and Oppositional Defiant Disorder (ODD).			
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: Brad Nye		
13. TYPED NAME: Rose M. Naff			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: October 16, 2017			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 16 October, 2017	18. DATE APPROVED: 19 December, 2017		
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 January, 2018	20. SIGN  :		
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health (DMCH)		
23. REMARKS:			

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

January 1, 2018

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

(17) Psychology Services (Continued)

**A. INCENTIVES TO IMPROVE CARE QUALITY, EFFICIENCY, AND ECONOMY  
(CONTINUED)**

**V. APPLICATION:** Complete details including technical information regarding specific quality and reporting metrics, performance thresholds and incentive adjustments are available in the Episodes of Care Medicaid Manual available at <https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/docs.aspx> and also at the Arkansas Health Care Payment Improvement Initiative website at <http://www.paymentinitiative.org/Pages/default.aspx>.

**Reserved for the potential addition of Episodes of Care subject to incentive adjustments**

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

Revised: January 1, 2018

5. Physicians' Services (continued)

A. INCENTIVES TO IMPROVE CARE QUALITY, EFFICIENCY, AND ECONOMY (CONTINUED)

V. APPLICATION: Complete details including technical information regarding specific quality and reporting metrics, performance thresholds and incentive adjustments are available in the Episodes of Care Medicaid Manual available at <https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/docs.aspx> and also at the Arkansas Health Care Payment Improvement Initiative website at <http://www.paymentinitiative.org/Pages/default.aspx>.

Effective for dates of service on or after October 1, 2012, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

- (1) Acute Ambulatory Upper Respiratory Infection (URI) Episodes
- (2) Perinatal Care Episodes

Effective for dates of service on or after February 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

- (1) Congestive Heart Failure (CHF) Episodes
- (2) Total Joint Replacement Episodes

Effective for dates of service on or after October 1, 2013, the defined scope of services within the following episode(s) of care are subject to incentive adjustments:

- (1) Tonsillectomy Episodes
- (2) Cholecystectomy Episodes
- (3) Colonoscopy Episodes
- (4) Acute Exacerbation of Chronic Obstructive Pulmonary Disease (COPD) Episodes
- (5) Percutaneous Coronary Intervention (PCI) Episodes
- (6) Acute Exacerbation of Asthma Episodes
- (7) Coronary Arterial Bypass Graft (CABG) episodes

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan (Continued)

(d) Rehabilitative Services (Continued)

Rehabilitative Services for Persons with Mental Illness (RSPMI) (Continued)

Incentives to improve care quality, efficiency, and economy (CONTINUED)

**V. APPLICATION:** Complete details including technical information regarding specific quality and reporting metrics, performance thresholds and incentive adjustments are available in the Episodes of Care Medicaid Manual available at <https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/docs.aspx> and also at the Arkansas Health Care Payment Improvement Initiative website at <http://www.paymentinitiative.org/Pages/default.aspx>.

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