

## Table of Contents

State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 17-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) 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**

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March 8, 2018

Our Reference: SPA AR 17-0012

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. 17-0012, with an effective date of January 1, 2018. This amendment was submitted to eliminate the requirement of a Primary Care Physician (PCP) referral for Chiropractic services.

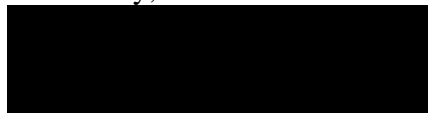
This letter affirms that AR 17-0012 is approved effective January 1, 2018 as requested by the State.

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

- Attachment 3.1-A, Page 2e
- Attachment 3.1-B, Page 3b

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,



Bill Brooks  
Associate Regional Administrator

CC: Billy Bob Farrell, DMCH Dallas  
Stacey Shuman, DMCH Dallas  
Erick Carrera, CMS Baltimore

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  <div style="text-align: center;">2017-012</div>	2. STATE  <div style="text-align: center;">ARKANSAS</div>
<b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		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  <div style="text-align: center;">January 1, 2018</div>	
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> :  <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> NEW STATE PLAN</span> <span><input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN</span> <span><input checked="" type="checkbox"/> AMENDMENT</span> </div>			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate Transmittal for each amendment)</i>			
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR 440. 60(b)		7. FEDERAL BUDGET IMPACT: a. FFY 2018               \$ 20,144 b. FFY 2019               \$ 40,289	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 3.1-A, Page 2e Attachment 3.1-B, Page 3b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> :  Same, Approved 12-19-08, TN 08-18 Same, Approved 12-19-08, TN 08-18	
10. SUBJECT OF AMENDMENT:  The Arkansas Title XIX State Plan has been amended to eliminate the Primary Care Physician (PCP) referral for Chiropractic services.			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <div style="display: flex; justify-content: space-between;"> <div> <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         </div> <div> <input type="checkbox"/> OTHER, AS SPECIFIED:         </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  <div style="background-color: black; width: 300px; height: 40px; margin: 5px 0;"></div>		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: <div style="font-size: 1.2em;">1/8/18</div>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:     8 January, 2018		18. DATE APPROVED:     8 March, 2018	
<b>PLAN APPROVED – ONE COPY</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">1 January, 2018</div>		20. <div style="background-color: black; width: 200px; height: 30px; display: inline-block;"></div> CIAL:	
21. TYPED NAME: <div style="text-align: center;">Bill Brooks, ARA</div>		22. TITLE: Associate Regional Administrator <div style="text-align: center;">Division of Medicaid and Children's Health</div>	
23. REMARKS:			

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: January 1, 2018

CATEGORICALLY NEEDY

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. (Continued)

b. Optometrists' Services (Continued)

(2) One eye exam every twelve (12) months for eligible recipient under 21 years of age in the Child Health Services (EPSDT) Program. Extensions of the benefit limit will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.

(3) Office medical services provided by an optometrist are limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for beneficiaries age 21 and over. The benefit limit will be in conjunction with the benefit limit established for physicians' services, medical services furnished by a dentist, rural health clinic services, certified nurse midwife services and advanced practice nurse or registered nurse practitioner or a combination of the six. For services beyond the twelve (12) visit limit, extensions will be provided if medically necessary. Certain services, specified in the appropriate provider manual, are not counted toward the 12 visit limit. Beneficiaries in the Child Health Services (EPSDT) Program are not benefit limited.

Chiropractors' Services

(1) Services are limited to licensed chiropractors meeting minimum standards promulgated by the Secretary of HHS under Title XVIII.

(2) Services are limited to treatment by means of manual manipulation of the spine which the chiropractor is legally authorized by the State to perform.

(3) Effective for dates of service on or after July 1, 1996, chiropractic services will be limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for eligible Medicaid recipients age 21 and older. **Extensions of the benefit limit will be provided if medically necessary.** Services provided to recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited

d. Advanced Nurse Practitioners and Registered Nurse Practitioners

Office medical services provided by an advanced nurse practitioner and registered nurse practitioner are limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for beneficiaries age 21 and over. The benefit limit will be in conjunction with the benefit limit established for physicians' services, medical services furnished by a dentist, rural health clinic services, certified nurse midwife services and advanced practice nurse or registered nurse practitioner or a combination of the six. For services beyond the twelve (12) visit limit, extensions will be provided if medically necessary. Certain services, specified in the appropriate provider manual, are not counted toward the 12 visit limit. Beneficiaries in the Child Health Services (EPSDT) Program are not benefit limited.

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Date Received: 8 January, 2018  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-B  
Page 3b

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: January 1, 2018

MEDICALLY NEEDY

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