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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 18-002

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

September 27, 2018

Our Reference: SPA AR 18-002

Dawn Stehle
State Medicaid Director
Arkansas Department of Human Services
Division of Medical Services
PO Box 1437, Slot S295
Little Rock, Arkansas 72203-1437

Dear Ms. Stehle:

Enclosed is a copy of approved Arkansas State Plan Amendment (SPA) No. 18-002, with an effective date of April 10, 2018. This amendment was submitted to allow delivery of Telemedicine services to all Arkansas beneficiaries.

This letter affirms that AR 18-002 is approved effective April 10, 2018 as requested by the State.

We are including the CMS-179 and the following amended or new plan pages.

- Attachment 3.1-A, Page 2c
- Attachment 3.1-A, Page 12b
- Attachment 3.1-B, Page 2xxxx
- Attachment 3.1-B, Page 11b
- Attachment 4.19-B, Page 12

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.



Sincerely,

A black rectangular box redacting the signature of Bill Brooks.

FOR

Bill Brooks
Associate Regional Administrator

CC: Billy Bob Farrell, DMCH Dallas
Stacey Shuman, DMCH Dallas
Rachel Dressel, CMS Baltimore
Andrew Badaracco, CMS Baltimore
Tia Lyles, CMS Baltimore

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2018-002	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 April 10, 2018	
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: 42 CFR 410.78	7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$ 265,456 b. FFY 2019 \$ 353,942		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 2c Attachment 3.1-A, Page 12b Attachment 3.1-B, Page 2xxxx Attachment 3.1-B, Page 11b Attachment 4.19-B, Page 12	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same, Approved 10-20-04, TN 04-12 None, New Page Same, Approved 12-27-11, TN 11-09 None, New Page Same, Approved 12-13-91, TN 91-32		
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to add the service of Telemedicine for all Arkansas beneficiaries.			
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		
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: March 22, 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 22, 2018	18. DATE APPROVED: September 27, 2018		
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: April 10, 2018	20. SIGNATURE OF  OFFICIAL: FOR		
21. TYPED NAME: Bill Brooks	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health		
23. REMARKS:			

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: April 10, 2018

CATEGORICALLY NEEDY

5. a. Physicians' Services (Continued)

- (6) Consultations, including interactive consultations (telemedicine), are limited to two (2) per recipient per year in a physician's office, patient's home, hospital or nursing home. This yearly limit is based on the State Fiscal Year (July 1 through June 30). This limit is in addition to the yearly limit described in Item 5.(1). Extensions of the benefit limit will be provided if medically necessary for recipients.
- (7) Abortions are covered when the life of the mother would be endangered if the fetus were carried to term or for victims of rape or incest. The circumstances must be certified in writing by the woman's attending physician. Prior authorization is required.

5. b. Medical and surgical services furnished by a dentist (in accordance with Section 1905 (a)(5)(B) of the Act).

Medical services furnished by a dentist are limited to twelve (12) visits per State Fiscal Year (July 1 through June 30) for recipients age 21 and older.

The benefit limit will be considered in conjunction with the benefit limit established for physicians' services, rural health clinic services, office medical services furnished by an optometrist and certified nurse midwife services. Recipients will be allowed twelve (12) visits per State Fiscal Year for medical services furnished by a dentist, physicians' services, rural health clinic services, office medical services furnished by an optometrist, certified nurse midwife services or **advanced practice nurse or registered nurse practitioner services or a combination of the six**. For physicians' services, medical services provided by a dentist, office medical services furnished by an optometrist, certified nurse midwife services or rural health clinic core services beyond the 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. Recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited.

Surgical services furnished by a dentist are not benefit limited.

State: Arkansas
Date Received: 22 March, 2018
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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

CATEGORICALLY NEEDY

April 10, 2018

29. Telemedicine Services

Telemedicine is the use of electronic information and communication healthcare technology to deliver healthcare services including without limitation, the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient. Telemedicine includes store-and-forward technology and remote patient monitoring.

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

ATTACHMENT 3.1-B
Page 2xxxx

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

April 10, 2018

MEDICALLY NEEDY

5. a. Physicians' Services (Continued)

(a) Benefit Limit Details

The benefit limit will be considered in conjunction with the benefit limit established for rural health clinic services, medical services furnished by a dentist, office medical services furnished by an optometrist, certified nurse midwife services and services provided by an advanced practice nurse or registered nurse practitioner or a combination of the six. Beneficiaries under age 21 in the Child Health Services (EPSDT) Program are not benefit limited.

Certain services, specified in the appropriate provider manual, are not counted toward the 12 visit limit.

(b) Extensions

For services beyond the 12 visit limit, extensions will be provided if medically necessary.

- (i) The following diagnoses are considered to be categorically medically necessary and are exempt from benefit extension requirements: Malignant neoplasm; HIV infection and renal failure.
- (ii) Additionally, physicians' visits for pregnancy in the outpatient hospital are exempt from benefit extension requirements.
- (2) Each attending physician/dentist is limited to billing one day of care for inpatient hospital covered days regardless of the number of hospital visits rendered.
- (3) Surgical procedures which are generally considered to be elective require prior authorization from the Utilization Review Section.
- (4) Desensitization injections - Refer to Attachment 3.1-A, Item 4.b. (12).
- (5) Organ transplants are covered as described in Attachment 3.1-E.
- (6) Consultations, including interactive consultations (telemedicine), are limited to two (2) per recipient per year in a physician's office, patient's home, hospital or nursing home. This yearly limit is based on the State Fiscal Year (July 1 through June 30). This limit is in addition to the yearly limit described in Item 5.(1). Extensions of the benefit limit will be provided if medically necessary for recipients.
- (7) Abortions are covered when the life of the mother would be endangered if the fetus were carried to term or for victims of rape or incest. The circumstances must be certified in writing by the woman's attending physician. Prior authorization is required.

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MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 11b

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

April 10, 2018

MEDICALLY NEEDY

29. Telemedicine Services

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

Revised: April 10, 2018

25. Telemedicine Originating Site Facility Fee

Effective for dates of service on or after April 10, 2018, the reimbursement rate for the telemedicine originating site facility fee will be set at 10% of the Calendar Year 2017 Medicare Telemedicine Originating Site Facility Fee. All fee schedule rates are published on the agency's website (<https://medicaid.mmis.arkansas.gov/General/Units/OCC.aspx>). Except as otherwise noted in the State Plan, state developed fee schedule rates are the same for both governmental and private providers.

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