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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 18-008

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

July 9, 2018

Our Reference: SPA AR 18-0008

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. 18-0008, with an effective date of July 1, 2018. This amendment was submitted to comply with all changes made to the Arkansas State Plan in July of 2017 regarding the implementation of thresholds for occupational, physical, and speech therapies.

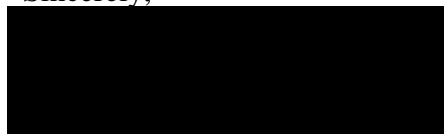
This letter affirms that AR 18-0008 is approved effective July 1, 2018 as requested by the State.

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

- Attachment 3.1-A, Page 4d
- Attachment 3.1-B, Page 4e

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,



Bill Brooks
Associate Regional Administrator

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2018-008	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, 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:		7. FEDERAL BUDGET IMPACT: a. FFY 2018 \$ 0 b. FFY 2019 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 4d Attachment 3.1-B, Page 4e		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Same, Approved 02-28-08, TN 07-20 Same, Approved 02-28-08, TN 07-20	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to comply with all changes made to the State Plan in July 2017 regarding the implementation of thresholds for occupational therapy, physical therapy, and speech therapy.			
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. SIGNED AND TITLE OF STATE AGENCY OFFICIAL: [Redacted]		16. RETURN TO: Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attention: Dave Mills	
13. TYPED NAME: Rose M. Naff			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: April 20, 2018			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: April 20, 2018		18. DATE APPROVED: July 9, 2018	
PLAN APPROVED – ONE COPY A [Redacted]			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2018		20. SIG [Redacted]	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2018

CATEGORICALLY NEEDY

11. Physical Therapy and Related Services

Speech-Language Pathology services and qualified Speech-Language Pathologists meet the requirements set forth in 42 CFR 440.110. Speech-Language Pathology Assistants work under the supervision of the Speech-Language Pathologist in accordance with the State's licensing and supervisory requirements.

Physical Therapy services and qualified Physical Therapists meet the requirements set forth in 42 CFR 440.110. Physical Therapy assistants work under the supervision of the Physical Therapist in accordance with the State's licensing and supervisory requirements.

Occupational Therapy services and qualified Occupational Therapists meet the requirements set forth in 42 CFR 440.110. Occupational Therapy assistants work under the supervision of the Occupational Therapist in accordance with the State's licensing and supervisory requirements.

Audiology services and qualified Audiologists meet the requirements set forth in 42 CFR 440.110.

A. Occupational, Physical and Speech Therapy

1. Refer to Attachment 3.1-A, Item 4.b. (15) for therapy services for recipients under age 21.
2. For recipients over age 21, effective for dates of services on or after **July 1, 2017**, individual and group therapy are limited to **six (6) units per week per discipline**. 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.**

B. Speech Therapy

Augmentative Communication Device (ACD) Evaluation - Effective for dates of service on or after September 1, 1999, Augmentative Communication Device (ACD) evaluation is covered for eligible Medicaid recipients of all ages. One ACD evaluation may be performed every three years based on medical necessity. The benefit limit may be extended for individuals under age 21.

State: Arkansas
Date Received: 20 April, 2018
Date Approved: 9 July, 2018
Effective Date: 1 July, 2018
Transmittal Number: 18-08

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2018

MEDICALLY NEEDY

11. Physical Therapy and Related Services

Speech-Language Pathology services and qualified Speech-Language Pathologists meet the requirements set forth in 42 CFR 440.110. Speech-Language Pathology Assistants work under the supervision of the Speech-Language Pathologist in accordance with the State's licensing and supervisory requirements.

Physical Therapy services and qualified Physical Therapists meet the requirements set forth in 42 CFR 440.110. Physical Therapy assistants work under the supervision of the Physical Therapist in accordance with the State's licensing and supervisory requirements.

Occupational Therapy services and qualified Occupational Therapists meet the requirements set forth in 42 CFR 440.110. Occupational Therapy assistants work under the supervision of the Occupational Therapist in accordance with the State's licensing and supervisory requirements.

Audiology services and qualified Audiologists meet the requirements set forth in 42 CFR 440.110.

A. Occupational, Physical and Speech Therapy

1. Refer to Attachment 3.1-B, Item 4.b. (15) for therapy services for recipients under age 21.
2. For recipients over age 21, effective for dates of services on or after **July 1, 2017**, individual and group therapy are limited to **six (6) units per week per discipline**. 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.**

B. Speech Therapy

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