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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 20-0021

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 25, 2021

Dawn Stehle
Deputy Director for Health and Medicaid Director
Arkansas Department of Human Services
112 West 8th Street, Slot S401
Little Rock, AR 72201-4608

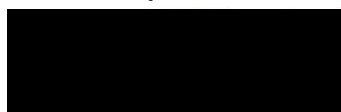
Dear Ms. Stehle:

On October 13, 2020, the Centers for Medicare & Medicaid Services (CMS) received Arkansas' State Plan Amendment (SPA) transmittal #20-0021, which reduces limitations on therapies with soft limits and increases consistency of terminology.

The submitted SPA was approved November 9, 2020, with an effective date of January 1, 2021. Some inadvertent errors were later discovered in the approved SPA package; it did not include 3.1-A, page 4d as intended, but did include 3.1-A page 1o twice.

Enclosed is the corrected SPA package for the State's records. If you have any questions regarding this amendment, please contact Michala Walker at Michala.walker@cms.hhs.gov or 816-426-5925.

Sincerely,




Digitally signed by James G.
Scott -S
Date: 2021.01.25 14:11:20
-06'00'

James G. Scott, Director
Division of Program Operations


Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2</u> <u>0</u> — <u>0</u> <u>0</u> <u>2</u> <u>1</u>	2. STATE Arkansas
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2021	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>) <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 (<i>Separate transmittal for each amendment</i>)		
6. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 600	7. FEDERAL BUDGET IMPACT a. FFY <u>2021</u> \$ <u>0</u> b. FFY <u>2022</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT See attached.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) See attached.	
10. SUBJECT OF AMENDMENT		

The Arkansas Title XIX State Plan has been amended to include new therapy CPT (Current Procedural Terminology) evaluation codes.

11. GOVERNOR'S REVIEW (<i>Check One</i>) <input 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 Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attn: Mac Golden
13. TYPED NAME Janet Mann	
14. TITLE Director, Division of Medical Services	
15. DATE SUBMITTED 10-13-20	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED October 13, 2020	18. DATE APPROVED November 9, 2020
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2021	20. SIGNATURE OF REGIONAL OFFICIAL  Digitally signed by James G. Scott -S Date: 2020.11.10 16:39:43 -06'00'
21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations
23. REMARKS	

**ATTACHED LISTING FOR
ARKANSAS STATE PLAN
TRANSMITTAL #2020-0021**

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

Attachment 3.1-A, Page 1h

Attachment 3.1-A, Page 1o

Attachment 3.1-A, Page 1p

Attachment 3.1-A, Page 3d

Attachment 3.1-A, Page 4d

Attachment 3.1-B, Page 2g

Attachment 3.1-B, Page 2n

Attachment 3.1-B, Page 2o

Attachment 3.1-B, Page 3f

Attachment 3.1-B, Page 4e

Attachment 4.19-B, Page 1aa

Attachment 4.19-B, Page 1q

Attachment 4.19-B, Page 1r

Attachment 4.19-B, Page 1rr

Attachment 4.19-B, Page 3c

Attachment 4.19-B, Page 3d

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

Attachment 3.1-A, Page 1h
Approved 12-04-09, TN 09-0015

Attachment 3.1-A, Page 1o
Approved 7-12-17, TN 16-0009

Attachment 3.1-A, Page 1p
Approved 07-12-17, TN 16-0009

Attachment 3.1-A, Page 3d
Approved 09-28-15, TN 15-0005

Attachment 3.1-A, Page 4d
Approved 07-09-18, TN 18-0008

Attachment 3.1-B, Page 2g
Approved 12-04-09, TN 09-0015

Attachment 3.1-B, Page 2n
Approved 7-12-17, TN 16-0009

Attachment 3.1-B, Page 2o
Approved 7-12-17, TN 16-0009

Attachment 3.1-B, Page 3f
Approved 04-15-02, TN 02-0009

Attachment 3.1-B, Page 4e
Approved 07-09-18, TN 18-0008

Attachment 4.19-B, Page 1aa
Approved 12-14-09, TN 09-0011

Attachment 4.19-B, Page 1q
Approved 06-24-08, TN 07-0018(A)

Attachment 4.19-B, Page 1r
Approved 06-24-08, TN 07-0018(A)

Attachment 4.19-B, Page 1rr
Approved 07-13-99, TN 98-0022

Attachment 4.19-B, Page 3c
Approved 09-17-99, TN 99-0010

Attachment 4.19-B, Page 3d
Approved 07-16-92, TN 91-0029

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

ATTACHMENT 3.1-A
Page 1h

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2021

CATEGORICALLY NEEDY

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

- (1) No limitation on services within the scope of the program (except for consultations, home health services and personal care services) if services are EPSDT related. Extension of the benefit limit for consultations (2 per State Fiscal Year), home health services (50 visits per State Fiscal Year), personal care services (64 hours per calendar month), personal care transportation (50 units per date of service per recipient), physical therapy evaluations (2 per State Fiscal Year), occupational therapy evaluations (2 per State Fiscal Year), speech-**language** therapy evaluations (4 units per State Fiscal Year), and chiropractor X-ray services (2 per State Fiscal Year) will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.

Medical Screens are provided based on the recommendations of the American Academy of Pediatrics. Childhood immunizations are provided based on the Advisory Committee on Immunization Practices (ACIP).

The State will provide other health care described in Section 1905(a) of the Social Security Act that is found to be medically necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, even when such health care is not otherwise covered under the State Plan.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2021

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 on or after **January 1, 2021**, evaluations are limited to **two (2)** units per State Fiscal Year (July 1 through June 30). 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. Extensions of the benefit limit will be provided if medically necessary.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2021

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.

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 on or after **January 1, 2021**, evaluations are limited to **two (2)** units per State Fiscal Year (July 1 through June 30). 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 occupational therapy are limited to six (6) units per week. 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-**language** pathology services must be referred by a physician and provided by or under the supervision of a qualified speech-**language** pathologist.

A qualified speech-**language** therapist assistant may provide services under the supervision of a licensed speech-**language** 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). 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. Extensions of the benefit limit will be provided if medically necessary.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2021

CATEGORICALLY NEEDY

7. Home Health Services (Continued)

7.c. Medical supplies, equipment, and appliances suitable for use in the home. (Continued)

(5) Diapers/Underpads

Diapers/underpads are limited to \$130.00 per month, per beneficiary. The \$130.00 benefit limit is a combined limit for diapers/underpads provided through the Prosthetics Program and Home Health Program. The benefit limit may be extended with proper documentation. Only patients with a medical diagnosis other than infancy which results in incontinence of the bladder and/or bowel may receive diapers. This coverage does not apply to infants who would otherwise be in diapers regardless of their medical condition. Providers cannot bill for underpads/diapers if a beneficiary is under the age of three years.

7.d. Physical therapy, occupational therapy, or speech-**language** pathology and audiology services provided by a home health agency or medical rehabilitative facility.

Physical therapists must meet the requirements outlined in 42 CFR 440.110(a).

Services under this item are limited to physical therapy when provided by a home health agency and prescribed by a physician. Effective for dates of service on or after **July 1, 2017**, individual and group physical therapy are limited to six (6) units per week. **Effective for dates on or after January 1, 2021, physical therapy** evaluations are limited to **two (2)** units per State Fiscal Year (July 1 through June 30). Extensions of the benefit limits will be provided if medically necessary for eligible Medicaid recipients.

8. Private Duty Nursing to enhance the effectiveness of treatment for ventilator-dependent beneficiaries or non-ventilator dependent tracheotomy beneficiaries

Enrolled providers are Private Duty Nursing Agencies licensed by Arkansas Department of Health. Services are provided by Registered Nurses or Licensed Practical Nurses licensed by the Arkansas State Board of Nursing.

Services are covered for Medicaid-eligible beneficiaries age 21 and over when determined medically necessary and prescribed by a physician.

Beneficiaries 21 and over to receive PDN Nursing Services must require constant supervision, visual assessment and monitoring of both equipment and patient. In addition the beneficiary must be:

- A. Ventilator dependent (invasive) or
- B. Have a functioning trach
 - 1. requiring suctioning and
 - 2. oxygen supplementation and
 - 3. receiving Nebulizer treatments or require Cough Assist / inexasufflator devices.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2021

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-**Language** 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. **For recipients over age 21, Speech-language therapy** evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). Extensions of the benefit limit will be provided if medically necessary.
3. **For recipients over age 21, effective for dates on or after January 1, 2021, physical therapy evaluations are limited to two (2) units per State Fiscal Year (July 1 through June 30). For recipients over age 21, effective for dates on or after January 1, 2021, occupational therapy evaluations are limited to two (2) units per State Fiscal Year (July 1 through June 30). Extensions of the benefit limit for the evaluation will be provided if medically necessary.**

B. Speech-**Language** Therapy

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

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2021

MEDICALLY NEEDY

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

- (1) No limitation on services within the scope of the program, except for consultations, home health services if services are EPSDT related. Extension of the benefit limit for consultations (2 per State Fiscal Year), home health services (50 visits per State Fiscal Year), physical therapy evaluations (2 per State Fiscal Year), occupational therapy evaluations (2 per State Fiscal Year), speech-**language** therapy evaluations (4 units per State Fiscal Year), and chiropractor X-ray services (2 per State Fiscal Year) will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.

Medical Screens are provided based on the recommendations of the American Academy of Pediatrics. Childhood immunizations are provided based on the Advisory Committee on Immunization Practices (ACIP).

The State will provide other health care described in Section 1905(a) of the Social Security Act that is found to be medically necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, even when such health care is not otherwise covered under the State Plan.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2021

MEDICALLY 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 on or after **January 1, 2021**, evaluations are limited to **two (2)** units per State Fiscal Year (July 1 through June 30). 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. Extensions of the benefit limit will be provided if medically necessary.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2021

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

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 on or after **January 1, 2021**, evaluations are limited to **two (2)** units per State Fiscal Year (July 1 through June 30). 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 occupational therapy are limited to six (6) units per week. 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-**language** pathologist or audiologist)

- (1) Speech-language pathology services are limited to Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Speech-**language** pathology services must be referred by a physician and provided by or under the supervision of a qualified speech-**language** pathologist.

A qualified speech-**language** therapist assistant may provide services under the supervision of a licensed speech-**language** 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). 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 speech-language pathology services are limited to six (6) units per week. Extensions of the benefit limit will be provided if medically necessary.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2021

MEDICALLY NEEDY

7. Home Health Services (Continued)

7.c. Medical supplies, equipment, and appliances suitable for use in the home. (Continued)

(5) Diapers/Underpads

Diapers/underpads are limited to \$130.00 per month, per recipient. The \$130.00 benefit limit is a combined limit for diapers/underpads provided through the Prosthetics Program and Home Health Program. The benefit limit may be extended with proper documentation. Only patients with a medical diagnosis other than infancy which results in incontinence of the bladder and/or bowel may receive diapers. This coverage does not apply to infants who would otherwise be in diapers regardless of their medical condition. Providers **cannot** bill for underpads/diapers if a recipient is under the age of three years.

7.d. Physical therapy, occupational therapy, or speech-**language** pathology and audiology services provided by a home health agency or medical rehabilitative facility.

Services under this item are limited to physical therapy when provided by a home health agency and prescribed by a physician. Effective for dates of service on or after **July 1, 2017**, individual and group physical therapy are limited to **six (6)** units per **week**. **Effective for dates of service on or after January 1, 2021, physical therapy** evaluations are limited to **two (2)** units per State Fiscal Year (July 1 through June 30). Extensions of the benefit limit will be provided if medically necessary for eligible Medicaid recipients.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2021

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-**Language** 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. **For recipients over age 21, speech-language therapy** evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). Extensions of the benefit limit will be provided if medically necessary.
3. **For recipients over age 21, effective for dates on or after January 1, 2021, physical therapy evaluations are limited to two (2) units per State Fiscal Year (July 1 through June 30). For recipients over age 21, effective for dates on or after January 1, 2021, Occupational therapy evaluations are limited to two (2) units per State Fiscal Year (July 1 through June 30).**

A. Speech-**Language** Therapy

Speech Generating Device (SGD) Evaluation - Effective for dates of service on or after September 1, 1999, **Speech Generating Device (SGD)** evaluation is covered for eligible Medicaid recipients of all ages. One **SGD** evaluation may be performed every three (3) years based on medical necessity. The benefit limit may be extended for individuals under age 21.

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

Revised: January 1, 2021

2.a. Outpatient Hospital Services (continued)

(3) Arkansas State Operated Teaching Hospitals

Effective for cost reporting periods ending June 30, 2000 or after, outpatient hospital services provided at an Arkansas State Operated Teaching Hospital will be reimbursed based on reasonable costs with interim payments in accordance with 2.a.(1) and a year-end cost settlement.

Arkansas Medicaid will use the lesser of the reasonable costs or customary charges to establish cost settlements. Except for graduate medical education costs, the cost settlements will be calculated using the methods and standards used by the Medicare Program. Graduate medical education costs are reimbursed as described in Attachment 4.19-A, Page 8a for inpatient hospital services.

(4) Speech Generating Device Evaluation

Effective for dates of service on or after September 1, 1999, reimbursement for a **Speech Generating Device (SGD)** Evaluation is based on the lesser of the provider's actual charge for the service or the Title XIX (Medicaid) maximum. The XIX (Medicaid) maximum is based on the current hourly rate for both disciplines of therapy involved in the evaluation process. The Medicaid maximum for speech-**language** therapy is \$25.36 per (20 mins.) unit x's 3 units per date of service (DOS) and occupational therapy is \$18.22 per (15 mins.) unit x's 4 units per DOS equals a total of \$148.96 per hour. Two (2) hours per DOS is allowed. This would provide a maximum reimbursement rate per DOS of \$297.92.

(5) Outpatient/Clinic-Indian Health Services

Effective for dates of service on or after November 1, 2002, covered outpatient/clinic services provided by Indian Health Services (IHS) and Tribal 638 Health Facilities will be reimbursed the IHS outpatient/clinic rate published by the Office of Management and Budget (OMB). Covered IHS outpatient/clinic services include only those services that are covered under other Arkansas Medicaid programs. This rate is an all-inclusive rate with no year-end cost settlement. The initial rate is the published IHS outpatient rate for calendar year 2002. The rate will be adjusted to the OMB published rate annually or for any other period identified by OMB.

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

Revised: January 1, 2021

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

(19) Physical Therapy, Occupational Therapy, and Speech-Language Therapy Services

Effective for dates of service on or after October 1, 1999, the Arkansas Medicaid maximum rates for physical therapy services, occupational therapy services and speech-**language** therapy services are based on court-ordered rates issued by the United States District Court, Eastern District of Arkansas, Western Division and agreed upon by the Division of Medical Services and representatives of the Arkansas Physical Therapy Association, the Arkansas Occupational Therapy Association and the Arkansas Speech-Language-Hearing Association.

The agency's therapy fee schedule rates were set as of January 1, 2008 and are effective for services on or after that date. All therapy fee schedule rates are published on the agency's website (www.medicaid.state.ar.us). A uniform rate for these services is paid to all governmental and non- governmental providers unless otherwise indicated in the state plan. The State assures that physical therapists, occupational therapists and speech-**language** therapists will meet the requirements contained in 42 CFR 440.110.

Therapy Assistants - Effective for dates of service on or after October 1, 1999, the Arkansas Medicaid maximum for the physical therapy assistant, occupational therapy assistant and the speech-**language** therapy assistant is based on 80% of the amount reimbursed to the licensed therapist.

Fee schedule service reimbursement is based on the lesser of the amount billed or the Arkansas Title XIX (Medicaid) maximum charge allowed.

1. Physical Therapy

Listed below are covered physical therapy services:

Description

Evaluation for physical therapy

Individual physical therapy Group

physical therapy

Individual physical therapy by physical therapy assistant Group

physical therapy by physical therapy assistant

At the beginning of each calendar year, Medicaid officials and the Arkansas Physical Therapy Association or its successor will arrive at mutually agreeable increase or decrease in reimbursement rates based on the market forces as they impact on access. Any agreed upon increase or decrease will be implemented at the beginning of the following state fiscal year, July 1 with any appropriate State Plan changes.

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

Revised: January 1, 2021

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

(19) Physical Therapy and Related Services (Continued)

2. Occupational Therapy

Listed below are covered occupational therapy services:

Description

Evaluation for occupational therapy Individual
occupational therapy
Group occupational therapy
Individual occupational therapy by occupational therapy assistant
Occupational therapy by occupational therapy assistant

At the beginning of each calendar year, Medicaid officials and the Arkansas Occupational Therapy Association or its successor will arrive at mutually agreeable increase or decrease in reimbursement rates based on the market forces as they impact on access. Any agreed upon increase or decrease will be implemented at the beginning of the following state fiscal year, July 1 with any appropriate State Plan changes.

3. Speech-Language Therapy

Listed below are covered speech-**language** therapy services:

Description

Evaluation of speech language voice, communication, auditory processing
and/or aural rehabilitation status
Individual speech-**language**
therapy session
Group speech-**language therapy**
session
Individual speech-**language** therapy by speech-language pathology assistant
Group speech-**language** therapy by speech language pathology assistant

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

Revised: January 1, 2021

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

(19) Speech-Language Therapy (Continued)

At the beginning of each calendar year, Medicaid officials and the Arkansas Speech-Language Therapy Association or its successor will arrive at mutually agreeable increase or decrease in reimbursement rates based on the market forces as they impact on access. Any agreed upon increase or decrease will be implemented at the beginning of the following state fiscal year, July 1 with any appropriate State Plan changes.

{20} Rehabilitative Services for Persons with Physical Disabilities (RSPD)

1. Residential Rehabilitation Centers

The per diem reimbursement for RSPD services provided by a Residential Rehabilitation center will be based on the provider's fiscal year end 1994 audited cost report as submitted by an independent auditor plus a percentage increase equal to the HCFA Market Basket Index published for the quarter ending in March. A cap has been established at \$395.00. This is a prospective rate with no cost settlement. Room and board is not an allowable program cost. The criteria utilized to exclude room and board is as follows: The total Medicaid ancillary cost was divided by total Medicaid inpatient days which equals the RSPD prospective per diem. The ancillary cost was determined based upon Medicare Principles of Reimbursement. There is no routine cost included.

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

Revised: January 1, 2021

4 Physical **Therapy** and Related Services

- a. Physical Therapy - Refer to Attachment 4.19-B, Item 4.b.(19).
- b. Occupational Therapy - Refer to Attachment 4.19-B, Item 4.b.(19).
- c. **Speech-Language** Pathology - Refer to Attachment 4.19-B, Item 4.b.(19).
 1. **Speech Generating** Device Evaluation

Effective for dates of service on or after September 1, 1999, reimbursement for an **Speech Generating** Device (**SGD**) Evaluation is based on the lesser of the provider's actual charge for the service or the Title XIX (Medicaid) maximum. The XIX (Medicaid) maximum is based on the current hourly rate for both disciplines of therapy involved in the evaluation process. The Medicaid maximum for **speech-language** therapy is \$25.36 per (20 mins.) unit x's 3 units per date of service (DOS) and occupational therapy is \$18.22 per (15 mins.) unit x's 4 units per DOS equals a total of \$148.96 per hour. Two (2) hours per DOS is allowed. This would provide a maximum reimbursement rate per DOS of \$297.92.

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

Revised: January 1, 2021

11. Physical Therapy and Related Services (Continued)

- c. **Speech-Language** Pathology - Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) maximum.

The Title XIX (Medicaid) maximum was established based on a 1985 survey conducted by the Division of Developmental Disabilities of private therapy providers, hospital providers and nursing home providers of their 1985 billed charges. The mean (arithmetic average) rate for therapy services established the Title XIX maximum. The rates include the professional and administrative components. Effective for dates of service on or after 7-1-91, rates were increased by 4%.