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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 22-0010

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

September 21, 2022

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

Re: Arkansas State Plan Amendment (SPA) 22-0010

Dear Ms. Stehle:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0010. This amendment proposes to increase the primary care physician visit limit from 12 to 16 per year.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 440. This letter is to inform you that Arkansas Medicaid SPA 22-0010 was approved on September 21, 2022, with an effective date of July 1, 2022.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at michala.walker@cms.hhs.gov.


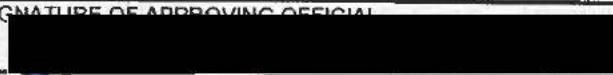
Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Elizabeth Pitman
Jack Tiner
Anita Castleberry
David Jones
Mack Golden

| | | | |
|--|--|---|------------------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES | | 1. TRANSMITTAL NUMBER <u>2 2 — 0 0 1 0</u> | 2. STATE <u>A R</u> |
| | | 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI | |
| TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES | | 4. PROPOSED EFFECTIVE DATE <u>7/1/2022</u> | |
| 5. FEDERAL STATUTE/REGULATION CITATION <u>1905(a)(5)</u> | | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2022</u> \$ <u>304,354</u> b FFY <u>2023</u> \$ <u>608,709</u> | |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>3.1-A Page 1e, 3.1-A Page 1ee, 3.1-A Page 2b, 3.1-A Page 2e, 3.1-B Page 2e, 3.1-B Page 2ee, 3.1-B Page 2xxx, 3.1-B Page 2xxxx, 3.1-B Page 3b 3.1-A Page 2a</u> | | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>Attachment included</u> | |
| 9. SUBJECT OF AMENDMENT <u>The changes increase the Primary Care Physician (PCP) covered State Fiscal Year visit limit from twelve to sixteen for clients twenty one years of age and older.</u> | | | |
| 10. 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 | | | |
| 11a. SIGNATURE OF STATE AGENCY OFFICIAL  | | 15. RETURN TO Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attn: Mac Golden | |
| 12. TYPED NAME <u>Elizabeth Pitman</u> | | | |
| 13. TITLE <u>Director, Division of Medical Services</u> | | | |
| 14. DATE SUBMITTED <u>March 22, 2022 March 23, 2022</u> | | | |
| FOR CMS USE ONLY | | | |
| 16. DATE RECEIVED <u>March 23, 2022</u> | | 17. DATE APPROVED <u>September 21, 2022</u> | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 18. EFFECTIVE DATE OF APPROVED MATERIAL <u>July 1, 2022</u> | | 19. SIGNATURE OF APPROVING OFFICIAL  | |
| 20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u> | | 21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u> | |
| 22. REMARKS <u>Box 9: State authorized pen and ink change on 09/19/22.</u> <u>Boxes 7 and 8 (on second page): State authorized pen and ink changes on 9/20/22.</u> <u>Box 14: State authorized pen and ink change on 9/21/22.</u> | | | |

ATTACHMENT OF PAGE NUMBERS OF THE SUPERSEDED PLAN SECTION FOR 22-0010

- 3.1-A Page 1e, Supersedes TN 12-10, Approved 09/06/12
- 3.1-A Page 1ee, Supersedes TN 20-0013, Approved 08/11/20
- 3.1-A Page 2b, Supersedes TN 08-18, Approved 12/19/08
- 3.1-A Page 2e, Supersedes TN 08-0012, Approved 03/08/18
- 3.1-B Page 2e, Supersedes TN 12-10, Approved 09/06/12
- 3.1-B Page 2ee, Supersedes TN 12-0013, Approved 08/11/20
- 3.1-B Page 2xxx, Supersedes TN 20-0013, Approved 08/11/20
- 3.1-B Page 2xxxx, Supersedes TN 18-002, Approved 09/27/2018
- 3.1-B Page 3b, Supersedes TN 17-0012, Approved 03/08/2018
- 3.1-A Page 2a, Supersedes TN 11-09, Approved 12-27-2011

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

July 1, 2022

CATEGORICALLY NEEDY

4.c. Family Planning Services

- (1) Comprehensive family planning services are limited to an original examination and up to three follow-up visits annually. This limit is based on the state fiscal year - July 1 through June 30.

4.d. (1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; * or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time)

*describe if there are any limits on who can provide these counseling services

- (2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided: No limitations With limitations*

*Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period (eight (8) per year) should be explained below.

Please describe any limitations:

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

July 1, 2022

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 **client** under 21 years of age in the Child Health Services (EPSDT) Program. Extensions of the benefit limit will be **available** if medically necessary for **clients** 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 **clients twenty-one (21) years or older**.

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, **Federally Qualified Health Center services**, certified nurse midwife services, and advanced practice **registered** nurses, or a combination of the **seven**. For services beyond the **benefit** limit, extensions will be **available** if medically necessary. Certain services, specified in the appropriate provider manual, are not counted toward the limit.

c. 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 **clients** twenty-one (21) years or older. Services provided to **clients** under age **twenty-one (21)** in the Child Health Services (EPSDT) Program are not benefit limited.

(4) **Effective for dates of service on or after January 1, 2018**, chiropractic services **do not** require a referral by the **client's** primary care **provider (PCP)**.

d. Advanced **Practice Registered** Nurses (APRN)

For clients twenty-one (21) years of age or older, services provided in an advanced practice registered nurse's office, a patient's home, or nursing home are limited to sixteen (16) visits per state fiscal year (July 1 through June 30).

The benefit limit will be in conjunction with the benefit limit established for physicians' services, rural health clinic, medical services furnished by a dentist, **office medical services furnished by an optometrist**, certified nurse midwife services and **federally qualified health center**, or a combination of the **seven**. For services beyond the **established benefit** limit, extensions will be **available** if medically necessary. Certain services, specified in the appropriate provider manual, are not counted toward the limit. **Clients** in the Child Health Services (EPSDT) Program are not benefit limited.

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

July 1, 2022

MEDICALLY NEEDY

4.c. Family Planning Services

- (1) Comprehensive family planning services are limited to an original examination and up to three (3) follow-up visits annually. This limit is based on the state fiscal year (July 1 through June 30).

4.d. (1) Face-to-Face Tobacco Cessation Counseling Services provided (by):

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services *other* than tobacco cessation services; * or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (None are designated at this time)

*Describe if there are any limits on who can provide these counseling services

Arkansas Medicaid does not limit who can provide these counseling services at this time so long as they meet (ii) and (iii).

****Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12-month period (eight (8) per year) should be explained below.**

- (2) Face-to-Face Tobacco Cessation Counseling Services Benefit Package for Pregnant Women

Provided: No limitations With limitations*

*Any benefit package that consists of *less* than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12-month period (eight (8) per year) should be explained below.

4.e. Prescription drugs for treatment of opioid use disorder

- a. Oral preferred prescription drugs (preferred on the PDL) used for treatment of opioid use disorder require no prior authorization and do not count against the monthly prescription limits when prescribed by an X-DEA waived provider as part of a Medication Assisted Treatment plan.

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2022

CATEGORICALLY NEEDY

2.b. Rural Health Clinic Services

5. Services of nurse midwives
6. Visiting nurse services on a part-time or intermittent basis to home-bound patients (limited to areas in which there is a shortage of home health agencies).

Rural health clinic ambulatory services are defined as any other ambulatory service included in the Medicaid State Plan if the Rural **health clinic** offers such a service (e.g. dental, visual, etc.). The “other ambulatory services” that are provided by the Rural **health clinic** will count against the limit established in the plan for that service.

Medication Assisted Treatment visits do not count against the Rural Health Clinic encounter benefit limit when the visit is rendered by an X-DEA waived provider as part of a Medication Assisted Treatment plan.

- 2.c. Federally **qualified health center** (FQHC) services and other ambulatory services that are covered under the plan and furnished by a FQHC in accordance with Section 4231 of the State Medicaid Manual (NCFA – Pub. 45-4).

Federally qualified health center services are limited to **sixteen (16)** encounters per **client**, per State Fiscal Year (July 1 through June 30) for clients **twenty-one (21) years or older**. **The applicable benefit limit will be considered in conjunction with the benefit limit established for physicians' services, medical services furnished by a dentist, office medical services furnished by an optometrist, certified nurse midwife services, rural health clinic encounters, and advanced practice registered nurse services, or a combination of the seven.**

For federally qualified health center core services beyond the **benefit** limit, extensions will be **available** if medically necessary. Beneficiaries under age **twenty-one (21)** in the Child Health Services (EPSDT) Program are not benefit limited.

FQHC hospital visits are limited to one (1) day of care for inpatient hospital covered days regardless of the number of hospital visits rendered. The hospital visits do not count against the FQHC encounter benefit limit.

Medication Assisted Treatment visits do not count against the FQHC encounter benefit limit when the visit is rendered by an X-DEA waived provider as part of a Medication Assisted Treatment plan.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

July 1, 2022

CATEGORICALLY NEEDY

2.b. Rural Health Clinic Services

Rural health clinic services are limited to **sixteen (16) encounters** a year for **clients twenty-one (21) years of age** and older. This yearly limit is based on the State Fiscal Year (July 1 through June 30). The benefit limit will be considered in conjunction with the benefit limit established for physicians' services, medical services furnished by a dentist, office medical services furnished by an optometrist, certified nurse midwife services, **federally qualified health center encounters, and advanced practice registered nurse services**, or a combination of the seven.

Extensions of the benefit limit will be available if medically necessary. **Certain services, specified in the appropriate provider manual, are not counted toward the limit.** Clients under age **twenty-one (21)** in the Child Health Services (EPSDT) Program are not benefit limited.

Rural **health clinic** core services are defined as follows:

1. Physicians' services, **advanced practice registered nurse's services**, and physician assistant **services when properly supervised**;
2. Services and supplies furnished as an incident to professional services;

Services and supplies "incident to" the professional services of physicians, physician assistants or **advanced practice registered** nurses are those which are commonly furnished in connection with these professional services, are generally furnished in the **rural health center** office, and are ordinarily rendered without charge or included in the clinic's bills; e.g., laboratory services, ordinary medications and other services and supplies used in patient primary care services.

3. Clinical psychologist services;
4. Clinical social worker services;

AMOUNT, DURATION AND SCOPE OF
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CATEGORICALLY NEEDY

5. a. Physicians' services, whether furnished in the office, the **client's** home, a hospital, a skilled nursing facility, or elsewhere

- (1) **For clients twenty-one (21) years of age or older, services provided in a physician's office, a patient's home, a nursing home, or elsewhere are limited to sixteen (16) visits per state fiscal year (SFY) (July 1 through June 30).**

(a) Benefit Limit Details

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

(b) Extension of Benefits

For physicians' services, medical services provided by a dentist, office medical services furnished by an optometrist, certified nurse midwife services, **advanced practice registered nurse**, or rural health clinic core services beyond the benefit limit, extensions will be **available** if medically necessary.

- (i) The following diagnoses are considered 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.

(c) Special Exceptions

- (i) 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.
- (ii) Surgical procedures **which** are generally considered to be elective require a **prior** authorization from the Utilization Review Section.
- (iii) Desensitization injections - Refer to Attachment 3.1-A, Item 4.b. (12).
- (iv) Organ transplants are covered as described in Attachment 3.1-E.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

July 1, 2022

MEDICALLY NEEDY

2.b. Rural Health Clinic Services

Rural health clinic services are limited to **sixteen (16)** visits a year for **clients twenty-one (21) years or older**. This yearly limit is based on the State Fiscal Year (July 1 through June 30). **Rural health clinic encounters will** be considered in conjunction with the benefit limit established for physician services, medical services furnished by a dentist, office medical services furnished by an optometrist, certified nurse midwife services, **federally qualified health center encounters, and advanced practice registered nurse services, or a combination of the seven. Benefit limit extensions will be available** if medically necessary. **Certain services, specified in the appropriate provider manual, are not counted toward the service limit. Clients** under age **twenty-one (21)** in the Child Health Services (EPSDT) Program are not benefit limited.

Rural **health clinic** core services are defined as follows:

1. Physicians' services, **advanced practice registered nurses' services, and services of physician assistants when provided under proper supervision;**
2. Services and supplies furnished as an incident to professional services;

Services and supplies "incident to" the professional services of physicians, physician assistants, or **advanced practice registered nurses**, are those which are commonly furnished in connection with these professional services, are generally furnished in the **rural health clinic** office, and are ordinarily rendered without charge or included in the clinic's bills; e.g., laboratory services, ordinary medications and other services and supplies used in patient primary care services.

3. Clinical psychologist services;
4. Clinical social worker services;

AMOUNT, DURATION, AND SCOPE OF
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2.b. Rural Health Clinic Services

5. Services of nurse midwives; and
6. Visiting nurse services on a part-time or intermittent basis to home-bound patients (limited to areas in which there is a shortage of home health agencies).

Rural health clinic ambulatory services are defined as any other ambulatory service included in the Medicaid State Plan if the **rural health clinic** offers such a service (e.g. dental, visual, etc.). The “other ambulatory services” that are provided by the **rural health clinic** will count against the limit established in the plan for that service.

Medication Assisted Treatment visits do not count against the Rural Health Clinic encounter benefit limit when the diagnosis is for opioid use disorder and is rendered by an X-DEA waived provider as part of a Medication Assisted Treatment plan.

- 2.c. Federally **qualified health center** (FQHC) services and other ambulatory services that are covered under the plan and furnished by a FQHC in accordance with Section 4231 of the State Medicaid Manual) NCFA – Pub. 45-4).

Federally qualified health center services are limited to **sixteen (16)** encounters per **client**, per State Fiscal Year (July 1 through June 30) for **clients twenty-one (21) years or older**. **The applicable benefit limit will be considered in conjunction with the benefit limit established for physicians' services, medical services furnished by a dentist, office medical services furnished by an optometrist, certified nurse midwife services, rural health clinic encounters, and advanced practice registered nurse services, or a combination of the seven.**

Benefit extensions will be **available** if medically necessary. **Clients** under age **twenty-one (21)** in the Child Health Services (EPSDT) Program are not benefit limited.

FQHC hospital visits are limited to one (1) day of care for inpatient hospital covered days regardless of the number of hospital visits rendered. The hospital visits do not count against the FQHC encounter benefit limit.

Medication Assisted Treatment visits do not count against the FQHC encounter benefit limit when the diagnosis is for opioid use disorder and is rendered by an X-DEA waived provider as part of a Medication Assisted Treatment plan.

AMOUNT, DURATION AND SCOPE OF
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July 1, 2022

MEDICALLY NEEDY

5. a. Physicians' Services

For clients twenty-one (21) years of age or older, services provided in a physician's office, a patient's home, or nursing home or elsewhere are limited to sixteen (16) visits per state fiscal year (July 1 through June 30).

The benefit limit will be in conjunction with the benefit limit established for advance practice registered nurse services, rural health clinic, medical services furnished by a dentist, office medical services furnished by an optometrist, certified nurse midwife services, and federally qualified health center, or a combination of the seven.

For services beyond the established visit limit, extensions will be available if medically necessary. Clients in the Child Health Services (EPSDT) Program are not benefit limited.

- (1) The following diagnoses are considered categorically medically necessary and are exempt from benefit extension requirements: Malignant neoplasm; HIV infection and renal failure.
- (2) Physicians' visits for pregnancy in the outpatient hospital are exempt from benefit extension requirements.
- (3) Each attending physician **or** dentist is limited to billing one day of care for inpatient hospital covered days regardless of the number of hospital visits rendered.
- (4) Surgical procedures which are generally considered to be elective require prior authorization from the Utilization Review Section.
- (5) Desensitization injections - Refer to Attachment 3.1-A, Item 4.b. (12).
- (6) Organ transplants are covered as described in Attachment 3.1-E.
- (7) Consultations, **including interactive consultations (telemedicine)**, are limited to two (2) per recipient per year in a physician's office, **advanced practice registered nurse'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 **available** if medically necessary.
- (8) 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 **clients twenty-one (21) years or older.**

AMOUNT, DURATION AND SCOPE OF
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MEDICALLY 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 **clients** under **twenty-one (21)** years of age in the Child Health Services (EPSDT) Program. Extensions of the benefit limit will be **available** if medically necessary for **clients** 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 **clients twenty-one (21) years or 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, **federally qualified health center**, certified nurse midwife, and services provided by an advanced practice **registered** nurse, or a combination of the **seven**. 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 ~~twelve (12)~~ **sixteen (16)** visit limit. Beneficiaries in the Child Health Services (EPSDT) Program are not benefit limited.

c. 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. Services provided to recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited.
- (4) **Effective for dates of service on or after January 1, 2018**, chiropractic services **do not** require a referral by the **beneficiary's** primary care physician (PCP).

d. Advanced Practice Registered Nurses

For clients twenty-one (21) years of age or older, services provided in an advanced practice registered nurse's office, a patient's home, or nursing home are limited to sixteen (16) visits per state fiscal year (July 1 through June 30).

The benefit limit will be in conjunction with the benefit limit established for physicians' services, rural health clinic, medical services furnished by a dentist, office medical services furnished by an optometrist, certified nurse midwife services, and federally qualified health center or a combination of the seven. For services beyond the established limit, extensions will be available if medically necessary. Certain services, specified in the appropriate provider manual, are not counted toward the limit. Clients in the Child Health Services (EPSDT) Program are not benefit limited.