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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
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
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.

Box 9: State authorized pen and ink change on 09/19/22.

Boxes 7 and 8 (on second page): State authorized pen and ink changes on 9/20/22.

Box 14: State authorized pen and ink change on 9/21/22.
ATTACHMENT OF PAGE NUMBERS OF THE SUPERSEDED PLAN SECTION FOR 22-0010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
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):

[X] (i) By or under supervision of a physician;

[X] (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 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: [X] 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:
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

MEDICALLY NEEDY

July 1, 2022

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):

[X] (i) By or under supervision of a physician;

[X] (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: [x] 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 waivered provider as part of a Medication Assisted Treatment plan.

TN: 22-0010 Approved: 09/21/2022 Effective:07/01/2022
Supersedes TN:AR-20-0013
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

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 waivered 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 waivered provider as part of a Medication Assisted Treatment plan.

TN: 22-0010  Approved: 09/21/2022  Effective: 07/01/2022
Supersedes TN: AR-20-0013
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;
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.
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;
STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY

Revised: July 1, 2022

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 waivered 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 waivered provider as part of a Medication Assisted Treatment plan.
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.


(6) Organ transplants are covered as described in Attachment 3.1-E.

(7) Consultations, including interactive consultations (teledmedicine), 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 SERVICES PROVIDED

MEDICALLY NEEDY

July 1, 2022

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.