

Table of Contents

State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 23-0017

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

December 11, 2023

Janet Mann

Director of 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) AR-23-0017

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-23-0017. This amendment proposes to add medication-assisted treatment (MAT) as a mandatory benefit in the Medicaid state plan. This letter is to inform you that Arkansas' Medicaid SPA Transmittal Number AR-23-0017 is approved effective October 1, 2023 until September 30, 2025, pursuant to 1905(a)(29) of the Social Security Act and Section 1006(b) of the SUPPORT Act.

Section 1006(b) of the SUPPORT for Patients and Communities Act (SUPPORT Act), signed into law on October 24, 2018, amended section 1902(a)(10)(A) of the Act to require state Medicaid plans to include coverage of MAT for all eligible to enroll in the state plan or waiver of state plan. Section 1006(b) also added a new paragraph 1905(a)(29) to the Act to include the new required benefit in the definition of "medical assistance" and to specify that the new required benefit will be in effect for the period beginning October 1, 2020, and ending September 30, 2025.

Section 1006(b) of the SUPPORT Act also added section 1905(ee)(1) to the Act to define MAT, for purposes of the new required coverage, as:

. . . all drugs approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), including methadone, and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to treat opioid use disorders; and[,] . . . with respect to the provision of such drugs and biological products, counseling services and behavioral therapy.

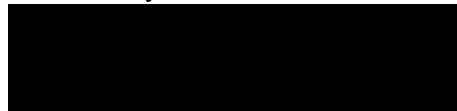
Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 public health emergency (PHE), CMS issued an approval letter on September 20, 2023 allowing Arkansas to modify the SPA submission requirements at 42 C.F.R. 430.20, to allow the state to submit a SPA implementing section 1905(a)(29) of the Act by March 31, 2021 that would take effect on October 1, 2020.

Pursuant to section 1135(b)(5) and/or 1135(b)(1)(C) of the Act, due to the COVID-19 PHE, CMS issued an approval letter on September 20, 2023 allowing Arkansas to modify the public notice time frames set forth at 42 C.F.R. 447.205, in order to obtain an effective date of October 1, 2020 for its SPA implementing statewide methods and standards for setting payment rates for the benefit described at section 1905(a)(29) of the Act. The state issued public notice on October 18, 2023.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations.

If you have any questions regarding this approval, please contact Lee Herko at 570-230-4048 or via email at lee.herko@cms.hhs.gov.

Sincerely,



Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures


cc: Elizabeth Pittman
Anita Castleberry
Lisa Teague
Jack Tiner

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 1 7</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 10/1/2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR Part 8	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>691,200</u> b. FFY <u>2025</u> \$ <u>691,200</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT See Attached.	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) See Attached.	

9. SUBJECT OF AMENDMENT
Medication-Assisted Treatment (MAT) Services. The Division of Medical Services has updated the state plan to comply with both federal and state regulations regarding MAT. Federal regulations removed the need for practitioners to submit a notice of intent (X-Waiver) before prescribing MAT services. Act 451 removes the requirement for prior authorization when subscribing MAT services. Act 586 amends access to Naloxone and increases availability and access of an opioid antagonist. The federal and state measures are aimed at reducing drug overdoses and increasing access to services for beneficiaries in need of MAT services.

10. GOVERNOR'S REVIEW (Check One)

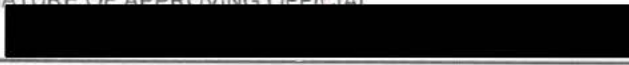
GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. 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 Director, Division of Medical Services	
14. DATE SUBMITTED September 21, 2023	

FOR CMS USE ONLY

16. DATE RECEIVED September 21, 2023	17. DATE APPROVED December 7, 2023
--	--

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Ruth A. Hughes	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS

11/28/2023 State requests Attachment 3.1B Page 2xxxx be withdrawn from the SPA package.

State Plan Amendment #23-0017 – Medication Assisted Treatment Services (MAT)

PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

PAGE NUMBER OF THE SUPERSEDED PLAN SECTION

<p>3.1A, Page 1d</p> <p>3.1A, Page 1ee</p> <p>3.1A, Page 1f</p> <p>3.1A, Page 5a</p> <p>3.1B, Page 2a</p> <p>3.1B, Page 2d</p>	<p>3.1A, Page 1d, Approved 8-1-20, Supersedes TN 20-0013</p> <p>3.1A, Page 1ee, Approved 7-1-22, Supersedes TN 22-0010</p> <p>3.1A, Page 1f, Approved 7-1-22, Supersedes TN 22-0003</p> <p>3.1A, Page 5a, Approved 1-1-22, Supersedes TN 21-0009</p> <p>3.1B, Page 2a, Approved 8-1-20, Supersedes TN 20-0013</p> <p>3.1B, Page 2d, Approved 8-1-20, Supersedes TN 20-0013</p>
<p>3.1B, Page 2ee</p> <p>3.1B, Page 2f</p> <p>3.1B, Page 2xxx</p> <p>3.1B, Page 4g</p> <p>3.1F, Page 29</p> <p>Supplement 1 to Attach.3.1B, Pages 1-6</p> <p>Supplement 5 to Attach. 3.1A, Pages 1-6</p>	<p>3.1B, Page 2ee, Approved 7-1-22, Supersedes TN 22-0010</p> <p>3.1B, Page 2f, Approved 7-1-22, Supersedes TN 22-0003</p> <p>3.1B, Page 2xxx, Approved 8-1-20, Supersedes TN 20-0013</p> <p>3.1B, Page 4g, Approved 1-1-22, Supersedes TN 21-0009</p> <p>3.1F, Page 29, Approved 8-1-20, Supersedes TN 20-0013</p> <p>Supplement 1 to Attach. 3.1B, Pages 1-6, Approved 10-1-20, Supersedes TN 21-0003</p> <p>Supplement 5 to Attach. 3.1A, Pages 1-6, Approved 10-1-20, Supersedes TN 21-0003</p>

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

CATEGORICALLY NEEDY

Revised: October 1, 2023

2.a. Outpatient Hospital Services (Continued)

Non-Emergency Services

Outpatient hospital services other than those which qualify as emergency, outpatient surgical procedures and treatment, and therapy services are covered as non-emergency services.

Benefit Limit

Outpatient hospital services are limited to a total of twelve (12) visits a year. This yearly limit is based on the State Fiscal Year - July 1 through June 30. Outpatient hospital services include the following:

- non-emergency outpatient hospital and related physician and nurse practitioner services; and
- outpatient hospital therapy and treatment services and related physician and nurse practitioner services.

For services beyond the 12-visit limit, an extension of benefits will be provided if medically necessary. The following diagnoses are considered categorically medically necessary and do not require prior authorization for medical necessity: Malignant neoplasm; HIV infection; renal failure; opioid use disorder when the visit is part of a Medication Assisted Treatment Plan; and pregnancy. All other diagnoses are subject to prior authorization before benefits can be extended.

Outpatient hospital services are not benefit limited for recipients in the Child Health Services (EPSDT) Program.

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2023

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 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 part of a Medication Assisted Treatment plan.

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2023

CATEGORICALLY NEEDY

3. Other Laboratory and X-Ray Services

Other **professional and technical laboratory and radiological services** are covered when ordered and provided under the direction of a physician or other licensed practitioner of the healing arts within the scope of his or her practice, as defined **under 42 CFR 440.30 in an office or similar facility other than a hospital outpatient department or clinic.**

Diagnostic laboratory services benefits are limited to five hundred dollars (\$500) per State Fiscal Year (SFY, July 1 – June 30), and radiology/other services benefits are separately limited to five hundred dollars (\$500) per SFY. Radiology/other services include, but are not limited to, diagnostic X-rays, ultrasounds, and electronic monitoring/machine tests, such as electrocardiograms (ECG or EKG).

Extensions of the benefit limit for recipients twenty-one (21) years of age or older will be provided through prior authorization, if medically necessary. The five hundred dollars (\$500) per SFY diagnostic laboratory services benefit limit, and the five hundred dollars (\$500) per SFY radiology/other services benefit limit, do not apply to services provided to recipients under twenty-one (21) years of age enrolled in the Child Health Services/Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program.

- (1) The following diagnoses are specifically exempt from the five hundred dollars (\$500) per SFY diagnostic laboratory services benefit limit, and the five hundred dollars (\$500) per SFY radiology/other services health benefit limits: (a) Malignant neoplasm; (b) HIV infection; and (c) renal failure. The cost of related diagnostic laboratory services, and radiology/other services will not be included in the calculation of the recipient's five hundred dollars (\$500) per SFY diagnostic laboratory services benefit limits or the five hundred dollars (\$500) per SFY radiology/other services health benefit limits.
- (2) Drug screening will be specifically exempt from the five hundred dollars (\$500) per SFY diagnostic laboratory services health benefit limit when the diagnosis is for Opioid Use Disorder (OUD), and the screening is part of a Medication Assisted Treatment (MAT) plan. The cost of these screenings will not be included in the calculation of the recipient's five hundred dollars (\$500) diagnostic laboratory services health benefit limit.
- (3) Magnetic Resonance Imaging (MRI) and Cardiac Catheterization procedures are specifically exempt from the five hundred dollars (\$500) per SFY outpatient diagnostic laboratory services benefit limit or the five hundred dollars (\$500) per SFY radiology/other services health benefit limits. The cost of these procedures will not be included in the calculation of the recipient's five hundred dollars (\$500) per SFY diagnostic laboratory services benefit limit, or the recipient's five hundred dollars (\$500) per SFY radiology/other services health benefit limits.
- (4) Portable X-Ray Services are subject to the five hundred dollars (\$500) per SFY radiology/other services benefit limit. Extensions of the benefit limit for recipients twenty-one (21) years of age or older will be provided through prior authorization, if medically necessary. Services may be provided to an eligible recipient in their place of residence upon the written order of the recipient's physician. Portable X-ray services are limited to the following:
 - a. Skeletal films that involve arms and legs, pelvis, vertebral column, and skull;
 - b. Chest films that do not involve the use of contrast media; and
 - c. Abdominal films that do not involve the use of contrast media.
- (5) Two (2) chiropractic X-rays are covered per SFY. Chiropractic X-Ray Services are subject to the five hundred dollars (\$500) benefit limit per SFY for radiology/other services. Extensions of the radiology/other services benefit limit for recipients twenty-one (21) years of age or older will be provided through prior authorization, if medically necessary.

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

Revised:

October 1, 2023

CATEGORICALLY NEEDY

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist

a. Prescribed Drugs

- (1) Each recipient age twenty-one (21) or older may have up to six (6) prescriptions each month under the program. Family Planning, tobacco cessation, prescription drugs for opioid or alcohol use disorder as part of a Medication Assisted Treatment plan, EPSDT, high blood pressure, hypercholesterolemia, blood modifiers, diabetes and respiratory illness inhaler prescriptions do not count against the prescription limit.
- (2) Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
- (3) The Medicaid agency provides coverage, to the same extent that it provides coverage for all Medicaid recipients, for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses – with the exception of those covered by Part D plans as supplemental benefits through enhanced alternative coverage as provided in 42 C.F.R. §423.104 (f) (1) (ii) (A) – to full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D.

The following excluded drugs, set forth on the [Arkansas Medicaid Pharmacy Vendor's Website](#), are covered:

- a. select agents when used for weight gain
 - b. select agents when used for the symptomatic relief of cough and colds
 - c. select prescription vitamins and mineral products, except prenatal vitamins and fluoride
 - d. select nonprescription drugs
- (4) The State will reimburse only for the drugs of pharmaceutical manufacturers who have entered into and have in effect a rebate agreement in compliance with Section 1927 of the Social Security Act, unless the exceptions in Section 1902(a)(54), 1927(a)(3), or 1927(d) apply. The State permits coverage of participating manufacturers' drugs, even though it may be using a formulary or other restrictions. Utilization controls will include prior authorization and may include drug utilization reviews. Any prior authorization program instituted after July 1, 1991 will provide for a 24-hour turnaround from receipt of the request for prior authorization. The prior authorization program also provides for at least a seventy-two (72) hour supply of drugs in emergency situations.

State/Territory: ARKANSAS

**AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUP(S):**

4.d. Tobacco cessation counseling services for pregnant women

Provided: No limitations with limitations*

e. Medication-Assisted Treatment for opioid use disorders when provided as part of a Medication Assisted Treatment plan

Provided: No limitations with limitations*

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

Provided: No limitations with limitations*

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

Provided: No limitations with limitations*

*Description provided on attachment.

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2023
MEDICALLY NEEDY

2.a. Outpatient Hospital Services (Continued)

Non-Emergency Services

Outpatient hospital services other than those which qualify as emergency, outpatient surgical procedures and treatment, and therapy services are covered as non-emergency services.

Benefit Limit

Outpatient hospital services are limited to a total of twelve (12) visits a year. This yearly limit is based on the State Fiscal Year - July 1 through June 30. Outpatient hospital services include the following:

- non-emergency outpatient hospital and related physician and nurse practitioner services; and
- outpatient hospital therapy and treatment services and related physician and nurse practitioner services.

For services beyond the 12-visit limit, an extension of benefits will be provided if medically necessary. The following diagnoses are considered categorically medically necessary and do not require prior authorization for medical necessity: Malignant neoplasm; HIV infection; renal failure; opioid use disorder when the visit is part of a Medication Assisted Treatment plan, and pregnancy. All other diagnoses are subject to prior authorization before benefits can be extended.

Outpatient hospital services are not benefit limited for recipients in the Child Health Services (EPSDT) Program.

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED
MEDICALLY NEEDY

Revised: October 1, 2023

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 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 part of a Medication Assisted Treatment plan.

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

Revised:

October 1, 2023

MEDICALLY NEEDY

3. Other Laboratory and X-Ray Services

Other professional and technical laboratory and radiological services are covered when ordered and provided under the direction of a physician or other licensed practitioner of the healing arts within the scope of his or her practice, as defined under 42 CFR 440.30 in an office or similar facility other than a hospital outpatient department or clinic.

Diagnostic laboratory services benefits are limited to five hundred dollars (\$500) per State Fiscal Year (SFY, July 1-June 30), and radiology/other services benefits are limited to five hundred dollars (\$500) per SFY. Radiology/other services include, but are not limited to, diagnostic X-rays, ultrasounds, and electronic monitoring/machine tests, such as electrocardiograms (ECG or EKG).

Extensions of the benefit limit for recipients twenty-one (21) years of age or older will be provided through prior authorization, if medically necessary. The five hundred dollars (\$500) per SFY diagnostic laboratory services benefit limit, and the five hundred dollars (\$500) per SFY radiology/other services benefit limit, do not apply to services provided to recipients under twenty-one (21) years of age enrolled in the Child Health Services/Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Program.

- (1) The following diagnoses are specifically exempt from the five hundred dollars (\$500) per SFY diagnostic laboratory services benefit limit, and the five hundred dollars (\$500) per SFY radiology/other services health benefit limits: (a) Malignant neoplasm; (b) HIV infection; and (c) renal failure. The cost of related diagnostic laboratory services and radiology/other services will not be included in the calculation of the recipient's five hundred dollars (\$500) per SFY diagnostic laboratory services benefit limit or the five hundred dollars (\$500) per SFY radiology/other services health benefit limit.
- (2) Drug screening will be specifically exempt from the five hundred dollars (\$500) per SFY diagnostic laboratory services health benefit limit when the diagnosis is for Opioid Use Disorder (OUD), and the screening is part of a Medication Assisted Treatment (MAT) plan. The cost of these screenings will not be included in the calculation of the recipient's five hundred dollars (\$500) diagnostic laboratory or radiology/other services health benefit limits.
- (3) Magnetic Resonance Imaging (MRI) and Cardiac Catheterization procedures are specifically exempt from the five hundred dollars (\$500) per SFY outpatient diagnostic laboratory services benefit limit or five hundred dollars (\$500) per SFY radiology/other services health benefit limit. The cost of these procedures will not be included in the calculation of the recipient's five hundred dollars (\$500) per SFY diagnostic laboratory services benefit limit or the recipient's five hundred dollars (\$500) per SFY radiology/other services health benefit limit.
- (4) Portable X-Ray Services are subject to the five hundred dollars (\$500) per SFY X-ray services benefit limit. Extensions of the benefit limit for recipients twenty-one (21) years of age or older will be provided through prior authorization, if medically necessary. Services may be provided to an eligible recipient in their residence upon the written order of the recipient's physician. Portable X-ray services are limited to the following:
 - a. Skeletal films that involve arms and legs, pelvis, vertebral column, and skull;
 - b. Chest films that do not involve the use of contrast media; and
 - c. Abdominal films that do not involve the use of contrast media.
- (5) Two (2) chiropractic X-rays are covered per SFY. Chiropractic X-Ray Services are subject to the five hundred dollars (\$500) benefit limit per SFY for radiology/other services. Extensions of the radiology/other services benefit limit for recipients twenty-one (21) years of age or older will be provided through prior authorization, if medically necessary.

4.a. Nursing Facility Services - Not Provided

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

October 1, 2023

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. Preferred prescription drugs (preferred on the PDL) used for treatment of opioid **or alcohol** use disorder require no prior authorization and do not count against the monthly prescription limits when prescribed as part of a Medication Assisted Treatment plan.

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

Revised: October 1, 2023

MEDICALLY NEEDED

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist

a. Prescribed Drugs

- (1) Each recipient age twenty-one (21) or older may have up to six (6) prescriptions each month under the program. Family Planning, tobacco cessation, prescription drugs for opioid or alcohol use disorder when part of a Medication Assisted Treatment plan, EPSDT, high blood pressure, hypercholesterolemia, blood modifiers, diabetes and respiratory illness inhaler prescriptions do not count against the prescription limit.
- (2) Effective January 1, 2006, the Medicaid agency will not cover any Part D drug for full-benefit dual eligible individuals who are entitled to receive Medicare benefits under Part A or Part B.
- (3) The Medicaid agency provides coverage, to the same extent that it provides coverage for all Medicaid recipients, for the following excluded or otherwise restricted drugs or classes of drugs, or their medical uses – with the exception of those covered by Part D plans as supplemental benefits through enhanced alternative coverage as provided in 42 C.F.R. §423.104 (f) (1) (ii) (A) – to full benefit dual eligible beneficiaries under the Medicare Prescription Drug Benefit – Part D.

The following excluded drugs, set forth on the [Arkansas Medicaid Pharmacy Vendor's Website](#), are covered:

- a. select agents when used for weight gain:
 - b. select agents when used for the symptomatic relief of cough and colds:
 - c. select prescription vitamins and mineral products, except prenatal vitamins and fluoride:
 - d. select nonprescription drugs:
- (4) The State will reimburse only for the drugs of pharmaceutical manufacturers who have entered into and have in effect a rebate agreement in compliance with Section 1927 of the Social Security Act, unless the exceptions in Section 1902(a)(54), 1927(a)(3), or 1927(d) apply. The State permits coverage of participating manufacturers' drugs, even though it may be using a formulary or other restrictions. Utilization controls will include prior authorization and may include drug utilization reviews. Any prior authorization program instituted after July 1, 1991, will provide for a 24-hour turnaround from receipt of the request for prior authorization. The prior authorization program also provides for at least a 72-hour supply of drugs in emergency situations.

State: ARKANSAS

Citation	Condition or Requirement
	1. Describe any additional circumstances of “cause” for disenrollment (if any).
	K. <u>Information requirements for beneficiaries</u> Place a check mark to affirm state compliance.
1932(a)(5) CFR 438.50 42 CFR 438.10	<input checked="" type="checkbox"/> The state assures that its state plan program complies with 42 CFR 42 438.10(i) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments. (Place a check mark to affirm state compliance.)
1932(a)(5)(D) 1905(t)	L. <u>List all services that are excluded for each model (MCO & PCCM)</u> The following PCCM exempt services do not require PCP authorization: Dental Services Emergency hospital care Developmental Disabilities Services Community and Employment Support Family Planning Anesthesia Alternative Waiver Programs Adult Developmental Day Treatment Services Core Services only Disease Control Services for Communicable Diseases ARChoices waiver services Gynecological care Inpatient Hospital admissions on the effective date of PCP enrollment or on the day after the effective date of PCP enrollment Medication-Assisted Treatment Services for opioid use disorder when part of a Medication Assisted Treatment plan Mental health services as follows: a. Psychiatry for services provided by a psychiatrist enrolled in Arkansas Medicaid and practice as an individual practitioner b. Rehabilitative Services for Youth and Children Nurse Midwife services ICF/IID Services Nursing Facility services Hospital non-emergency or outpatient clinic services on the effective date of PCP enrollment or on the day after the effective date of PCP enrollment. Ophthalmology and Optometry services Obstetric (antepartum, delivery, and postpartum) services Pharmacy Physician Services for inpatients acute care Transportation

State of Arkansas

1905(a)(29) Medication Assisted Treatment (MAT)

Citation: 3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy
(Continued)

1915(a)(29) X MAT as described and limited in Supplement 1 to Attachment 3.1-B.

ATTACHMENT 3.1-B identifies the medical and remedial services provided to the medically needy.

State of Arkansas

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid clients who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for opioid use disorder (OUD) that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

State of Arkansas

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)

iii. Service Package
The state covers the following counseling services and behavioral health therapies as part of MAT.

a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

MAT is covered exclusively under section 1905(a)(29) for the period of 10/01/2020 through 9/30/2025.

Services available:

1. Individual Behavioral Health Counseling
2. Group Behavioral Health Counseling
3. Marital/Family Behavioral Health Counseling that involves the participation of a non-Medicaid eligible is for the direct benefit of the client. The service must actively involve the client in the sense of being tailored to the client's individual needs. There may be times when, based on clinical judgment, the client is not present during the delivery of the service, but remains the focus of the service.

State of ARKANSAS

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

- b) Please include each practitioner and provider entity that furnishes each service and component service.
 - 1. Physicians, Physician Assistants and Nurse Practitioners may provide counseling and behavioral health therapies.
 - 2. Licensed Behavioral Health Practitioners: Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), Licensed Marital and Family Therapists (LMFT). This group’s role is to provide the behavioral and substance use disorder counseling required.

- c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training and supervisory arrangements that the state requires.

Physicians and Nurse Practitioners must be Arkansas Licensed.

Physician Assistants must have a legal agreement to practice under an Arkansas Licensed Physician per Arkansas statute.

State of ARKANSAS

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), and Licensed Marital and Family Therapists (LMFT) must possess a current and valid Arkansas license.

iv. Utilization Controls

- The state has drug utilization controls in place. (Check each of the following that apply)
- Generic first policy
- Preferred drug lists
- Clinical criteria
- Quantity limits
- The state does not have drug utilization controls in place.

v. Limitations

Describe the state’s limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

MAT drugs and biologicals are limited based on the FDA indication and manufacturers’ prescribing guidelines. Some medications are also subject to status on the Preferred Drug List (**PDL**).

The preferred (**PDL**) agents for MAT therapy **do not** require a PA.

The Arkansas Medicaid Pharmacy program removed the prior authorization for preferred Buprenorphine products on 1/1/2020, due to Arkansas State Law from Act 964 which prohibits a prior authorization for Medication Assisted Treatment of Opioid Use Disorder. The removal of prior authorization was for MAT treatment according to SAMHSA guidelines. In addition, on 1/22/2021, per section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), for all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to be covered, Arkansas instructed the pharmacy vendor to bypass the non-rebate-participation, repackaged indicator, inner indicator, and prioritize coverage of all the pharmacy MAT products.

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State of ARKANSAS

1905(a)(29) Medication-Assisted Treatment (MAT)

Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy
(Continued)

1905(a)(29) X MAT as described and limited in Supplement 5 to Attachment 3.1-A.

ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.

State of ARKANSAS

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

i. General Assurance

MAT is covered under the Medicaid state plan for all Medicaid clients who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020 and ending September 30, 2025.

ii. Assurances

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone, all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.
- c. The state assures coverage for all formulations of MAT drugs and biologicals for **opioid use disorder (OUD)** that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).

State of ARKANSAS

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

iii. Service Package

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

MAT is covered exclusively under section 1905(a)(29) for the period of 10/01/2020 through 9/30/2025.

Services available:

1. Individual Behavioral Health Counseling
2. Group Behavioral Health Counseling
3. Marital/Family Behavioral Health Counseling that involves the participation of a non-Medicaid eligible is for the direct benefit of the client. The service must actively involve the client in the sense of being tailored to the client's individual needs. There may be times when, based on clinical judgment, the client is not present during the delivery of the service, but remains the focus of the service.

State of ARKANSAS

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

b) Please include each practitioner and provider entity that furnishes each service and component service.

1. Physicians, Physician Assistants, and Nurse Practitioners may provide counseling and behavioral health therapies.

2. Licensed Behavioral Health Practitioners: Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), Licensed Marital and Family Therapists (LMFT), This group’s role is to provide the behavioral and substance use disorder counseling required

c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training, and supervisory arrangements that the state requires.

Physicians and Nurse Practitioners must be Arkansas Licensed.

Physician Assistants must have a legal agreement to practice under an Arkansas Licensed Physician per Arkansas statute.

State of ARKANSAS

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)

Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), and Licensed Marital and Family Therapists (LMFT) must possess a current and valid Arkansas license.

iv. Utilization Controls

- The state has drug utilization controls in place. (Check each of the following that apply)
- Generic first policy
- Preferred drug lists
- Clinical criteria
- Quantity limits
- The state does not have drug utilization controls in place.

v. Limitations

Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.

MAT drugs and biologicals are limited based on the FDA indication and manufacturers' prescribing guidelines. Some medications are also subject to status on the Preferred Drug List (**PDL**).

The preferred (**PDL**) agents for MAT therapy **do not** require a Prior Authorization.

The Arkansas Medicaid Pharmacy program removed the prior authorization for preferred Buprenorphine products on 1/1/2020, due to Arkansas State Law from Act 964 which prohibits a prior authorization for Medication Assisted Treatment of Opioid Use Disorder. The removal of prior authorization was for MAT treatment according to SAMHSA guidelines. In addition, on 1/22/2021, per section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), for all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to be covered, Arkansas instructed the pharmacy vendor to bypass the non-rebate-participation, repackaged indicator, inner indicator, and prioritize coverage of all the pharmacy MAT products.

State of ARKANSAS

1905(a)(29) Medication-Assisted Treatment (MAT)

Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the
Categorically Needy (continued)

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.