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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 23-0020

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Page

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

November 22, 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-23-0020

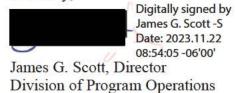
Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-23-0020. This amendment proposes update the Medicaid State Plan coordination of Triage, Treatment and Transport to an Alternative Destination.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Title XIX of the Social Security Act 42 C.F.R. Section 440.390. This letter is to inform you that Arkansas Medicaid SPA AR-23-0020 was approved on November 21, 2023, with an effective date of January 1, 2024.

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

Sincerely,



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 2. STATE 2 3 0 0 2 0 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT XIX XXI
TO: CENTER DIRECTOR	4. PROPOSED EFFECTIVE DATE
CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	1/1/2024
5. FEDERAL STATUTE/REGULATION CITATION 42 C	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY 2024 \$ (253,571) b. FFY 2025 \$ (338,094)
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
3.1A, Page 9a	OR ATTACHMENT (If Applicable)
3.1B, Page 8b	 3.1A, Page 9a, Approved 7-1-18, Supersedes TN 18-09 3.1A, Page 9a(1) New Page 3.1B, Page 8b, Approved 8-1-22, Supersedes TN 22-0012 3.1B, Page 8b(1) New Page

9. SUBJECT OF AMENDMENT

Coordinated Triage, Treatment and Transport to Alternative Destination

10. GOVERNOR'S REVIEW (Check One)	
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED:
11. SIGNATURE OF STATE AGENCY OFFICIAL	15. RETURN TO
12. TYPED NAME Elizabeth Pitman 13. TITLE Di r etor, Divisio n olMedica I Se nices	Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attn: Mac Golden
14. DATE SUBMITTED 10 -12 -23	
FOR CMS	USE ONLY
16. DATE RECEIVED October 12, 2023	17. DATE APPROVED November 21, 2023
PLAN APPROVED -	ÔNE COPY ATTACHED
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL Digitally signed by James G. Scott -S Date: 2023.11.22 08:54:37 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL	21. TITLE OF APPROVING OFFICIAL
James G. Scott	Director, Division of Program Operations

22. REMARKS

TRANSMITTAL 2023-0020

EXPLANATION OF FEDERAL BUDGET IMPACT (BLOCK 7)

Medicaid is seeking a state plan amendment and revision to its transportation rules to implement Arkansas Act 480 of 2023. Act 480 provides for Medicaid coverage and reimbursement for licensed and enrolled ground ambulances to triage, treat, and transport a beneficiary to an alternative destination when a medically necessary service is coordinated by telemedicine with a physician for medical complaints or a behavioral health specialist for behavioral health complaints. Act 480 also allows for the licensed and enrolled Emergency Medical Personnel to treat the individual at the scene after consultation with a physician or behavioral health specialist. The service must be the result of the ambulance being dispatched to respond to a 9-1-1 call and assessment must not warrant an immediate need for transport to a hospital or emergency room.

We have estimated an annual total computable budget impact of (\$469,575).

FFY 2024 (9 months)		
Federal Share (72.00%)	(\$253,571)	

FFY 2025 (12 months) Federal Share (72.00%) (\$338,094)

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE <u>ARKANSAS</u>

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised:

January 1, 2024

CATEGORICALLY NEEDY

- 23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
 - a. Transportation
 - (1) A. Ground Ambulance Services

Payment will be made for ambulance services, provided the conditions below are met and the services are provided in accordance with laws, regulations and guidelines governing ambulance services. These services are equally available to all beneficiaries. The use of medical transportation must be for health-related purposes and reimbursement will not be made directly to Title XIX beneficiaries.

I. For transportation of **beneficiaries** when medically necessary as certified by a physician to a hospital, to a nursing home from the hospital or **beneficiary's** home, to the **beneficiary**'s home from the hospital or nursing home, from a hospital (after receiving emergency outpatient treatment) to a nursing home if a **beneficiary** is bedridden, and from a nursing home to another nursing home if determined necessary by the Office of Long Term Care. Emergency service is covered only through licensed emergency ambulance companies. Services not allowed by Title XVIII but covered under Medicaid will be **reimbursed** for Medicare/Medicaid **beneficiaries**.

II. For services provided at an alternative location or destination to which an ambulance is dispatched, and the ambulance service treatment is initiated from a 911 call that is documented in the records of the ambulance service. Alternative destination means a lower-acuity facility that provides medical services.

B. Air Ambulance Services

Air ambulance services are provided to Arkansas Medicaid beneficiaries only in emergencies.

Air ambulance providers must be licensed by the Arkansas Ambulance Boards and enrolled as a Title XVIII, Medicare Provider.

(2) Early Intervention Day Treatment (EIDT) and Adult Developmental Day Treatment (ADDT) Transportation

EIDT and ADDT providers may provide transportation to and from their facility. The Medicaid transportation broker must provide transportation to and from the nearest qualified medical provider for the purpose of obtaining medical treatment.

Revised:

January 1, 2024

CATEGORICALLY NEEDY

Alternative location is the location to which an ambulance is dispatched, and the ambulance service treatment is initiated from a 911 call that is documented in the records of the ambulance service. Alternative destination means a lower-acuity facility that provides medical services, including:

- A federally qualified health center;
- An urgent care center;
- A physician's office or medical clinic, as chosen by the beneficiary;
- A behavioral or mental healthcare facility
- Excluded alternative destinations are facilities that provide a higher-acuity medical service or medical services for a routine chronic condition, such that they would be considered as destinations for which transportation under (1) above would occur:
 - Emergency Room;
 - Critical Access Hospital;
 - Rural Emergency Hospital;
 - Dialysis center;
 - Hospital;
 - Private residence;
 - Skilled nursing facility
- B. Air Ambulance Services

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(2) Early Intervention Day Treatment (EIDT) and Adult Developmental Day Treatment (ADDT) Transportation

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE <u>ARKANSAS</u>

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised: January 1, 2024

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- I. For transportation of **beneficiaries** when medically necessary as certified by a physician to a hospital, to a nursing home from the hospital or **beneficiary's** home, to the **beneficiary's** home from the hospital or nursing home, from a hospital (after receiving emergency outpatient treatment) to a nursing home if a **beneficiary** is bedridden and from a nursing home to another nursing home if determined necessary by the Office of Long Term Care. Emergency service is covered only through licensed emergency ambulance companies. Services not allowed by Title XVIII but covered under Medicaid will be **reimbursed** for Medicare/Medicaid **beneficiaries**.
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- •

- Hospital;
- **Private residence;**
- **Skilled nursing facility**
- B. Air Ambulance Services

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Early Intervention Day Treatment (EIDT) and Adult Developmental Day Treatment (2)(ADDT) Transportation

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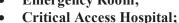
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- An urgent care center; •
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- A behavioral or mental healthcare facility

Excluded alternative destinations are facilities that provide a higheracuity medical service or medical services for a routine chronic condition, such that they would be considered as destinations for which transportation under (1) above would occur:





- **Rural Emergency Hospital;** •
- **Dialysis center;**
- •

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ATTACHMENT 3.1-B