

## **Table of Contents**

**State/Territory Name: Arkansas**

**State Plan Amendment (SPA) #: CP-24-0014**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Original Signed Letter
- 3) CMS Form 179
- 4) 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

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November 19, 2024

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: State Plan Amendment AR-24-0014

Dear Director Mann:

Enclosed please find a corrected approval package for your Arkansas State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0014. This SPA, which adds Emergency Medical Technicians as Other Licensed Practitioners, was originally approved on November 6, 2024. The approval package sent to Arkansas included the following error:

- The approval package contained the 2008 approved SPA page 4.19-B, page 2c instead of the page that was to be approved with AR 24-0014.

The enclosed corrected package contains the original signed letter, the CMS-179, and the corrected SPA pages.

If you have any questions, please contact Lee Herko at 570-230-4048 or via email at [Lee.Herko@cms.hhs.gov](mailto:Lee.Herko@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355 (300)  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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November 6, 2024

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-24-0014

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-24-0014. This amendment proposes to add Emergency Medical Technicians as Other Licensed Practitioners.

We conducted our review of your submittal according to statutory requirements in section 42 CFR section 400.203 of the Social Security Act and implementing regulations. This letter informs you that Arkansas' Medicaid SPA TN AR-24-0014 was approved on November 5, 2024, with an effective date of April 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Arkansas State Plan.

If you have any questions, please contact Lee Herko at 570-230-4048 or via email at [Lee.Herko@cms.hhs.gov](mailto:Lee.Herko@cms.hhs.gov).

Sincerely,

James G. Scott, Director  
Division of Program Operations

Enclosures

cc: Elizabeth Pitman



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>1</u> <u>4</u>	2. STATE <u>A</u> <u>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 <b>April 1, 2024</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>42 CFR 400.203</b>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Att. 3.1-A, page 3b(1) Att. 3.1-B, page 3d(1) Att. 4.19-B, page 2c Att. 4.19-B, page 2cc		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  New New Same, Supersedes 08-18 New	
9. SUBJECT OF AMENDMENT <b>Adding Emergency Medical Technicians (EMT) as Other Practitioners.</b>			

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	
12. TYPED NAME Elizabeth Pitman	15. RETURN TO Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437
13. TITLE Director, Division of Medical Services	Attn: Mac Golden
14. DATE SUBMITTED 06/27/2024	
FOR CMS USE ONLY	
16. DATE RECEIVED June 27, 2024	17. DATE APPROVED November 5, 2024
PLAN APPROVED - ONE COPY ATTACHED	
18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations
22. REMARKS	

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

ATTACHMENT 3.1-A  
Page 3b(1)

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: April 1, 2024

CATEGORICALLY NEEDY

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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)

6.d. Other Practitioners' Services (Continued)

(11) Emergency Medical Technicians who are licensed to provide advanced life support and basic life support services.

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

ATTACHMENT 3.1-B  
Page 3d(1)

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: April 1, 2024

**MEDICALLY NEEDY**

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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)

6.d. Other Practitioners' Services (Continued)

(11) Emergency Medical Technicians who are licensed to provide advanced life support and basic life support services.

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

Revised: April 1, 2024

6.d. Other Practitioner's Services (Continued)

(5) Psychologist Services

Refer to Attachment 4.19-B, Item 4.b. (17).

- (a) Additional Reimbursement for Psychologists Services Associated with UAMS – Refer to Attachment 4.19-B, item 5.

(6) Obstetric-Gynecologic and Gerontological Nurse Practitioner Services

Reimbursement is the lower of the amount billed or the Title XIX maximum allowable.

The Title XIX maximum is based on eighty percent (80%) of the physician fee schedule except EPSDT procedure codes. Medicaid maximum allowables are the same for all EPSDT providers. Immunizations and Rhogam RhoD Immune Globulin are reimbursed at the same rate as the physician rate since the cost and administration of the drug does not vary between the nurse practitioner and physician.

Refer to Attachment 4.19-B, Item 27 (Attachment 4.19-B, page 14) for a list of the advanced practice nurse and registered nurse practitioner.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of services provided by Advanced Practice Nurse. The agency's fee schedule rate was set as of April 1, 2004, and is effective for services provided on or after that date. All rates are published on the agency's website@ [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

- (7) Advanced Practice Nurses Services Associated with UAMS – For additional reimbursement refer to Attachment 4.19-B, item 5.

- (8) Licensed Clinical Social Workers' Services Associated with UAMS – For additional reimbursement refer to Attachment 4.19-B, item 5.

- (9) Physicians' Assistant Services Associated with UAMS – For additional reimbursement refer to Attachment 4.19-B, item 5.

- (10) Registered Nurse Sexual Assault Nurse Examiner-Pediatric (SANE-P) Certified by the Internal Association of Forensic Nurses For additional reimbursement refer to Attachment 4.19-B, item 5 (Attachment 4.19-B, pages 1www, 2, 2.1, 2a)

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

Revised: April 1, 2024

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6.d. Other Practitioner's Services (Continued)

- (11) Emergency Medical Technicians who are licensed to provide advanced life support and basic life support services.

Reimbursement is established as equal to the rate for ground mileage per statute mile found at Attachment 4.19-B, Page 8 for the number of loaded miles one-way from point of call-out to point of service had a transport occurred. State developed fee schedule rates are the same for both public and private providers of advanced and basis life support services.

7. Home Health Services

- a. Intermittent or part-time nursing services furnished by a home health agency or a registered nurse when no home health agency exists in the area;
- b. Home health aide services provided by a home health agency; and
- c. Physical therapy

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) maximum charge allowed. State developed fee schedule rates are the same for both public and private providers of home health services.

The initial computation (effective July 1, 1994) or the Medicaid maximum for home health reimbursement was calculated using audited 1990 Medicare cost reports for three high volume Medicaid providers, Medical Personnel Pool, Arkansas Home Health, W. M. and the Visiting Nurses Association. For each provider, the cost per visit for each home health service listed above in items 7.a., b. and c. was established by dividing total allowable costs by total visits. This figure was then