

## **Table of Contents**

**State/Territory Name: Arkansas**

**State Plan Amendment (SPA) #: 24-0015**

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

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November 8, 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-24-0015

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-24-0015. This amendment proposes to include Autism Services for Children on Medicaid under the preventative benefit adding applied behavioral analysis (ABA) services for children.

We conducted our review of your submittal according to statutory requirements in section 1915(h) of the Social Security Act subsection 42 U.S.C. 13 and implementing regulations. This letter informs you that Arkansas' Medicaid SPA TN AR-24-0015 was approved on November 7, 2024, with an effective date of January 1, 2025.

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,

A black rectangular redaction box covers the signature of James G. Scott. There are some blue ink scribbles above the redaction.

James G. Scott, Director  
Division of Program Operations

Digitally signed by James G.  
Scott -S  
Date: 2024.11.08 13:40:13  
-06'00'

Enclosures


cc: Elizabeth Pitman

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <b>2 4 — 0 0 1 5</b>	2. STATE <b>A R</b>
	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>1/1/2025</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>Section 1915(h) of the Social Security Act; 42 U.S.C. 13</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <b>2025</b> \$ 0 b FFY <b>2026</b> \$ 0	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  <b>3.1 A1zz12 (New page)                      4.19B 1rr</b> <b>3.1B 2xx.4 (New page)</b>  <b>3.1Azz13(New Page)</b> <b>3.1B 2xx.5(New Page)</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (if Applicable)  <b>4.19B pg. 1rr ; Approved 11-9-2020; TN # 20-0021</b>	

9. SUBJECT OF AMENDMENT  
**Autism Services for Children on Medicaid**

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 <b>Elizabeth Pitman</b>	
13. TITLE <b>Director, Division of Medical Services</b>	
14. DATE SUBMITTED <b>8-29-24</b>	

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>8/29/2024</b>	17. DATE APPROVED <b>November 7, 2024</b>
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>1/1/2025</b>	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2024.11.08 13:40:42 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL <b>James G. Scott</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Program Operations</b>

22. REMARKS

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FORM CMS-179 (09/24)      *Instructions on Back*

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

January 1, 2025

CATEGORICALLY NEEDY

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4b. **Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)**

**25. Applied Behavioral Analysis (ABA) Therapy**

- (1) Applied Behavior Analysis (ABA) therapy is only one component of services to treat Autism Spectrum Disorder (ASD). ABA therapy services are provided in accordance with 42 CFR 440.130(c).
- (2) ABA therapy services must be prescribed by the beneficiary's Arkansas Medicaid assigned primary care provider (PCP);
- (3) ABA therapy services must be performed by a:
  - a. Board-certified behavior analyst (BCBA) who must have board-certified behavior analyst (or more advanced) certification in good-standing from the Behavior Analyst Certification Board;
  - b. Board-certified assistant behavior analyst (BCaBA) who must have board-certified assistant behavior analyst certification in good-standing from the Behavior Analyst Certification Board; or
  - c. Registered behavior technician (RBT) who must have registered behavior technician certification in good-standing from the Behavior Analyst Certification Board.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 1zz.13

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

January 1, 2025

CATEGORICALLY NEEDY

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**4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)**

**25. Applied Behavioral Analysis (ABA) Therapy (Continued)**

4. ABA therapy services include the following components:
  - a. Behavior identification assessment services, which include the following components:
    - i. Performing required comprehensive evaluations; and
    - ii. Developing the initial individualized treatment plan (ITP);
  - b. ABA therapy treatment services, which includes delivering ABA therapy treatment services directly to the beneficiary in accordance with the beneficiary's ITP;
  - c. Adaptive behavior treatment with protocol modification services, which includes the following components:
    - i. Actively training or assisting a BCaBA or RBT with the delivery of services to a beneficiary during an ABA therapy treatment session;
    - ii. Conducting clinical observation of and data collection on the beneficiary's progress towards ITP goals and objectives during an ABA therapy treatment session; and
    - iii. Adjusting and updating the ITP as required;
  - d. Family adaptive behavior treatment services, which are meetings between the beneficiary's parent(s)/guardian(s) or other appropriate caregiver and the supervising BCBA, where the supervising BCBA:
    - i. Discusses the beneficiary's progress;
    - ii. Provides any necessary technical or instructional assistance to the parent/guardian in connection with service delivery;
    - iii. Answers any parent/guardian or beneficiary questions and concerns; and
    - iv. Discusses any necessary changes to the beneficiary's individualized treatment plan.

TN: 24-0015

Approval: 11/07/25

Effective Date: 01-01-25

Supersedes TN: NEW

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

January 1, 2025

MEDICALLY NEEDY

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4b. **Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)**

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  - b. Board-certified assistant behavior analyst (BCaBA) who must have board-certified assistant behavior analyst certification in good-standing from the Behavior Analyst Certification Board; or
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TN: 24-0015

Approval: 11/07/2024

Effective Date: 01-01-25

Supersedes TN: NEW

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-B  
Page 2xx.5

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

January 1, 2025

MEDICALLY NEEDY

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    - ii. Conducting clinical observation of and data collection on the beneficiary's progress towards ITP goals and objectives during an ABA therapy treatment session; and
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  - d. Family adaptive behavior treatment services, which are meetings between the beneficiary's parent(s)/guardian(s) or other appropriate caregiver and the supervising BCBA, where the supervising BCBA:
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    - ii. Provides any necessary technical or instructional assistance to the parent/guardian in connection with service delivery;
    - iii. Answers any parent/guardian or beneficiary questions and concerns; and
    - iv. Discusses any necessary changes to the beneficiary's individualized treatment plan.

TN: 24-0015

Approval: 11/07/2024

Effective Date: 01-01-25

Supersedes TN: NEW

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

Revised: January 1, 2025

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4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found (Continued)

(19) Physical Therapy and Related Services (Continued)

3. Speech-Language Therapy (Continued)

At the beginning of each calendar year, Medicaid officials and the Arkansas Speech-Language Therapy Association or its successor will arrive at mutually agreeable increase or decrease in reimbursement rates based on the market forces as they impact on access. Any agreed upon increase or decrease will be implemented at the beginning of the following state fiscal year, July 1 with any appropriate State Plan changes.

(19a) Applied Behavior Analysis (ABA) Therapy

Applied Behavior Analysis (ABA) therapy services are reimbursed on a per unit basis using fee schedule reimbursement methodology, where reimbursement is made at the lower of the billed charge for the service or the maximum allowable reimbursement for the service under Arkansas Medicaid. DHS engaged an independent actuary to conduct a rate study on ABA therapy services during the summer of 2023 to determine appropriate service rates. The rate study considered direct wages (using Arkansas-specific May 2021 Bureau of Labor Statistics data), indirect and transportation costs, employee related expenses, and supervisor time, and used an independent rate model approach that captured the average expected costs a reasonably efficient Arkansas provider would incur while delivering ABA therapy services. The applicable fee schedule of ABA therapy service rates is published on the agency's website.

(20) Rehabilitative Services for Persons with Physical Disabilities (RSPD)

1. Residential Rehabilitation Centers

The per diem reimbursement for RSPD services provided by a Residential Rehabilitation center will be based on the provider's fiscal year end 1994 audited cost report as submitted by an independent auditor plus a percentage increase equal to the HCFA Market Basket Index published for the quarter ending in March. A cap has been established at \$395.00. This is a prospective rate with no cost settlement. Room and board is not an allowable program cost. The criteria utilized to exclude room and board is as follows: The total Medicaid ancillary cost was divided by total Medicaid inpatient days which equals the RSPD prospective per diem. The ancillary cost was determined based upon Medicare Principles of Reimbursement. There is no routine cost included.