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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 20-0020

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

October 27, 2020

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

Dear Ms. Stehle:

On October 14, 2020, the Centers for Medicare & Medicaid Services (CMS) received Arkansas State Plan Amendment (SPA) transmittal #20-0020, which changes the limit on Assessment and Treatment Plan Development from 1 unit per year to 2 units per year.

Based upon the information received, we are now ready to approve SPA #20-0020 as of October 26, 2020, with an effective date of January 1, 2021, as requested by the State.

Enclosed is a copy of the CMS-179 form, as well as the approved pages for incorporation into the Arkansas State Plan.

If you have any questions regarding this amendment, please contact Michala Walker at Michala.walker@cms.hhs.gov or 816-426-5925.

Sincerely,

Digitally signed by James G. cott -S Date: 2020.10.27 10:39:36 05'00'

James G. Scott, Director Division of Program Operations

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 0 — 0 0 2 0 Arkansas 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE
DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2021
5. TYPE OF PLAN MATERIAL (Check One)	
□ NEW STATE PLAN □ AMENDMENT TO BE CONSIDERED AS NEW PLAN ■ AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate transmittal for each amendment)	
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY 2021 \$ 0
	b. FFY 2022 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment 3.1-A, Page 4a	Same; Approved 06-11-20; TN 20-0003
Attachment 3.1-B, Page 4b	Same; Approved 06-11-20; TN 20-0003
10. SUBJECT OF AMENDMENT	
Adult Developmental Day Treatment (ADDT) Services.	
11. 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
12. SJANATURĘ OĘ STATE AGENCY OFFICIAL	16. RETURN TO
	Office of Rules Promulgation
10. / 11/20 10 11.2	PO Box 1437, Slot S295 Little Rock, AR 72203-1437
14. TITLE	Little Rock, AR 72203-1437
	Attn: Mac Golden
15. DATE SUBMITTED	
FOR REGIONAL O	
17. DATE RECEIVED October 14, 2020	18. DATE APPROVED October 26, 2020
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL Digitally signed by James G. Scott -S
January 1, 2021	Date: 2020.10.27 10:40:16 -05'00'
21. TYPED NAME	22. TITLE
James G. Scott 23. REMARKS	Director, Division of Program Operations

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

ATTACHMENT 3.1-A Page 4a

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised: January 1, 2021

CATEGORICALLY NEEDY

9. Clinic Services

(1) Adult Developmental Day Treatment (ADDT) Services

Limited to comprehensive day treatment centers offering the following **core** services to beneficiaries age 18 and above:

- a. **Assessment and Treatment Plan Development**, 2 units per year
- b. Adult Day Habilitation Services, 5 units per day, 1 hour each
- c. Provision of noon meal

Optional Services available through ADDT in conjunction with core services are as follows:

- a. Physical therapy Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.
- b. Speech-language therapy Services must be referred by a physician and provided by or under the supervision of a qualified speech pathologist.
- c. Occupational therapy Services must be prescribed by a physician and provided by or under the supervision of a qualified occupational therapist.

Occupational, Physical, and Speech-Language Therapy Services are provided in accordance with Items 3.1-A.4b(15), 3.1-A.11, 3.1-B.4b(15), and 3.1-B(11).

Extensions of the benefit limit for all ADDT services will be provided if medically necessary.

TN:20-0020 Approval:10/26/2021 Effective Date:1-1-2021

Supersedes TN:20-0003

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

ATTACHMENT 3.1-B Page 4b

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised:

January 1, 2021

MEDICALLY NEEDY

9. Clinic Services

(1) Adult Developmental Day Treatment (ADDT) Services

Limited to adult day treatment centers offering the following **core** services to beneficiaries age eighteen (18) and above:

- a. Assessment and Treatment Plan Development, two (2) units per year
- b. Adult Day Habilitation Services, five (5) units per day, one (1) hour each day
- c. Provision of noon meal

Optional Services available through Adult Developmental Day Treatment (ADDT) in conjunction with core services are as follows:

- a. Physical therapy—Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.
- b. Speech-language therapy—Services must be prescribed by a physician and provided by or under the supervision of a qualified Speech Pathologist.
- c. Occupational therapy—Services must be prescribed by a physician and provided by or under the supervision of a qualified Occupational therapist.

Occupational, Physical, and Speech-Language Therapy Services are provided in accordance with Items 3.1-A.4b(15), 3.1-A.11, 3.1-B.4b(15), and 3.1-B(11).

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Supersedes TN:20-0003