

## **Table of Contents**

**State/Territory Name: Arkansas**

**State Plan Amendment (SPA) #: 24-0001**

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 (300)  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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April 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-24-0001

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-24-0001. This amendment proposes Developmental Screen for Children by adding language to the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) and AR Kids-B Medicaid manuals allowing primary care providers (PCPs) to perform a developmental screening for children between the ages of forty-eight (48) and sixty (60) months.

We conducted our review of your submittal according to statutory requirements in section 1905(a)(13) of the Social Security Act and implementing regulations. This letter informs you that Arkansas' Medicaid SPA TN AR-24-0001 was approved on April 8, 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,

A black rectangular redaction box covers the signature of James G. Scott. A blue ink scribble is visible above the redaction.

Digitally signed by James  
G. Scott -S  
Date: 2024.04.08 13:33:47  
-05'00'

James G. Scott, Director  
Division of Program Operations

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 <u>2 4 - 0 0 0 1</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 <b>4/1/2024</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>1905(a)(13)</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2024</u> \$ <u>(343,913)</u> b FFY <u>2025</u> \$ <u>(687,826)</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-A, Page 1i</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>3.1-A, Page 1i, Approved 7/10/2018, TN #18-04</b>	
9. SUBJECT OF AMENDMENT <b>Developmental Screen for Children (48 to 60 mos.)</b>		

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 Elizabeth Pitman	
13. TITLE Director, Division of Medical Services	
14. DATE SUBMITTED 01/23/2024	

**FOR CMS USE ONLY**

16. DATE RECEIVED January 23, 2024	17. DATE APPROVED April 8, 2024
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2024.04.08 13:34:22 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

Pen and ink change to Box 7. Remove 4.19-B pages and Box 8. Remove Attachment 4.19-B pages approved by the State on 4/1/2024.

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised:

April 1, 2024

CATEGORICALLY NEEDY

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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)

(2) Apnea (Cardiorespiratory) Monitors

Apnea (cardiorespiratory) monitors are provided for eligible recipients in the EPSDT Program. Use of the apnea monitors must be medically necessary and prescribed by a physician. Prior authorization is not required for the initial one-month period. If the apnea monitor is needed longer than the initial month, prior authorization is required.

(3) Early Intervention Day Treatment (EIDT) Services

EIDT clinics provide clinic-based evaluation and treatment services for the purpose of early intervention and prevention to eligible recipients in the EPSDT Program. Beneficiaries that have yet to reach school-age may receive EIDT services year-round. School-age beneficiaries can only receive EIDT services during the summer when school is not in session.

A beneficiary must receive an evaluation referral signed and dated by the beneficiary's primary care provider (PCP) to receive EIDT services. For a beneficiary that has yet to reach school-age, the beneficiary's PCP must have completed an approved developmental screen for the beneficiary within the twelve (12) months immediately preceding the date of the evaluation referral. A comprehensive developmental evaluation is a required component of determining EIDT eligibility for beneficiaries who have yet to reach school age. School-age beneficiaries must have a documented qualifying intellectual or developmental disability diagnosis as defined in Ark. Code Ann. § 20-48-101(4) to receive EIDT services during the summer when school is not in session.

A prescription is required for all early intervention and prevention services at an EIDT clinic. If the beneficiary's PCP determines EIDT services are medically necessary based on the results of the beneficiary's evaluations or qualifying medical diagnosis, then the PCP would issue a prescription on a DMS-642 YTP (year-round treatment prescription), or on a DMS-642 STP (summer only treatment prescription) depending on whether the beneficiary had reached school age. The PCP will include the amount and duration of each EIDT service a beneficiary is to receive on the appropriate form. A beneficiary receiving EIDT services is required to receive a new comprehensive developmental evaluation, if applicable, and prescription every twelve (12) months to continue receiving EIDT services.

Since EIDT services are clinic-based services, these services cannot be delivered through telemedicine or at any location other than the licensed EIDT clinic. EIDT providers are considered all-inclusive, meaning a beneficiary attending an EIDT should have all of their habilitative occupational therapy, physical therapy, and speech-language pathology service needs performed by the EIDT program at the EIDT clinic.