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State/Territory Name: Arkansas CP

State Plan Amendment (SPA) #: 24-0002

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Original Approval 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

April 18, 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-24-0002

Dear Director Mann:

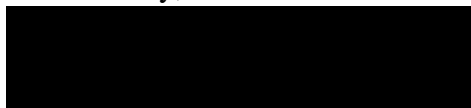
Enclosed please find a corrected approval package for your Arkansas State Plan Amendment (SPA) submitted under transmittal number (TN) AR-24-0002. This SPA, AR-24-0002, was originally approved on April 2, 2024. The approval package sent to Arkansas included the following errors:

- SPA AR-24-0002 included SPA Pages 3.1-A 4c and 3.1-B 4d benefit pages which the State requested withdrawal on March 11, 2024.

The enclosed corrected package contains the original signed letter, the corrected 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.

Sincerely,



Ruth A. Hughes, Acting Director
Division of Program Operations

Enclosures

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

April 2, 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-24-0002

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-24-0002. This amendment proposes to update the Medicaid State Plan to provide coverage and reimbursement for Child Abuse Examination Services.

We conducted our review of your submittal according to statutory requirements in section 1905(a)(30) of the Social Security Act and implementing regulations. This letter is to inform you that Arkansas Medicaid SPA AR-24-0002 was approved on April 2, 2024, with an effective date of April 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,



James G. Scott, Director
Division of Program Operations

Enclosures


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 <u>2 4 — 0 0 0 2</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 4/1/2024	
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>338,198</u> b. FFY <u>2025</u> \$ <u>676,396</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT See attached	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) See attached	

9. SUBJECT OF AMENDMENT
Reimbursement for Child Abuse Examination Services

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 01/12/2024	

FOR CMS USE ONLY

16. DATE RECEIVED January 12, 2024	17. DATE APPROVED April 2, 2024
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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 Ruth A. Hughes	21. TITLE OF APPROVING OFFICIAL Acting Director, Division of Program Operations

22. REMARKS
State approved pen and ink change request on 4/15/2024 to remove SPA Pages 3.1-A 4c and 3.1-B 4d from Attached Listing for AR-24-0002.

**ATTACHED LISTING FOR
ARKANSAS STATE PLAN
TRANSMITTAL #2024-0002**

**8. Number of the Plan
Section or Attachment**

Attachment 3.1- A page 3b

Attachment 3.1-B page 3d

Attachment 4.19 – B page 2c

Attachment 4.19 – B page 3b (1)

**9. Number of the Superseded Plan
Section or Attachment**

Attachment 3.1- A page 3b
Approved: 05-03-22 TN: 22-001

Attachment 3.1-B page 3d
Approved:05-03-22 TN: 22-001

Attachment 4.19 – B page 2c
Approved: 12-19-2008 TN: 08-18

NONE- New Page

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

ATTACHMENT 3.1-A
Page 3b

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

April 1, 2024

CATEGORICALLY NEEDED

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)
- (5) Psychologists
Refer to Attachment 3.1-A, Item 4.b. (13).
 - (6) Obstetric - Gynecologic and Gerontological Nurse Practitioner
Refer to Attachment 3.1-A, Item 24 for coverage limitations.
 - (7) Pharmacists
 - (8) Licensed Registered Nurse Sexual Assault Nurse Examiner-Pediatric/Adolescent (SANE-P) certified by the International Association of Forensic Nurses working under the supervision of a licensed Advanced Practice Registered Nurse (APRN).

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

Revised:

April 1, 2024

MEDICALLY NEEDY

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)
- (5) Psychologists
Refer to Attachment 3.1-A, Item 4.b.(13).
 - (6) Obstetric - Gynecologic and Gerontological Nurse Practitioner
Refer to Attachment 3.1-B, Item 21 for coverage limitations.
 - (7) Pharmacists
 - (8) Licensed Registered Nurse Sexual Assault Nurse Examiner- Pediatric/Adolescent (SANE-P) certified by the International Association of Forensic Nurses working under the supervision of a licensed Advanced Practice Registered Nurse (APRN).

**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, 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.

- (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.

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

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

Revised: April 1, 2024

11. Children's Advocacy Centers

Refer to Attachments 4.19-B, Item 5 and 4.19-B, Item 27.

The agency will reimburse for physician's and advance practice nurse practitioner's services provided through Children's Advocacy Centers in adherence to attachment 4.19-B, Item 5 for physician services and attachment 4.19-B, Item 27 for advance practice nurse practitioner services of this plan. Reimbursement will be limited to examinations needed to assess sexual assault, neglect or abuse of an individual under twenty-one (21) years of age.

TN: 24-0002

Approved: 04/02/2024 Effective: 04/01/2024

Supersedes: None - New page