

Table of Contents

State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 23-0020

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

November 22, 2023

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-23-0020

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-23-0020. This amendment proposes update the Medicaid State Plan coordination of Triage, Treatment and Transport to an Alternative Destination.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations Title XIX of the Social Security Act 42 C.F.R. Section 440.390. This letter is to inform you that Arkansas Medicaid SPA AR-23-0020 was approved on November 21, 2023, with an effective date of January 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,

A black rectangular redaction box covers the signature area of the letter.

Digitally signed by
James G. Scott -S
Date: 2023.11.22
08:54:05 -06'00'

James G. Scott, Director
Division of Program Operations

cc: Elizabeth Pittman
Anita Castleberry
Lisa Teague
Jack Tiner

<p>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES</p>		<p>1. TRANSMITTAL NUMBER <u>2 3 — 0 0 2 0</u></p>	<p>2. STATE <u>A R</u></p>
<p>TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>		<p>3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI</p>	
<p>5. FEDERAL STATUTE/REGULATION CITATION 42 C</p>		<p>4. PROPOSED EFFECTIVE DATE 1/1/2024</p>	
<p>7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 3.1A, Page 9a 3.1B, Page 8b</p>		<p>6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>2024</u> \$ <u>(253,571)</u> b FFY <u>2025</u> \$ <u>(338,094)</u></p> <p>8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 3.1A, Page 9a, Approved 7-1-18, Supersedes TN 18-09 3.1A, Page 9a(1) New Page 3.1B, Page 8b, Approved 8-1-22, Supersedes TN 22-0012 3.1B, Page 8b(1) New Page</p>	
<p>9. SUBJECT OF AMENDMENT Coordinated Triage, Treatment and Transport to Alternative Destination</p>			
<p>10. GOVERNOR'S REVIEW (Check One)</p> <p><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</p>			
<p>11. SIGNATURE OF STATE AGENCY OFFICIAL </p>		<p>15. RETURN TO Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attn: Mac Golden</p>	
<p>12. TYPED NAME Elizabeth Pitman</p>		<p>14. DATE SUBMITTED 10-12-23</p>	
<p>13. TITLE Director, Division of Medical Services</p>		<p><i>FOR CMS USE ONLY</i></p>	
<p>16. DATE RECEIVED October 12, 2023</p>		<p>17. DATE APPROVED November 21, 2023</p>	
<p>PLAN APPROVED - ONE COPY ATTACHED</p>			
<p>18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024</p>		<p>19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2023.11.22 08:54:37 -06'00'</p>	
<p>20. TYPED NAME OF APPROVING OFFICIAL James G. Scott</p>		<p>21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations</p>	
<p>22. REMARKS</p>			

TRANSMITTAL 2023-0020

EXPLANATION OF FEDERAL BUDGET IMPACT (BLOCK 7)

Medicaid is seeking a state plan amendment and revision to its transportation rules to implement Arkansas Act 480 of 2023. Act 480 provides for Medicaid coverage and reimbursement for licensed and enrolled ground ambulances to triage, treat, and transport a beneficiary to an alternative destination when a medically necessary service is coordinated by telemedicine with a physician for medical complaints or a behavioral health specialist for behavioral health complaints. Act 480 also allows for the licensed and enrolled Emergency Medical Personnel to treat the individual at the scene after consultation with a physician or behavioral health specialist. The service must be the result of the ambulance being dispatched to respond to a 9-1-1 call and assessment must not warrant an immediate need for transport to a hospital or emergency room.

We have estimated an annual total computable budget impact of (\$469,575).

FFY 2024 (9 months)

Federal Share (72.00%) (\$253,571)

FFY 2025 (12 months)

Federal Share (72.00%) (\$338,094)

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

January 1, 2024

CATEGORICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation

(1) A. Ground Ambulance Services

Payment will be made for ambulance services, provided the conditions below are met and the services are provided in accordance with laws, regulations and guidelines governing ambulance services. These services are equally available to all beneficiaries. The use of medical transportation must be for health-related purposes and reimbursement will not be made directly to Title XIX beneficiaries.

I. For transportation of **beneficiaries** when medically necessary as certified by a physician to a hospital, to a nursing home from the hospital or **beneficiary's** home, to the **beneficiary's** home from the hospital or nursing home, from a hospital (after receiving emergency outpatient treatment) to a nursing home if a **beneficiary** is bedridden, and from a nursing home to another nursing home if determined necessary by the Office of Long Term Care. Emergency service is covered only through licensed emergency ambulance companies. Services not allowed by Title XVIII but covered under Medicaid will be **reimbursed** for Medicare/Medicaid **beneficiaries**.

II. For services provided at an alternative location or destination to which an ambulance is dispatched, and the ambulance service treatment is initiated from a 911 call that is documented in the records of the ambulance service. Alternative destination means a lower-acuity facility that provides medical services.

B. Air Ambulance Services

Air ambulance services are provided to Arkansas Medicaid beneficiaries only in emergencies.

Air ambulance providers must be licensed by the Arkansas Ambulance Boards and enrolled as a Title XVIII, Medicare Provider.

(2) Early Intervention Day Treatment (EIDT) and Adult Developmental Day Treatment (ADDT) Transportation

EIDT and ADDT providers may provide transportation to and from their facility. The Medicaid transportation broker must provide transportation to and from the nearest qualified medical provider for the purpose of obtaining medical treatment.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2024

CATEGORICALLY NEEDY

Alternative location is the location to which an ambulance is dispatched, and the ambulance service treatment is initiated from a 911 call that is documented in the records of the ambulance service. Alternative destination means a lower-acuity facility that provides medical services, including:

- A federally qualified health center;
- An urgent care center;
- A physician's office or medical clinic, as chosen by the beneficiary;
- A behavioral or mental healthcare facility

Excluded alternative destinations are facilities that provide a higher-acuity medical service or medical services for a routine chronic condition, such that they would be considered as destinations for which transportation under (1) above would occur:

- Emergency Room;
- Critical Access Hospital;
- Rural Emergency Hospital;
- Dialysis center;
- Hospital;
- Private residence;
- Skilled nursing facility

B. Air Ambulance Services

Air ambulance services are provided to Arkansas Medicaid beneficiaries only in emergencies.

Air ambulance providers must be licensed by the Arkansas Ambulance Boards and enrolled as a Title XVIII, Medicare Provider.

(2) Early Intervention Day Treatment (EIDT) and Adult Developmental Day Treatment (ADDT) Transportation

EIDT and ADDT providers may provide transportation to and from their facility. The Medicaid transportation broker must provide transportation to and from the nearest qualified medical provider for the purpose of obtaining medical treatment.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2024

MEDICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation

(1) A. Ground Ambulance Services

Payment will be made for ambulance services, provided the conditions below are met and the services are provided in accordance with laws, regulations and guidelines governing ambulance services. These services are equally available to all beneficiaries. The use of medical transportation must be for health-related purposes and reimbursement will not be made directly to Title XIX beneficiaries.

I. For transportation of **beneficiaries** when medically necessary as certified by a physician to a hospital, to a nursing home from the hospital or **beneficiary's** home, to the **beneficiary's** home from the hospital or nursing home, from a hospital (after receiving emergency outpatient treatment) to a nursing home if a **beneficiary** is bedridden and from a nursing home to another nursing home if determined necessary by the Office of Long Term Care. Emergency service is covered only through licensed emergency ambulance companies. Services not allowed by Title XVIII but covered under Medicaid will be **reimbursed** for Medicare/Medicaid **beneficiaries**.

II. For services provided at an alternative location or destination to which an ambulance is dispatched, and the ambulance service treatment is initiated from a 911 call that is documented in the records of the ambulance service. Alternative destination means a lower-acuity facility that provides medical services.

B. Air Ambulance Services

Air ambulance services are provided to Arkansas Medicaid beneficiaries only in emergencies.

Air ambulance providers must be licensed by the Arkansas Ambulance Boards and enrolled as a Title XVIII, Medicare Provider.

(2) Early Intervention Day Treatment (EIDT) and Adult Developmental Day Treatment (ADDT) Transportation

EIDT and ADDT providers may provide transportation to and from their facility. The Medicaid transportation broker must provide transportation to and from the nearest qualified medical provider for the purpose of obtaining medical treatment.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2024

MEDICALLY NEEDY

Alternative location is the location to which an ambulance is dispatched, and the ambulance service treatment is initiated from a 911 call that is documented in the records of the ambulance service. Alternative destination means a lower-acuity facility that provides medical services, including:

- A federally qualified health center;
- An urgent care center;
- A physician's office or medical clinic, as chosen by the beneficiary;
- A behavioral or mental healthcare facility

Excluded alternative destinations are facilities that provide a higher-acuity medical service or medical services for a routine chronic condition, such that they would be considered as destinations for which transportation under (1) above would occur:

- Emergency Room;
- Critical Access Hospital;
- Rural Emergency Hospital;
- Dialysis center;
- Hospital;
- Private residence;
- Skilled nursing facility

B. Air Ambulance Services

Air ambulance services are provided to Arkansas Medicaid beneficiaries only in emergencies.

Air ambulance providers must be licensed by the Arkansas Ambulance Boards and enrolled as a Title XVIII, Medicare Provider.

(2) Early Intervention Day Treatment (EIDT) and Adult Developmental Day Treatment (ADDT) Transportation

EIDT and ADDT providers may provide transportation to and from their facility. The Medicaid transportation broker must provide transportation to and from the nearest qualified medical provider for the purpose of obtaining medical treatment.