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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 21-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 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

December 9, 2021

Dawn Stehle
Deputy Director for Health and Medicaid
Arkansas Department of Human Services
112 West 8th Street, Slot S401
Little Rock, AR 72201-4608

Re: Arkansas State Plan Amendment (SPA) 21-0011

Dear Ms. Stehle:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0011. This amendment proposes to add four types of clinicians to the providers qualified to provide core services in Federally Qualified Health Centers: licensed certified social workers, licensed professional counselors, licensed mental health counselors, and licensed marriage and family therapists.

We conducted our review of your submittal according to the statutory requirements in section 1905(a)(2)(B) of the Social Security Act. This letter is to inform you that Arkansas Medicaid SPA 21-0011 was approved on December 9, 2021, with an effective date of January 1, 2022.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at Michala.Walker@cms.hhs.gov.

Sincerely



Digitally signed by James G.
Scott -S
Date: 2021.12.09 15:32:07 -06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Elizabeth Pitman
Jack Tiner
Lisa Teague
David Jones
Jenna Goldman
Mac Golden
Anita Castleberry

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 1 — 0 0 1 1

2. STATE

Arkansas

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01-01-2022

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

Section 1905 (a)(2)

7. FEDERAL BUDGET IMPACT

a. FFY 2022 \$ 0

b. FFY 2023 \$ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

3.1A pg. 1eee

3.1 B pg 2eee

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

3.1 A pg. 1eee, Approved 1-13-94, TN 93-35

3.1B pg. 2eee, Approved 1-13-94, TN 93-35

10. SUBJECT OF AMENDMENT

To allow four (4) additional types of professionally licensed clinicians to provide core services in Federally Qualified Health Centers.

11. 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

12. SIGNATURE OF STATE AGENCY OFFICIAL

13. TYPED NAME

Elizabeth Pitman

14. TITLE

Director, Division of Medical Services

15. DATE SUBMITTED

10-8-21

16. RETURN TO

Office of Rules Promulgation

PO Box 1437, Slot S295

Little Rock, AR 72203-1437

Attn: Mac Golden

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED

October 8, 2021

18. DATE APPROVED

December 9, 2021

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL

January 1, 2022

20. SIGNATURE OF REGIONAL OFFICIAL

Digitally signed by James G. Scott -S

Date: 2021.12.09 15:33:04 -06'00'

21. TYPED NAME

James G. Scott

22. TITLE

Director, Division of Program Operations

23. REMARKS

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

January 1, 2022

CATEGORICALLY NEEDED

- 2.c. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the plan and furnished by a FQHC in accordance with Section 4231 of the State Medicaid Manual (HCFA - Pub. 45-4). (Continued)

Covered FQHC core services are defined as follows:

- physician services;
- services and supplies incident to physician's services (including drugs and biologicals that cannot be self-administered);
- pneumococcal vaccine and its administration and influenza vaccine and its administration;
- physician assistant services;
- nurse practitioner services;
- clinical psychologist services;
- clinical social worker services;
- **licensed certified social worker services;**
- **licensed professional counselor services;**
- **licensed mental health counselor services;**
- **licensed marriage and family therapist services;**
- services and supplies incident to clinical psychologist, clinical social worker, **licensed certified social worker, licensed professional counselor, licensed mental health counselor, and licensed marriage and family therapist** services as would otherwise be covered if furnished by or incident to physician services; and
- part-time or intermittent nursing care and related medical supplies to a homebound individual, in the case of those FQHCs that are located in an area in which the Secretary has determined there is a shortage of home health agencies.

FQHC ambulatory services are defined as any other ambulatory service included in the Medicaid State Plan if the FQHC offers such a service, (e.g. dental, etc.). The "other ambulatory services" that are provided by the FQHC will count against the limit established in the plan for that service.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2022

MEDICALLY NEEDY

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- clinical social worker services;
- **licensed certified social worker services;**
- **licensed professional counselor services;**
- **licensed mental health counselor services;**
- **licensed marriage and family therapist services;**
- services and supplies incident to clinical psychologist, clinical social worker services, **licensed certified social worker, licensed professional counselor, licensed mental health counselor and licensed marriage and family therapist services** as would otherwise be covered if furnished by or incident to physician services; and
- part-time or intermittent nursing care and related medical supplies to a homebound individual, in the case of those FQHCs that are located in an area in which the Secretary has determined there is a shortage of home health agencies.

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