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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 11-13

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street, Room 833
Dallas, Texas 75202



Division of Medicaid & Children's Health, Region VI

May 9, 2012

Our Reference: SPA-AR-11-13

Dr. Andrew Allison
State Medicaid Director
Arkansas Department of Health and Human Services
P.O. Box 1437
Little Rock, Arkansas 72203

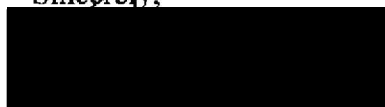
Dear Dr. Allison:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 11-13. Effective February 1, 2012, the Arkansas Title XIX State Plan has been amended to cover additional inpatient psychiatric and mental health days above the current limit of 24 days for ages 21 and above. This exception was based on non-arbitrary medical reasoning.

Transmittal Number 12-03 is approved with an effective date of February 1, 2012 as requested. A copy of the HCFA-179, Transmittal No. 12-03 dated November 1, 2011 is enclosed along with the approved plan pages.



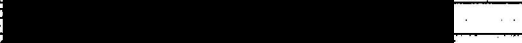
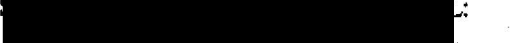
If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,



Bill Brooks
Associate Regional Administrator
Division of Medicaid and Children's Health

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 2011-013	2. STATE ARKANSAS
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE February 1, 2012	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.130		7. FEDERAL BUDGET IMPACT: a. FFY 2012 \$246,952 b. FFY 2013 \$357,282	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 1a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 1a, Approved 02-15-05, TN 04-15	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to cover additional inpatient psychiatric and mental health days above the current limit of 24 days for ages 21 and above.			
11. GOVERNOR'S REVIEW (Check One): <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			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attention: LeAnn Edwards	
13. TYPED NAME: Andrew Allison, PhD		18. DATE APPROVED:  9 March 2012	
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: November 2, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 2 November, 2011		18. DATE APPROVED: 	
PLAN APPROVED - ONE COPY			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 February, 2012		20.  :	
21. TYPED NAME: Bill Brooks		22. TITLE: Associated Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: February 1, 2012

CATEGORICALLY NEEDY

1. Inpatient Hospital Services

All inpatient admissions to an acute care/general hospital or rehabilitative hospital will be allowed up to four (4) days of service per admission when determined inpatient care is medically necessary. On the fifth day of hospitalization, if the physician determines the patient should not be discharged on the fifth day of hospitalization, the hospital may contact the Quality Improvement Organization (Arkansas Foundation for Medical Care, Inc.) and request an extension of inpatient days. The Quality Improvement Organization (QIO) will then determine medically necessary days. Calls for extension of days may be made at any point from the fourth day of stay through discharge. However the provider must accept the financial liability should the stay not meet the necessary medical criteria for inpatient services. Medically necessary inpatient days are available to individuals under age 1 without regard to the four day limit and extension procedures required under the plan. Additionally, effective for dates of service on or after November 1, 2001, a benefit limit of 24 days per State Fiscal Year (July 1 through June 30) is imposed for recipients age 21 and older. No extensions will be authorized. The benefit limit does not apply to recipients under age 21 in the Child Health Services (EPSDT) Program or beneficiaries, regardless of age, who meet the following criteria:

I. Diagnosis (one of the following)

- a. the presence of two or more diagnoses on Axis I and/or II is indicative of a serious emotional disorder
- b. the presence of a diagnosis on Axis I or II and a diagnosis on Axis III

II. Poor prognostic factors are as evidenced by

- a. early age at time of onset
- b. positive family history for major mental illness
- c. prior treatment has been ineffective; treatment failure, poor response to treatment
- d. co-occurring presentation (medical illness, developmental disability, substance abuse/disorder & mental illness)
- e. non-compliance with treatment
- f. compromised social support system
- g. other evidence-based poor prognostic factors (varies by condition or disorder)

III. Patient was referred by another behavioral health professional for an expert opinion

Inpatient hospital services required for pancreas/kidney transplants, liver/bowel transplants and skin transplants for burns are covered for eligible Medicaid recipients in the Child Health Services (EPSDT) Program. Refer to Attachment 3.1-E, Pages 2, 4 and 6

SUPERSEDES: TN- 04-15

STATE	<u>Arkansas</u>	A
DATE REC'D	<u>11-2-11</u>	
DATE APPV'D	<u>5-9-12</u>	
DATE EFF	<u>2-1-12</u>	
ISSA 179	<u>11-13</u>	