

Table of Contents

State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 12-06

This file contains the following documents in the order listed:

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

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

April 26, 2012

Our Reference: SPA-AR-12-06

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 12-06. Effective April 1, 2012, the Arkansas Title XIX State Plan was amended to allow Advanced Practice Nurses (APN) to perform a psychiatric diagnostic assessment under the Rehabilitative Services for Persons with Mental Illness (RSPMI). The Advanced Practice Nurse will be under the direct supervision of a psychiatrist.

Transmittal Number 12-06 is approved with an effective date of April 1, 2012 as requested. A copy of the HCFA-179, Transmittal No. 12-06 dated March 30, 2012 is enclosed along with the approved plan pages.



If you have any questions, please contact Tamara Sampson at (214) 767-6431.

Sincerely,



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

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 2012-006	2. STATE ARKANSAS
		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 April 1, 2012	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR §440.60		7. FEDERAL BUDGET IMPACT: a. FFY 2013 \$-0- b. FFY 2014 \$-0-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Pages 6a2 & 6a3 Attachment 3.1-B, Pages 5d2 & 5d3		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 3.1-A, Pages 6a2 & 6a3, Approved 10/06/10, TN 10-09 Attachment 3.1-B, Pages 5d2 & 5d3, Approved 10/06/10, TN 10-09	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to allow an Advanced Practice Nurse to perform a Psychiatric Diagnostic Assessment in the Rehabilitative Services for Persons with Mental Illness (RSPMI) program.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: March 30, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 30, March 2012		18. DATE APPROVED: 26 April, 2012	
PLAN APPROVED - ONE COPY			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 April, 2012		20. SIGNATURE: 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS:			

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: April 1, 2012

CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

formulation for the purpose of developing a plan of care. This service is required prior to provision of all other mental health services with the exception of crisis interventions. Services are to be congruent with the age, strengths, necessary, accommodations for disability, and cultural framework of the beneficiary and his/her family.

Setting information could be summarized in the description if the State would like to include this information.

This service must be performed by a physician or mental health professional and is necessary to determine how best to proceed in developing an array of rehabilitative treatment services for maximum reduction of a mental disability and to restore the beneficiary to his or her best possible functional level.

Please refer to Provider Qualifications on page 6a18.

- SERVICE: Psychological Evaluation
DEFINITION: A Psychological Evaluation employs standardized psychological tests conducted and documented for evaluation, diagnostic, or therapeutic purposes. The evaluation must be medically necessary, culturally relevant; with reasonable accommodations for any disability, provide information relevant to the beneficiary's continuation in treatment, and assist in treatment planning. All psychometric instruments must be administered, scored, and interpreted by the qualified professional.

This service must be performed by a physician or mental health professional and is necessary to determine how best to proceed in developing an array of rehabilitative treatment services for maximum reduction of a mental disability and to restore the beneficiary to his or her best possible functional level.

Please refer to Provider Qualifications on page 6a18.

- SERVICE: Psychiatric Diagnostic Assessment
DEFINITION: A direct face-to-face service contact occurring between the physician or **Advanced Practice Nurse** and the beneficiary for the purpose of evaluation. Psychiatric Diagnostic Assessment includes a history, mental status, and a disposition, and may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies. (See Section 224.000 for additional requirements.)

This service must be performed by a physician or Advanced Practice Nurse and is necessary to determine how best to proceed in developing an array of rehabilitative treatment services for maximum reduction of a mental disability and to restore the beneficiary to his or her best possible functional level.

Please refer to Provider Qualifications on page 6a18.

SUPERSEDES: TN 10-09

STATE <u>ARKANSAS</u>	
DATE REC'D	<u>3-30-12</u>
DATE APP'D	<u>4-26-2012</u>
DATE EFF	<u>1-1-12</u>
ISSA 179	<u>12-06</u>
A	

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: April 1, 2012

CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

An APN performing the Psychiatric Diagnostic Assessment MUST meet the following:

1. *Licensed by the Arkansas State Board of Nursing*
2. *Practicing with licensure through the American Nurses Credentialing Center*
3. *Practicing under the supervision of an Arkansas-licensed psychiatrist who has an affiliation with the RSPMI program and with whom the Advanced Practice Nurse has a collaborative agreement. Prior to the initiation of the treatment plan, the findings of the Psychiatric Diagnostic Assessment conducted by the Advanced Practice Nurse must be discussed with the supervising psychiatrist. The collaborative agreement must comply with all Board of Nursing requirements and must spell out, in detail, what the nurse is authorized to do and what age group they may do it to.*
4. *Practicing within the scope of practice as defined by the Arkansas Nurse Practice Act*
5. *Practicing within an Advanced Practice Nurse's experience and competency level*

- SERVICE: Master Treatment Plan
DEFINITION: A developed plan in cooperation with the beneficiary (parent or guardian if the beneficiary is under 18), to deliver specific mental health services to the beneficiary to restore, improve or stabilize the beneficiary's mental health condition. The plan must be based on individualized service needs identified in the completed Mental Health Diagnostic Evaluation. The plan must include goals for the medically necessary treatment of identified problems, symptoms and mental health conditions. The plan must identify individuals or treatment teams responsible for treatment, specific treatment modalities prescribed for the beneficiary, time limitations for services, and documentation of medical necessity by the supervising physician.

This service must be performed by a physician and licensed mental health professionals in conjunction with the beneficiary and is necessary for developing an array of rehabilitative treatment services according to goals and objectives for maximum reduction of a mental disability and to restore the beneficiary to his or her best possible functional level.

Please refer to Provider Qualifications on page 6a18.

- SERVICE: Periodic Review of Master Treatment Plan
DEFINITION: The periodic review and revision of the master treatment plan, in cooperation with the beneficiary, to determine the beneficiary's progress or lack of progress toward the master treatment plan goals and objectives; the efficacy of the services provided; and continued medical necessity of services. This includes a review and revision of the measurable goals and measurable objectives directed at the medically necessary treatment of identified symptoms/mental health condition, individuals or treatment teams responsible for treatment, specific treatment modalities, and necessary accommodations that will be provided to the beneficiary, time limitations for services, and the medical necessity of continued

10-09
SUPERSEDES: 11

A	
STATE	Arkansas
DATE REC'D	3-30-12
DATE APP'VD	4-26-2012
DATE EFF	4-1-12
MSA 179	12-06

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: April 1, 2012

MEDICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

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SUPersedes: 11-10-09

STATE	Arkansas
DATE REC'D	3-30-12
DATE APP'VD	4-26-2012
DATE EFF	4-1-12
HCFA 179	12-06

A

AMOUNT, DURATION AND SCOPE OF
 SERVICES PROVIDED

Revised: April 1, 2012

MEDICALLY NEEDY

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10-09
 SUPERSEDES: 111

A	
STATE	Arkansas
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DATE APP'VD	4-26-2012
DATE EFF	4-1-12
USA 179	12-06