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

HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL		
	2012-006	ARKANSAS
EOD. HEALTH CADE EINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE	
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDIC	AID)
TO PEGIONAL ADVICEDATION	A BROBOGER FERROTTIVE DATE	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	April 1, 2012	
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:	7. FEDERAL BUDGET IMPACT:	
	a. FFY 2013 \$-0	
42 CFR §440.60	b. FFY 2014 \$-0)_
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSE	EDED PLAN SECTION
	OR ATTACHMENT (If Applicable):	
Attachment 3.1-A, Pages 6a2 & 6a3	Attachment 3.1-A, Pages 6a2 & 6a3, Approved 10/06/10, TN 10-09	
Attachment 3.1-B, Pages 5d2 & 5d3	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 (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:	16. RETURN TO:	
	An additional and a second as	
	Division of Medical Services	
	PO Box 1437, Slot S295	
13. TYPED NAME:	Little Rock, AR 72203-1437	
Andrew Allison, PhD		
14. TITLE:	Attention: LeAnn Edwards	
Director, Division of Medical Services		
15. DATE SUBMITTED:		
March 30, 2012		
FOR REGIONAL OF	FFICE USE ONLY	
17. DATE RECEIVED:	18. DATE APPROVED:	
30, March 2012) 24 April	2012
PLAN APPROVED - ON		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20. SIC	AL:
1 April, 2012		
21. TYPED NAME:	22. TIPLE: Associate Regional Admin	
Bill Brooks	Division of Medicaid & Ch	nildren's Health
23. REMARKS:		

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE <u>ARKANSAS</u>

ATTACHMENT 3.1-A Page 6a2

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.

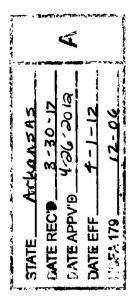
Please refer to Provider Qualifications on page 6a18.

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.

UPERSEDES: IN. 10-09



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

ATTACHMENT 3.1-A Page 6a3

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:

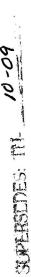
- 1. Licensed by the Arkansas State Board of Nursing
- 2. Practicing with licensure through the American Nurses Credentialing Center
- 3. Practicing under the supervision of an Arkansas-licensed psychiatrist who has an affiliation with the RSPMI program and with whom the Advanced Practice Nurse has a 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

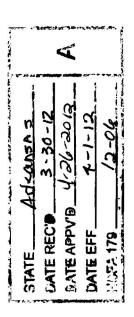
DEFINITION: A developed plan in cooperation with the beneficiary (parent or guardian if the beneficiary is under 18), to deliver specific mental health services to the beneficiary to restore, improve or stabilize the beneficiary's mental health condition. The plan must be based on individualized service 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





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

ATTACHMENT 3.1-B Page 5d2

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised:

April 1, 2012

MEDICALLY NEEDY

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 - d. Rehabilitative Services (continued)

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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 5d18.

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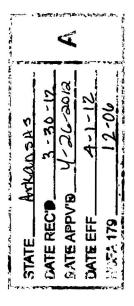
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REPERSIDES: IT! 10-09



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE <u>ARKANSAS</u>

ATTACHMENT 3.1-B Page 5d3

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised:

April 1, 2012

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