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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 14-04

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
Dallas Regional Office
1301 Young Street, Suite 833
Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

May 29, 2014

Our Reference: SPA AR 14-04

Andrew Allison, PhD
Director
Division of Medical Services
Little Rock, AR 72203-1437

Dear Dr. Allison:

We have reviewed the State's proposed amendment to the Arkansas State Plan submitted under Transmittal Number AR 14-04, dated April 8, 2014. This state plan amendment requests to authorize physicians and nurse practitioners, after appropriate training, to apply fluoride varnish to a child's teeth for ages under twenty-one.

Based on the information submitted, we have approved the amendment AR 14-04 for incorporation into the official Arkansas State Plan with an effective date change of July 1, 2014. A copy of the CMS-179 and the approved plan pages are enclosed with this letter.

If you have any questions, please contact Lynn Ward at (214) 767-6327.

Sincerely,

A solid black rectangular box used to redact the signature of the sender.


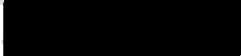
Bill Brooks
Associate Regional Administrator

cc: Glenda Higgs



DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 2014-004	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 July 1, 2014	
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:		7. FEDERAL BUDGET IMPACT: a. FFY 2014 \$ 37,446 b. FFY 2015 \$149,784	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 1q Attachment 3.1-B, Page 2p		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A, Page 1q, Approved 09-08-06, TN 06-01 Attachment 3.1-B, Page 2p, Approved 09-08-06, TN 06-01	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to authorize physicians and nurse practitioners, after appropriate training, to apply fluoride varnish to a child's teeth for ages under twenty-one.			
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: Glenda Higgs	
13. TYPED NAME: Andrew Allison, PhD			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: April 8, 2014			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 8 April, 2014		18. DATE APPROVED: 29 May, 2014	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 July, 2014		20. SIGNATURE:  L:	
21. TYPED NAME: BILL BROOKS		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS:			



AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: July 1, 2014

CATEGORICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(16) Dental Services

- (1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.
- (2) Procedures which may be provided to recipients in the Child Health Services (EPSDT) Program without prior authorization are:
 - a. Initial radiographs taken in conjunction with preparation of a treatment plan.
 - b. Periodic oral exam, prophylaxis, topical fluoride **and/or fluoride varnish** for children in the Child Health Services (EPSDT) Program.
 - c. Emergency treatment. One visit without prior authorization is payable for any emergency. Procedures payable without prior authorization when provided as emergency care include:
 1. All necessary radiographs.
 2. Extraction of up to three teeth for relief of pain or acute infections.
 3. Control of bleeding.
 4. Treatment for relief of pain resulting from injuries to the oral cavity or related services.
 5. Emergency services provided to patients in hospitals or long term care facilities.

All other procedures require prior authorization from the Medical Assistance Section. A full mouth radiograph is limited to once every five years. Periodic oral exam, prophylaxis, fluoride treatment, **fluoride varnish** and bite-wing X-rays are limited to once per 6 (six) months plus 1 (one) day. Scaling is limited to one per state fiscal year (July 1 through June 30). Periapical X-rays are limited to four (4) per recall visit. Any limits will be exceeded based on medical necessity.

State: Arkansas
Date Received: 4/8/14
Date Approved: 5/29/14
Date Effective: 7/1/14
Transmittal Number: 14-04

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SERVICES PROVIDED

Revised:

July 1, 2014

MEDICALLY NEEDY

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