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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 17-0010

This file contains the following documents in the order listed:

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

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

March 2, 2018

Our Reference: SPA AR 17-0010

Ms. Dawn Stehle
State Medicaid Director
Arkansas Department of Health and Human Services
Division of Medical Services
P.O. Box 1437
Little Rock, Arkansas 72203-1437

Dear Ms. Stehle:

Enclosed is a copy of approved Arkansas (AR) State Plan Amendment (SPA) No. 17-0010, with an effective date of October 1, 2017. This amendment was submitted to add the Residential Community Reintegration Program to the Arkansas Medicaid State Plan.

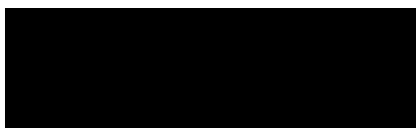
This letter affirms that AR 17-0010 is approved effective October 1, 2017 as requested by the State.

We are forwarding the CMS-179 and the following new plan pages:

- Attachment 3.1-A, Page 6c17a
- Attachment 3.1-B, Page 5f17a


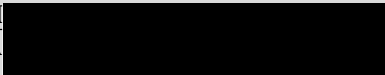
If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at stacey.shuman@cms.hhs.gov.

Sincerely,



Bill Brooks
Associate Regional Administrator

CC: Billy Bob Farrell, DMCH Dallas
Stacey Shuman, DMCH Dallas
Erick Carrera, CMS Baltimore

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER:	2. STATE
FOR: HEALTH CARE FINANCING ADMINISTRATION		2017-010	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 October 1, 2017	
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(d)		7. FEDERAL BUDGET IMPACT: a. FFY 2018 (\$1,657,489) b. FFY 2019 (\$6,742,217)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A, Page 6c17a Attachment 3.1-B, Page 5f17a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None, New Page None, New Page	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to add the Residential Community Reintegration Program.			
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	
13. TYPED NAME: Dawn Stehle		Attention: Brad Nye	
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: August 1, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: August 1, 2017		18. DATE APPROVED: March 2, 2018	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2017		20. SIGNATURE 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health (DMCH)	
23. REMARKS:			

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

October 1, 2017

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)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xxxiii: Residential Community Reintegration Services*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

DEFINITION: Residential Community Reintegration Services are designed to serve as an intermediate level of care between Inpatient Psychiatric Facilities and Outpatient Behavioral Health Services. Twenty-four hour per day intensive therapeutic care is provided in a small group home setting for individuals under 21 years of age with emotional and/or behavior problems which cannot be remedied by less intensive treatment to prevent acute or sub-acute hospitalization. The program is also offered as a step-down or transitional level of care to prepare a beneficiary for less intensive treatment. Services include all medically necessary Outpatient Behavioral Health Services (OBHS) to address the beneficiary's behavioral health needs.

Example services include, but are not limited to, a combination of Individual Behavioral Health Counseling, Group Behavioral Health Counseling, Psychoeducation, Marital-Family Behavioral Health Counseling, Multi-Family Behavioral Health Counseling, Crisis Stabilization Intervention, Peer Support, Individual Pharmacologic Counseling, Group Pharmacologic Counseling, Adult Life Skills Development and Psychosocial Rehabilitative Services.

This service will not be paid for within an Institution for Mental Disease (IMD).

This service does not include payment for room and board of the beneficiary.

Residential Community Reintegration sites shall be certified by the Department of Human Services as a Residential Community Reintegration provider.

Allowable Performing Provider - Independently Licensed Clinician – Master's/Doctoral; Non-Independently Licensed Clinicians – Master's/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.

*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

State: Arkansas
Date Received: 1 August, 2017
Date Approved: 2 March, 2018
Effective Date: 1 October, 2017
Transmittal Number: 17-10

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

October 1, 2017

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)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xxxiii: Residential Community Reintegration Program*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

DEFINITION: Residential Community Reintegration Services are designed to serve as an intermediate level of care between Inpatient Psychiatric Facilities and Outpatient Behavioral Health Services. Twenty-four hour per day intensive therapeutic care is provided in a small group home setting for individuals under 21 years of age with emotional and/or behavior problems which cannot be remedied by less intensive treatment to prevent acute or sub-acute hospitalization. The program is also offered as a step-down or transitional level of care to prepare a beneficiary for less intensive treatment. Services include all medically necessary Outpatient Behavioral Health Services (OBHS) to address the beneficiary's behavioral health needs.

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