

Table of Contents

State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 21-0015

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
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 10, 2022

Dawn Stehle
Deputy Director for Health and Medicaid
Arkansas Department of Human Services
112 West 8th Street, Slot S401
Little Rock, AR 72201-4608

Re: Arkansas State Plan Amendment (SPA) 21-0015

Dear Ms. Stehle:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 21-0015. This amendment proposes to cover and reimburse continuous glucose monitors and related supplies.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 440.70. This letter is to inform you that Arkansas Medicaid SPA 21-0015 was approved on January 10, 2022, with an effective date of January 1, 2022.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at Michala.Walker@cms.hhs.gov

Sincerely,



Digitally signed by James
G. Scott -S
Date: 2022.01.10 18:17:14
-06'00'

James G. Scott, Director
Division of Program Operations

cc: Chole Crater
Elizabeth Pitman
Anita Castleberry
Mac Golden
Jack Tiner
Chuck Hardin
David Jones
Vivian Jackson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2</u> <u>1</u> — <u>0</u> <u>0</u> <u>1</u> <u>5</u>	2. STATE Arkansas
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE January 1, 2022
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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 Section 1006(b); 1905(a)(29)	7. FEDERAL BUDGET IMPACT a. FFY 2022 \$ 2,248,939 b. FFY 2023 \$ 2,998,585
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 3.1-A, Page 3d Attachment 3.1-B, Page 3f Attachment 4.19-B, Page 2g	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Same, Approved 11-9-2020, Supersedes 20-0021 Same, Approved 11-9-2020, Supersedes 20-0021 Same, Approved 04-15-2002, Supersedes 02-0009
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10. SUBJECT OF AMENDMENT
Continuous Glucose Monitors

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 Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attn: Mac Golden
13. TYPED NAME Elizabeth E. Egan	
14. TITLE Director, Division of Medical Services	
15. DATE SUBMITTED 10/21/2021	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED October 21, 2021	18. DATE APPROVED January 10, 2022
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PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2022	20. SIGNATURE OF REGIONAL OFFICIAL  Digitally signed by James G. Scott -S Date: 2022.01.10 18:20:23 -06'00'
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21. TYPED NAME James G. Scott	22. TITLE Director, Division of Program Operations
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23. REMARKS

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2022

CATEGORICALLY NEEDY

7. Home Health Services (Continued)

7.c. **In accordance with 42 CFR 440.70(b)(3) medical supplies, equipment and appliances are suitable for use in any setting in which normal life activities take place.** (Continued)

(5) Diapers/Underpads

Diapers/underpads are limited to \$130.00 per month, per beneficiary. The \$130.00 benefit limit is a combined limit for diapers/underpads provided through the Prosthetics Program and Home Health Program. The benefit limit may be extended with proper documentation. Only patients with a medical diagnosis other than infancy which results in incontinence of the bladder and/or bowel may receive diapers. This coverage does not apply to infants who would otherwise be in diapers regardless of their medical condition. Providers cannot bill for underpads/diapers if a beneficiary is under the age of three years.

(6) **DME/Continuous Glucose Monitors.**

A. Continuous Glucose Monitors (CGM) will be covered for Arkansas Medicaid clients.

B. A prior authorization (PA) will be required and the service will be provided for those clients who meet medical necessity.

7.d. Physical therapy, occupational therapy, or speech-language pathology and audiology services provided by a home health agency or medical rehabilitative facility.

Physical therapists must meet the requirements outlined in 42 CFR 440.110(a).

Services under this item are limited to physical therapy when provided by a home health agency and prescribed by a physician. Effective for dates of service on or after July 1, 2017, individual and group physical therapy are limited to six (6) units per week. Effective for dates on or after January 1, 2021, physical therapy evaluations are limited to two (2) units per State Fiscal Year (July 1 through June 30). Extensions of the benefit limits will be provided if medically necessary for eligible Medicaid recipients.

8. Private Duty Nursing to enhance the effectiveness of treatment for ventilator-dependent beneficiaries or non-ventilator dependent tracheotomy beneficiaries

Enrolled providers are Private Duty Nursing Agencies licensed by Arkansas Department of Health. Services are provided by Registered Nurses or Licensed Practical Nurses licensed by the Arkansas State Board of Nursing.

Services are covered for Medicaid-eligible beneficiaries age 21 and over when determined medically necessary and prescribed by a physician.

Beneficiaries 21 and over to receive PDN Nursing Services must require constant supervision, visual assessment and monitoring of both equipment and patient. In addition, the beneficiary must be:

A. Ventilator dependent (invasive) or

B. Have a functioning trach

1. requiring suctioning and

2. oxygen supplementation and

3. receiving Nebulizer treatments or require Cough Assist / inexasufflator devices.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2022

MEDICALLY NEEDY

7. Home Health Services (Continued)
- 7.c. **In accordance with 42 CFR 440.70(b)(3) medical supplies, equipment and appliances are suitable for use in any setting in which normal life activities take place. (Continued)**

(5) Diapers/Underpads

Diapers/underpads are limited to \$130.00 per month, per recipient. The \$130.00 benefit limit is a combined limit for diapers/underpads provided through the Prosthetics Program and Home Health Program. The benefit limit may be extended with proper documentation. Only patients with a medical diagnosis other than infancy which results in incontinence of the bladder and/or bowel may receive diapers. This coverage does not apply to infants who would otherwise be in diapers regardless of their medical condition. Providers cannot bill for underpads/diapers if a recipient is under the age of three years.

(6) **DME/Continuous Glucose Monitors.**

- A. **Continuous Glucose Monitors (CGM) will be covered for Arkansas Medicaid clients.**
- B. **A prior authorization (PA) will be required and the service will be provided for those clients who meet medical necessity.**

- 7.d. Physical therapy, occupational therapy, or speech-language pathology and audiology services provided by a home health agency or medical rehabilitative facility.

Services under this item are limited to physical therapy when provided by a home health agency and prescribed by a physician. Effective for dates of service on or after July 1, 2017, individual and group physical therapy are limited to six (6) units per week. Effective for dates of service on or after January 1, 2021, physical therapy evaluations are limited to two (2) units per State Fiscal Year (July 1 through June 30). Extensions of the benefit limit will be provided if medically necessary for eligible Medicaid recipients.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

January 1, 2022

7. Home Health Services (Continued)

c. Medical Supplies, Equipment and Appliances Suitable for Use in the Home (continued)

(5) Aerochamber Device

Effective for dates of service on or after October 1, 1997, reimbursement is based on the lesser of the provider's actual charge for the service or the Title XIX (Medicaid) maximum. The Title XIX (Medicaid) maximum established was based on a 1997 survey of Durable Medical Equipment (DME) providers. The information obtained in the survey indicated there is only one major manufacturer and distributor of the aerochamber devices (with or without mask) to providers enrolled in the Arkansas Medicaid Program. It was determined the aerochamber devices are sold to each provider for the same price. As a result, the current Title XIX (Medicaid) maximum for the aerochamber devices (with or without mask) was established based on the actual manufacturer's list prices. Thereafter, adjustments will be made based on the consumer price index factor to be implemented at the beginning of the appropriate State Fiscal Year, July 1.

(6) Specialized Wheelchairs, Seating and Rehab Items

Reimbursement is based on the lesser of the provider's actual charge for the service or the Title XIX (Medicaid) maximum. Effective for claims with dates of service on or after May 1, 1995, the Title XIX (Medicaid) maximums were established utilizing the manufacturer's current published suggested retail price less 15%. The 15% is the median of Oklahoma Medicaid which is currently retail less 12% and Texas Medicaid which is currently retail less 18%. Effective for claims with dates of service on or after September 1, 1995, the following Kaye Products, procedure codes Z2059, Z2060, Z2061 and Z2062, are reimbursed at the manufacturer's current published suggested retail price. The State Agency and affected provider association representatives will review the rates annually and negotiate any adjustments.

(7) DME/Continuous Glucose Monitors.

Procedure Codes and Rates.

- A. **Rates. Effective for dates of service on or after January 1, 2022, reimbursement for Continuous Glucose Monitors (CGM) and related supplies is based on the Medicare non-rural rate for the State of Arkansas (effective as of July 28, 2021, and subject to change when Medicare rates are adjusted) for the allowable procedure codes. All rates are published on the [agency's website](#). Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.**