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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 22-0012

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 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

August 2, 2022

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

Re: Arkansas State Plan Amendment (SPA) 22-0012

Dear Ms. Stehle:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0012. This amendment proposes to allow providers of Early Intervention Day Treatment (EIDT) and Adult Developmental Day Treatment (ADDT) services to provide transportation to and from their facilities to their clients. It also updates the payment methodology to be consistent with Arkansas' methodology for other transportation services.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 440.170. This letter is to inform you that Arkansas Medicaid SPA 22-0012 was approved on August 1, 2022, with an effective date of August 1, 2022.

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

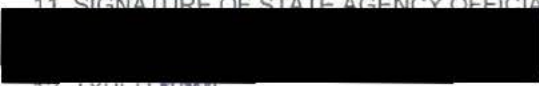

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: Lisa Teague
Jack Tiner
Melissa Weatherton
Mac Golden
Thomas Tarpley

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 2 — 0 0 1 2</u>	2. STATE <u>A R</u>
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <u>July 1, 2022</u> <u>August 1, 2022</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>1905(a)(29) - 42 CFR 440.170</u>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>1,820,919</u> b. FFY <u>2023</u> \$ <u>7,283,674</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>4.19B pg. 8aa-2</u> <u>3.1B pg. 8b</u>		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <u>4.19B pg. 8aa-2, Approved 8-28-20,</u> <u>Supersedes TN 2019-0009</u> <u>3.1B pg. 8b, Approved 7-11-18;</u> <u>Supersedes TN 18-09</u>	
9. SUBJECT OF AMENDMENT <u>The Arkansas Medicaid State Plan is being updated to align with current Adult Developmental Day Treatment and Early Intervention Day Treatment transportation reimbursement and operational requirements.</u>			
10. 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			
11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attn: Mac Golden	
12. TYPED NAME Elizabeth Pitman			
13. TITLE Director, Division of Medical Services			
14. DATE SUBMITTED May 09, 2022			
FOR CMS USE ONLY			
16. DATE RECEIVED <u>May 9, 2022</u>		17. DATE APPROVED <u>August 1, 2022</u>	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL <u>August 1, 2022</u>		19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>		21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>	
22. REMARKS <u>Box 4 - State authorized pen and ink change on 07/20/2022.</u>			

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

Revised: August 1, 2022

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation (Continued)

(3) Emergency Medical Transportation Access Payment (continued)

(6) For each QEMT, the Division shall calculate the sum of each of the amounts calculated for emergency medical transportation services in Subparagraph (B (5)).

(7) The Division shall provide a demonstration that access payments are for the state fiscal year are within the applicable fee-for-service upper payment limits as defined in 42 CFR 447.272, when the upper payment limit demonstrations are due for the fiscal year. If the demonstration shows that payments for any category have exceeded the UPL, the state will take corrective action as determined by CMS.

(C) The Division shall reimburse QEMTs the access payment of eighty percent (80%) of their UPL gap.

(D) These access payments are considered supplemental payments and do not replace any currently authorized Medicaid payments for emergency medical transportation services.

(4) Early Intervention Day Treatment (EIDT) and Adult Developmental Day Treatment (ADDT) Transportation

Effective for claims with dates of service on or after **August 1, 2022**, EIDT and ADDT transportation providers will be reimbursed on a per **person, per mile** basis at the lesser of the billed charges or the maximum Title XIX (Medicaid) charge of **\$1.39 per person per mile** allowed. Transportation will be covered from the point of pick-up to the EIDT or ADDT facility and from the EIDT or ADDT facility to the point of delivery. The route must be planned to ensure that beneficiaries spend the least amount of time being transported.

STATE ARKANSAS

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: August 1, 2022

MEDICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation

(1) A. Ground Ambulance Services

For transportation of recipients when medically necessary as certified by a physician to a hospital, to a nursing home from the hospital or patient's home, to the patient's home from the hospital or nursing home, from a hospital (after receiving emergency outpatient treatment) to a nursing home if a patient is bedridden and from a nursing home to another nursing home if determined necessary by the Office of Long Term Care. Emergency service is covered only through licensed emergency ambulance companies. Services not allowed by Title XVIII but covered under Medicaid will be paid for Medicare/Medicaid recipients.

These services will be equally available to all recipients.

B. Air Ambulance Services

Air ambulance services are provided to Arkansas Medicaid beneficiaries only in emergencies.

Air ambulance providers must be licensed by the Arkansas Ambulance Boards and enrolled as a Title XVIII, Medicare Provider.

(2) Early Intervention Day Treatment (**EIDT**) and Adult Developmental Day Treatment (ADDT) Transportation

EIDT and ADDT providers may provide transportation to and from **their** facility. The Medicaid transportation broker must provide transportation to and from the nearest qualified medical provider for the purpose of obtaining medical treatment.