

**DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES**

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**SUBJECT:** Adult Immunization Mandatory Coverage & REPEALS: DDS Policy 3003 – Research Involving Individuals Served: DDS Policy 2005 – Incidental Funds Account

**DESCRIPTION:** To comply with section 11405 of the Inflation Reduction Act (IRA), the Director of the Division of Medical Services is amending the Medicaid State Plan to ensure coverage of and reimbursement for all adult (19 and older) immunizations according to the recommendations of the Advisory Committee on Immunization Practices (ACIP), along with their administration, without cost sharing. DMS shall request implementation of the coverage from the Centers for Medicare and Medicaid Services effective October 1, 2023.

**PUBLIC COMMENT:** A public hearing was held on this rule on October 18, 2023. The public comment period expired on November 4, 2023. The agency indicated that it received no public comments.

The proposed effective date is pending legislative review and approval.

**FINANCIAL IMPACT:** The agency indicated that this rule has a financial impact.

Per the agency, the total estimated cost to implement the rule is \$111,742 for the current fiscal year (\$31,288 in general revenue and \$80,454 in federal funds) and \$148,990 for the next fiscal year (\$41,717 in general revenue and \$107,272 in federal funds). The total estimated cost by fiscal year to state, county, or municipal government to implement the rule is \$31,288 for the current fiscal year and \$41,717 for the next fiscal year.

**LEGAL AUTHORIZATION:** The Department of Human Services has the responsibility to administer assigned forms of public assistance and is specifically authorized to maintain an indigent medical care program (Arkansas Medicaid). *See* Ark. Code Ann. §§ 20-76-201(1), 20-77-107(a)(1). The Department has the authority to make rules that are necessary or desirable to carry out its public assistance duties. Ark. Code Ann. § 20-76-201(12). The Department and its divisions also have the authority to promulgate rules as necessary to conform their programs to federal law and receive federal funding. Ark. Code Ann. § 25-10-129(b).

This rule implements the Inflation Reduction Act of 2022, § 11405, codified at 42 USC § 1395w-102(b)(8), which requires coverage of Advisory Committee on Immunization Practices-recommended vaccines for all adults, with no cost sharing.



ARKANSAS  
DEPARTMENT OF  
**HUMAN  
SERVICES**

**Division of Medical Services**

P.O. Box 1437, Slot S401, Little Rock, AR 72203-1437

P: 501.682.8292 F: 501.682.1197

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October 6, 2023

Mrs. Rebecca Miller-Rice  
Administrative Rules Review Section  
Arkansas Legislative Council  
Bureau of Legislative Research  
#1 Capitol, 5<sup>th</sup> Floor  
Little Rock, AR 72201

Dear Mrs. Rebecca Miller-Rice:

**Re: Adult Immunization Mandatory Coverage**

Please arrange for this rule to be reviewed by the ALC-Administrative Rules Subcommittee. If you have any questions or need additional information, please contact Mac Golden, Office of Rules Promulgation at 501-320-6383 or by emailing [Mac.E.Golden@dhs.arkansas.gov](mailto:Mac.E.Golden@dhs.arkansas.gov).

Sincerely,

*Elizabeth Pitman for EP*

Elizabeth Pitman  
Director

EP:

Attachments

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH  
THE ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT \_\_\_\_\_  
 BOARD/COMMISSION \_\_\_\_\_  
 BOARD/COMMISSION DIRECTOR \_\_\_\_\_  
 CONTACT PERSON \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 PHONE NO. \_\_\_\_\_ EMAIL \_\_\_\_\_  
 NAME OF PRESENTER(S) AT SUBCOMMITTEE MEETING \_\_\_\_\_  
 \_\_\_\_\_  
 PRESENTER EMAIL(S) \_\_\_\_\_

**INSTRUCTIONS**

In order to file a proposed rule for legislative review and approval, please submit this Legislative Questionnaire and Financial Impact Statement, and attach (1) a summary of the rule, describing what the rule does, the rule changes being proposed, and the reason for those changes; (2) both a markup and clean copy of the rule; and (3) all documents required by the Questionnaire.

If the rule is being filed for permanent promulgation, please email these items to the attention of Rebecca Miller-Rice, [miller-ricer@blr.arkansas.gov](mailto:miller-ricer@blr.arkansas.gov), for submission to the Administrative Rules Subcommittee.

If the rule is being filed for emergency promulgation, please email these items to the attention of Director Marty Garrity, [garritym@blr.arkansas.gov](mailto:garritym@blr.arkansas.gov), for submission to the Executive Subcommittee.

Please answer each question completely using layman terms.

\*\*\*\*\*

1. What is the official title of this rule?  
\_\_\_\_\_
2. What is the subject of the proposed rule? \_\_\_\_\_
3. Is this rule being filed under the emergency provisions of the Arkansas Administrative Procedure Act? Yes      No

*If yes, please attach the statement required by Ark. Code Ann. § 25-15-204(c)(1).*

If yes, will this emergency rule be promulgated under the permanent provisions of the Arkansas Administrative Procedure Act? Yes      No

4. Is this rule being filed for permanent promulgation? Yes No

If yes, was this rule previously reviewed and approved under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No

If yes, what was the effective date of the emergency rule? \_\_\_\_\_

On what date does the emergency rule expire? \_\_\_\_\_

5. Is this rule required to comply with a *federal* statute, rule, or regulation? Yes No

If yes, please provide the federal statute, rule, and/or regulation citation.

6. Is this rule required to comply with a *state* statute or rule? Yes No

If yes, please provide the state statute and/or rule citation.

7. Are two (2) rules being repealed in accord with Executive Order 23-02? Yes No

If yes, please list the rules being repealed.

If no, please explain.

8. Is this a new rule? Yes No

Does this repeal an existing rule? Yes No

If yes, the proposed repeal should be designated by strikethrough. If it is being replaced with a new rule, please attach both the proposed rule to be repealed and the replacement rule.

Is this an amendment to an existing rule? Yes No

If yes, all changes should be indicated by strikethrough and underline. In addition, please be sure to label the markup copy clearly as the markup.

9. What is the state law that grants the agency its rulemaking authority for the proposed rule, outside of the Arkansas Administrative Procedure Act? Please provide the specific Arkansas Code citation(s), including subsection(s).

10. Is the proposed rule the result of any recent legislation by the Arkansas General Assembly?  
Yes      No

If yes, please provide the year of the act(s) and act number(s).

11. What is the reason for this proposed rule? Why is it necessary?

12. Please provide the web address by which the proposed rule can be accessed by the public as provided in Ark. Code Ann. § 25-19-108(b)(1).

13. Will a public hearing be held on this proposed rule? Yes No

If yes, please complete the following:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

*Please be sure to advise Bureau Staff if this information changes for any reason.*

14. On what date does the public comment period expire for the permanent promulgation of the rule? Please provide the specific date. \_\_\_\_\_

15. What is the proposed effective date for this rule? \_\_\_\_\_

16. Please attach (1) a copy of the notice required under Ark. Code Ann. § 25-15-204(a)(1) and (2) proof of the publication of that notice.

17. Please attach proof of filing the rule with the Secretary of State, as required by Ark. Code Ann. § 25-15-204(e)(1)(A).

18. Please give the names of persons, groups, or organizations that you anticipate will comment on these rules. Please also provide their position (for or against), if known.

19. Is the rule expected to be controversial? Yes No

If yes, please explain.

## NOTICE OF RULE MAKING

The Department of Human Services announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§20-76-201, 20-77-107, and 25-10-129.

The Director of the Division of Medical Services (DMS) amends the Medicaid State Plan to cover vaccines and vaccine administration for adults age 19 and over as required by section 11405 of the Inflation Reduction Act (IRA) and according to the recommendations of the Advisory Committee on Immunization Practices (ACIP). DMS shall request implementation of the coverage from the Centers for Medicare and Medicaid effective October 1, 2023.

The proposed effective date of the state rule, however, will be January 1, 2024, or sooner pursuant to the Arkansas Administrative Procedure Act. The proposed rule estimates a financial impact of \$111,742.00 (\$80,454.00 of which is federal funds) for state fiscal year 2024, and \$148,990.00 (\$107,272.00 of which is federal funds) for state fiscal year 2025.


Pursuant to the Governor's Executive Order 23-02, DHS repeals the following two rules as part of this promulgation: (1) DDS Policy 235 – Incidental Funds Account, and (2) DDS Policy 3003 – Research Involving Individuals Served.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Rules Promulgation, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule at [ar.gov/dhs-proposed-rules](http://ar.gov/dhs-proposed-rules). Public comments must be submitted in writing at the above address or at the following email address: [ORP@dhs.arkansas.gov](mailto:ORP@dhs.arkansas.gov). All public comments must be received by DHS no later than November 4, 2023. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

A public hearing by remote access only through a Zoom webinar will be held on October 18, 2023, at 11:30 a.m. and public comments may be submitted at the hearing. Individuals can access this public hearing at <https://us02web.zoom.us/j/87362237978>. The webinar ID is 873 6223 7978. If you would like the electronic link, "one-tap" mobile information, listening only dial-in phone numbers, or international phone numbers, please contact ORP at [ORP@dhs.arkansas.gov](mailto:ORP@dhs.arkansas.gov).

If you need this material in a different format, such as large print, contact the Office of Rules Promulgation at 501-534-4138.

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin. 4502172997

  
Elizabeth Pitman, Director  
Division of Medical Services

**From:** [Chloe Crater](mailto:Chloe.Crater@ar.gov)  
**To:** [legalads@arkansasonline.com](mailto:legalads@arkansasonline.com)  
**Cc:** [Mac Golden](mailto:Mac.Golden@ar.gov); [Jack Tiner](mailto:Jack.Tiner@ar.gov)  
**Subject:** RE: FULL RUN AD - Adult Immunization Mandatory Coverage  
**Date:** Tuesday, October 3, 2023 12:09:00 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)

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Thank you, Gregg!



**CHLOE CRATER-BETTON**

OFFICE OF LEGISLATIVE AND INTERGOVERNMENTAL AFFAIRS – RULES  
PROMULGATION  
PROGRAM ADMINISTRATOR

P: 501-320-6217

700 MAIN STREET

Little Rock, AR 72201

[Chloe.Crater@dhs.arkansas.gov](mailto:Chloe.Crater@dhs.arkansas.gov)

[humanservices.arkansas.gov](http://humanservices.arkansas.gov)



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**From:** [legalads@arkansasonline.com](mailto:legalads@arkansasonline.com) <[legalads@arkansasonline.com](mailto:legalads@arkansasonline.com)>  
**Sent:** Tuesday, October 3, 2023 11:54 AM  
**To:** Chloe Crater <[Chloe.Crater@dhs.arkansas.gov](mailto:Chloe.Crater@dhs.arkansas.gov)>  
**Subject:** Re: FULL RUN AD - Adult Immunization Mandatory Coverage

[EXTERNAL SENDER]

Thanks, Chloe. Will run Fri 10.6, Sat 10/7, and Sun 10/8.

Gregg Sterne, Legal Advertising  
Arkansas Democrat-Gazette



[legalads@arkansasonline.com](mailto:legalads@arkansasonline.com)

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**From:** "Chloe Crater" <[Chloe.Crater@dhs.arkansas.gov](mailto:Chloe.Crater@dhs.arkansas.gov)>  
**To:** "legalads" <[legalads@arkansasonline.com](mailto:legalads@arkansasonline.com)>  
**Cc:** "Jack Tiner" <[jack.tiner@dhs.arkansas.gov](mailto:jack.tiner@dhs.arkansas.gov)>, "Mac Golden" <[Mac.E.Golden@dhs.arkansas.gov](mailto:Mac.E.Golden@dhs.arkansas.gov)>, "Lakeya Gipson" <[Lakeya.Gipson@dhs.arkansas.gov](mailto:Lakeya.Gipson@dhs.arkansas.gov)>, "Elaine Stafford" <[elaine.stafford@dhs.arkansas.gov](mailto:elaine.stafford@dhs.arkansas.gov)>, "Thomas Herndon" <[Thomas.Herndon@dhs.arkansas.gov](mailto:Thomas.Herndon@dhs.arkansas.gov)>  
**Sent:** Tuesday, October 3, 2023 10:43:40 AM  
**Subject:** FULL RUN AD - Adult Immunization Mandatory Coverage

Hi Gregg,

Please run the attached ad in the Arkansas Democrat-Gazette on the following days:

- Friday           October 6, 2023
- Saturday       October 7, 2023
- Sunday          October 8, 2023

A public hearing by remote access only will be held through a Zoom webinar. The public comment period will end on November 4, 2023.

Invoice to: **AR Dept of Human Services**  
**P.O. Box 1437**  
**Slot S535**  
**Little Rock, AR 72203**  
**ATTN: Elaine Stafford**  
**([Elaine.stafford@dhs.arkansas.gov](mailto:Elaine.stafford@dhs.arkansas.gov))**

Or email invoices to: [dms.invoices@arkansas.gov](mailto:dms.invoices@arkansas.gov)

Please let me know if you need anything further from me.

-Thanks  
Chloe



CHLOE CRATER-BETTON

OFFICE OF LEGISLATIVE AND INTERGOVERNMENTAL AFFAIRS – RULES

PROMULGATION  
PROGRAM ADMINISTRATOR

P: 501-320-6217  
700 MAIN STREET  
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[Chloe.Crater@dhs.arkansas.gov](mailto:Chloe.Crater@dhs.arkansas.gov)

[humanservices.arkansas.gov](http://humanservices.arkansas.gov)



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**From:** [Chloe Crater](#)  
**To:** [register@sos.arkansas.gov](mailto:register@sos.arkansas.gov)  
**Cc:** [Mac Golden](#); [Jack Tiner](#); [Lakeya Gipson](#); [Thomas Herndon](#); [JAMIE EWING](#)  
**Subject:** DHS/DMS - PROPOSED FILING - Adult Immunization Mandatory Coverage  
**Date:** Thursday, October 5, 2023 2:15:00 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[SOS INITIAL FILING - ACIP.pdf](#)

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The Rule will run the following three consecutive days in the Arkansas Democrat Gazette.

- Friday      October 6, 2023
- Saturday   October 7, 2023
- Sunday     October 8, 2023

A public hearing by remote access only will be held through a Zoom webinar. The public comment period will end on November 4, 2023.

-Thanks  
Chloe



**CHLOE CRATER-BETTON**

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**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY.**

**DEPARTMENT** \_\_\_\_\_  
**BOARD/COMMISSION** \_\_\_\_\_  
**PERSON COMPLETING THIS STATEMENT** \_\_\_\_\_  
**TELEPHONE NO.** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

To comply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and email it with the questionnaire, summary, markup and clean copy of the rule, and other documents. Please attach additional pages, if necessary.

**TITLE OF THIS RULE** \_\_\_\_\_

1. Does this proposed, amended, or repealed rule have a financial impact?  
Yes                      No
  
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?  
Yes                      No
  
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes                      No

If no, please explain:

(a) how the additional benefits of the more costly rule justify its additional cost;

(b) the reason for adoption of the more costly rule;

(c) whether the reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and

(d) whether the reason for adoption of the more costly rule is within the scope of the agency's statutory authority, and if so, how.

4. If the purpose of this rule is to implement a *federal* rule or regulation, please state the following:
  - (a) What is the cost to implement the federal rule or regulation?

**Current Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

**Next Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

(b) What is the additional cost of the state rule?

**Current Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

**Next Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_

Total \_\_\_\_\_

5. What is the total estimated cost by fiscal year to any private individual, private entity, or private business subject to the proposed, amended, or repealed rule? Please identify those subject to the rule, and explain how they are affected.

**Current Fiscal Year**

\$ \_\_\_\_\_

**Next Fiscal Year**

\$ \_\_\_\_\_

6. What is the total estimated cost by fiscal year to a state, county, or municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

**Current Fiscal Year**

\$ \_\_\_\_\_

**Next Fiscal Year**

\$ \_\_\_\_\_

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes      No

If yes, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
  - (a) justifies the agency's need for the proposed rule; and
  - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
  - (a) the rule is achieving the statutory objectives;
  - (b) the benefits of the rule continue to justify its costs; and
  - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

1905(a)(13)(B) - Attestation for Vaccines and Vaccine Administration

For adults age 19 and over, Arkansas covers vaccines and vaccine administration under the state plan which includes ~~, with respect to an adult individual,~~ approved vaccines recommended by the Advisory Committee on Immunization Practices (an advisory committee established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention) and their administration.

Arkansas maintains a method of monitoring ACIP notifications of changes to recommendations to ensure that coverage and billing codes are updated to comply with those revisions.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

1905(a)(13)(B) - Attestation for Vaccines and Vaccine Administration

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

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1905(a)(13)(B) - Attestation for Vaccines and Vaccine Administration

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

1905(a)(13)(B) - Attestation for Vaccines and Vaccine Administration

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Arkansas maintains a method of monitoring ACIP notifications of changes to recommendations to ensure that coverage and billing codes are updated to comply with those revisions.

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

ATTACHMENT 3.1-A  
Page 1eee

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: October 1, 2023  
~~January 1, 2022~~

CATEGORICALLY NEEDY

2.c. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the plan and furnished by a FQHC in accordance with Section 4231 of the State Medicaid Manual (HCFA - Pub. 45-4). (Continued)

Covered FQHC core services are defined as follows:

- physician services;
- services and supplies incident to physician's services (including drugs and biologicals that cannot be self-administered);
- Immunizations provided based on recommendations of the Advisory Committee on Immunization Practices (ACIP) and their pneumococcal vaccine and its administration and influenza vaccine and its administration;
- physician assistant services;
- nurse practitioner services;
- clinical psychologist services;
- clinical social worker services;
- **licensed certified social worker services;**
- **licensed professional counselor services;**
- **licensed mental health counselor services;**
- **licensed marriage and family therapist services;**
- services and supplies incident to clinical psychologist, clinical social worker, **licensed certified social worker, licensed professional counselor, licensed mental health counselor, and licensed marriage and family therapist** services as would otherwise be covered if furnished by or incident to physician services; and
- part-time or intermittent nursing care and related medical supplies to a homebound individual, in the case of those FQHCs that are located in an area in which the Secretary has determined there is a shortage of home health agencies.

FQHC ambulatory services are defined as any other ambulatory service included in the Medicaid State Plan if the FQHC offers such a service, (e.g. dental, etc.). The "other ambulatory services" that are provided by the FQHC will count against the limit established in the plan for that service.

MARKUP

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

October 1, 2023

Revised:

CATEGORICALLY NEEDED

- 2.c. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the plan and furnished by a FQHC in accordance with Section 4231 of the State Medicaid Manual (HCFA - Pub. 45-4). (Continued)

Covered FQHC core services are defined as follows:

- physician services;
- services and supplies incident to physician's services (including drugs and biologicals that cannot be self-administered);
- Immunizations provided based on recommendations of the Advisory Committee on Immunization Practices (ACIP) and their administration;
- physician assistant services;
- nurse practitioner services;
- clinical psychologist services;
- clinical social worker services;
- **licensed certified social worker services;**
- **licensed professional counselor services;**
- **licensed mental health counselor services;**
- **licensed marriage and family therapist services;**
- services and supplies incident to clinical psychologist, clinical social worker, **licensed certified social worker, licensed professional counselor, licensed mental health counselor, and licensed marriage and family therapist** services as would otherwise be covered if furnished by or incident to physician services; and
- part-time or intermittent nursing care and related medical supplies to a homebound individual, in the case of those FQHCs that are located in an area in which the Secretary has determined there is a shortage of home health agencies.

FQHC ambulatory services are defined as any other ambulatory service included in the Medicaid State Plan if the FQHC offers such a service, (e.g. dental, etc.). The "other ambulatory services" that are provided by the FQHC will count against the limit established in the plan for that service.

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

ATTACHMENT 3.1-A  
Page 1h

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

October 1, 2023  
Revised: January 1, 2021

CATEGORICALLY NEEDY

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

- (1) No ~~limitation~~limitations on services within the scope of the program (except for consultations, home health services and personal care services) if services are EPSDT related. Extension of the benefit limit for consultations (2 per State Fiscal Year), home health services (50 visits per State Fiscal Year), personal care services (64 hours per calendar month), personal care transportation (50 units per date of service per recipient), physical therapy evaluations (2 per State Fiscal Year), occupational therapy evaluations (2 per State Fiscal Year), speech- **language** therapy evaluations (4 units per State Fiscal Year), and chiropractor X-ray services (2 per State Fiscal Year) will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.

Medical Screens are provided based on the recommendations of the American Academy of Pediatrics. ~~Childhood~~immunizations are provided based on recommendations of the Advisory Committee on Immunization Practices (ACIP).

The State will provide other health care described in Section 1905(a) of the Social Security Act that is found to be medically necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, even when such health care is not otherwise covered under the State Plan.

TN:~~20-002123-0019~~

Supersedes TN:20-002109-0015

Approval:~~11-9-2020~~

Effective Date:10-1-2023~~1-1-2021~~

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

ATTACHMENT 3.1-A  
Page 1h

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

October 1, 2023  
Revised:

CATEGORICALLY NEEDED

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TN:23-0019  
Supersedes TN:20-0021  
Effective Date:10-1-2023

Approval:

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

ATTACHMENT 3.1-A  
Page 6a1

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: October 1, 2023  
~~September 1, 2010~~

CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

- a. Diagnostic services – Not Provided.
- b. Screening services - Not Provided.
- c. Preventive services - ~~Not Provided~~Provided, with limitation.

For a-adults age 19 and over, Arkansas covers vaccines and vaccine administration under the state plan which includes approved vaccines recommended by the Advisory Committee on Immunization Practices (an advisory committee established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention).

d. Rehabilitative Services

- 1. Rehabilitative Services for Persons with Mental Illness (RSPMI)

**A comprehensive system of care for behavioral health services has been developed for use by RSPMI providers. The changes to the program were developed in coordination with providers, representatives of the Arkansas System of Care and other key stakeholders.**

**DMS is seeking first to revise service definitions and methods within this program to meet the needs of persons whose illnesses meet the definitions outlined in the American Psychiatric Association Diagnostic and Statistical Manual.**

**Covered mental health services do not include services provided to individuals aged 21 to 65 who reside in facilities that meet the Federal definition of an institution for mental disease. Coverage of RSPMI services within the rehabilitation section of Arkansas' state plan that are provided in IMD's will be discontinued as of September 1, 2011.**

**A. Scope**

**A range of mental health rehabilitative or palliative services is provided by a duly certified RSPMI provider to Medicaid-eligible beneficiaries suffering from mental illness, as described in the American Psychiatric Association Diagnostic and Statistical Manual (DSM-IV and subsequent revisions).**

**DMS has set forth in policy the settings in which each individual service may be provided. Each service shown below includes the place of service allowable for that procedure.**

**Services:**

- **SERVICE: Speech Evaluation**



**DEFINITION:** Evaluation for Speech Therapy defined by applicable state and federal rules and regulations.

*This service must be performed by a professional as described in the Physical, Occupational, and Speech Therapy Program provider manual.*

- **SERVICE:** Mental Health Evaluation/Diagnosis  
**DEFINITION:** The cultural, developmental, age and disability -relevant clinical evaluation and determination of a beneficiary's mental status; functioning in various life domains; and an axis five DSM diagnostic

MARKUP

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: October 1, 2023

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AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

October 1, 2023  
Revised: January 1, 2021

MEDICALLY NEEDY

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AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

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AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: ~~September 1, 2010~~  
October 1, 2023

MEDICALLY NEEDY

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AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED MEDICALLY NEEDY

Revised: October 1, 2023

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

October 1, ~~2012~~-2023

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

d. Eyeglasses

Negotiated statewide contract bid.

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan

a. Diagnostic Services - Not provided.

b. Screening Services - Not provided.

c. Preventive Services - ~~Not provided~~**Provided with limitations.**

**For adults age 19 and over, \_\_\_\_\_ Arkansas covers vaccines and vaccine administration under the state plan which includes approved vaccines recommended by the Advisory Committee on Immunization Practices (an advisory committee established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention).**

e.d. Rehabilitative Services

1. Rehabilitative Services for Persons with Mental Illness (RSPMI)

Reimbursement is based on the lower of the amount billed or the Title XIX (Medicaid) maximum allowable. Except as otherwise noted in the state plan, state developed fee schedule rates are the same for both governmental and private providers of RSPMI services. The agency's fee schedule rates were set as of April 1, 1988 and are effective for services provided on or after that date. All rates are published on the agency's website at [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

Effective for dates of service on or after April 1, 2004, reimbursement rates (payments) for inpatient visits in acute care hospitals by board certified psychiatrists shall be as ordered by the United States District Court for the Eastern District of Arkansas in the case of Arkansas Medical Society v. Reynolds. Refer to Attachment 4.19-B, Item 5, for physician reimbursement.

The State shall not claim FFP for any non institutional service provided to individuals who are residents of facilities that meet the Federal definition of an institution for mental diseases or a psychiatric residential treatment facility as described in Federal regulations at 42 CFR 1440 and 14460 and 42 CFR 441 Subparts C and D. Reimbursement of RSPMI services that are provided in IMD's will be discontinued for services provided on or after September 1, 2011.

For RSPMI services provided in clinics operated by State operated teaching hospitals.

Effective for claims with dates of service on or after March 1, 2002, Arkansas State Operated Teaching Hospital psychiatric clinics that are not part of a hospital outpatient department shall be reimbursed based on reasonable costs with interim payments at the RSPMI fee schedule rates and a year-end cost settlement.

The provider will be paid the lesser of actual costs identified using a CMS approved cost report or customary charges. Each Arkansas State Operated Teaching Hospital with qualifying psychiatric clinics shall submit an annual cost report. Said cost report shall be submitted within five (5) months after the close of the hospital's fiscal year. Failure to file the cost report within the prescribed period, except as expressly extended by the State Medicaid Agency, may result in suspension of reimbursement until the cost report is filed. The State Medicaid Agency will review the submitted cost report and make a tentative settlement within 60 days of the receipt of the cost report and will make final settlement in the following year after all Medicaid charges and payments have been processed. The final settlement will be calculated and made at the same time as the next year's tentative settlement is calculated and made.

Medical professionals affiliated with Arkansas State Operated Teaching Hospitals are not eligible for additional reimbursement for services provided in these clinics.

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

October 1, 2023

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Medical professionals affiliated with Arkansas State Operated Teaching Hospitals are not eligible for additional reimbursement for services provided in these clinics.



(A) by striking the paragraph heading and inserting “INDIVIDUALS WITH CERTAIN LOW INCOMES”; and

(B) in the matter preceding subparagraph (A)—

(i) by inserting “(or, with respect to a plan year beginning on or after January 1, 2024, 150 percent)” after “135 percent”; and

(ii) by inserting “(or, with respect to a plan year beginning on or after January 1, 2024, paragraph (3)(E))” after “the resources requirement described in paragraph (3)(D)”; and

(3) in paragraph (2)—

(A) by striking the paragraph heading and inserting “OTHER LOW-INCOME INDIVIDUALS”; and

(B) in the matter preceding subparagraph (A), by striking “In the case of a subsidy” and inserting “With respect to a plan year beginning before January 1, 2024, in the case of a subsidy”.

**SEC. 11405. IMPROVING ACCESS TO ADULT VACCINES UNDER MEDICAID AND CHIP.**

(a) **MEDICAID.**—

(1) **REQUIRING COVERAGE OF ADULT VACCINATIONS.**—

(A) **IN GENERAL.**—Section 1902(a)(10)(A) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)) is amended in the matter preceding clause (i) by inserting “(13)(B),” after “(5),”.

(B) **MEDICALLY NEEDY.**—Section 1902(a)(10)(C)(iv) of such Act (42 U.S.C. 1396a(a)(10)(C)(iv)) is amended by inserting “, (13)(B),” after “(5)”.

(2) **NO COST SHARING FOR VACCINATIONS.**—

(A) **GENERAL COST-SHARING LIMITATIONS.**—Section 1916 of the Social Security Act (42 U.S.C. 1396o) is amended—

(i) in subsection (a)(2)—

(I) in subparagraph (G), by inserting a comma after “State plan”;

(II) in subparagraph (H), by striking “; or” and inserting a comma;

(III) in subparagraph (I), by striking “; and” and inserting “, or”; and

(IV) by adding at the end the following new subparagraph:

“(J) vaccines described in section 1905(a)(13)(B) and the administration of such vaccines; and”;

(ii) in subsection (b)(2)—

(I) in subparagraph (G), by inserting a comma after “State plan”;

(II) in subparagraph (H), by striking “; or” and inserting a comma;

(III) in subparagraph (I), by striking “; and” and inserting “, or”; and

(IV) by adding at the end the following new subparagraph:

“(J) vaccines described in section 1905(a)(13)(B) and the administration of such vaccines; and”.

(B) **APPLICATION TO ALTERNATIVE COST SHARING.**—Section 1916A(b)(3)(B) of the Social Security Act (42 U.S.C.

1396o–1(b)(3)(B)) is amended by adding at the end the following new clause:

“(xiv) Vaccines described in section 1905(a)(13)(B) and the administration of such vaccines.”.

(3) INCREASED FMAP FOR ADULT VACCINES AND THEIR ADMINISTRATION.—Section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) is amended—

(A) by striking “and (5)” and inserting “(5)”;

(B) by striking “services and vaccines described in subparagraphs (A) and (B) of subsection (a)(13), and prohibits cost-sharing for such services and vaccines” and inserting “services described in subsection (a)(13)(A), and prohibits cost-sharing for such services”;

(C) by striking “medical assistance for such services and vaccines” and inserting “medical assistance for such services”; and

(D) by inserting “, and (6) during the first 8 fiscal quarters beginning on or after the effective date of this clause, in the case of a State which, as of the date of enactment of the Act titled ‘An Act to provide for reconciliation pursuant to title II of S. Con. Res. 14’, provides medical assistance for vaccines described in subsection (a)(13)(B) and their administration and prohibits cost-sharing for such vaccines, the Federal medical assistance percentage, as determined under this subsection and subsection (y), shall be increased by 1 percentage point with respect to medical assistance for such vaccines and their administration” before the first period.

Time periods.

(b) CHIP.—

(1) REQUIRING COVERAGE OF ADULT VACCINATIONS.—Section 2103(c) of the Social Security Act (42 U.S.C. 1397cc(c)) is amended by adding at the end the following paragraph:

“(12) REQUIRED COVERAGE OF APPROVED, RECOMMENDED ADULT VACCINES AND THEIR ADMINISTRATION.—Regardless of the type of coverage elected by a State under subsection (a), if the State child health plan or a waiver of such plan provides child health assistance or pregnancy-related assistance (as defined in section 2112) to an individual who is 19 years of age or older, such assistance shall include coverage of vaccines described in section 1905(a)(13)(B) and their administration.”.

(2) NO COST-SHARING FOR VACCINATIONS.—Section 2103(e)(2) of such Act (42 U.S.C. 1397cc(e)(2)) is amended by inserting “vaccines described in subsection (c)(12) (and the administration of such vaccines),” after “in vitro diagnostic products described in subsection (c)(10) (and administration of such products),”.

(c) EFFECTIVE DATE.—The amendments made by this section take effect on the 1st day of the 1st fiscal quarter that begins on or after the date that is 1 year after the date of enactment of this Act and shall apply to expenditures made under a State plan or waiver of such plan under title XIX of the Social Security Act (42 U.S.C. 1396 through 1396w–6) or under a State child health plan or waiver of such plan under title XXI of such Act (42 U.S.C. 1397aa through 1397mm) on or after such effective date.

Applicability.  
42 USC 1396a  
note.

## **RULES SUBMITTED FOR REPEAL**

**Rule #1: DDS Policy 2005 – Incidental Funds  
Account**

**Rule #2: DDS Policy 3003 – Research Involving  
Individuals Served**

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES  
DDS DIRECTOR'S OFFICE POLICY MANUAL

Policy Type	Subject of Policy	Policy No.
Fiscal	Incidental Funds Account	2005

1. Purpose. This policy has been prepared to establish DDS procedures regarding Incidental Account Funds relative to residential programs (HDCs).
2. Scope. This policy is directed to all applicable DDS employees.
3. Definition. Those funds not in the State Treasury, in which the State has a vested interest.
4. Funds Source. The basic source of incidental funds are those revenues derived from canteen sales and reimbursement-type charges assessed to the responsible party of the individual's account.
5. Use of Incidental Account Funds. Incidental funds shall be expended for supplemental purposes unless approved by the Director. Supplemental being defined as:
  - A. Items and/or services not ICF/MR reimbursable, except those services of a contractual nature.
  - B. Items and/or services for special events and holidays designed for the benefit of the individuals residing at the HDCs, including Christmas presents for those individuals not going home.
  - C. Non-consumable items purchased to directly benefit individuals when no other funds are available, excluding any item that is normally purchased from Maintenance and Operations.

Replacement Notation: This Policy replaces DDS Director's Office Policy #2005 dated April 1, 1989.

Effective Date: December 1, 1993

Sheet 1 of 3

References: Act 876 of 1983, as amended, The General Accounting and Budgetary Procedures Law; State Accounting Procedures Manual; Act 482 of 1979, as amended, Arkansas Purchasing Law.

Administrative Rules & Regulations Sub Committee of the Arkansas Legislative Council: November 4, 1993.

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES  
DDS DIRECTOR'S OFFICE POLICY MANUAL

<u>Policy Type</u>	<u>Subject of Policy</u>	<u>Policy No.</u>
<u>Fiscal</u>	<u>Incidental Funds Account</u>	<u>2005</u>

6. Procedures for Incidental Funds Expenditures.

- A. Incidental funds will be placed in interest-bearing account(s) or other mechanisms.
- B. Deposits made at the facility will be keyed and a copy of the deposit slips will be sent to the Division of Finance, Funds Management Section.
- C. All funds generated to include interest by each HDC to the Incidental Account shall remain with that HDC. A local bank account shall be established by each HDC for deposit of generated funds. It is each HDC's responsibility to maintain appropriate accounting mechanisms to insure accountability.
- D. Division of Finance Funds Management Section will provide monthly reports showing receipts, disbursements and bank balances.
- E. Requests for purchases and/or checks by HDC Superintendents in the amount up to \$5,000.00 will need no further Agency approval. Expenditures over \$5,000.00 must be approved by the DDS Director.

7. The procurement party assumes responsibility for following the state purchasing law and accounting procedures manual and, policy and procedures relating to Incidental Funds when making obligations against that fund. In addition, he/she is responsible for ensuring that there are adequate sums in the subsidiary account to cover the purchase. The Division of Management Services, Purchasing Section, and the Division of Finance, Funds Management Section, will be available to provide advice upon request.

8. A request and explanation for cash will be routed to Central Office for approval. Supporting documentation for the expenditures will be maintained at the HDC.

9. Procedures for Incidental Account and Monitoring.

Incidental funds by their nature encompass several unique activities. General criteria shall be established, with the unique characteristics for each discussed separately. As state funds, incidentals are tied to regulations governing purchases. Requisitions, purchase orders, and receiving reports must be prepared for the majority of transactions. There are, however, exceptions to preparations of these documents as follows:

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES  
DDS DIRECTOR'S OFFICE POLICY MANUAL

Policy Type	Subject of Policy	Policy No.
Fiscal	Incidental Funds Account	2005

- a) Medical Services - Medical authorization form, signed by the doctor, nurse supervisor, or director of medical services, as may be appropriate for the particular HDC, then approved by the Superintendent or his/her designee will suffice.
- b) Field Trip Request - Authorized and signed by the Superintendent or his/her designee and submitted in advance.
- c) Birth Certificate Request - Signed by the party requesting.
- d) Total Economy, Token Economy, and Workshop Payrolls - Submitted in memo for, signed by the requesting responsible party, countersigned by the Superintendent or his/her designee.
- e) Canteen Purchases - Revolving items, i.e., candy, potato chips, or "route type" purchases requires a sales slip and receiving person's signature.
- f) Clothing for an Individual - In order to insure stylish, individualized clothing is purchased for individuals, the Office of State Purchasing has issued a Delegation Order outlining procedures to be followed. This procedure will be used as a guideline in this type purchase. The current delegation order will be maintained in the Division of Management Services, Purchasing Section.
- g) Vending Machine Operations - Exempt from justification. One individual should be responsible for checking product count, and another individual should be responsible for counting and depositing funds.

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES  
DDS DIRECTOR'S OFFICE POLICY MANUAL

Policy Type	Subject of Policy	Policy No.
Fiscal	Incidental Funds Account	2005

1. Purpose. This policy has been prepared to establish DDS procedures regarding Incidental Account Funds relative to residential programs (HDCs).
2. Scope. This policy is directed to all applicable DDS employees.
3. Definition. Those funds not in the State Treasury, in which the State has a vested interest.
4. Funds Source. The basic source of incidental funds are those revenues derived from canteen sales and reimbursement-type charges assessed to the responsible party of the individual's account.
5. Use of Incidental Account Funds. Incidental funds shall be expended for supplemental purposes unless approved by the Director. Supplemental being defined as:
  - A. Items and/or services not ICF/MR reimbursable, except those services of a contractual nature.
  - B. Items and/or services for special events and holidays designed for the benefit of the individuals residing at the HDCs, including Christmas presents for those individuals not going home.
  - C. Non-consumable items purchased to directly benefit individuals when no other funds are available, excluding any item that is normally purchased from Maintenance and Operations.

Replacement Notation: This Policy replaces DDS Director's Office Policy #2005 dated April 1, 1989.

Effective Date: December 1, 1993

Sheet 1 of 3

References: Act 876 of 1983, as amended, The General Accounting and Budgetary Procedures Law; State Accounting Procedures Manual; Act 482 of 1979, as amended, Arkansas Purchasing Law.

Administrative Rules & Regulations Sub Committee of the Arkansas Legislative Council: November 4, 1993.

ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES  
DDS DIRECTOR'S OFFICE POLICY MANUAL

<u>Policy Type</u>	<u>Subject of Policy</u>	<u>Policy No.</u>
<u>Fiscal</u>	<u>Incidental Funds Account</u>	<u>2005</u>

6. Procedures for Incidental Funds Expenditures.

- A. Incidental funds will be placed in interest-bearing account(s) or other mechanisms.
- B. Deposits made at the facility will be keyed and a copy of the deposit slips will be sent to the Division of Finance, Funds Management Section.
- C. All funds generated to include interest by each HDC to the Incidental Account shall remain with that HDC. A local bank account shall be established by each HDC for deposit of generated funds. It is each HDC's responsibility to maintain appropriate accounting mechanisms to insure accountability.
- D. Division of Finance Funds Management Section will provide monthly reports showing receipts, disbursements and bank balances.
- E. Requests for purchases and/or checks by HDC Superintendents in the amount up to \$5,000.00 will need no further Agency approval. Expenditures over \$5,000.00 must be approved by the DDS Director.

7. The procurement party assumes responsibility for following the state purchasing law and accounting procedures manual and, policy and procedures relating to Incidental Funds when making obligations against that fund. In addition, he/she is responsible for ensuring that there are adequate sums in the subsidiary account to cover the purchase. The Division of Management Services, Purchasing Section, and the Division of Finance, Funds Management Section, will be available to provide advice upon request.

8. A request and explanation for cash will be routed to Central Office for approval. Supporting documentation for the expenditures will be maintained at the HDC.

9. Procedures for Incidental Account and Monitoring.

Incidental funds by their nature encompass several unique activities. General criteria shall be established, with the unique characteristics for each discussed separately. As state funds, incidentals are tied to regulations governing purchases. Requisitions, purchase orders, and receiving reports must be prepared for the majority of transactions. There are, however, exceptions to preparations of these documents as follows:



ARKANSAS DEPARTMENT OF HUMAN SERVICES  
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES  
DDS DIRECTOR'S OFFICE POLICY MANUAL

Policy Type	Subject of Policy	Policy No.
Fiscal	Incidental Funds Account	2005

- a) Medical Services - Medical authorization form, signed by the doctor, nurse supervisor, or director of medical services, as may be appropriate for the particular HDC, then approved by the Superintendent or his/her designee will suffice.
- b) Field Trip Request - Authorized and signed by the Superintendent or his/her designee and submitted in advance.
- c) Birth Certificate Request - Signed by the party requesting.
- d) Total Economy, Token Economy, and Workshop Payrolls - Submitted in memo for, signed by the requesting responsible party, countersigned by the Superintendent or his/her designee.
- e) Canteen Purchases - Revolving items, i.e., candy, potato chips, or "route type" purchases requires a sales slip and receiving person's signature.
- f) Clothing for an Individual - In order to insure stylish, individualized clothing is purchased for individuals, the Office of State Purchasing has issued a Delegation Order outlining procedures to be followed. This procedure will be used as a guideline in this type purchase. The current delegation order will be maintained in the Division of Management Services, Purchasing Section.
- g) Vending Machine Operations - Exempt from justification. One individual should be responsible for checking product count, and another individual should be responsible for counting and depositing funds.

## **Table of Contents**

**State/Territory Name: Arkansas**

**State Plan Amendment (SPA) #: 23-0019**

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

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December 11, 2023

Janet Mann  
Director of 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) AR-23-0019

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-23-0019. This amendment proposes to implement coverage and reimbursement of adult (age 19 and over) immunizations and administration without cost sharing, when required according to the recommendations of the Advisory Committee on Immunization Practices (ACIP).

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations from Section 11405 of the Inflation Reduction Act (IRA). This letter is to inform you that Arkansas Medicaid SPA AR-23-0019 was approved on December 8, 2023, with an effective date of October 1, 2023.

If you have any questions regarding this approval, please contact Lee Herko at 570-230-4048 or via email at [lee.herko@cms.hhs.gov](mailto:lee.herko@cms.hhs.gov).

Sincerely,

**Ruth**

**Hughes -S**

Ruth A. Hughes, Acting Director  
Division of Program Operations

Digitally signed by  
Ruth Hughes -S  
Date: 2023.12.11  
13:04:25 -06'00'

Enclosures

cc: Elizabeth Pittman  
Anita Castleberry  
Lisa Teague  
Jack Tiner

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

**FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 3 — 0 0 1 9

2. STATE

A R

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT  XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

10/1/2023

5. FEDERAL STATUTE/REGULATION CITATION

Section 11405 of the Inflation Reduction Act (IRA)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 107,272  
b. FFY 2025 \$ 107,272

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

See attachment.

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

See attachment.

9. SUBJECT OF AMENDMENT

Attestation of coverage and reimbursement of adult (age nineteen (19) and over) immunizations and administration without cost sharing, when required according to recommendations of the Advisory Committee on Immunization Practices (ACIP)

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL

*Elizabeth Pitman for EP*

12. TYPED NAME

Elizabeth Pitman

13. Director,

Director, Division of Medical Services

14. DATE SUBMITTED

10/05/2023

15. RETURN TO

Office of Rules Promulgation  
PO Box 1437, Slot S295  
Little Rock, AR 72203-1437

Attn: Mac Golden

**FOR CMS USE ONLY**

16. DATE RECEIVED

October 5, 2023

17. DATE APPROVED

December 8, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL

October 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL

**Ruth Hughes -S** Digitally signed by Ruth Hughes -S  
Date: 2023.12.11 13:03:43 -06'00'

20. TYPED NAME OF APPROVING OFFICIAL

Ruth A. Hughes

21. TITLE OF APPROVING OFFICIAL

Acting Director, Division of Program Operations

22. REMARKS

**ATTACHED LISTING FOR  
ARKANSAS STATE PLAN  
TRANSMITTAL #2023-0019**

**7. Number of the Plan  
Section or Attachment**

Supplement 2 to Attachment 3.1-B, Page 1

Supplement 2 to Attachment 3.1-A, Page 1

Attachment 3.1-A, Page 1eee

Attachment 3.1-A, Page 1h

Attachment 3.1-A, Page 6a1

Attachment 3.1-B, Page 2g

Attachment 3.1-B, Page 5d1

Attachment 4.19-B, Page 5

**8. Number of the Superseded Plan  
Section or Attachment**

None – New Page

None – New Page

Attachment 3.1-A, Page 1eee  
Approved 12-09-21, TN 21-0011

Attachment 3.1-A, Page 1h  
Approved 11-9-2020, TN 09-0015

Attachment 3.1-A, Page 6a1  
Approved 10-6-10, TN 10-09

Attachment 3.1-B, Page 2g  
Approved 11-9-2020, TN 09-0015

Attachment 3.1-B, Page 5d1  
Approved 10-6-10, TN 10-09

Attachment 4.19-B, Page 5  
Approved 9-6-12, TN 10-12

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

October 1, 2023

Revised:

CATEGORICALLY NEEDED

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- 2.c. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the plan and furnished by a FQHC in accordance with Section 4231 of the State Medicaid Manual (HCFA - Pub. 45-4). (Continued)

Covered FQHC core services are defined as follows:

- physician services;
- services and supplies incident to physician's services (including drugs and biologicals that cannot be self-administered);
- Immunizations provided based on recommendations of the Advisory Committee on Immunization Practices (ACIP) and their administration;
- physician assistant services;
- nurse practitioner services;
- clinical psychologist services;
- clinical social worker services;
- **licensed certified social worker services;**
- **licensed professional counselor services;**
- **licensed mental health counselor services;**
- **licensed marriage and family therapist services;**
- services and supplies incident to clinical psychologist, clinical social worker, **licensed certified social worker, licensed professional counselor, licensed mental health counselor, and licensed marriage and family therapist** services as would otherwise be covered if furnished by or incident to physician services; and
- part-time or intermittent nursing care and related medical supplies (home health) which meets the definition found at 42 CFR 440.70.

FQHC ambulatory services are defined as any other ambulatory service included in the Medicaid State Plan if the FQHC offers such a service, (e.g. dental, etc.). The "other ambulatory services" that are provided by the FQHC will count against the limit established in the plan for that service.

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

ATTACHMENT 3.1-A  
Page 1h

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: October 1, 2023

CATEGORICALLY NEEDY

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

- (1) No limitations on services within the scope of the program (except for consultations, home health services and personal care services) if services are EPSDT related. Extension of the benefit limit for consultations (2 per State Fiscal Year), home health services (50 visits per State Fiscal Year), personal care services (64 hours per calendar month), personal care transportation (50 units per date of service per recipient), physical therapy evaluations (2 per State Fiscal Year), occupational therapy evaluations (2 per State Fiscal Year), speech-language therapy evaluations (4 units per State Fiscal Year), and chiropractor X-ray services (2 per State Fiscal Year) will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.

Medical Screens are provided based on the recommendations of the American Academy of Pediatrics. Immunizations are provided based on recommendations of the Advisory Committee on Immunization Practices (ACIP).

The State will provide other health care described in Section 1905(a) of the Social Security Act that is found to be medically necessary to correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, even when such health care is not otherwise covered under the State Plan.

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: October 1, 2023

CATEGORICALLY NEEDED

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan.  
(Continued)

- a. Diagnostic services – Not Provided.
- b. Screening services - Not Provided.
- c. Preventive services - Provided, with limitation.

Arkansas covers vaccines and vaccine administration which includes approved vaccines recommended by the Advisory Committee on Immunization Practices (an advisory committee established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention).

d. Rehabilitative Services

- 1. Rehabilitative Services for Persons with Mental Illness (RSPMI)

**A comprehensive system of care for behavioral health services has been developed for use by RSPMI providers. The changes to the program were developed in coordination with providers, representatives of the Arkansas System of Care and other key stakeholders.**

**DMS is seeking first to revise service definitions and methods within this program to meet the needs of persons whose illnesses meet the definitions outlined in the American Psychiatric Association Diagnostic and Statistical Manual.**

**Covered mental health services do not include services provided to individuals aged 21 to 65 who reside in facilities that meet the Federal definition of an institution for mental disease. Coverage of RSPMI services within the rehabilitation section of Arkansas' state plan that are provided in IMD's will be discontinued as of September 1, 2011.**

**A. Scope**

**A range of mental health rehabilitative or palliative services is provided by a duly certified RSPMI provider to Medicaid-eligible beneficiaries suffering from mental illness, as described in the American Psychiatric Association Diagnostic and Statistical Manual (DSM-IV and subsequent revisions).**

**DMS has set forth in policy the settings in which each individual service may be provided. Each service shown below includes the place of service allowable for that procedure.**

**Services:**

- **SERVICE: Mental Health Evaluation/Diagnosis**  
**DEFINITION: The cultural, developmental, age and disability -relevant clinical evaluation and determination of a beneficiary's mental status; functioning in various life domains; and an axis five DSM diagnostic**



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **ARKANSAS**

1905(a)(13)(B) - Attestation for Vaccines and Vaccine Administration

Arkansas covers vaccines and vaccine administration which includes approved vaccines recommended by the Advisory Committee on Immunization Practices (an advisory committee established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention) and their administration.

Arkansas maintains a method of monitoring ACIP notifications of changes to recommendations to ensure that coverage and billing codes are updated to comply with those revisions.

TN: AR-23-0019  
Supersedes TN: NEW

Effective: 10/01/2023  
Approved: 12/08/2023

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: October 1, 2023

MEDICALLY NEEDY

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

- (1) No limitation on services within the scope of the program, except for consultations, home health services if services are EPSDT related. Extension of the benefit limit for consultations (2 per State Fiscal Year), home health services (50 visits per State Fiscal Year), physical therapy evaluations (2 per State Fiscal Year), occupational therapy evaluations (2 per State Fiscal Year), speech-language therapy evaluations (4 units per State Fiscal Year), and chiropractor X-ray services (2 per State Fiscal Year) will be provided if medically necessary for recipients in the Child Health Services (EPSDT) Program.

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AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: October 1, 2023

MEDICALLY NEEDY

---

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

- a. Diagnostic services – Not Provided.
- b. Screening services - Not Provided.
- c. Preventive services - **Provided, with limitation**

**Arkansas covers vaccines and vaccine administration which includes approved vaccines recommended by the Advisory Committee on Immunization Practices (an advisory committee established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention).**

d. Rehabilitative Services

1. Rehabilitative Services for Persons with Mental Illness (RSPMI)

A comprehensive system of care for behavioral health services has been developed for use by RSPMI providers. The changes to the program were developed in coordination with providers, representatives of the Arkansas System of Care and other key stakeholders.

DMS is seeking first to revise service definitions and methods within this program to meet the needs of persons whose illnesses meet the definitions outlined in the American Psychiatric Association Diagnostic and Statistical Manual.

Covered mental health services do not include services provided to individuals aged 21 to 65 who reside in facilities that meet the Federal definition of an institution for mental disease. Coverage of RSPMI services within the rehabilitation section of Arkansas' state plan that are provided in IMD's will be discontinued as of September 1, 2011.

**A.** Scope

A range of mental health rehabilitative or palliative services is provided by a duly certified RSPMI provider to Medicaid-eligible beneficiaries suffering from mental illness, as described in the American Psychiatric Association Diagnostic and Statistical Manual (DSM-IV and subsequent revisions).

DMS has set forth in policy the settings in which each individual service may be provided. Each service shown below includes the place of service allowable for that procedure.

Services:

SERVICE: Mental Health Evaluation/Diagnosis

DEFINITION: The cultural, developmental, age and disability -relevant clinical evaluation and determination of a beneficiary's mental status; functioning in various life domains; and an axis five DSM diagnostic

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **ARKANSAS**

1905(a)(13)(B) - Attestation for Vaccines and Vaccine Administration

Arkansas covers vaccines and vaccine administration which includes approved vaccines recommended by the Advisory Committee on Immunization Practices (an advisory committee established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention) and their administration.

Arkansas maintains a method of monitoring ACIP notifications of changes to recommendations to ensure that coverage and billing codes are updated to comply with those revisions.

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

October 1, -2023

- 
12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

d. Eyeglasses

Negotiated statewide contract bid.

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan

a. Diagnostic Services - Not provided.

b. Screening Services - Not provided.

c. Preventive Services - **Provided with limitations.**

**Arkansas covers vaccines and vaccine administration which includes approved vaccines recommended by the Advisory Committee on Immunization Practices (an advisory committee established by the Secretary, acting through the Director of the Centers for Disease Control and Prevention).**

d. Rehabilitative Services

1. Rehabilitative Services for Persons with Mental Illness (RSPMI)

Reimbursement is based on the lower of the amount billed or the Title XIX (Medicaid) maximum allowable. Except as otherwise noted in the state plan, state developed fee schedule rates are the same for both governmental and private providers of RSPMI services. The agency's fee schedule rates were set as of April 1, 1988 and are effective for services provided on or after that date. All rates are published on the agency's website at [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).

Effective for dates of service on or after April 1, 2004, reimbursement rates (payments) for inpatient visits in acute care hospitals by board certified psychiatrists shall be as ordered by the United States District Court for the Eastern District of Arkansas in the case of Arkansas Medical Society v. Reynolds. Refer to Attachment 4.19-B, Item 5, for physician reimbursement.

The State shall not claim FFP for any non institutional service provided to individuals who are residents of facilities that meet the Federal definition of an institution for mental diseases or a psychiatric residential treatment facility as described in Federal regulations at 42 CFR 1440 and 14460 and 42 CFR 441 Subparts C and D. Reimbursement of RSPMI services that are provided in IMD's will be discontinued for services provided on or after September 1, 2011.

For RSPMI services provided in clinics operated by State operated teaching hospitals.

Effective for claims with dates of service on or after March 1, 2002, Arkansas State Operated Teaching Hospital psychiatric clinics that are not part of a hospital outpatient department shall be reimbursed based on reasonable costs with interim payments at the RSPMI fee schedule rates and a year-end cost settlement. The provider will be paid the lesser of actual costs identified using a CMS approved cost report or customary charges. Each Arkansas State Operated Teaching Hospital with qualifying psychiatric clinics shall submit an annual cost report. Said cost report shall be submitted within five (5) months after the close of the hospital's fiscal year. Failure to file the cost report within the prescribed period, except as expressly extended by the State Medicaid Agency, may result in suspension of reimbursement until the cost report is filed. The State Medicaid Agency will review the submitted cost report and make a tentative settlement within 60 days of the receipt of the cost report and will make final settlement in the following year after all Medicaid charges and payments have been processed. The final settlement will be calculated and made at the same time as the next year's tentative settlement is calculated and made.

Medical professionals affiliated with Arkansas State Operated Teaching Hospitals are not eligible for additional reimbursement for services provided in these clinics.