

# EXHIBIT F

**Summary for**  
**Arkansas Medicaid State Plan Amendment #2010-011**  
**Substance Abuse Treatment Services**

Effective March 1, 2011, the Arkansas Department of Human Services (DHS) is proposing the Substance Abuse Treatment Services (SATS) program which will serve Medicaid enrolled pregnant women and children; the State is not creating a new category of eligible individuals. The SATS program is being developed as a joint effort of the Division of Medical Services and the Division of Behavioral Health Services.

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

March 1, 2011

CATEGORICALLY NEEDY

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

24. Substance Abuse Treatment Services

Substance Abuse Treatment Services (SATS) are provided for eligible recipients in the Child Health Services (EPSDT) Program. Services must be medically necessary and require prior authorization.

The SATS program covers the following services:

- A. Addiction Assessment
- B. Treatment Planning
- C. Care Coordination
- D. Multi-person (family) Group Counseling
- E. Individual Counseling
- F. Group Counseling
- G. Marital/Family Counseling
- H. Medication Management

Please refer to Attachment 3.1-A, Paged 1zz.3 for the service descriptions, definitions, established benefit limits and individual qualified provider requirements. Benefit limits may be extended based on medical necessity.

SATS Qualified Provider Requirements

SATS providers must hold certification from the Division of Behavioral Health Services (DBHS) as a Substance Abuse Treatment Services provider in order to enroll as a SATS Medicaid provider.

The following requirements must be met for DBHS/OADAP certification:

- A. Providers must be licensed by Division of Behavioral Health Services, Office of Alcohol and Drug Abuse Prevention (OADAP).
- B. Providers must submit a written request from the organization's Chief Executive Officer (CEO) to DBHS for certification by DBHS as a SATS Provider.
- C. The request for certification by DBHS must include a copy of the provider's accreditation, most recent accreditation survey, and correspondence between the provider and the accrediting organization since the most recent accreditation survey.
- D. A list of service delivery sites, including each site's address, telephone number, and fax number must be submitted. Each site from which SATS services are delivered must be included under the provider's accreditation. Proof of this accreditation must be submitted with the request for certification of a site.
- E. Current CARF, JCAHO, or COA, that includes accreditation of the pertinent outpatient alcohol and/or other drug abuse treatment component (OADAP Licensure Standards for Alcohol and/or Other Drug Abuse Treatment Programs p. 11). Current nationally accredited behavioral health programs without specific alcohol and drug treatment certification will need to obtain accreditation of their substance abuse program prior to receiving certification as a SATS provider of substance abuse treatment.

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

24. Substance Abuse Treatment Services (Continued)

- F. Provisional, Conditional, Preliminary, Pending, Expedited or Deferred Accreditations are not acceptable.
- G. The provider must: notify its accrediting organization in writing of all new or additional SATS services implemented subsequent to the provider's most recent accreditation survey; provide DBHS with a copy of the notification letter; and affirm in writing to DBHS that the new service(s) will be included in the provider's next regularly scheduled accreditation survey, if not surveyed before that time. Provider organization opening new services sites must follow DBHS certification policy and procedures.
- H. DBHS must be authorized to receive information directly from the accrediting organization and to provide information directly to the accrediting organization, as it relates to SATS. DBHS will furnish these documents to providers at their request.
- I. DBHS retains the right to request information in connection with licensure, accreditation, certification, provision or billing of SATS services; to perform site visits at anytime; and to conduct scheduled or unannounced visits, to insure entities are providing SATS services in accordance with the information that was submitted to DBHS. During a site visit the provider must allow access to all sites, policies and procedures, patient records, financial records, and any other documentation necessary to ascertain that services were/are of a quality which meets professionally recognized standards of health care.
- J. Providers must adhere to evidence-based practices as approved by DBHS for specific populations and services provided.

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CATEGORICALLY NEEDY

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

24. Substance Abuse Treatment Services (Continued)

Substance Abuse Treatment Service Definitions

The following service definitions were developed by a work group composed of members from the Division of Behavioral Health Services, the Division of Medical Services and providers. The service definitions also contain sections that address the maximum units allowable, and unit definitions.

SERVICES:	ADDICTION ASSESSMENT
<p><b>DEFINITION:</b></p> <p>The Substance Abuse Assessment Service identifies and evaluates the nature and extent of an individual's use/abuse/addiction to alcohol and/or other drugs and identifies but does not diagnose any existing comorbid conditions. A standardized assessment instrument, approved by DBHS and DMS, must be used to complete the assessment process. The assessment process results in the assignment of a diagnostic impression, patient placement recommendation for treatment regimen appropriate to the condition and situation presented by the recipient, and referral into a service or level of care appropriate to effectively treat the condition(s) identified. A 9 panel test is part of the assessment to assist in the recipient's self-report of the alcohol and drug use and to develop an accurate diagnosis, referral and treatment plan. The 9 Panel Test is a screening test for marijuana, cocaine, benzoylecgonine, PCP, Morphine and its related metabolites derived from opium (opiates), methamphetamines (including Ecstasy), methadone, amphetamines, barbiturates, and benzodiazepines.</p> <p><b>Benefit limit/Unit Definition:</b> 1 per episode; 1 assessment per SFY</p>	

**STAFFING REQUIREMENTS: (All staff must have a contractual or salaried employee relationship with the certified SATS Provider.)**

- Board certified or board eligible Psychiatrist
- Other licensed physician in state of Arkansas
- Advanced Practice Nurse (APN) and Physicians Assistant who have a collaborative agreement with a physician licensed in state of Arkansas
- Licensed Alcoholism and Drug Abuse Counselor (LADAC)
- Advanced Certified Alcoholism and Drug Abuse Counselor (ACADC)
- Certified Co-Occurring Disorder Professional – Diplomate Level (CCDP-D)

With the addition of substance abuse credentials (LADAC, ACADC, CCDP-D), the following persons may provide substance abuse clinical services:

- Licensed Certified Social Worker (LCSW) and Licensed Master Social Worker (LMSW). (LMSW must be under approved supervision)
- Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT) are independent practice and don't require supervision, and Licensed Associate Counselor (LAC) – must have approved supervision
- Psychologist
- Psychological Examiner (LPE-I) licensed to practice independently
- Psychological Examiner (LPE) under the supervision of a Psychologist

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(Continued)

24. Substance Abuse Treatment Services (Continued)

Substance Abuse Treatment Service Definitions (continued)

SERVICES:	TREATMENT PLANNING
<p><b>DEFINITION:</b></p> <p>A developed plan in cooperation with the individual (parent or guardian if the individual is under 18) to deliver specific addiction services to the individual to restore, improve or stabilize the individual's condition. The plan must be based on individualized service needs identified in the completed Addiction Assessment. The plan must include goals for the medically necessary treatment of identified problems, symptoms and addiction issues. The plan must identify individuals or treatment teams responsible for treatment, specific treatment modalities prescribed for the individual, and time limitations for services.</p> <p><b>Benefit Limit/Unit Definition:</b> 1 per episode; 1 per SFY</p>	

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

24. Substance Abuse Treatment Services (Continued)

Substance Abuse Treatment Service Definitions (continued)

SERVICES:	CARE COORDINATION
<b>DEFINITION:</b>	Care Coordination services are services that will assist the client and family in gaining access to needed medical, social, educational, and other services. Care Coordination will be provided using a wrap-around or recovery model and will include the following activities: input into the treatment planning process, coordination of the treatment planning team, referral to services and resources identified in the treatment plan, facilitating linkages between levels of care, and monitoring and follow up activities that are necessary to ensure the goals identified in the treatment plan are met or need to be revised. Care Coordination services ensure communication and collaboration between agencies, providers and other individuals necessary to implement the goals identified in the treatment plan.
<b>Benefit limit/Unit Definition:</b>	12 units per SFY; 15 Minute Unit

**STAFFING REQUIREMENTS:** (All staff must have a contractual or salaried employee relationship with the certified SATS Provider.)

A care coordinator must have the following credentials:

The following persons may provide substance abuse Care Coordinator Services under Arkansas Medicaid while under the supervision of a Certified Clinical Supervisor (CCS) recognized by the Arkansas Substance Abuse Certification Board or Registered Clinical Supervisor recognized by the Arkansas Board of Examiners of Alcoholism and Drug Abuse Counselors (BEADAC):

- Certified Alcohol and Drug Counselor (CADC)
- Certified Co-occurring Disorder Professional – Bachelors Level (CCDP-B)
- Certified Co-Occurring Disorder Professional – Associate Level (CCDP-A)
- Licensed Associate Alcoholism and Drug Abuse Counselor (LAADAC)
- Counselor in Training (CIT) as defined by ADAP licensing standards

The staff ratios shall not exceed 30 clients to 1 care coordinator.

The Case Planning Team must include a credential practitioner and a care coordinator. The Credential Practitioner must also hold one or more of the following Credentials: CCDP-D, LADAC, or ACADC.

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

24. Substance Abuse Treatment Services (Continued)

Substance Abuse Treatment Service Definitions (continued)

SERVICES:	MULTI-PERSON (FAMILY) GROUP COUNSELING
<b>DEFINITION:</b>  Multi-Person (Family) Counseling Services is a group therapeutic intervention using face to face verbal interaction between 2 to a maximum of 9 recipients and their family members or significant others. The Multi-Person (Family) Group Counseling Service provided to a group composed of family members of more than one recipient that is designed to enhance members' insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. The goal being to support the rehabilitation and recovery effort. Multi-Family Group Counseling must be prescribed on the Treatment Plan to address familial problems or needs and to achieve goals or objectives specified on the Treatment Plan.  <b>Benefit limit/Unit Definition:</b> 6 units/day; 48 units per SFY; 15 Minute Unit	

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- Certified Co-Occurring Disorder Professional – Diplomate Level (CCDP-D)

With the addition of substance abuse credentials (LADAC, ACADC, CCDP-D) the following persons may provide substance abuse clinical services:

- Licensed Certified Social Worker (LCSW) and Licensed Master Social Worker (LMSW). (LMSW must be under approved supervision)
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CATEGORICALLY NEEDY

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

24. Substance Abuse Treatment Services (Continued)

Substance Abuse Treatment Service Definitions (continued)

SERVICES:	INDIVIDUAL COUNSELING
<p><b>DEFINITION:</b></p> <p>Individual Counseling services includes the face to face counseling services necessary to initiate and support the rehabilitation effort, orient the recipient to the treatment process, develop the ongoing treatment plan, augment the treatment process, intervene in a problem area, contingency management, prevent a relapse situation, continuing care or provide ongoing psychotherapy as dictated by the recipient's needs.</p> <p><b>Benefit limit/Unit Definition:</b> 6 units/month; 48 units/SFY; 15 Minute Unit</p>	

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With the addition of substance abuse credentials (LADAC, ACADC, CCDP-D) the following persons may provide substance abuse clinical services:

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- Licensed Professional Counselor (LPC) and Licensed Marriage and Family Therapist (LMFT) are independent practice and don't require supervision, and Licensed Associate Counselor (LAC) – must have approved supervision
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CATEGORICALLY NEEDY

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

24. Substance Abuse Treatment Services (Continued)

Substance Abuse Treatment Service Definitions (continued)

SERVICES:	GROUP COUNSELING
<p><b>DEFINITION:</b></p> <p>Face-to-face interventions provided to a group of beneficiaries on a regularly scheduled basis to improve one's capacity to deal with problems that are a result of and/or contribute to substance abuse. The professional uses the emotional interactions of the group's members to assist them in implementing each beneficiary's master treatment plan, orient the beneficiary to the treatment process, support the rehabilitation effort, and to minimize relapse. Services are to be congruent with the age, strengths, needed accommodation for any disability, and cultural framework of the beneficiary and his/her family.</p> <p><b>Benefit limit/Unit Definition:</b> 6 units/day; 48 units per SFY; 15 Minute Unit</p>	

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CATEGORICALLY NEEDY

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

24. Substance Abuse Treatment Services (Continued)

Substance Abuse Treatment Service Definitions (continued)

SERVICES:	MARITAL/FAMILY COUNSELING
<p><b>DEFINITION:</b></p> <p>Face-to-face treatment provided to more than one member of a family simultaneously in the same session, or treatment with an individual family member (i.e. Spouse or Single Parent) that is specifically related to achieving goals identified on the recipient's master treatment plan. The identified recipient must be present for this service. Services are to be congruent with the age, strengths, needed accommodations for disability, and cultural framework of the recipient and his/her family. These services are to be utilized to identify and address marital/family dynamics and improve/strengthen marital/family interactions and functioning in relationship to the recipient, the recipient's condition and the condition's impact on the marital/family relationship.</p> <p><b>Benefit limit/Unit Definition:</b> 6 units/day; 48 units per SFY; 15 Minute Unit</p>	

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AMOUNT, DURATION AND SCOPE OF  
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March 1, 2011

CATEGORICALLY NEEDY

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

24. Substance Abuse Treatment Services (Continued)

Substance Abuse Treatment Service Definitions (continued)

SERVICES:	MEDICATION MANAGEMENT
<p><b>DEFINITION:</b></p> <p>This service is a direct service and is provided to the recipient by a Physician or APN with prescriptive authority. It includes pharmacologic management, including medication assessment, prescription, use and review of medication. This service is limited to the prescribing of psychotropic medications and those medications necessary to treat addiction related medical conditions and medication assisted addiction treatment.</p> <p><b>Benefit limit/Unit Definition:</b> 2 units/month; 12 units per SFY; 15 Minute Unit</p>	

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AMOUNT, DURATION AND SCOPE OF  
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Revised: March 1, 2011

CATEGORICALLY NEEDY

20. Extended Services for Pregnant Women (Continued)

b. Services for any other medical conditions that may complicate pregnancy. (Continued)

(6) Early Discharge Home Visit

If a physician chooses to discharge a low-risk mother and newborn from the hospital early (less than 24 hours), the physician or registered nurse employee may provide a home visit to the mother and baby within 72 hours of the hospital discharge; or the physician may request an early discharge home visit from any clinic that provides perinatal services. Visits will be done by physician order (includes hospital discharge order).

A physician may order a home visit for the mother and/or infant discharged later than 24 hours if there is specific medical reason for home follow-up.

These services are preventive in nature to try to avoid post-partum complications.

(7) Pregnancy-Related Substance Abuse Treatment Services (SATS)

Pregnancy-Related Substance Abuse Treatment Services (SATS) are provided for Medicaid eligible pregnant women through the last day of the month in which the 60th post partum day falls. Services are provided based on medical necessity and require prior authorization.

The SATS program covers the following services:

- A. Addiction Assessment
- B. Treatment Planning
- C. Care Coordination
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Please refer to Attachment 3.1-A, Page 1zz.3 for the service descriptions, definitions, benefit limits and individual qualified provider requirements. Benefit limits may be extended based on medical necessity.

SATS Qualified Provider

SATS providers must hold certification from the Division of Behavioral Health Services (DBHS) as a SATS provider in order to enroll as a Substance Abuse Treatment Services Medicaid provider.

The following requirements must be met for DBHS/OADAP certification:

- A. Providers must be licensed by Division of Behavioral Health Services, Office of Alcohol and Drug Abuse Prevention (OADAP).
- B. Providers must submit a written request from the organization's Chief Executive Officer (CEO) to DBHS for certification by DBHS as a SATS Provider.

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20. Extended Services for Pregnant Women (Continued)

b. Services for any other medical conditions that may complicate pregnancy. (Continued)

(7) Pregnancy-Related Substance Abuse Treatment Services (SATS) (Continued)

- C. The request for certification by DBHS must include a copy of the provider's accreditation, most recent accreditation survey, and correspondence between the provider and the accrediting organization since the most recent accreditation survey.
- D. A list of service delivery sites, including each site's address, telephone number, and fax number must be submitted. Each site from which SATS services are delivered must be included under the provider's accreditation. Proof of this accreditation must be submitted with the request for certification of a site.
- E. Current CARF, JCAHO, or COA, *that includes accreditation of the pertinent outpatient alcohol and/or other drug abuse treatment component (OADAP Licensure Standards for Alcohol and/or Other Drug Abuse Treatment Programs p. 11)*. Current nationally accredited behavioral health programs without specific alcohol and drug treatment certification will need to obtain accreditation of their substance abuse program prior to receiving certification as a SATS provider of substance abuse treatment.
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b. Services for any other medical conditions that may complicate pregnancy. (Continued)

(7) Pregnancy-Related Substance Abuse Treatment Services (SATS) (Continued)

- C. The request for certification by DBHS must include a copy of the provider's accreditation, most recent accreditation survey, and correspondence between the provider and the accrediting organization since the most recent accreditation survey.
- D. A list of service delivery sites, including each site's address, telephone number, and fax number must be submitted. Each site from which SATS services are delivered must be included under the provider's accreditation. Proof of this accreditation must be submitted with the request for certification of a site.
- E. Current CARF, JCAHO, or COA, that includes accreditation of the pertinent outpatient alcohol and/or other drug abuse treatment component (OADAP Licensure Standards for Alcohol and/or Other Drug Abuse Treatment Programs p. 11). Current nationally accredited behavioral health programs without specific alcohol and drug treatment certification will need to obtain accreditation of their substance abuse program prior to receiving certification as a SATS provider of substance abuse treatment.
- F. Provisional, Conditional, Preliminary, Pending, Expedited or Deferred Accreditations are not acceptable.
- G. The provider must notify its accrediting organization in writing of all new or additional SATS services implemented subsequent to the provider's most recent accreditation survey; provide DBHS with a copy of the notification letter; and affirm in writing to DBHS that the new service(s) will be included in the provider's next regularly scheduled accreditation survey, if not surveyed before that time. Provider organization opening new services sites must follow DBHS certification policy and procedures.
- H. DBHS must be authorized to receive information directly from the accrediting organization and to provide information directly to the accrediting organization, as it relates to SATS. DBHS will furnish these documents to providers at their request.
- I. DBHS retains the right to request information in connection with licensure, accreditation, certification, provision or billing of SATS services; to perform site visits at anytime; and to conduct scheduled or unannounced visits, to insure entities are providing SATS services in accordance with the information that was submitted to DBHS. During a site visit the provider must allow access to all sites, policies and procedures, patient records, financial records, and any other documentation necessary to ascertain that services were/are of a quality which meets professionally recognized standards of health care.
- J. Providers must adhere to evidence-based practices as approved by DBHS for specific populations and services provided.

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

Revised: March 1, 2011

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

(26) Developmental Rehabilitation Services

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) maximum charge allowed. The Title XIX maximum for these services is based on the Child Health Management (CHMS) reimbursement methodology.

(27) Substance Abuse Treatment Services

Reimbursement for Substance Abuse Treatment Services is based on a fee-for-service methodology and paid based on the lesser of billed charges or the Title XIX maximum allowable.

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

Revised: March 1, 2011

20. Extended Services for Pregnant Women

- a. Pregnancy-related and postpartum services for 60 days after the pregnancy ends.

Reimbursement for these services is described in Attachment 4.19-A and Attachment 4.19-B, e.g. inpatient hospital, outpatient hospital, physician services, etc.

- b. Services for any other medical conditions that may complicate pregnancy.

Reimbursement is a negotiated rate. Due to the fact that Arkansas was the first state to implement coverage of expanded services for pregnant women under the SOBRA-86 legislation, the agency was unable to find experience from other states from which to draw information. In Arkansas the services are new and the agency had practically no comparable services with which to compare. The initial rates were established using the following resources for substantiation:

- Rates used by South Carolina in a special program for pregnant women.
- Rates requested by the Arkansas Department of Health as determined by anticipated cost analysis for personnel, maintenance and operation.
- Consideration of a comparison with physician office visit rates.
- Funding constraints.

Subsequent adjustments were also negotiated.

- c. **Substance Abuse Treatment Services**

Reimbursement for Substance Abuse Treatment Services is based on a fee-for-service methodology and paid based on the lesser of billed charges or the Title XIX maximum allowable.

