

TOC required**212.200 FQHC Core Services****10-13-2203**

Covered FQHC core services are:

- A. Physician services;
- B. Services and supplies ~~incident~~incidental to physician services (including drugs and biologicals that cannot be self-administered);
- C. Pneumococcal vaccine and its administration and influenza vaccine and its administration;
- D. Services provided by physician assistants, nurse practitioners, clinical psychologists, and clinical social workers, licensed certified social workers, licensed professional counselors, licensed mental health counselors, and licensed marriage and family therapists;
- E. Services and supplies ~~incident~~incidental to physician assistant, nurse practitioner, clinical psychologist, and 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~~incidental to physician services; and
- F. 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 of the Department of Health and Human Services has determined there is a shortage of home health agencies.

212.260 Licensed Certified Social Worker**1-1-22**

- A. The services of licensed certified social workers working within the scope of their State licenses are covered if the services would be covered when furnished by a physician or incidental to physician services.
- B. Supplies and services incidental to a licensed certified social worker's services are covered if they would be covered incidental to a physician's services.

212.270 Licensed Professional Counselor**1-1-22**

- A. The services of licensed professional counselors working within the scope of their state licenses are covered if the services would be covered when furnished by a physician or incidental to physician services.
- B. Supplies and services incidental to a licensed professional counselor's services are covered if they would be covered incidental to a physician's services.

212.280 Licensed Mental Health Counselor**1-1-22**

- A. The services of licensed mental health counselors working within the scope of their state licenses are covered if the services would be covered when furnished by a physician or incidental to physician services.
- B. Supplies and services incidental to a licensed mental health counselor's services are covered if they would be covered when incidental to a physician's services.

212.290 Licensed Marriage and Family Therapist**1-1-22**

- A. The services of licensed marriage and family therapists working within the scope of their state licenses are covered if the services would be covered when furnished by a physician or incidental to physician services.
- B. Supplies and services incidental to a licensed marriage and family therapist's services are covered if they would be covered when incidental to a physician's services.

214.100 Definition of an FQHC "Core Service" Encounter**10-13-031-
1-22**

An Federally Qualified Health Center (FQHC) "core service" encounter is a face-to-face contact between a patient of the FQHC and a physician, physician assistant, nurse practitioner, licensed clinical psychologist ~~or, licensed clinical social worker, licensed professional counselor, licensed mental health counselor, or licensed marriage and family therapist~~ and includes services and supplies incidental to the face-to-face contact.

- A. ~~Contacts with more than one of these health care professionals and multiple contacts with the same health care professional, which take place on the same day at a single location, constitute a single encounter except when the patient, after a first encounter, suffers illness or injury requiring additional diagnosis or treatment.~~
 - 1. ~~A patient of the FQHC may have a separate family planning encounter during the same visit to the FQHC for a core service encounter; however, a family planning visit is not covered separately when it takes place on the same day as a family planning surgical procedure.~~
 - 2. ~~An FQHC encounter is not covered separately on the same day as an obstetric or gynecologic procedure that the FQHC reports by CPT procedure code unless the encounter is for a different disorder or condition.~~
- B. ~~See Section 220.000 for information regarding FQHC core service encounter benefit limits.~~

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

January 1, ~~1994~~2022

MEDICALLY 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);
- 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, ~~and~~ clinical social worker services, 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.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

January 1, ~~1994~~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);
- 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, ~~and~~ 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.

1 State of Arkansas As Engrossed: H2/23/21 H3/22/21

2 93rd General Assembly

A Bill

3 Regular Session, 2021

HOUSE BILL 1459

4

5 By: Representatives Penzo, Pilkington

6 By: Senator K. Hammer

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For An Act To Be Entitled

9 AN ACT TO ENSURE THAT ALL HEALTHCARE PROVIDERS ARE
10 REIMBURSED FOR BEHAVIORAL HEALTH SERVICES BY THE
11 ARKANSAS MEDICAID PROGRAM; AND FOR OTHER PURPOSES.

12

13

14

Subtitle

15

TO ENSURE THAT ALL HEALTHCARE PROVIDERS
16 ARE REIMBURSED FOR BEHAVIORAL HEALTH
17 SERVICES BY THE ARKANSAS MEDICAID
18 PROGRAM.

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21 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

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23 SECTION 1. Arkansas Code Title 20, Chapter 77, Subchapter 1, is
24 amended to add an additional section to read as follows:

25 20-77-140. Reimbursement for behavioral health services.

26 (a) The Arkansas Medicaid Program shall reimburse for behavioral
27 health services that are provided in a federally qualified health center by
28 at a minimum:

29 (1) A clinical psychologist;

30 (2) A licensed certified social worker;

31 (3) A licensed professional counselor;

32 (4) A licensed mental health counselor; or

33 (5) A licensed marriage and family therapist.

34 (b) The Department of Human Services shall apply for any federal
35 waiver, Medicaid state plan amendments, or other authority necessary to
36 implement this section.



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/s/Penzo

APPROVED: 4/19/21