Nurse Practitioner Section II

### RECEIVED

TOC required

JAN 12 2024 BLR

#### 203.800 The Nurse Practitioner's Role in Children's Advocacy Centers

4-1-24

Children's Advocacy Centers (CACs) provide a comprehensive interdisciplinary evaluation, assessment, and treatment of sexually and physically abused children under twenty-one (21) years of age. A team of professionals representing a variety of medical, social, and legal disciplines and advocates assesses the child and coordinates needed services. Sexual abuse, neglect, and physical abuse examinations are available to children under twenty-one (21) years of age through Medicaid providers who deliver and bill for the separate components of the service (physical examination). Medicaid coverage of services provided by CACs is limited to sexual abuse or neglect and physical abuse medical examinations, or both. The nurse practitioner's role in CACs includes the following:

- A. Obtaining and maintaining certification as a Sexual Assault Nurse Examiner-Pediatric (SANE-P) if responsible for performing sexual assault medical examinations;
- B. Perform medical examination for neglect and physical abuse of individuals under twentyone (21) years of age; and
- C. Perform medical examination for sexual assault of individuals under twenty-one (21) years of age.

## 203.801 Sexual Assault Nurse Examiner Pediatric (SANE-P) Certification and Enrollment as a Provider for Arkansas Medicaid

4-1-24

Registered Nurse Certified as a Sexual Assault Nurse Examiner-Pediatric (SANE-P)

- A. Registered Nurses (RNs and APRNs) must have specialized training in the evaluation and treatment of neglect and abuse of children;
- B. Registered Nurses must have specialized training on the use of a colposcope;
- C. Registered Nurses must be certified as Sexual Assault Nurse Examiners- Pediatric (SANE-P) by the International Association of Forensic Nurses; and
- D. Enrolled as a provider with Arkansas Medicaid.

#### TOC required

#### 203.400 Physician's Role in Children's Advocacy Centers

4-1-23

Children's Advocacy Centers (CACs) provide a comprehensive interdisciplinary evaluation, assessment, and treatment of sexually and physically abused children under twenty-one (21) years of age. A team of professionals representing a variety of medical, social, and legal disciplines and advocates assesses the child and coordinates needed services. Sexual abuse, neglect, and physical abuse examinations are available to children under twenty-one (21) years of age through Medicaid providers who deliver and bill for the separate components of the service (physical examination). Medicaid coverage of services provided by CACs is limited to sexual abuse or neglect and physical abuse medical examinations, or both. The physician's role in CACs includes the following:

- A. Serve as the medical director of the CAC;
- B. Perform medical examination for sexual assault or neglect and physical abuse, or both;
- C. Provide supervision of other rendering providers at the CAC who perform medical examination for neglect and physical abuse;
- D. Provide supervision of Sexual Assault Nurse Examiners-Pediatric (SANE-P). Only physicians or Registered Nurses with SANE-P certification are qualified to conduct sexual assault medical examination at a CAC.

### 203.401 Sexual Assault Nurse Examiner Pediatric (SANE-P) Certification and Enrollment as a Provider for Arkansas Medicaid

<u>4-1-23</u>

Registered Nurse Certified as a Sexual Assault Nurse Examiner-Pediatric (SANE-P)

- A. Registered Nurses (RNs or APRNs) must have specialized training in the evaluation and treatment of neglect and abuse of children;
- Registered Nurses must have specialized training on the use of a colposcope;
- C. Registered Nurses must be certified as Sexual Assault Nurse Examiners- Pediatric (SANE-P) by the International Association of Forensic Nurses; and
- D. Enrolled as a provider with Arkansas Medicaid.

ATTACHMENT 3.1-A

Page 3b

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

Revised:

June 1, 2022 April 1,

2024

#### **CATEGORICALLY NEEDY**

- 6. Medical Care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)
- 6.d. Other Practitioners' Services (Continued)
  - (5) Psychologists

Refer to Attachment 3.1-A, Item 4.b. (13).

- (6) Obstetric Gynecologic and Gerontological Nurse Practitioner
  - Refer to Attachment 3.1-A, Item 24 for coverage limitations.
- (7) Pharmacists
- (8) Registered Nurse Sexual Assault Nurse Examiner-Pediatric (SANE-P) Certified by the Internal Association of Forensic Nurses.

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STATE OF ARKANSAS

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

1, 2024

Revised:

September 1, 2010 April

**ATTACHMENT 3.1-A** 

Page 4c

#### CATEGORICALLY NEEDY

#### 10. **Dental Services**

Refer to Attachment 3.1-A, Item 4.b. (16) for information regarding dental services for EPSDT eligible children under age 21.

Dental services are available for Medicaid beneficiaries age-twenty-one (21) years of age and over but most are benefit limited. Specific benefit limits and prior authorization requirements for beneficiaries twenty-one age (21) years of age and over are detailed in the Dental Provider Manual.

There is an annual benefit limit of five hundred dollars (\$500) for dental services for adults. Extractions and fees paid to the dental lab for the manufacture of dentures are excluded from the annual limit.

All dentures, whether full or partial, must be provided by the one dental lab under contract with the Arkansas Medicaid Program to manufacture dentures. For adults, there is lifetime limit of one set of dentures. This policy applies to both:

- Medicaid eligible beneficiaries age twenty-one (21) years of age and over and
- Medicaid eligible beneficiaries under twenty-one (21) years of age whose eligibility is based on a "pregnant woman aid category" AND whose Medicaid ID number ends in the 100 series (100 through 199).

#### Children's Advocacy Centers (CAC)

Children's Advocacy Centers (CACs) provide a comprehensive interdisciplinary evaluation, assessment, and treatment of sexually and physically abused children under the age of twenty-one (21) years of age. A team of professionals representing a variety of medical, social, and legal disciplines and advocates assesses the child and coordinates the needed services. Sexual abuse examinations are available to children under the age of twenty-one (21) years of age through Medicaid providers who deliver and bill for the separate components of the service (physical examination) through the medical components of the state plan. Medicaid coverage of services provided by CACs is limited to:

a). A sexual abuse examination provided by or under the supervision of a licensed physician. The exam may be performed by a licensed physician, an advanced practice registered nurse (APRN), or a sexual assault nurse examiner (SANE) who has received specialized training in providing medical exams of sexually abused children with the use of a colposcope; and

b). A physical exam provided by a licensed physician or an APRN to evaluate for neglect and physical abuse.

Services provided by childhood advocacy centers:

• Are limited to beneficiaries under twenty-onethe age of (21) years of age; and

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• Do not require a referral from a primary care physician.



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**ATTACHMENT 3.1-A** 

Page 4c

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

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April 1, 2024

#### CATEGORICALLY NEEDY

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- Medicaid eligible beneficiaries under twenty-one (21) years of age whose eligibility is based on a "pregnant woman aid category" AND whose Medicaid ID number ends in the 100 series (100 through 199).

#### 11. Children's Advocacy Centers (CAC)

Children's Advocacy Centers (CACs) provide a comprehensive interdisciplinary evaluation, assessment, and treatment of sexually and physically abused children under twenty-one (21) years of age. A team of professionals representing a variety of medical, social, and legal disciplines and advocates assesses the child and coordinates the needed services. Sexual abuse examinations are available to children under twenty-one (21) years of age through Medicaid providers who deliver and bill for the separate components of the service (physical examination) through the medical components of the state plan. Medicaid coverage of services provided by CACs is limited to:

- a). A sexual abuse examination provided by or under the supervision of a licensed physician. The exam may be performed by a licensed physician, an advanced practice registered nurse (APRN), or a sexual assault nurse examiner (SANE) who has received specialized training in providing medical exams of sexually abused children with the use of a colposcope; and
- b). A physical exam provided by a licensed physician or an APRN to evaluate for neglect and physical abuse.

Services provided by childhood advocacy centers:

- Are limited to beneficiaries under twenty-one (21) years of age; and
- Do not require a referral from a primary care physician.

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STATE OF ARKANSAS

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED

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June 1, 2022 April 1,

**ATTACHMENT 3.1-B** 

### 2024

#### MEDICALLY NEEDY

- 6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)
- 6.d. Other Practitioners' Services (Continued)
  - (5) **Psychologists**

Refer to Attachment 3.1-A, Item 4.b.(13).

Obstetric - Gynecologic and Gerontological Nurse Practitioner (6)

Refer to Attachment 3.1-B, Item 21 for coverage limitations.

- **(7) Pharmacists**
- (8) Sexual Assault Nurse Examiner-Pediatric (SANE-P) certified by the Association of Forensic Nurses.

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ATTACHMENT 3.1-B

Page 3d

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED

Revised:

**April 1, 2024** 

#### MEDICALLY NEEDY

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)

- 6.d. Other Practitioners' Services (Continued)
  - (5) Psychologists

Refer to Attachment 3.1-A, Item 4.b.(13).

- (6) Obstetric Gynecologic and Gerontological Nurse Practitioner
  - Refer to Attachment 3.1-B, Item 21 for coverage limitations.
- (7) Pharmacists
- (8) Sexual Assault Nurse Examiner-Pediatric (SANE-P) certified by the Association of Forensic Nurses.

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**ATTACHMENT 3.1-B** 

STATE OF ARKANSAS

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED 2024

Revised: September 1, 2010 April 1,

#### MEDICALLY NEEDY

#### 10. **Dental Services**

Dental services are available for Medicaid beneficiaries age-twenty-one (21) years of age and over but most are benefit limited. Specific benefit limits and prior authorization requirements for beneficiaries age (21) years of age and over are detailed in the Dental Provider Manual.

There is an annual benefit limit of five hundred dollars (\$500) for dental services for adults. Extractions and fees paid to the dental lab for the manufacture of dentures are excluded from the annual limit.

All dentures, whether full or partial, must be provided by the one-dental lab under contract with the Arkansas Medicaid Program to manufacture dentures. For adults, there is lifetime limit of one (1) set of dentures. This policy applies to both:

- Medicaid eligible beneficiaries age-twenty-one (21) years of age and over and
- Medicaid eligible beneficiaries under twenty-one (21) years of age whose eligibility is based on a "pregnant woman aid category" AND whose Medicaid ID number ends in the 100 series (100 through 199).

Refer to Attachment 3.1-B, Item 4.b. (16) for information regarding dental services for EPSDT eligible children under age 21.

#### Chidren's Advocacy Centers

Children's Advocacy Centers (CAC) provide a comprehensive interdisciplinary evaluation, assessment, and treatment of sexually and physically abused children under the age of 21 years of age. A team of professionals representing a variety of medical, social, and legal disciplines and advocates assesses the child and coordinates the needed services. Sexual abuse, -and/or-neglect, or both, as well as /physical abuse examinations are available to children under twenty-one the age of (-21) years of age through Medicaid providers who deliver and bill for the separate components of the service (physical examination) through the medical components of the state plan. Medicaid coverage of services provided by CACs is limited to a sexual abuse and neglect or /physical abuse medical exam which includes the following components:

a). A physical exam provided by or under the supervision of a licensed physician. The exam may be performed by a licensed physician, an advanced practice registered nurse (APRN), or a sexual assault nurse examiner (SANE) who has received specialized training in providing medical exams of sexually abused children and with the use of a colposcope; and

b). A physical exam provided by a licensed physician or an APRN to evaluate for neglect and physical abuse.

Services provided by CACs:

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Supersedes:10-10

- Are limited to beneficiaries under the age of 21; and Do not require a referral from a primary care physician.



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ATTACHMENT 3.1-B

Page 4d

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

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April 1, 2024

#### MEDICALLY NEEDY

#### 10. Dental Services

Dental services are available for Medicaid beneficiaries twenty-one (21) years of age and over but most are benefit limited. Specific benefit limits and prior authorization requirements for beneficiaries (21) years of age and over are detailed in the Dental Provider Manual.

There is an annual benefit limit of five hundred dollars (\$500) for dental services for adults. Extractions and fees paid to the dental lab for the manufacture of dentures are excluded from the annual limit.

All dentures, whether full or partial, must be provided by the dental lab under contract with the Arkansas Medicaid Program to manufacture dentures. For adults, there is lifetime limit of one (1) set of dentures. This policy applies to both:

- Medicaid eligible beneficiaries twenty-one (21) years of age and over and
- Medicaid eligible beneficiaries under twenty-one (21) years of age whose eligibility is based on a "pregnant woman aid category" AND whose Medicaid ID number ends in the 100 series (100 through 199).

Refer to Attachment 3.1-B, Item 4.b. (16) for information regarding dental services for EPSDT eligible children under age 21.

#### 11. Children's Advocacy Centers

Children's Advocacy Centers (CAC) provide a comprehensive interdisciplinary evaluation, assessment, and treatment of sexually and physically abused children under 21 years of age. A team of professionals representing a variety of medical, social, and legal disciplines and advocates assesses the child and coordinates the needed services. Sexual abuse, neglect, or both, as well as physical abuse examinations are available to children under twenty-one (21) years of age through Medicaid providers who deliver and bill for the separate components of the service (physical examination) through the medical components of the state plan. Medicaid coverage of services provided by CACs is limited to a sexual abuse and neglect or physical abuse medical exam which includes the following components:

- a). A physical exam provided by or under the supervision of a licensed physician. The exam may be performed by a licensed physician, an advanced practice registered nurse (APRN), or a sexual assault nurse examiner (SANE) who has received specialized training in providing medical exams of sexually abused children with the use of a colposcope; and
- b). A physical exam provided by a licensed physician or an APRN to evaluate for neglect and physical abuse.

Services provided by CACs:

- Are limited to beneficiaries under the age of 21; and
- Do not require a referral from a primary care physician.

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ATTACHMENT 4.19-B Page 2c

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -

**Revised:** 

August 1, 2008 April 1,

<u>2024</u>

6.d. Other Practitioner's Services (Continued)

(5) Psychologist Services

OTHER TYPES OF CARE

Refer to Attachment 4.19-B, Item 4.b. (17).

- (a) Additional Reimbursement for Psychologists Services Associated with UAMS Refer to Attachment 4.19-B, item 5.
- (6) Obstetric-Gynecologic and Gerontological Nurse Practitioner Services

Reimbursement is the lower of the amount billed or the Title XIX maximum allowable.

The Title XIX maximum is based on <u>eighty percent (80%)</u> of the physician fee schedule except EPSDT procedure codes. Medicaid maximum allowables are the same for all EPSDT providers. Immunizations and Rhogam RhoD Immune Globulin are reimbursed at the same rate as the physician rate since the cost and administration of the drug does not vary between the nurse practitioner and physician.

Refer to Attachment 4.19-B, Item 27, for a list of the advanced practice nurse and registered nurse practitioner.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of services provided by Advanced Practice Nurse. The agency's fee schedule rate was set as of April 1, 2004 and is effective for services provided on or after that date. All rates are published on the agency's website@ www.medicaid.state.ar.us.

- (7) Advanced Practice Nurses Services Associated with UAMS For additional reimbursement refer to Attachment 4.19-B, item 5.
- (8) Licensed Clinical Social Workers' Services Associated with UAMS For additional reimbursement refer to Attachment 4.19-B, item 5.
- (9) Physicians' Assistant Services Associated with UAMS For additional reimbursement refer to Attachment 4.19-B, item 5.
- (10) Registered Nurse Sexual Assault Nurse Examiner-Pediatric (SANE-P) Certified by the Internal Association of Forensic Nurses For additional reimbursement refer to Attachment 4.19-B, item 5.

#### 7. Home Health Services

- a. Intermittent or part-time nursing services furnished by a home health agency or a registered nurse when no home health agency exists in the area;
- b. Home health aide services provided by a home health agency; and
- c. Physical therapy

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) maximum charge allowed. State developed fee schedule rates are the same for both public and private providers of home health services.

The initial computation (effective July 1, 1994) or the Medicaid maximum for home health reimbursement was calculated using audited 1990 Medicare cost reports for three high volume Medicaid providers, Medical Personnel Pool, Arkansas Home Health, W. M. and the Visiting Nurses

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Association. For each provider, the cost per visit for each home health service listed above in items 7.a., b. and c. was established by dividing total allowable costs by total visits. This figure was then



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ATTACHMENT 4.19-B Page 2c

April 1, 2024

**Revised:** 

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

6.d. Other Practitioner's Services (Continued)

(5) Psychologist Services

Refer to Attachment 4.19-B, Item 4.b. (17).

- (a) Additional Reimbursement for Psychologists Services Associated with UAMS Refer to Attachment 4.19-B, item 5.
- (6) Obstetric-Gynecologic and Gerontological Nurse Practitioner Services

Reimbursement is the lower of the amount billed or the Title XIX maximum allowable.

The Title XIX maximum is based on eighty percent (80%) of the physician fee schedule except EPSDT procedure codes. Medicaid maximum allowables are the same for all EPSDT providers. Immunizations and Rhogam RhoD Immune Globulin are reimbursed at the same rate as the physician rate since the cost and administration of the drug does not vary between the nurse practitioner and physician.

Refer to Attachment 4.19-B, Item 27, for a list of the advanced practice nurse and registered nurse practitioner.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of services provided by Advanced Practice Nurse. The agency's fee schedule rate was set as of April 1, 2004 and is effective for services provided on or after that date. All rates are published on the agency's website@ www.medicaid.state.ar.us.

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- (8) Licensed Clinical Social Workers' Services Associated with UAMS For additional reimbursement refer to Attachment 4.19-B, item 5.
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- a. Intermittent or part-time nursing services furnished by a home health agency or a registered nurse when no home health agency exists in the area;
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Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) maximum charge allowed. State developed fee schedule rates are the same for both public and private providers of home health services.

The initial computation (effective July 1, 1994) or the Medicaid maximum for home health reimbursement was calculated using audited 1990 Medicare cost reports for three high volume Medicaid providers, Medical Personnel Pool, Arkansas Home Health, W. M. and the Visiting Nurses Association. For each provider, the cost per visit for each home health service listed above in items 7.a., b. and c. was established by dividing total allowable costs by total visits. This figure was then

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ATTACHMENT 4.19-B PAGE 3b(1)

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

Revised: April 1, 2024

#### 11. Children's Advocacy Centers

Refer to Attachments 4.19-B, Item 5 and 4.19-B, Item 27.

The agency will reimburse for physician's and advance practice nurse practitioner's services provided through Children's Advocacy Centers in adherence to attachment 4.19-B, Item 5 for physician services and attachment 4.19-B, Item 27 for advance practice nurse practitioner services of this plan. Reimbursement will be limited to examinations needed to assess sexual assault, neglect or abuse of an individual under twenty-one (21) years of age.

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Page 3d

STATE OF ARKANSAS

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED

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June 1, 2022 April 1,

**ATTACHMENT 3.1-B** 

### 2024

#### MEDICALLY NEEDY

- 6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)
- 6.d. Other Practitioners' Services (Continued)
  - (5) **Psychologists**

Refer to Attachment 3.1-A, Item 4.b.(13).

Obstetric - Gynecologic and Gerontological Nurse Practitioner (6)

Refer to Attachment 3.1-B, Item 21 for coverage limitations.

- **(7) Pharmacists**
- (8) Sexual Assault Nurse Examiner-Pediatric (SANE-P) certified by the Association of Forensic Nurses.

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ATTACHMENT 3.1-B Page 4d

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED

**Revised:** 

September 1, 2010 April 1,

2024

#### MEDICALLY NEEDY

#### 10. Dental Services

Dental services are available for Medicaid beneficiaries age twenty-one (21) years of age and over but most are benefit limited. Specific benefit limits and prior authorization requirements for beneficiaries age (21) years of age and over are detailed in the Dental Provider Manual.

There is an annual benefit limit of <u>five hundred dollars (\$500)</u> for dental services for adults. Extractions and fees paid to the dental lab for the manufacture of dentures are excluded from the annual limit.

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b). A physical exam provided by a licensed physician or an APRN to evaluate for neglect and physical abuse.

Services provided by CACs:

TN: Approved: Effective Date:

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- Are limited to beneficiaries under the age of 21; and Do not require a referral from a primary care physician.



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ATTACHMENT 4.19-B Page 2c

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -

**Revised:** 

August 1, 2008 April 1,

<u>2024</u>

6.d. Other Practitioner's Services (Continued)

(5) Psychologist Services

OTHER TYPES OF CARE

Refer to Attachment 4.19-B, Item 4.b. (17).

- (a) Additional Reimbursement for Psychologists Services Associated with UAMS Refer to Attachment 4.19-B, item 5.
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Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) maximum charge allowed. State developed fee schedule rates are the same for both public and private providers of home health services.

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