

Statement of Necessity and Rule Summary
Emergency Medical Technicians (EMT) as Other Licensed Practitioners

Statement of Necessity

The Division of Medical Services (DMS) amends the Medicaid state plan to allow licensed emergency medical technicians (EMT) to be reimbursed as a provider in the transportation program when they render services as defined within the scope of their license. These services include the treatment of Medicaid beneficiaries at the scene when it is medically necessary to do so without transport to a medical facility.

The Centers for Medicare and Medicaid Services (CMS) requested this update following the promulgation of rules implementing Act 480 of 2023. Those rules created the Emergency Triage, Treatment, and Transport program. The amendment enables the state to draw the federal match for claims made for EMTs providing the described services.

Summary of Changes

To implement the above, DMS amends coverage pages within the Arkansas Medicaid State Plan. EMTs shall be added to the list of other licensed practitioners when practicing within the scope of their licensure.

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AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: 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)

(11) Emergency Medical Technicians who are licensed to provide advanced life support and basic life support services.

[Refer to Attachment 3.1 A, Page 9a, Item 23 a.](#)

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

ATTACHMENT 3.1-A
Page 3b(1)

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PROPOSED

AMOUNT, DURATION AND SCOPE OF
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Revised: April 1, 2024

MEDICALLY NEEDY

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[Refer to Attachment 3.1-B, Page 8b, Item 23 a.](#)

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

Revised: April 1, 2024

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 (Attachment 4.19-B, page 14) 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 (Attachment 4.19-B, pages 1www, 2, 2.1, 2a)

~~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 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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Revised: April 1, 2024

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

(11) Emergency Medical Technicians who are licensed to provide advanced life support and basic life support services.

Reimbursement is established as equal to the rate for ground mileage per statute mile found at Attachment 4.19-B, Page 8 for the number of loaded miles one-way from point of call-out to point of service had a transport occurred. State developed fee schedule rates are the same for both public and private providers of advanced and basis life support services.

7. Home Health Services

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b. Home health aide services provided by a home health agency; and

c. Physical therapy

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