

DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES

SUBJECT: Emergency Medical Technicians as Other Licensed Practitioners

DESCRIPTION:

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.

PUBLIC COMMENT: A public hearing was held on this rule on July 10, 2024. The public comment period expired on July 28, 2024. 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 no financial impact.

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).

Table of Contents

State/Territory Name: Arkansas

State Plan Amendment (SPA) #: CP-24-0014

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Original Signed Letter
- 3) CMS Form 179
- 4) 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

November 19, 2024

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: State Plan Amendment AR-24-0014

Dear Director Mann:

Enclosed please find a corrected approval package for your Arkansas State Plan Amendment (SPA) submitted under transmittal number (TN) 24-0014. This SPA, which adds Emergency Medical Technicians as Other Licensed Practitioners, was originally approved on November 6, 2024. The approval package sent to Arkansas included the following error:

- The approval package contained the 2008 approved SPA page 4.19-B, page 2c instead of the page that was to be approved with AR 24-0014.

The enclosed corrected package contains the original signed letter, the CMS-179, and the corrected SPA pages.

If you have any questions, please contact Lee Herko at 570-230-4048 or via email at Lee.Herko@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink that reads 'James G. Scott'.

Digitally signed by James G.
Scott -S
Date: 2024.11.19 16:12:22
-06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355 (300)
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

November 6, 2024

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-24-0014

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-24-0014. This amendment proposes to add Emergency Medical Technicians as Other Licensed Practitioners.

We conducted our review of your submittal according to statutory requirements in section 42 CFR section 400.203 of the Social Security Act and implementing regulations. This letter informs you that Arkansas' Medicaid SPA TN AR-24-0014 was approved on November 5, 2024, with an effective date of April 1, 2024.

Enclosed are copies of Form CMS-179 and approved SPA pages to be incorporated into the Arkansas State Plan.

If you have any questions, please contact Lee Herko at 570-230-4048 or via email at Lee.Herko@cms.hhs.gov.

Sincerely,

A handwritten signature in blue ink, appearing to read 'James G. Scott', is positioned to the left of the digital signature information.

Digitally signed by James
G. Scott -S
Date: 2024.11.06
10:29:43 -06'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Elizabeth Pitman

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2</u> <u>4</u> — <u>0</u> <u>0</u> <u>1</u> <u>4</u>	2. STATE <u>A</u> <u>R</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE April 1, 2024	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 400.203	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2024</u> \$ <u>0</u> b. FFY <u>2025</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Att. 3.1-A, page 3b(1) Att. 3.1-B, page 3d(1) Att. 4.19-B, page 2c Att. 4.19-B, page 2cc	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) New New Same, Supersedes 08-18 New	

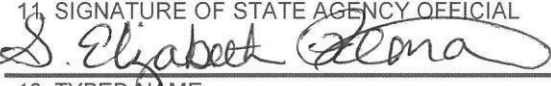
9. SUBJECT OF AMENDMENT
Adding Emergency Medical Technicians (EMT) as Other Practitioners.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED:

COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

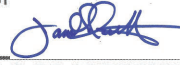
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attn: Mac Golden
12. TYPED NAME Elizabeth Pitman	
13. TITLE Director, Division of Medical Services	
14. DATE SUBMITTED 06/27/2024	

FOR CMS USE ONLY

16. DATE RECEIVED June 27, 2024	17. DATE APPROVED November 5, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL  Digitally signed by James G. Scott -S Date: 2024.11.06 10:30:26 -06'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS

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

ATTACHMENT 3.1-A
Page 3b(1)

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.

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

ATTACHMENT 3.1-B
Page 3d(1)

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: April 1, 2024

MEDICALLY NEEDED

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.

**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)

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

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

- 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



**ARKANSAS
DEPARTMENT OF
HUMAN
SERVICES**

Office of Policy and Rules

P.O. Box 1437, Slot S295, Little Rock, AR 72203-1437

P: 501.320.6383 F: 501.404.4619

June 28, 2024

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

Dear Mrs. Rebecca Miller-Rice:

Re: Emergency Medical Technicians as Other Licensed Practitioners

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 me at 501-320-6383 or by emailing Mac.E.Golden@dhs.arkansas.gov.

Sincerely,

Mac Golden

Mac Golden
Deputy Chief

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, 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, 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 RULEMAKING

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 promulgation of the state rule is expected to be effective October 1, 2024.

Upon request from the Centers of Medicare & Medicaid following creation of the Emergency Triage, Treatment, and Transport program pursuant to Act 480 of 2023, the Division of Medical Services (DMS) amends the Medicaid state plan to allow licensed emergency medical technicians 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. DMS seeks a retroactive implementation date of April 1, 2024. There is no fiscal impact.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Policy and Rules, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. This notice also shall be posted at the local office of the Division of County Operations (DCO) of DHS in every county in the state.

You may also access and download the proposed rule at [ar.gov/dhs-proposed-rules](https://www.ark.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. All public comments must be received by DHS no later than July 28, 2024. 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 will be held by remote access through Zoom. Public comments may be submitted at the hearing. The details for attending the Zoom hearing appear at [ar.gov/dhszoom](https://www.ark.gov/dhszoom).

If you need this material in a different format, such as large print, contact the Office of Policy and Rules at (501) 320-6428. 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. 4502201653

Elizabeth Pitman, Director
Division of Medical Services

From: [Legal Ads](#)
To: [Chloe Crater](#)
Subject: Re: FULL RUN AD - Emergency Medical Technicians as Other Licensed Practitioners
Date: Wednesday, June 26, 2024 3:45:59 PM
Attachments: [image001.png](#)
[image002.png](#)

[EXTERNAL SENDER]

Will run Sat 6/29, Sun 6/30, and Mon 7/1.

Thank you.

Gregg Sterne, Legal Advertising
Arkansas Democrat-Gazette
legalads@arkansasonline.com

From: "Chloe Crater" <Chloe.Crater@dhs.arkansas.gov>
To: "legalads" <legalads@arkansasonline.com>
Cc: "Jack Tiner" <jack.tiner@dhs.arkansas.gov>, "Lakeya Gipson" <Lakeya.Gipson@dhs.arkansas.gov>, "Mac Golden" <Mac.E.Golden@dhs.arkansas.gov>, "Elaine Stafford" <elaine.stafford@dhs.arkansas.gov>
Sent: Wednesday, June 26, 2024 2:56:53 PM
Subject: FULL RUN AD - Emergency Medical Technicians as Other Licensed Practitioners

Hi Gregg,

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

- Saturday June 29, 2024
- Sunday June 30, 2024
- Monday July 1, 2024

A public hearing by remote access only will be held through a Zoom webinar. The public comment period will end on July 28, 2024. I am aware that the print version will only be provided to all counties on Sundays. Also, please reply to this email using "Reply All".

Invoice to: **AR Dept of Human Services**
OPR, ATTN: Lakeya Gipson
P.O. Box 1437, Slot S295
Little Rock, AR 72203-8068

[\(Lakeya.Gipson@dhs.arkansas.gov\)](mailto:Lakeya.Gipson@dhs.arkansas.gov)

-Thanks,
Chloe



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

humanservices.arkansas.gov



This email may contain sensitive or confidential information.

CONFIDENTIALITY NOTICE: The information contained in this email message and any attachment(s) is the property of the State of Arkansas and may be protected by state and federal laws governing disclosure of private information. It is intended solely for the use of the entity to which this email is addressed. If you are not the intended recipient, you are hereby notified that reading, copying or distribution this transmission is **STRICTLY PROHIBITED**. The sender has not waived any applicable privilege by sending the accompanying transmission. If you have received this transmission in error, please notify the sender by return and delete the message and attachment(s) from your system.

From: [Chloe Crater](#)
To: register@sos.arkansas.gov
Cc: [Mac Golden](#); [Jack Tiner](#); [Lakeya Gipson](#); [JAMIE EWING](#)
Subject: DHS/DMS - PROPOSED FILING - Emergency Medical Technicians as Other Licensed Practitioners (Rule 285)
Date: Thursday, June 27, 2024 7:56:00 AM
Attachments: [image001.png](#)
[image002.png](#)
[Arkansas Register-Proposed Filing Packet -Emergency Medical Technicians as Other Licensed Practitioners.pdf](#)

The attached Rule will run in the Arkansas Democrat Gazette on the following days:

- Saturday June 29, 2024
- Sunday June 30, 2024
- Monday July 1, 2024

A public hearing by remote access only will be held through a Zoom webinar on July 10, 2024 at 10:00 a.m. The public comment period will end on July 28, 2024.



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

humanservices.arkansas.gov



This email may contain sensitive or confidential information.

CONFIDENTIALITY NOTICE: The information contained in this email message and any attachment(s) is the property of the State of Arkansas and may be protected by state and federal laws governing disclosure of private information. It is intended solely for the use of the entity to which this email is addressed. If you are not the intended recipient, you are hereby notified that reading, copying or distribution this transmission is **STRICTLY PROHIBITED**. The sender has not waived any applicable privilege by sending the accompanying transmission. If you have received this transmission in error, please notify the sender by return and delete the message and attachment(s) from your system.

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.

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.

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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.

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.](#)

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

ATTACHMENT 3.1-A
Page 3b(1)

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.

PROPOSED

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)

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

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

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

**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~~

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

Revised: April 1, 2024

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

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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)

(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

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.

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