

# ARKANSAS REGISTER

## Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State

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For Office

Use Only:

Effective Date \_\_\_\_\_ Code Number \_\_\_\_\_

Name of Agency Department of Human Services

Department Division of Medical Services

Contact Mac E. Golden E-mail Mac.E.Golden@dhs.arkansas.gov Phone 501-563-7634

Statutory Authority for Promulgating Rules Arkansas Code Annotated 20-76-201

**Rule Title:** State Plan Amendment 2021-0003- Medication Assisted Treatment

**Intended Effective Date**

(Check One)

☐ Emergency (ACA 25-15-204)

☐ 10 Days After Filing (ACA 25-15-204)

☒ Other 07/01/2021  
(Must be more than 10 days after filing date.)

Legal Notice Published .....

Final Date for Public Comment .....

Reviewed by Legislative Council .....

Adopted by State Agency .....

Date

04/09/2021

05/08/2021

06/18/2021

07/01/2021

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Lisa Teague lisa.teague@dhs.arkansas.gov

06/18/21

Contact Person

E-mail Address

Date

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with the Arkansas Administrative Act, (ACA 25-15-201 et. seq.)



Signature

501-244-3944

Elizabeth.Pitman@dhs.arkansas.gov

Phone Number

E-mail Address

Director, Division of Medical Services

Title

6/18/2021

Date

State of ARKANSAS

**1905(a)(29) Medication-Assisted Treatment (MAT)**

**Citation: 3.1(a)(1) Amount, Duration, and Scope of Services: Categorically Needy  
(Continued)**

**1905(a)(29) \_\_\_X\_\_\_MAT as described and limited in Supplement \_\_\_5\_\_\_ to Attachment 3.1-A.**

**ATTACHMENT 3.1-A identifies the medical and remedial services provided to the categorically needy.**

State of ARKANSAS

**1905(a)(29) Medication-Assisted Treatment (MAT)**

**Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the  
Categorically Needy (continued)**

**i. General Assurance**

**MAT is covered under the Medicaid state plan for all Medicaid clients who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020 and ending September 30, 2025.**

**ii. Assurances**

- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone, all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).**
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.**
- c. The state assures coverage for all formulations of MAT drugs and biologicals for Opioid Use Disorder (OUD) that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).**

**State of ARKANSAS**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

**Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the  
Categorically Needy (continued)**

**iii. Service Package**

**The state covers the following counseling services and behavioral health therapies as part of MAT.**

- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.**

**MAT is covered exclusively under section 1905(a)(29) for the period of 10/01/2020 through 9/30/2025.**

**Services available:**

- 1. Individual Behavioral Health Counseling**
- 2. Group Behavioral Health Counseling**
- 3. Marital/Family Behavioral Health Counseling that involves the participation of a non-Medicaid eligible is for the direct benefit of the client. The service must actively involve the client in the sense of being tailored to the client's individual needs. There may be times when, based on clinical judgment, the client is not present during the delivery of the service, but remains the focus of the service.**

**State of ARKANSAS**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

**Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)**

**b) Please include each practitioner and provider entity that furnishes each service and component service.**

**1. Physicians, Physician Assistants, and Nurse Practitioners who possess a valid and current X-DEA identification number. These practitioners may provide counseling and behavioral health therapies.**

**2. Licensed Behavioral Health Practitioners: Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), Licensed Marital and Family Therapists (LMFT), This group's role is to provide the behavioral and substance use disorder counseling required**

**c) Please include a brief summary of the qualifications for each practitioner or provider entity that the state requires. Include any licensure, certification, registration, education, experience, training, and supervisory arrangements that the state requires.**

**Physicians and Nurse Practitioners must be Arkansas Licensed and possess a current and valid X-DEA number from Substance Abuse and Mental Health Services Administration (SAMHSA).**

**Physician Assistants must have a legal agreement to practice under an Arkansas Licensed Physician per Arkansas statute and possess a current and valid X-DEA number from SAMHSA.**

State of ARKANSAS

**1905(a)(29) Medication-Assisted Treatment (MAT)**

**Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)**

**Licensed Psychologists (LP), Licensed Psychological Examiners – Independent (LPEI), Licensed Professional Counselors (LPC), Licensed Certified Social Workers (LCSW), and Licensed Marital and Family Therapists (LMFT) must possess a current and valid Arkansas license.**

**iv. Utilization Controls**

- ☒ The state has drug utilization controls in place. (Check each of the following that apply)
- ☐ Generic first policy
- ☒ Preferred drug lists
- ☐ Clinical criteria
- ☒ Quantity limits
- ☐ The state does not have drug utilization controls in place.

**v. Limitations**

**Describe the state's limitations on amount, duration, and scope of MAT drugs, biologicals, and counseling and behavioral therapies related to MAT.**

**MAT drugs and biologicals are limited based on the FDA indication and manufacturers' prescribing guidelines. Some oral medications are also subject to status on the Preferred Drug List.**

**As of 1/1/2020 the preferred oral agents for MAT therapy no longer require a Prior Authorization.**

**The Arkansas Medicaid Pharmacy program removed the prior authorization for preferred Buprenorphine products on 1/1/2020, due to Arkansas State Law from Act 964 which prohibits a prior authorization for Medication Assisted Treatment of Opioid Use Disorder. The removal of prior authorization was for MAT treatment according to SAMHSA guidelines. In addition, on 1/22/2021, per section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355), for all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262) to be covered, Arkansas instructed the pharmacy vendor to bypass the non-rebate-participation, repackaged indicator, inner indicator, and prioritize coverage of all the pharmacy MAT products.**

State of ARKANSAS

**1905(a)(29) Medication-Assisted Treatment (MAT)**

**Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the  
Categorically Needy (continued)**

**PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing section 1006(b) of the SUPPORT for Patients and Communities Act (P.L. 115-271) enacted on October 24, 2018. Section 1006(b) requires state Medicaid plans to provide coverage of Medication-Assisted Treatment (MAT) for all Medicaid enrollees as a mandatory Medicaid state plan benefit for the period beginning October 1, 2020, and ending September 30, 2025. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 # 60). Public burden for all of the collection of information requirements under this control number is estimated to take about 80 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.**

**State of Arkansas**

**1905(a)(29) Medication Assisted Treatment (MAT)**

**Citation: 3.1(b)(1) Amount, Duration, and Scope of Services: Medically Needy  
(Continued)**

**1915(a)(29)   X   MAT as described and limited in Supplement 1 to Attachment 3.1-B.**

**ATTACHMENT 3.1-B identifies the medical and remedial services provided to the medically needy.**



State of Arkansas

**1905(a)(29) Medication-Assisted Treatment (MAT)**

**Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)**

**i. General Assurance**

**MAT is covered under the Medicaid state plan for all Medicaid clients who meet the medical necessity criteria for receipt of the service for the period beginning October 1, 2020, and ending September 30, 2025.**

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- a. The state assures coverage of Naltrexone, Buprenorphine, and Methadone and all of the forms of these drugs for MAT that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).**
- b. The state assures that Methadone for MAT is provided by Opioid Treatment Programs that meet the requirements in 42 C.F.R. Part 8.**
- c. The state assures coverage for all formulations of MAT drugs and biologicals for opioid use disorder (OUD) that are approved under section 505 of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 355) and all biological products licensed under section 351 of the Public Health Service Act (42 U.S.C. 262).**

State of Arkansas

**1905(a)(29) Medication-Assisted Treatment (MAT)**

**Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Medically Needy (continued)**

**iii. Service Package**

The state covers the following counseling services and behavioral health therapies as part of MAT.

- a) Please set forth each service and components of each service (if applicable), along with a description of each service and component service.

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**State of ARKANSAS**

**1905(a)(29) Medication-Assisted Treatment (MAT)**

**Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the  
Categorically Needy (continued)**

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State of ARKANSAS

**1905(a)(29) Medication-Assisted Treatment (MAT)**

**Amount, Duration, and Scope of Medical and Remedial Care Services Provided to the Categorically Needy (continued)**

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STATE ARKANSAS

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

October 1, 2020

**30. 1905(a)(29) Medication-Assisted Treatment (MAT)**

Effective for dates of service on or after October 1, 2020 through September 30, 2025, reimbursement is based on the rate methodology used for individual MAT services provided within other sections of the Medicaid State Plan, Attachment 4.19-B:

- **Pages 1aaa through 1aaaa:**
  - Rural Health Clinic Services and other ambulatory services that are covered under the plan and furnished by a rural health clinic
- **Pages 1b through 1bbbb:**
  - Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub-45-4) (continued)
- **Pages 1c through 1ccc:**
  - Laboratory and X-ray Services and Other Tests
- **Page 2, 2.1, 2c:**
  - Physician's Services
- **Pages 4 through 4aaa:**
  - Reimbursement for unbundled prescribed drugs and biologicals used to treat opioid use disorder (OUD) will be reimbursed using the same methodology as described for prescribed drugs as referenced in Attachment 4.19-B, Pages 4-4aaa, Section 12.a. for both dispensed and administered prescribed drugs.
- **Page 5aa:**
  - Outpatient Behavioral Health Services (Other diagnostic, screening, preventative and rehabilitative services)
- **Page 14:**
  - Advance Practice Nurse and Registered Nurse Practitioner licensed as such by the Arkansas State Board of Nursing

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Outpatient Behavioral Health Provider Agencies authorized to dispense unbundled prescribed drugs and biologicals used to treat opioid use disorder (OUD). The agency's fee schedule rate was set as of 5/27/2021 and is effective for services provided on or after that date. All rates are published on the agency's website: [Fee Schedules - Arkansas Department of Human Services](#)