

# ARKANSAS REGISTER

## Proposed Rule Cover Sheet



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Name of Department \_\_\_\_\_

Agency or Division Name \_\_\_\_\_

Other Subdivision or Department, If Applicable \_\_\_\_\_

Previous Agency Name, If Applicable \_\_\_\_\_

Contact Person \_\_\_\_\_

Contact E-mail \_\_\_\_\_

Contact Phone \_\_\_\_\_

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Name of Rule \_\_\_\_\_

Newspaper Name \_\_\_\_\_

Date of Publishing \_\_\_\_\_

Final Date for Public Comment \_\_\_\_\_

Location and Time of Public Meeting \_\_\_\_\_

# DMS COVID-19 RESPONSE MANUAL

TOC Needed – New Section

270.000

## COVID-19 Vaccination Administration for Home-Bound Medicaid Clients

**Division of Medical Services (DMS) is covering administration of COVID-19 vaccination shots for home-bound Medicaid clients through the end of the Federal Public Health Emergency. This section will affect Home Health and Pharmacy provider types, and the policies herein are in addition to current policies.**

### **Authorized Providers**

The following Arkansas Medicaid providers will be authorized to administer COVID-19 vaccinations in a Medicaid client's home or similar location:

- Home Health Providers (Provider Type 14); and
- Pharmacy Providers (Provider Type 07/PV)

### **Eligibility and Place of Service**

The following eligibility and place of service requirements apply to this service for Home Health providers:

- For Medicaid clients who currently receive Home Health services:
  - If the Medicaid client is currently receiving Home Health services for prior medical services, the Home Health provider may bill the vaccination administration in addition to the Home Health visit.
  - A Home Health provider may not charge for a Home Health visit if the vaccine administration is the sole medical service provided.
  - Visits for Covid Vaccine administration will not count against the fifty-visit Home Health visit limit.
- For Medicaid clients who do not currently receive Home Health services:
  - Admission to the Home Health Services program is not required for visits that are solely to administer the COVID-19 vaccination.
  - Examples of Medicaid clients eligible for this service can include those who face barriers or challenges to obtaining a COVID-19 vaccination and who might not get vaccinated without this service being provided in their home by Medicaid Home Health providers. The Centers for Medicare & Medicaid Services (CMS) created an [infographic](#) to help Medicare providers understand the scope of this service, which Medicaid providers may find helpful.
  - The basis for eligibility must be documented by the Home Health provider.

### **Required Recordkeeping**

All providers should maintain accurate records for auditing purposes.

For this program, Home Health or Pharmacy Providers are required to maintain at least the following documentation in their records.

- Eligibility: Home Health or Pharmacy providers must document the Medicaid client's eligibility for the Home Health service, including without limitation:
  - The client's clinical status; and

- The barriers faced by the client to get the vaccine outside the home.
- Clinical Information: Home Health or Pharmacy providers must:
  - Have and maintain a record of the physician order, vaccine administration, and how the vaccine was tolerated; and
  - Communicate vaccinations to the appropriate entity that will record vaccinations in the vaccine registry.

### **Billing Guidelines and Payment of Claims**

- Single Medicaid Client: The claim for a single Medicaid client's home (or similar location) vaccine administration is limited to one (1) time per home or location per date of service (DOS). The timeframes between vaccination shots must be adhered to.
- Multiple Medicaid Clients: If the vaccination is being administered in a group-living location where fewer than ten (10) Medicaid clients reside, up to five (5) vaccine administration claims are allowed in that home or communal space location per DOS.
- Home Health and Pharmacy providers may file eligible claims for the vaccination doses included in this Official Notice for three-hundred and sixty-five (365) days from the DOS.

### **Covered Vaccinations, Procedure Codes, and Rates**

The section applies to the first, second, and third doses of the Pfizer and Moderna vaccines and the single-shot Johnson & Johnson vaccine and booster(s).

The reimbursement rate for vaccine administration fee is based on the DOS that the COVID-19 vaccine medicine is provided.

The effective date for **home administration** of COVID-19 vaccinations (all shots) and the procedure code that must be used is:

Procedure Code	Description	Effective Date	Rate
M0201	Covid-19 vaccine administration inside a patient's home	November 11, 2021	\$35.50

This procedure code must be reported **in addition to** the correct procedure code for the product and dose-specific Covid Vaccine medication administration procedure code.

### **Guidance for Home Health Vaccine Administration**

The [Centers for Disease Control and Prevention \(CDC\)](#) and CMS issued guidelines to assist Home Health providers in administering in-home COVID-19 vaccinations:

- [Vaccinating Homebound Persons with COVID-19 Vaccine | CDC](#)
- [COVID-19 Vaccine FAQs for Healthcare Professionals | CDC](#)
- [Medicare COVID-19 Vaccine Shot Payment | CMS](#)

### **Official Notice for this allowed Service**

Providers should see Official Notice ON-014-21 for information.

PROPOSED

## FINANCIAL IMPACT STATEMENT

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT** Department of Human Services

**DIVISION** Division of Medical Services

**PERSON COMPLETING THIS STATEMENT** Jason Callan

**TELEPHONE** 501-320-6540 **FAX** 501-682-8155 **EMAIL:** Jason.callan@dhs.arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE** COVID-19 Vaccination for Home-Bound Medicaid Clients

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 an agency is proposing a more costly rule, please state the following:

(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 more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;

\_\_\_\_\_

(d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.

\_\_\_\_\_

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	\$ _____

**Next Fiscal Year**

General Revenue	\$ _____
Federal Funds	\$ _____
Cash Funds	\$ _____
Special Revenue	\$ _____

Other (Identify) \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

Other (Identify) \$ \_\_\_\_\_  
 Total \$ \_\_\_\_\_

(b) What is the additional cost of the state rule?

**Current Fiscal Year**

General Revenue \$421,607  
 Federal Funds \$1,063,971  
 Cash Funds \$  
 Special Revenue \$  
 Other (Identify) \$  
 Total \$1,485,578

**Next Fiscal Year**

General Revenue \$632,411  
 Federal Funds \$1,595,956  
 Cash Funds \$  
 Special Revenue \$  
 Other (Identify) \$  
 Total \$2,228,367

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

**Current Fiscal Year**

\$ \_\_\_\_\_

**Next Fiscal Year**

\$ \_\_\_\_\_

6. What is the total estimated cost by fiscal year to state, county, and 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**

\$ 421,607

**Next Fiscal Year**

\$ 632,411

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;

***The Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS) approved administration of the COVID-19 vaccination in a patient's home. The Department of Human Services, Division of Medical Services (DHS/DMS) will cover administration of the COVID-19 vaccination to Arkansas Medicaid clients who are home-bound.***

- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

***The purpose is to provide home bound recipients with an opportunity to receive the COVID-19 vaccine.***

- (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;

***The Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS) approved administration of the COVID-19 vaccination in a patient's home. The Department of Human Services, Division of Medical Services (DHS/DMS) will cover administration of the COVID-19 vaccination to Arkansas Medicaid clients who are home-bound.***

- (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; ***None***
- (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; ***N/A***
- (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

***The Centers for Disease Control and Prevention (CDC) and the Centers for Medicare and Medicaid Services (CMS) approved administration of the COVID-19 vaccination in a patient's home. The Department of Human Services, Division of Medical Services (DHS/DMS) will cover administration of the COVID-19 vaccination to Arkansas Medicaid clients who are home-bound.***

- (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.

***DMS will review this rule based on the current state of the Public Health Emergency.***

## **Statement of Necessity and Rule Summary**

### **COVID-19 Vaccinations for Home-Bound Medicaid Clients**

#### **Statement of Necessity**

The [Centers for Disease Control and Prevention](#) (CDC) and the [Centers for Medicare and Medicaid Services](#) (CMS) approved the administration of the COVID-19 vaccination in a patient's home (or similar setting). The Department of Human Services (DHS), Division of Medical Services (DMS) will cover administration of the COVID-19 vaccination to Arkansas Medicaid clients who are home-bound.

Examples of Medicaid clients eligible for this service include those who face barriers or challenges to obtaining a COVID-19 vaccination and those who might not get vaccinated without this service being provided in their home by designated Medicaid providers. CMS created an [infographic](#) to help Medicare providers understand the scope of this service, which Medicaid providers may find helpful.

#### **Summary**

To implement this program, Medicaid will authorize Home Health services providers (Provider Type 14) and Pharmacy providers (Provider Type 07/PV) to administer the COVID-19 vaccinations in the home (or similar setting) to eligible Medicaid clients. Home Health and Pharmacy providers will be able to administer the vaccination to current Home Health clients, as well as to those who are not currently in the Home Health Program.

DMS amends the COVID Response Manual to authorize home health providers and pharmacy providers to administer COVID-19 vaccination shots in a client's home or similar location. DMS outlines home administration requirements for those currently receiving home-based services as well as those who do not currently receive home based services. Also, DMS requires specific documentation by the provider and provides directions for billing and payment of claims. These include covered vaccines, procedure codes, and rates. The rule automatically sunsets at the end of the Federal Public Health Emergency. The information also will be issued in an Official Notice published to providers.



## NOTICE OF RULE MAKING

The Director of the Division of Medical Services of 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, & 25-10-129.

### **Effective March 1, 2022:**

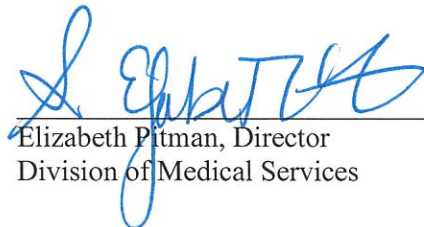
The Director of the Division of Medical Services (DMS) amends the DMS COVID-19 Response Manual to authorize home health providers and pharmacy providers to administer COVID-19 vaccination shots in a client's home or similar location. DMS outlines the requirements for those currently receiving home-based services as well as those who do not currently receive home based services to receive the COVID-19 vaccine in their home. Also, DMS requires specific documentation by the provider and provides directions for billing and payment of claims. These include covered vaccines, procedure codes, and rates. The rule automatically sunsets at the end of the Federal Public Health Emergency.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Rules Promulgation, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule at <https://humanservices.arkansas.gov/do-business-with-dhs/proposed-rules/>. Public comments must be submitted in writing at the above address or at the following email address: [ORP@dhs.arkansas.gov](mailto:ORP@dhs.arkansas.gov). All public comments must be received by DHS no later than December 13, 2021. 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 by remote access only through a Zoom webinar will be held on December 1, 2021, at 10:00 a.m. and public comments may be submitted at the hearing. Individuals can access this public hearing at <https://us02web.zoom.us/j/84119369838>. The webinar ID is **841 1936 9838**. If you would like the electronic link, "one-tap" mobile information, listening only dial-in phone numbers, or international phone numbers, please contact ORP at [ORP@dhs.arkansas.gov](mailto:ORP@dhs.arkansas.gov).

If you need this material in a different format, such as large print, contact the Office of Rules Promulgation at 501-396-6428.

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. 4502035775



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Elizabeth Pitman, Director  
Division of Medical Services