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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 24-0004

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) 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

January 29, 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-24-0004

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-24-0004. This amendment proposes to update and correct the Medicaid State Plan coordination of Triage, Treatment and Transport to an Alternative Destination.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 C.F.R. Section 440.390. This letter is to inform you that Arkansas Medicaid SPA AR-24-0004 was approved on January 29, 2024, with an effective date of January 1, 2024.

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


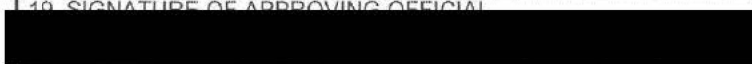
Sincerely,

A large black rectangular redaction box covers the signature of James G. Scott.

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Elizabeth Pittman
Anita Castleberry
Lisa Teague
Jack Tiner

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 4 - 0 0 0 4</u>	2. STATE <u>A 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 01/01/2024	
5. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. 440.390	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 3.1-A Page 9a 3.1-B Page 8b	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 3.1-A Page 9a, Approved 11-21-23, Supersedes TN 23-0020 3.1-B Page 8b, Approved 11-21-23, Supersedes TN 23-0020	
9. SUBJECT OF AMENDMENT Correction of an Error in SPA #2023-0020 (Coordinated Triage, Treatment and Transport to Alternative Destination) - Removing duplicated language that was moved to another SPA page (3.1-A, Page 9a(1), 3.1-B, Page 8b (1))		
10. GOVERNOR'S REVIEW (Check One) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> 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 1-10-2024		
FOR CMS USE ONLY		
16. DATE RECEIVED January 10, 2024	17. DATE APPROVED January 29, 2024	
PLAN APPROVED - ONE COPY ATTACHED		
18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2024	19. SIGNATURE OF APPROVING OFFICIAL 	
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations	
22. REMARKS		

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

January 1, 2024

CATEGORICALLY NEEDY

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation

(1) A. Ground Ambulance Services

Payment will be made for ambulance services, provided the conditions below are met and the services are provided in accordance with laws, regulations and guidelines governing ambulance services under Part B of Medicare. These services are equally available to all beneficiaries. The use of medical transportation must be for health-related purposes and reimbursement will not be made directly to Title XIX beneficiaries.

I. For transportation of **beneficiaries** when medically necessary as certified by a physician to a hospital, to a nursing home from the hospital or **beneficiary's** home, to the **beneficiary's** home from the hospital or nursing home, from a hospital (after receiving emergency outpatient treatment) to a nursing home if a **beneficiary** is bedridden, and from a nursing home to another nursing home if determined necessary by the Office of Long Term Care. Emergency service is covered only through licensed emergency ambulance companies. Services not allowed by Title XVIII but covered under Medicaid will be **reimbursed** for Medicare/Medicaid **beneficiaries**.

II. For services provided at an alternative location or destination to which an ambulance is dispatched, and the ambulance service treatment is initiated from a 911 call that is documented in the records of the ambulance service. Alternative destination means a lower-acuity facility that provides medical services.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: January 1, 2024

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