# **Table of Contents**

## **State/Territory Name: Arkansas**

## State Plan Amendment (SPA) #: 23-0018

This file contains the following documents in the order listed:

Approval Letter
CMS 179 Form/Summary Form (with 179-like data)

3) Approved SPA Pages



## **Financial Management Group**

November 29, 2023 Janet Mann, Director Arkansas Department of Human Services 112 West 8th Street, Slot S401 Little Rock, AR 72201-4608

RE: Arkansas State Plan Amendment (SPA) 23-0018

Dear Director Mann:

We have reviewed the proposed amendment to Attachment 4.19-A and of your Medicaid state plan submitted under transmittal number (TN) 23-0018 effective for services on or after January 1, 2024. The proposed amendment will include hospital reimbursement for long acting reversible contraceptives (LARCs).

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903(a) of the Social Security Act. We hereby inform you that Medicaid State plan amendment 23-0018 is approved effective January 1, 2024. We are enclosing the CMS-179 and the amended plan pages.

If you have any questions, please contact Diana Dinh at Diana.Dinh@cms.hhs.gov.

Sincerely,

Rory Howe Director

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE   2 3 0 1 8 A R   3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL   SECURITY ACT XIX XXI
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. FEDERAL STATUTE/REGULATION CITATION 1905(a)(4)(C) 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 4, 19 A 11ddd	SECURITY ACT   XIX   XXI     4. PROPOSED EFFECTIVE DATE     1/1/2024     6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dol ars) a FFY     2024   \$ 1,883,976     b FFY   2025     2025   \$ 2,511,967     8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )     None - New Page
9. SUBJECT OF AMENDMENT Hospital Reimbursement for Long Acting Reversible Contraceptives (LARCs)	
10. GOVERNOR'S REVIEW (Check One) GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED:
12. TYPED NAME Elizabeth Pitman 13. TITLE Direct or, Divis ion o fMedical Services 14. DATE SUBMITTED	5. RETURN TO Office of Rules Promulgation PO Box 1437, Slot S295 ittle Rock, AR 72203-1437 ttn: Mac Golden
9-20-23 FOR CMS US	SE ONLY
September 20, 2023	7. DATE APPROVED November 29, 2023
PLAN APPROVED - ÔN	E COPY ATTACHED
	9. SIGNATURE OF APPROVING OFFICIAL
January 1, 2024	
20. TYPED NAME OF APPROVING OFFICIAL	1. TITLE OF APPROVING OFFICIAL
Rory Howe	Director, FMG
22. REMARKS	

#### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE PROGRAM STATE <u>ARKANSAS</u>

ATTACHMENT 4.19-A Page 11ddd

# METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - INPATIENT HOSPITAL SERVICES

**January 1, 2024** 

### 1. Inpatient Hospital Services (continued)

#### Long-Acting Reversible Contraceptives (LARC)

Effective for claims with dates of service on or after January 1, 2024, all acute care hospitals will be reimbursed in addition to the per diem rates for Food and Drug Administration approved Long-Acting Reversible Contraceptives (LARCs) to include the IUD and contraceptive implants, and insertion and removal. LARC reimbursement will be the same as found in Attachment 4.19-B page 1v.

TN: 23-0018

Approval: November 29, 2023 E

Supersedes: NEW