

Table of Contents

State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 24-0010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

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

April 5, 2024

Janet Mann
State Medicaid Director
Arkansas Department of Human Services
P.O. Box 1437, Slot S401
Little Rock, AR 72203-1437

Re: Arkansas State Plan Renewal (SPA) 24-0010 §1915(i) Home and Community-Based Services
(HCBS) State Plan Benefit Renewal

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) is approving the state's request to amend its 1915(i) state plan home and community-based services (HCBS) benefit, transmittal number AR 24-0010. The effective date for this amendment is 3/1/2024. With this amendment, the state is making a technical correction to remove "Intensive In-Home Service" from the services list since this is not a service within this approved 1915(i) benefit.

Attached is the approved state plan page to be incorporated into your state plan:

- Attachment 3.1-i, Page 1

It is important to note that CMS' approval of this change to the state's 1915(i) HCBS state plan benefit solely addresses the state's compliance with the applicable Medicaid authorities. CMS' approval does not address the state's independent and separate obligations under federal laws including, but not limited to, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, or the Supreme Court's Olmstead decision. Guidance from the Department of Justice concerning compliance with the Americans with Disabilities Act and the Olmstead decision is available at http://www.ada.gov/olmstead/q&a_olmstead.htm. If you have any questions concerning this information, please contact me at (410) 786-7561. You may also contact Lynn Ward at lynn.ward@cms.hhs.gov or (214) 767-6327.

Sincerely,

A redacted signature consisting of several blacked-out rectangular blocks of varying sizes, obscuring the name and any handwritten notes.

George P. Failla, Jr., Director

Division of HCBS Operations and Oversight

Enclosure

cc: Elizabeth Pitman, AR DHS
Melissa Weatherton, AR DHS
Matthew Weaver, CMS DLTSS
Robert Browning, CMS DRR
Cynthia Nanes, CMS DHCBSO
Wendy Hill Petras, CMS DHCBSO

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 0

2. STATE

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

4. PROPOSED EFFECTIVE DATE

03-01-2024

5. FEDERAL STATUTE/REGULATION CITATION

§ 1915(i) of the Act

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2023 \$ 0

b. FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 3.1 A -i page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Attachment 3.1 A -i page 1

9. SUBJECT OF AMENDMENT

Technical Correction to correct and remove "Intensive In-Home Services" from list of services stated in the 1915i (PASSE) SPA under "1. Services"

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:

11. SOCIAL

15. RETURN TO

12. TYPED NAME (E)
Elizabeth Pitman

Office of Rules Promulgation
PO Box 1437, Slot S295
Little Rock, AR 72203-1437

13. TITLE
Director, Division of Medical Services

Attn: Mac Golden

14. DATE SUBMITTED

FOR CMS USE ONLY

16. DATE RECEIVED
3/22/2024

17. DATE APPROVED
4/5/2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
3/1/2024

19. SIGNATURE OF APPROVING

20. TYPED NAME OF APPROVING OFFICIAL
George P. Failla Jr.

21. TITLE OF APPROVING OFFICIAL
Director, Division of Home and Community Bases Services
Oversight and Operations

22. REMARKS

1915(i) State plan Home and Community-Based Services Administration and Operation

The state implements the optional 1915(i) State plan Home and Community-Based Services (HCBS) benefit for elderly and disabled individuals as set forth below.

1. **Services.** (Specify the state’s service title(s) for the HCBS defined under “Services” and listed in Attachment 4.19-B):

Supported Employment; Behavior Assistance; Adult Rehabilitation Day Treatment; Peer Support; Family Support Partners; Residential Community Reintegration; Respite; Crisis Stabilization Intervention; Assertive Community Treatment; Therapeutic Host Home; Recovery Support Partners (for Substance Abuse); Substance Abuse Detox (Observational); Pharmaceutical Counseling; Supportive Life Skills Development, Child and Youth Support; Partial Hospitalization, Supportive Housing; and Therapeutic Communities.

2. **Concurrent Operation with Other Programs.** (Indicate whether this benefit will operate concurrently with another Medicaid authority):

Select one:

<input type="radio"/>	Not applicable
<input checked="" type="radio"/>	Applicable
Check the applicable authority or authorities:	
<input type="checkbox"/>	Services furnished under the provisions of §1915(a)(1)(a) of the Act. The State contracts with a Managed Care Organization(s) (MCOs) and/or prepaid inpatient health plan(s) (PIHP) or prepaid ambulatory health plan(s) (PAHP) under the provisions of §1915(a)(1) of the Act for the delivery of 1915(i) State plan HCBS. Participants may <i>voluntarily</i> elect to receive <i>waiver</i> and other services through such MCOs or prepaid health plans. Contracts with these health plans are on file at the State Medicaid agency. <i>Specify:</i> (a) the MCOs and/or health plans that furnish services under the provisions of §1915(a)(1); (b) the geographic areas served by these plans; (c) the specific 1915(i) State plan HCBS furnished by these plans; (d) how payments are made to the health plans; and (e) whether the 1915(a) contract has been submitted or previously approved.
<input checked="" type="checkbox"/>	Waiver(s) authorized under §1915(b) of the Act. <i>Specify the §1915(b) waiver program and indicate whether a §1915(b) waiver application has been submitted or previously approved:</i> <i>Provider-Led Arkansas Shared Savings Entity (PASSE) Program, AR.0007.R01.01</i>
Specify the §1915(b) authorities under which this program operates (<i>check each that applies</i>):	
<input checked="" type="checkbox"/>	§1915(b)(1) (mandated enrollment to managed care)
<input type="checkbox"/>	§1915(b)(3) (employ cost savings to furnish additional services)