

## Table of Contents

State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 12-04

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Rm. 833  
Dallas, TX 75202



**Division of Medicaid & Children's Health, Region VI**

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November 21, 2012

Our Reference: SPA-AR-12-04

Dr. Andrew Allison  
State Medicaid Director  
Arkansas Department of Health and Human Services  
P.O. Box 1437  
Little Rock, Arkansas 72203

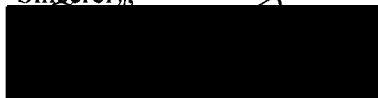
Dear Dr. Allison:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 12-04. Effective January 1, 2013, this State plan amendment allows the state to provide both curative treatment services and hospice services for beneficiaries under the age of 21 who elect hospice, in accordance with Section 2302 of the Affordable Care Act (ACA).

Transmittal Number 12-04 is approved with an effective date of January 1, 2013, as requested. A copy of the HCFA-179, Transmittal No. 12-04 dated September 17, 2012 is enclosed along with the approved plan pages.


If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,



Bill Brooks  
Associate Regional Administrator  
Division of Medicaid and Children's Health

Enclosure

|   |  |   |                          |
|---|--|---|--------------------------|
| <b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  |  | 1. TRANSMITTAL NUMBER:<br><br>2012-004  | 2. STATE<br><br>ARKANSAS |
| <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>  |  | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)  |                          |
| TO: REGIONAL ADMINISTRATOR<br>HEALTH CARE FINANCING ADMINISTRATION<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES   |  | 4. PROPOSED EFFECTIVE DATE<br><br>January 1, 2013   |                          |
| 5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):<br><br><input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT<br>COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> ) |  |   |                          |
| 6. FEDERAL STATUTE/REGULATION CITATION:<br><br>Section 2302 of the Affordable Care Act  |  | 7. FEDERAL BUDGET IMPACT:<br>a. FFY 2013                      \$201,648<br>b. FFY 2014                      \$276,929   |                          |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:<br><br>Attachment 3.1-A, Page 7<br>Attachment 3.1-B, Page 6   |  | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):<br><br>Attachment 3.1-A, Page 7, Approved 01-17-95, TN 94-26<br>Attachment 3.1-B, Page 6, Approved 01-17-95, TN 94-26 |                          |
| 10. SUBJECT OF AMENDMENT:<br>The Arkansas Title XIX State Plan has been amended to allow individuals under the age of 21 to receive treatment for a terminal illness in addition to hospice services.   |  |   |                          |
| 11. GOVERNOR'S REVIEW ( <i>Check One</i> ):<br><input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED:<br><input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED<br><input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL |  |   |                          |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL:<br><br>   |  | 16. RETURN TO:<br><br>Division of Medical Services<br>PO Box 1437, Slot S295<br>Little Rock, AR 72203-1437<br><br>Attention: LeAnn Edwards  |                          |
| 13. TYPED NAME:<br>Andrew Allison, PhD  |  |   |                          |
| 14. TITLE:<br>Director, Division of Medical Services  |  |   |                          |
| 15. DATE SUBMITTED:<br>September 17, 2012   |  |   |                          |
| <b>FOR REGIONAL OFFICE USE ONLY</b>   |  |   |                          |
| 17. DATE RECEIVED:<br><br>17 September, 2012  |  | 18. DATE APPROVED:<br><br>11 / 21 / 12  |                          |
| PLAN APPROVED - ONE COPY A  |  |   |                          |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL:<br><br>1 January, 2013   |  | 20. SIGNATURE OF REGIONAL OFFICIAL:<br><br>   |                          |
| 21. TYPED NAME:<br><br>Bill Brooks  |  | 22. TITLE: Associate Regional Administrator<br>Division of Medicaid & Children's Health   |                          |
| 23. REMARKS:  |  |   |                          |

AMOUNT, DURATION AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

15. Services in an intermediate care facility for the mentally retarded, as defined in Section 1905(d), (other than in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care.

Provided:  No limitations  With limitations\*

Not provided. PA\*

16. Inpatient psychiatric facility services for individuals under 22 years of age.

Provided:  No limitations  With limitations\*

Not provided. PA\*

17. Nurse-midwife services.

Provided:  No limitations  With limitations\*

Not provided.

18. Hospice care (in accordance with section 1905(o) of the Act).

Provided:  No limitations  With limitations\*

Not provided.  Provided in accordance with section 2302 of the Affordable Care Act

\*Description provided on attachment.

|                             |   |
|-----------------------------|---|
| STATE <u>Arkansas</u>       | A |
| DATE REC'D <u>9-17-12</u>   |   |
| DATE APPV'D <u>11-21-12</u> |   |
| DATE EFF <u>1-1-13</u>      |   |
| NOFA 179 <u>12-04</u>       |   |

SUPERSEDES: TN- 94-26

State/Territory: ARKANSAS

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): All**

16. Services in an intermediate care facility for the mentally retarded, as defined in Section 1905(d), (other than in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care.

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| DATE APPV'D <u>11-21-12</u> |   |
| DATE EFF <u>1-1-13</u>      |   |
| HCFA 179 <u>12-09</u>       |   |

SUPERSEDES: TR- 94-26