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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 19-007

This file contains the following documents in the order listed:

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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1301 Young Street
Dallas, Texas 75202



Regional Operations Group

May 1, 2019

Our Reference: SPA AR 19-0007

Ms. Dawn Stehle
State Medicaid Director
Arkansas Department of Health and Human Services
Division of Medical Services
P.O. Box 1437
Little Rock, Arkansas 72203-1437

Dear Ms. Stehle:

Enclosed is a copy of approved Arkansas (AR) State Plan Amendment (SPA) 19-0007, with an effective date of October 1, 2019. This amendment was submitted to add reasonable limits on amount for non-covered medical expenses in the post-eligibility treatment of income (PETI).

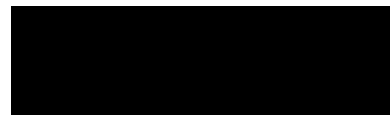
This letter affirms that AR 19-0007 is approved effective October 1, 2019 as requested by the State.

We are enclosing the CMS-179 and the following amended plan page:

- Supplement 3 to Attachment 2.6-A, Page 1

If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at stacey.shuman@cms.hhs.gov.

Sincerely,



Bill Brooks
Director
Centers for Medicaid & CHIP Services
Regional Operations Group

Cc: Billy Bob Farrell, Branch Manager Region VI
Stephanie Kaminsky, CMS Baltimore
Gene Coffee, CMS Baltimore
Matthew Cesnik, CMS Baltimore

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

1. TRANSMITTAL NUMBER <u>1</u> <u>9</u> — <u>0</u> <u>0</u> <u>0</u> <u>7</u>	2. STATE Arkansas
3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. PROPOSED EFFECTIVE DATE October 1, 2019	

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE & MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (*Check One*)

- NEW STATE PLAN AMENDMENT TO BE CONSIDERED AS NEW PLAN AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate transmittal for each amendment*)


6. FEDERAL STATUTE/REGULATION CITATION 42 CFR 435.725	7. FEDERAL BUDGET IMPACT a. FFY <u>2020</u> \$ <u>0</u> b. FFY <u>2021</u> \$ <u>0</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Supplement 3 to Attachment 2.6-A, Page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>) Supplement 3 to Attachment 2.6-A, Page 1 Approved 07-18-90, TN 90-31

10. SUBJECT OF AMENDMENT


Revises State Plan to add reasonable limits on amounts for non-covered medical expenses in the post-eligibility treatment of income.

11. GOVERNOR'S REVIEW (*Check One*)

- GOVERNOR'S OFFICE REPORTED NO COMMENT OTHER, AS SPECIFIED
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437
13. TYPED NAME Janet Mann	Attn: Isaac Linam
14. TITLE Director, Division of Medical Services	
15. DATE SUBMITTED 02/07/2019	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED February 14, 2019	18. DATE APPROVED May 1, 2019
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2019	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Bill Brooks	22. TITLE Director, Regional Operations Group

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ARKANSAS

REASONABLE LIMITS ON AMOUNTS FOR NECESSARY MEDICAL
OR REMEDIAL CARE NOT COVERED UNDER MEDICAID

- **Must be incurred no earlier than the three-month period preceding the month of application.**
- The non-covered expenses must be prescribed by a Medical professional (e.g., a physician, dentist, optometrist, chiropractor, etc.).
- Payments for cosmetic/elective procedures (e.g., face lifts or liposuction) will not be allowed **except when prescribed by a medical professional.**
- **Amount is the least of the fee recognized by Medicaid, Medicare, or the average cost allowed by a commercial health insurance plan in Arkansas.**
- **Expenses incurred as a result of the imposition of a transfer of assets penalty, are not allowed.**
- **Expenses resulting from the failure to obtain prior approval from applicable private insurance, Medicare, or Medicaid, due to the service being medically unnecessary, are not allowed.**
- **Deduction is not allowed for procedures allowed by Medicaid when prior authorization is denied due to the service being medically unnecessary.**
- **Expenses when a third party (including Medicaid) is liable for the expenses, even if provided by an out-of-network provider, are not allowed.**
- **General health insurance premiums paid by someone other than the recipient (excluding the community spouse) who is not a financially responsible relative and repayment is not expected to be paid back to the third party by the recipient, are not allowed.**

State: Arkansas
Date Received: 14 February, 2019
Date Approved: 1 May, 2019
Effective Date: 1 October, 2019
Transmittal Number: 19-0007

TN No. 19-0007 Approval Date 05/01/2019 Effective Date 10/01/2019

Supersedes TN No. 90-0031