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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 23-0014

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 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

June 12, 2023

Janet Mann
Medicaid Director
Arkansas Department of Human Services
Division of Medical Services
P.O. Box 1437, Slot S418
Little Rock, AR 72203-1437

Re: Arkansas State Plan Amendment (SPA) 23-0014

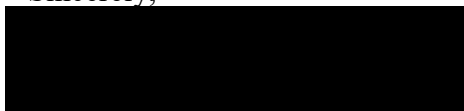
Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) completed review of Arkansas' State Plan Amendment (SPA) Transmittal Number 23-0014 submitted on May 22, 2023. The purpose of this SPA is to make a technical correction to the 1932(a) Primary Care Case Management (PCCM) SPA.

We conducted our review of this amendment according to statutory requirements of Title XIX of the Social Security Act and implementing Federal regulations. This letter is to inform you that Arkansas Medicaid SPA Transmittal Number 23-0014 is approved effective April 1, 2023.



If you have any questions regarding this amendment, please contact Cynthia Garraway at (312) 353-8583 or via email at Cynthia.Garraway@cms.hhs.gov.

Sincerely,



Bill Brooks
Director
Division of Managed Care Operations

cc: Elizabeth Pitman, DHS
Nell Smith, DHS
Maria Chickering, CMS
Angela Jones, CMS

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 3 — 0 0 1 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 April 1, 2023	
5. FEDERAL STATUTE/REGULATION CITATION Section 1932 (a)		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT 3.1F6		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 3.1F6; TN 18-0013; Approved 02/28/219;	
9. SUBJECT OF AMENDMENT To make a technical correction to the Primary Care Case Management (PCCM) program by removing the statement "and receiving Traditional Medicaid".			
10. GOVERNOR'S REVIEW (Check One)			
<input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input type="checkbox"/> OTHER, AS SPECIFIED:	
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 05-22-23			
FOR CMS USE ONLY			
16. DATE RECEIVED 5/22/23		17. DATE APPROVED 6/12/2023	
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL April 1, 2023		19. SIGNATURE 	
20. TYPED NAME OF APPROVING OFFICIAL Bill Brooks		21. TITLE OF APPROVING OFFICIAL Director, Division of Managed Care Operations	
22. REMARKS			

State: Arkansas

Citation Condition or Requirement

A. Mandatory Eligibility Groups (Eligibility Groups to which a state must provide Medicaid coverage)
1. Family/Adult

Eligibility Group	Citation (Regulation [42 CFR] or SSA)	M	V	E	Geographic Area (include specifics if M/V/E varies by area)	Notes
1. Parents and Other Caretaker Relatives	§435.110	X			Statewide	
2. Pregnant Women	§435.116	X			Statewide	Required to enroll with a PCCM only if they need non-obstetrical services which require a PCP referral.
3. Children Under Age 19 (Inclusive of Deemed Newborns under §435.117)	§435.118	X			Statewide	
4. Former Foster Care Youth (up to age 26)	§435.150	X			Statewide	
5. Adult Group (Non-pregnant individuals age 19-64 not eligible for Medicare with income no more than 133% FPL)	§435.119	X				Required only if deemed medically frail
6. Transitional Medical Assistance (Includes adults and children, if not eligible under §435.116, §435.118, or §435.119)	1902(a)(52), 1902(e)(1), 1925, and 1931(c)(2) of SSA	X			Statewide	
7. Extended Medicaid Due to Spousal Support Collections	§435.115	X			Statewide	