



Office of Director

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April 11, 2018

Ms. Tia Witherspoon
Centers for Medicare & Medicaid Services
Center for Medicaid and CHIP Services
Mail Stop: S2-03-17
7500 Security Boulevard
Baltimore, MD 21244-1850

Mr. Bill Brooks
Associate Regional Administrator
Centers for Medicare & Medicaid Services
Division of Medicaid and Children's Health Operations
1301 Young Street, Suite 833
Dallas, TX 75202

Dear Ms. Witherspoon and Mr. Brooks:

On behalf of the Arkansas Department of Human Services, I acknowledge the approval by the Centers for Medicare & Medicaid Services of Arkansas's Medicaid request for an amendment to its section 1115 demonstration project entitled, "Arkansas Works" (Project Number 11-W-00287/6) in accordance with section 1115(a) of the Social Security Act (the Act).

I accept on behalf of the Arkansas Department of Human Services the Special Terms and Conditions (STCs) corresponding to the aforementioned Arkansas Works 1115 demonstration project waiver amendment.

Lastly, I want to thank you and your staff for your hard work and commitment to working with the state on this important initiative.

I look forward to continuing this collaborative effort as we work to incentivize Arkansas Works enrollees to engage in their own health care and achieve better health outcomes through strategies that promote work and community engagement and address certain health determinants.

Sincerely,

A handwritten signature in blue ink, appearing to read "Cindy Gillespie".

Cindy Gillespie
Director