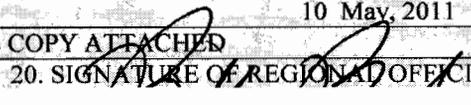


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 2011-004	2. STATE ARKANSAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE June 1, 2011	
5. TYPE OF PLAN MATERIAL (Check One): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 6505 of the Affordable Care Act		7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$ -0- b. FFY 2012 \$ -0-	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.44		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): None, New Page	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to comply with Section 6505 of the Affordable Care Act of 2010. A statement has been added prohibiting payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States.			
11. GOVERNOR'S REVIEW (Check One): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:		16. RETURN TO:	
13. TYPED NAME: Eugene I. Gessow		Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437	
14. TITLE: Director, Division of Medical Services		Attention: LeAnn Edwards	
15. DATE SUBMITTED: April 15, 2011			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 15 April, 2011		18. DATE APPROVED: 10 May, 2011	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 June, 2011		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: BILL BROOKS		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health	
23. REMARKS:			

June 1, 2011

State/Territory: ARKANSAS

SECTION 4 – GENERAL PROGRAM ADMINISTRATION

4.44 Medicaid Prohibition on Payments to Institutions or Entities Located Outside of the United States

Citation

Section 1902(a)(80) of the Social Security Act, P.L. 111-148 (Section 6505)

X The State shall not provide any payments for items or services provided under the State plan or under a waiver to any financial institution or entity located outside of the United States.

STATE <u>Arkansas</u>	A
DATE REC'D <u>4-15-11</u>	
DATE APPV'D <u>5-10-11</u>	
DATE EFF <u>6-1-11</u>	
HCFA 179 <u>11-04</u>	

TN No. 11-04

SUPERSEDES: NONE - NEW PAGE

Approval Date 5-10-11 Effective Date 6-1-11