HEALTH CARE FINANCING ADMINISTRATION		OMB NO. 0938-0193
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL		
	2013-002	ARKANSAS
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE	
FOR, HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDICA	AID)
TO DECIONAL ADMINISTRATION	4 PROPOSED EFFECTIVE DATE	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION		
DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2013	
5. TYPE OF PLAN MATERIAL (Check One):		
	~~	—
	CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME		amendment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
	a. FFY 2013 \$33,750,000	
42 CFR 447.405, 447.410 and 447.415	b. FFY 2014 \$45,000,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION
	OR ATTACHMENT (If Applicable):	
Attachment 4.19-B, Pages 1w – 1www	None, New Pages	
10. SUBJECT OF AMENDMENT:		
The Arkansas Title XIX State Plan has been amended to implement an in	arage in reimburgement for certain prime	ory care carvices
The Arkansas The ATA State Flan has been amended to implement an in	icrease in remodisement for certain prima	ary care services.
11. GOVERNOR'S REVIEW (Check One):		
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT		
	OTHER, AS SPEC	CIFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	☐ OTHER, AS SPEC	CIFIED:
	☐ OTHER, AS SPEC	IFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	☐ OTHER, AS SPEC	IFIED:
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	16. RETURN TO:	AFIED:
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