DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

FORM APPROVED
OMB NO. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER: 2013-008

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
January 1, 2014

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:
1932(a)(1)(A)
1932(a)(1)(B)(i)
1932(a)(1)(B)(ii)
1905(t)
1932 (a)(4) 42 CFR 438.50

7. FEDERAL BUDGET IMPACT:
a. FFY 2014 $-0-
b. FFY 2015 $-0-

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:
Attachment 3.1-F, Pages 1-14

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:
Attachment 3.1-F, Pages 1-14, Approved 08-31-10, TN 09-01

10. SUBJECT OF AMENDMENT:
The Arkansas Title XIX State Plan has been amended to include Primary Care Case Management (PCCM).

11. GOVERNOR'S REVIEW *(Check One)*:
☒ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:
Andy Allison

13. TYPED NAME:
Andrew Allison, PhD

14. TITLE:
Director, Division of Medical Services

15. DATE SUBMITTED:
July 10, 2013

16. RETURN TO:
Division of Medical Services
PO Box 1437, Slot S295
Little Rock, AR 72203-1437

Attention: LeAnn Edwards

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
10 July, 2013

18. DATE APPROVED: 30 September, 2013

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
1 January, 2014

20. SIGNATURE OF REGIONAL OFFICIAL:
Bill Brooks
Digitally signed by Billy D. Brooks -S
DN: c=US, o=U.S. Government, ou=HHS, ou=CMS, ou=People, 0.9.2342.19200300.100.1.1=2000039050, cn=Billy D. Brooks -S
Date: 2013.10.24 11:16:48 -05'00'

21. TYPED NAME:
Bill Brooks

22. TITLE: Associate Regional Administrator
Division of Medicaid & Children's Health

23. REMARKS: