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## State/Territory Name: Arkansas

## State Plan Amendment (SPA) #: 13-18

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Dallas Regional Office 1301 Young Street, Suite 833 Dallas, Texas 75202



## DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

June 19, 2014

Our Reference: AR SPA 13-18

Dawn Zekis Acting Arkansas Medicaid Director 700 Main Street, PO Box 1437 Little Rock, Arkansas 72203-1437

RE: AR 13-18 Breast and Cervical Cancer SPA

Dear Ms. Zekis:

We have reviewed the State's proposed amendment to the Arkansas State Plan submitted under Transmittal Number 13-18, dated September 23, 2013. This state plan amendment eliminates the Arkansas Breast and Cervical Cancer program.

Based on the information submitted, we have approved the amendment for incorporation into the official Arkansas State Plan with an effective date change of January 1, 2014. A copy of the CMS-179 and approved plan pages are enclosed with this letter.

If you have questions, please contact Suzette Seng at (214) 767-6478.

Sincerely.

Bill Brooks Associate Regional Administrator

cc: Glenda Higgs, Arkansas DHS

EALTH CARE FINANCING ADMINISTRATION		FORM APPROVE OMB NO. 0938-01
TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE
STATE PLAN MATERIAL	2013-018	ARKANSAS
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	January 1, 2014	
5. TYPE OF PLAN MATERIAL (Check One):		
	CONSIDERED AS NEW PLAN	AMENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	amenament)
	a. FFY 2014 \$( 8,969,553)	
Section 1902(a)(10)(A)(ii)(XVIII)	b. FFY 2015 \$(12,196,992)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS: OR ATTACHMENT (If Applicable):	
Attachment 2.2-A, Page 23e	Same, Approved 10-18-01, TN 01-20	
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 SPEC	IFIED:
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:	
	Division of Medical Services PO Box 1437, Slot S295	
13. TYPED NAME:	Little Rock, AR 72203-1437	
Andrew Allison, PhD		
14. TITLE: Director, Division of Medical Services	Attention: Glenda Higgs	
15. DATE SUBMITTED:	-	
September 24, 2013		
FOR REGIONAL OF	18. DATE APPROVED:	
17. DATE RECEIVED:	June 19, 2014	
17. DATE RECEIVED: September 23, 2013		
September 23, 2013 PLAN APPROVED – ON	E COPY ATTACHED	
September 23, 2013 PLAN APPROVED – ON 19. EFFECTIVE DATE OF APPROVED MATERIAL:	E COPY ATTACHED	FICIAL:
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FORM HCFA-179 (07-92)

Attachment 2.2-A Page 23e OMB NO.:

Citation	Groups Covered
	B. <u>Optional Groups Other Than the Medically Needy</u> (Continued)
1902(a)(10)(10)(ii)(XVIII) of the Act	26. Women who:
	<ul> <li>have been screened for breast or cervical cancer under the Centers for Disease Control and Prevention Breast and Cervical Cancer Early Detection Program established under title XV of the Public Health Service Act in accordance with requirements of section 1504 of that Act and need treatment for breast or cervical cancer, including a pre-cancerous condition of the breast or cervix;</li> </ul>
	b. are not otherwise covered under creditable coverage, as defined in section 2701(c) of the Public Health Service Act;
	c. are not eligible for Medicaid under any mandatory categorically needy eligibility group; and
	d. have not attained age 65.
1920B of the Act	27. Women who are determined by a 'qualified entity' (as defined in 1920B(b) based on preliminary information, to be a woman described in 1902(aa) the Act related to certain breast and cervical cancer patients.
	The presumptive period begins on the day that the determination is made. The period ends on the date that the State makes a determination with respect to the woman's eligibility for Medicaid, or if the woman does not apply for Medicaid (or a Medicaid application was not made on her behalf) by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the last day.
	State: Arkansas Date Received: September 23, 20 Date Approved: June 19, 2014 Date Effective: January 1, 2014 Transmittal Number: 13-18