

## **Table of Contents**

**State/Territory Name: Arkansas**

**State Plan Amendment (SPA) #: 20-0001**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**

Centers for Medicare & Medicaid Services  
Center for Medicaid & CHIP Services  
233 North Michigan Ave., Suite 600  
Chicago, Illinois 60601



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**Financial Management Group**

May 4, 2020

Ms. Dawn Stehle  
Deputy Director for Health and Medicaid Director  
Arkansas Department of Human Services  
112 West 8<sup>th</sup> Street, Slot S401  
Little Rock, Arkansas 72201-4608

RE: Arkansas TN 20-0001

Dear Ms. Stehle:

We have reviewed the proposed Arkansas State Plan Amendment (SPA) to Attachment 4.19-B AR#20-0001, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on April 8, 2020. The Arkansas Department of Human Services (DHS) proposes to amend the adjustment factor relating to self-directed personal care services.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1, 2020. We are enclosing the approved CMS-179 and a copy of the new state plan page.

If you have any additional questions or need further assistance, please contact Tamara Sampson at 214-767-6431 or [Tamara.Sampson@cms.hhs.gov](mailto:Tamara.Sampson@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2</u> <u>0</u> — <u>0</u> <u>0</u> <u>0</u> <u>1</u>	2. STATE <b>Arkansas</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	

TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2020
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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 1915(j)	7. FEDERAL BUDGET IMPACT a. FFY <u>2020</u> \$ <u>1,380,257</u> b. FFY <u>2021</u> \$ <u>5,536,490</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 4.19-B, Page 15	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> )  Same, Approved 4-1-08, TN AR 07-23
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10. SUBJECT OF AMENDMENT

Increasing 1915(j) self-direction personal care rate to 73% of the agency personal care rate to meet state minimum wage increase.

11. GOVERNOR'S REVIEW (*Check One*)

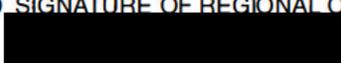
GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL 	16. RETURN TO Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437  Attn: Alexandra Rouse
13. TYPED NAME Janet Mann	
14. TITLE Director, Division of Medicaid Services	
15. DATE SUBMITTED April 8, 2020	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED	18. DATE APPROVED 05/04/2020
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**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL 
21. TYPED NAME Todd McMillion	22. TITLE Director, Division of Reimbursement Review

23. REMARKS

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Revised: July 1, 2020

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28. For self-directed personal assistance services under 1915(j) (see Supplement 4 to Attachment 3.1-A for a full description) the rate will be determined as follows:

Arkansas's methodology for determining the participant's budget is based on the assessment of needs for the participant and the development of the service plan. The cost of providing the services included in the service plan is calculated based on the expected reimbursement for personal care under the state plan referenced in Supplement 4 to Attachment 3.1-A, Page 1, and are adjusted to account for the self-directed service delivery model. Based on historical utilization patterns and differences in set-up and oversight, the State will use an adjustment factor of **73.0%** of the expected waiver/state plan service reimbursement to calculate the participant's service budget for self- directed personal assistance services.