

## **Table of Contents**

**State/Territory Name: Arkansas**

**State Plan Amendment (SPA) #: 22-0001**

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  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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May 3, 2022

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, AR 72201-4608

Re: Arkansas State Plan Amendment (SPA) 22-0001


Dear Ms. Stehle:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) 22-0001. This amendment proposes allows pharmacists to enroll individually as atypical providers to prescribe and administer specified drugs, and test and screen for certain health conditions.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR § 440.170. This letter is to inform you that Arkansas Medicaid SPA 22-0001 was approved on May 3, 2022, with an effective date of June 1, 2022.

If you have any questions, please contact Michala Walker at 816-426-6503 or via email at [Michala.Walker@cms.hhs.gov](mailto:Michala.Walker@cms.hhs.gov).

Sincerely,

 Digitally signed by James  
G. Scott -S  
Date: 2022.05.03 20:09:48  
-05'00'

James G. Scott, Director  
Division of Program Operations

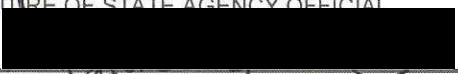
cc: Jack Tiner  
Anita Castleberry  
Elizabeth Pitman  
David Jones  
Lisa Teague  
Mac Golden  
Cynthia Neuhofel

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 2 — 0 0 0 1</u>	2. STATE <u>A R</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>June 1, 2022</b>	
5. FEDERAL STATUTE/REGULATION CITATION  <a href="#">prep-act-guidance.pdf (hhs.gov)</a> 42 CFR 44.60	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2022</u> \$ <u>26,261</u> b. FFY <u>2023</u> \$ <u>78,782</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  Attachment 3.1-A Page 3b Attachment 3.1-B Page 3d	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  Same, Approved 12-01-2001, TN 01-25 Same, Approved 12-01-2001, TN 01-25	

9. SUBJECT OF AMENDMENT  
**Division of Medical Services (DMS) amends the Medicaid State Plan to allow pharmacists to enroll individually as atypical providers to prescribe and administer specific drugs as well as test and screen for certain health conditions., per guidance related to the PREP Act issued on October 29, 2020.**

10. 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

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437  Attn: Mac Golden
12. TYPED NAME Elizabeth Pitman	
13. TITLE Director, Division of Medical Services	
14. DATE SUBMITTED 03/11/2022	

**FOR CMS USE ONLY**

16. DATE RECEIVED March 11, 2022	17. DATE APPROVED May 3, 2022
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL June 1, 2022	19. SIGNING OFFICIAL  Digitally signed by James G. Scott -S Date: 2022.05.03 20:10:29 -05'00'
20. TYPED NAME OF APPROVING OFFICIAL James G. Scott	21. TITLE OF APPROVING OFFICIAL Director, Division of Program Operations

22. REMARKS  
Boxes 5 and 9: State authorized pen and ink changes on 4/28/2022.

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised:

June 1, 2022

CATEGORICALLY NEEDED

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6. Medical Care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)
- 6.d. Other Practitioners' Services (Continued)
- (5) Psychologists  
Refer to Attachment 3.1-A, Item 4.b. (13).
  - (6) Obstetric - Gynecologic and **Gerontological** Nurse Practitioner  
Refer to Attachment 3.1-A, Item 24 for coverage limitations.
  - (7) **Pharmacists**

AMOUNT, DURATION, AND SCOPE OF  
SERVICES PROVIDED

Revised:

June 1, 2022

MEDICALLY NEEDY

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6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)
- 6.d. Other Practitioners' Services (Continued)
- (5) Psychologists  
Refer to Attachment 3.1-A, Item 4.b.(13).
  - (6) Obstetric - Gynecologic and **Gerontological** Nurse Practitioner  
Refer to Attachment 3.1-B, Item 21 for coverage limitations.
  - (7) **Pharmacists**