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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 22-0026

This file contains the following documents in the order listed:

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

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

February 8, 2023

Janet Mann
Deputy Director of Health and Medicaid Director
Arkansas Department of Human Services
112 West 8th Street, Slot S401
Little Rock, AR 72201-4608

Re: Arkansas State Plan Amendment (SPA) AR-22-0026

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-22-0026. This amendment proposes to update cost sharing in Arkansas.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and 1916 and 1916A of the Social Security Act, and implementing regulations 42 CFR 447.50 through 447.57. This letter is to inform you that Arkansas Medicaid SPA AR-22-0026 was approved on February 8, 2023, with an effective date of January 1, 2023.

If you have any questions, please contact Lee Herko at 570-230-4048 or via email at lee.herko@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

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

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 2 - 0 0 2 6

2. STATE
A R

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
1-1-2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR § 447.50 1916 and 1916A of the Social Security Act, and 42 CFR 447.50 through 447.57

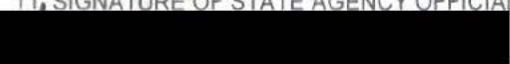
6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a FFY 2023 \$ 0
b FFY 2024 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
See Attached Listing

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
See Attached Listing

9. SUBJECT OF AMENDMENT
~~CMS has requested that traditional SPA pages be removed and cost sharing updates be submitted through the Medicaid Model Data Lab (MMDL) system.~~
Modifications to refer to G cost sharing state plan pages for cost sharing policy.

10. 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:

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Elizabeth Pitman

13. TITLE
Director, Division of Medical Services

14. DATE SUBMITTED
11-15-2022

15. RETURN TO
Office of Rules Promulgation
PO Box 1437, Slot S295
Little Rock, AR 72203-1437
Attn: Mac Golden

FOR CMS USE ONLY

16. DATE RECEIVED
November 15, 2022

17. DATE APPROVED
February 8, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
January 1, 2023

19. SIGNATURE OF APPROVING OFFICIAL


20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. REMARKS
Box 8: State authorized pen and ink changes (indicated in listing on second page) on 12/12/2022
State authorized pen and ink change on 01/10/2023 of Box 5: Federal Statute
State authorized pen and ink change on 02/07/2023 of Box 9: Subject of Amendment

**ATTACHED LISTING FOR
ARKANSAS STATE PLAN
TRANSMITTAL #22- 0026**

**8. Number of the Plan
Section or Attachment**

Attachment 2.6-A, Page 12p

**9. Number of the Superseded Plan
Section or Attachment**

Attachment 2.6-A, Page 12p
Approved 01-25-01, TN 00-14

Repealed State Plan Pages

Attachment 2.6-A, Page 12p-1

Attachment 2.6-A, Page 12p-2

Section 4,* Page 54

Section 4,* Page 55

Section 4,* Page 56

Attachment 4.18-A pg. 1a

Attachment 4.18-A pg. 2

Attachment 4.18-A pg. 3

Attachment 4.18-A pg. 4

Attachment 4.18-A pg. 5

Attachment 4.18-C pg. 1

Attachment 4.18-C pg. 1a

Attachment 4.18-C pg. 2

Attachment 4.18-C pg. 3

Attachment 4.18-C pg. 4

Attachment 4.18-C pg. 5

Attachment 4.18-A, pg. 1*

Attachment 4.18-C, pg 1b*

State/Territory: ARKANSAS

Citation

Condition or Requirement

1902(a)(10)(A)(ii)
(XV), (XVI), and
1916(g) of the Act
(cont.)

Premiums and Other Cost-Sharing Charges

For the Basic Insurance Group and/or the Medical Improvement Group, the agency's premium or other cost-sharing charges, and how they are applied, are described in **Medicaid Premiums and Cost Sharing pages G1 through G3. In future years, cost share amounts will change with the medical component of the CPI-U.**