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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 22-9902

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
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850



March 24, 2023

Janet Mann
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-22-9902

Dear Director Mann:

We have reviewed the proposed amendment to add section 7.4.A., Rescissions to the State's Disaster Relief Policies for the COVID-19 National Emergency, to the Arkansas Medicaid state plan as submitted under transmittal number (TN) AR-22-9902. This amendment proposes to rescind temporary policies in section 7.4.A., Medicaid Disaster Relief for the National Emergency.

We conducted our review of your submittal according to the statutory requirements at section 1902(a) of the Social Security Act and implementing regulations. Section 7.4 of the Medicaid state plan provides temporary authority for these provisions and is intended to be in effect only for the duration of the COVID-19 public health emergency. Due to the temporary nature of this provision, Medicaid SPA Transmittal Number AR-22-9902 is approved effective January 7, 2023.

Enclosed is a copy of the CMS-179 summary form and the approved state plan page.

Please contact Lee Herko at 570-230-4048 or by email at lee.herko@cms.hhs.gov if you have any questions about this approval.

Sincerely,

Alissa M.
Deboy -S

Digitally signed by Alissa
M. Deboy -S
Date: 2023.03.24
08:47:17 -04'00'

Alissa Mooney DeBoy
On Behalf of Anne Marie Costello, Deputy Director
Center for Medicaid and CHIP Services

Enclosures

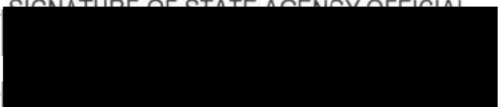
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 2</u> — <u>9 9 0 2</u>	2. STATE <u>AR</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <u>1/7/2023</u>	
5. FEDERAL STATUTE/REGULATION CITATION <u>Title XIX of the Social Security Act</u>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a FFY <u>23</u> \$ <u>-(616,001)</u> b FFY _____ \$ _____	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <u>7.4. A.</u>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	

9. SUBJECT OF AMENDMENT
Rescind Disaster SPA 21-0002 for COVID 19: Increased reimbursement for gloves used in home services

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 	15. RETURN TO Office of Rules and Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437
12. NAME OF STATE AGENCY OFFICIAL <u>Elizabeth Pittman</u>	Attn: Mac Golden
13. TITLE <u>Director, Division of Medical Services</u>	
14. DATE SUBMITTED <u>12/31/2022</u>	

FOR CMS USE ONLY

16. DATE RECEIVED <u>December 30, 2022</u>	17. DATE APPROVED <u>March 24, 2023</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>January 7, 2023</u>	19. SIGNATURE OF APPROVING OFFICIAL <u>Alissa M. Deboy -S</u> <small>Digitally signed by Alissa M. Deboy -S Date: 2023.03.24 08:48:17 -0400</small>
20. TYPED NAME OF APPROVING OFFICIAL <u>Alissa Mooney DeBoy</u>	21. TITLE OF APPROVING OFFICIAL <u>On Behalf of Anne Marie Costello, Deputy Director, CMCS</u>

22. REMARKS

State approved pen and ink change to Box 1: TN correction on 02/13/2023

State approved pen and ink change to Box 7. Plan Section corrected to 7.4.A. on 3/21/2023.

**7.4.A. Rescissions to the Arkansas Disaster Relief Policies for the COVID-19 National Emergency
Found in Disaster SPA 21-0002**

Effective January 7, 2023, DHS rescinds the all elections found in Section 7.4 of SPA Number 21-0002 (approved on May 28, 2021) temporarily increasing the payment of gloves as medical supplies to respond to the changing needs of the State of Arkansas considering the continued COVID-19 Public Health Emergency.

On December 7, 2022, DHS published notification of all policies that would be sunseting on its website at <https://humanservices.arkansas.gov/covid-19/dhs-response-to-covid-19/updates-for-providers/changes-to-medicaid-ending-effective-december-31-2022/>. These policies remain posted and can be reviewed by all Medicaid providers and clients.