

## **Table of Contents**

**State/Territory Name: Arkansas**

**State Plan Amendment (SPA) #: 22-9917**

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



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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-22-9917

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-22-9917. This amendment proposes to rescind temporary policies in section 7.4., 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-22-9917 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](mailto: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  
08:51:12 -04'00'

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

Enclosures

<p><b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b></p>	1. TRANSMITTAL NUMBER <u>2 2</u> — <u>9 9</u> 1 7	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>(71)</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 21-0017 for COVID 19: Supplemental Payments for vaccine administration

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

<p>12. CONTACT NAME [REDACTED]</p> <p>13. TITLE Director, Division of Medical Services</p> <p>14. DATE SUBMITTED 12/31/2022</p>	<p>15. RETURN TO Office of Rules and Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437</p> <p>Attn: Mac Golden</p>
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**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 08:51:30 -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.
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#### **7.4.A. Rescissions to the Arkansas Disaster Relief Policies for the COVID-19 National Emergency found in Disaster SPA 21-0017**

Effective January 7, 2023, the agency rescinds the following elections found in SPA Number 21-0017 (approved on March 2, 2022) to respond to the changing needs of the State of Arkansas considering the continued COVID-19 Public Health Emergency:

1. 7.4.E.2.b.i to add an additional fee of \$35.50 for each administration in which the other licensed practitioner administers a COVID-19 vaccination in a home.

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.