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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 22-9924

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-22-9924

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-22-9924. 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-22-9924 is approved effective January 1, 2023.

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

If you have any questions, please contact Lee Herko at 570-230-4048 or via 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
08:52:19 -04'00'

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

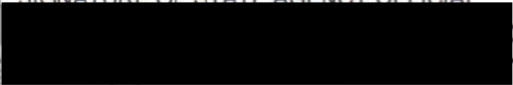
Enclosures

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 2 4</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>1/1/2023</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>(10,007,957)</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 20-0024

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. NAME OF STATE AGENCY OFFICIAL Elizabeth Pitman	
13. TITLE Director, Division of Medical Services	
14. DATE SUBMITTED 12/31/2022	

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 1, 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 08:52:41 -04'00'</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 Box1: 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 20-0024

Effective January 1, 2023, DHS rescinds the following elections found in SPA Number 20-0024 (approved on March 16, 2021) to respond to the changing needs of the State of Arkansas considering the continued COVID-19 Public Health Emergency:

1. 7.4.D.2 in its entirety, allowing the use of swing beds in critical access hospitals; and
2. 7.4.E.1 in its entirety, regarding the rate and payment of swing beds in critical access hospitals.

On October 10, 2021, DHS published Notice in the Arkansas Democrat Gazette, a paper of state-wide circulation, that the above policies were sunseting effective December 31, 2022. Public Comment spanned from October 10, 2021- November 8, 2021. The manual was reviewed by Legislative Council on December 17, 2021, and was effective January 1, 2022. The manual stated that all Covid policies would end on December 31, 2022.