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**State/Territory Name: Arkansas**

**State Plan Amendment (SPA) #: 23-0011**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 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



May 10, 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-23-0011

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-23-0011. This amendment proposes to temporarily extend the Workforce Stabilization Incentive Program originally approved in Disaster Relief SPA AR-22-0009.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations. This letter is to inform you that Arkansas' Medicaid SPA Transmittal Number AR-23-0011 is approved effective May 12, 2023.

If you have any questions, please contact Lee Herko at 570-230-4048 or via 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: 2023.05.10  
08:30:49 -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 3 — 0 0 1 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>May 12, 2023</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>Title XIX of the SSA</b>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>0</u> b. FFY <u>2024</u> \$ <u>0</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>7.4.B</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <b>New</b>	

9. SUBJECT OF AMENDMENT  
**DSPA Extension for Workforce Stabilization**

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:

<p>13. TITLE Director, Division of Medical Services</p> <p>14. DATE SUBMITTED 3/31/2023</p>	<p>15. RETURN TO Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attn: Mac Golden</p>
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**FOR CMS USE ONLY**

16. DATE RECEIVED <b>3/31/2023</b>	17. DATE APPROVED May 10, 2023
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**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL May 12, 2023	19. SIGNATURE OF APPROVING OFFICIAL <b>Alissa M. Deboy -S</b> <small>Digitally signed by Alissa M. Deboy -S Date: 2023.05.10 08:31:29 -04'00'</small>
20. TYPED NAME OF APPROVING OFFICIAL Alissa Mooney DeBoy	21. TITLE OF APPROVING OFFICIAL On Behalf of Anne Marie Costello, Deputy Director, CMCS

22. REMARKS  
  
5/3/2023: CMS made a pen and ink change to add date submitted to Box 14 per communication with AR

## Section 7 General Provisions

### 7.4.B Temporary Extension to the Disaster Relief Policies for the COVID-19 National Emergency

Effective May 12, 2023, until April 1, 2024, the agency temporarily extends the following election(s) of section 7.4 (approved on April 22, 2022, in SPA Number 22-0009) of the state plan:

#### Section E – Payments

2.  The agency increases payment rates for the following services:

**The Workforce Stabilization Incentive Program is from October 1, 2021, to March 31, 2024. As defined in Section 9817 of the American Rescue Plan (ARP) Act of 2021 and in accordance with Appendix B of the State Medicaid Director Letter (SMDL) #21-003. The payment was made as a lump sum payment to Home and Community Based Providers for services provided during the PHE and can be used for hiring, longevity, and complex care longevity bonuses.**

a.  Payment increases are targeted based on the following criteria:

Private Duty Nursing-Provider type 38

S9123 and S9124

Targeted Case Management for AR Choice beneficiaries-Provider type 65

T1017

Adult Behavioral Health Services for Community Independent 1915(i) State Plan Amendment, fee for service only, Provider type 26 and 96

H2017, H0019, H0038, H2032, H0043

Personal Care-Provider type 97

T1019 and T1020

Home Health-Provider type 14/H3

T1021 and S9131

Independent Choices-Provider type 87

Per diem basis