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**State/Territory Name: Arkansas**

**State Plan Amendment (SPA) #: 23-0012**

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



May 11, 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-23-0012

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-23-0012. This amendment proposes to temporarily extend the utilization of telemedicine originally approved in Disaster Relief SPA AR-22-0016.

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-23-0012 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: 2023.05.11  
08:21:48 -04'00'

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

Enclosures

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b> <b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER <u>2 3 — 0 0 1 2</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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) 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 <b>Extended DSPA for Telemedicine.</b>			
10. GOVERNOR'S REVIEW (Check One) <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <input type="checkbox"/> OTHER, AS SPECIFIED:			
11. SIGNATURE OF SUBMITTER  Elizabeth Pitman		15. RETURN TO Office of Rules Promulgation PO Box 1437, Slot S295 Little Rock, AR 72203-1437  Attn: Mac Golden	
13. TITLE Director, Division of Medical Services			
14. DATE SUBMITTED <b>3/31/2023</b>			
<b>FOR CMS USE ONLY</b>			
16. DATE RECEIVED <b>March 31, 2023</b>		17. DATE APPROVED <b>May 11, 2023</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
18. EFFECTIVE DATE OF APPROVED MATERIAL <b>May 12, 2023</b>		19. SIGNATURE OF APPROVING OFFICIAL <b>Alissa M. Deboy -S</b> <small>Digitally signed by Alissa M. Deboy -S Date: 2023.05.11 08:22:22 -04'00'</small>	
20. TYPED NAME OF APPROVING OFFICIAL <b>Alissa Mooney DeBoy</b>		21. TITLE OF APPROVING OFFICIAL <b>On Behalf of Anne Marie Costello, Deputy Director, CMCS</b>	
22. REMARKS			

## 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 December 31, 2023, the agency temporarily extends the following election(s) of section 7.4 (approved on August 30, 2022, in SPA Number 22-0016) of the state plan:

#### Section G-Other Policies and Procedures Differing from Approved Medicaid State Plan/Additional Information

A reassessment is completed by staff employed by the Independent Assessment Contractor utilizing the current approved assessment instrument (ARIA), which was approved prior to April 1, 2021, to assess functional need. An interview will be conducted in person for initial assessments, with the option of using telemedicine to complete Behavioral Health and Developmental Disability reassessments.

The state assures it meets the 1915(i) requirement for the use of telemedicine to perform the reassessments under 42 CFR §441.720(a)(1)(i)(A) through (C).