

## **Table of Contents**

**State/Territory Name: Arkansas**

**State Plan Amendment (SPA) #: 23-0013**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



June 30, 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-23-0013

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-23-0013. This amendment proposes to temporarily extend temporary Brief Emotional/Behavioral Assessment Screening payments originally approved in Disaster Relief SPA AR-23-0004.

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-23-0013 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: 2023.06.30  
08:07:24 -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<br/>STATE PLAN MATERIAL</b><br><b>FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b> |  | 1. TRANSMITTAL NUMBER<br><b>2 3 - 0 0 1 3</b>  | 2. STATE<br><b>A R</b> |
|  |  | 3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT<br><input checked="" type="radio"/> XIX <input type="radio"/> XXI    |                        |
| TO: CENTER DIRECTOR<br>CENTERS FOR MEDICAID & CHIP SERVICES<br>DEPARTMENT OF HEALTH AND HUMAN SERVICES                           |  | 4. PROPOSED EFFECTIVE DATE<br><b>May 12, 2023</b>  |                        |
| 5. FEDERAL STATUTE/REGULATION CITATION<br><b>42 USC 1135(b)</b> Title XIX of the Social Security Act                             |  | 6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)<br>a FFY <b>2023</b> \$ <b>119,024</b><br>b FFY <b>2024</b> \$ <b>40,458</b> |                        |
| 7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT<br><b>7.4.B</b>   |  | 8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)<br><b>New</b>  |                        |

9. SUBJECT OF AMENDMENT  
**Extension of BH Physician Screenings**

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<br>      | 15. RETURN TO<br>Office of Rules Promulgation<br>PO Box 1437, Slot S295<br>Little Rock, AR 72203-1437<br><br>Attn: Mac Golden |
| 12. NAME OF STATE AGENCY OFFICIAL<br>Janet Mann |   |
| 13. TITLE<br>Director, Arkansas Medicaid        |   |
| 14. DATE SUBMITTED<br>4/5/2023                  |   |

**FOR CMS USE ONLY**

|                                    |                                    |
|------------------------------------|------------------------------------|
| 16. DATE RECEIVED<br>April 5, 2023 | 17. DATE APPROVED<br>June 30, 2023 |
|------------------------------------|------------------------------------|

**PLAN APPROVED - ONE COPY ATTACHED**

|   |  |
|---|--|
| 18. EFFECTIVE DATE OF APPROVED MATERIAL<br>May 12, 2023     | 19. SIGNATURE OF APPROVING OFFICIAL<br>Alissa M. Deboy -S<br><small>Digitally signed by Alissa M. Deboy -S<br/>Date: 2023.06.30 08:07:45 -04'00'</small> |
| 20. TYPED NAME OF APPROVING OFFICIAL<br>Alissa Mooney DeBoy | 21. TITLE OF APPROVING OFFICIAL<br>On Behalf of Anne Marie Costello, Deputy Director<br>Center for Medicaid and CHIP Services                            |

22. REMARKS

State approved pen and ink change request for Box 5: Title XIX of SSA on 6/27/2023.

## 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 (approval pending, in SPA Number 23-0004) of the state plan:

#### Section E – Payments

*Other:*

1.  Other payment changes:

|   |
|---|
| Brief Emotional/Behavioral Assessment Screening will be paid at one hundred percent (100%) of the 2022 Arkansas Non-Rural Medicare rate, which is \$3.86. |
|---|

TN: AR 23-0013  
Supersedes TN: New

Approval Date: 06/30/2023  
Effective Date: 05/12/2023