

## **Table of Contents**

**State/Territory Name: Arkansas**

**State Plan Amendment (SPA) #: 24-0005**

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 13, 2024

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-24-0005

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) AR-24-0005. This amendment proposes to temporarily extend the Workforce Stabilization Incentive Program originally approved in Disaster Relief SPA AR-23-0011.

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's Medicaid SPA Transmittal Number AR-24-0005 is approved effective April 2, 2024.

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).

Sincerely,

Alissa M.  
Deboy -S

Digitally signed by Alissa  
M. Deboy -S  
Date: 2024.03.13  
08:25:29 -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</u> <u>4</u> — <u>0</u> <u>0</u> <u>0</u> <u>5</u>	2. STATE <u>A</u> <u>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  
April 02, 2024

5. FEDERAL STATUTE/REGULATION CITATION  
Title XIX of the Social Security Act and Section 9817 of the American Rescue Plan (ARP) Act of 2021

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)  
a. FFY 2024 \$ 0  
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT  
7.4 B

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)  
New

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: \_\_\_\_\_

11. SIGNATURE OF STATE AGENCY OFFICIAL  
[Redacted]

12. TYPED NAME  
Elizabeth Pitman

13. TITLE  
Director, Division of Medical Services

14. DATE SUBMITTED  
1/23/24

15. RETURN TO  
Office of Rules Promulgation  
PO Box 1437, Slot S295  
Little Rock, AR 72203-1437  
Attn: Mac Golden

**FOR CMS USE ONLY**

16. DATE RECEIVED  
January 23, 2024

17. DATE APPROVED  
March 13, 2024

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
April 2, 2024

19. SIGNATURE OF APPROVING OFFICIAL  
Alissa M. DeBoy -S  
Digitally signed by Alissa M. DeBoy -S  
Date: 2024.03.13 08:25:49 -04'00'

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  
Box 5: CMS added the federal statutory citations per email with state dated 3/5/24.

## Section 7 General Provisions

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

Effective April 2, 2024, until March 31, 2025, 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, 2025. 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**

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