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State/Territory Name: Arkansas

State Plan Amendment (SPA) AR: 24-0017

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
Center for Medicaid & CHIP Services
230 South Dearborn
Chicago, Illinois 60604



Financial Management Group

December 10, 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: TN AR-24-0017

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) has reviewed the proposed Arkansas state plan amendment (SPA) to Attachment 4.19-B AR-24-0017, which was submitted to CMS on September 13th, 2024. This plan amendment updates the rates for specialized formula and associated supplies.

We reviewed your SPA submission for compliance with statutory requirements including in sections 1902(a)(2), 1902(a)(13), 1902(a)(30), and 1903 as it relates to the identification of an adequate source for the non-federal share of expenditures under the plan, as required by 1902(a)(2), of the Social Security Act and the applicable implementing Federal regulations.

Based upon the information provided by the state, we have approved the amendment with an effective date of August 1, 2024. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Robert Bromwell at (410)-786-5914 or via email at Robert.Bromwell@cms.hhs.gov.

Sincerely,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 4 — 0 0 1 7

2. STATE

A R

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT

XIX

XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

8/1/2024

5. FEDERAL STATUTE/REGULATION CITATION

1905(a)(7)

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 2024 \$ 230,757

b. FFY 2025 \$ 1,368,002

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

4.19 B pg. 2d(1)
4.19 B pg 2e(1)

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

None - new pages

9. SUBJECT OF AMENDMENT

Specialized Formula and Associated Supplies rate change

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

12. TYPED NAME

Elizabeth Pitman

13. TITLE

Director, Division of Medical Services

14. DATE SUBMITTED

9/13/24

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

September 13, 2024

17. DATE APPROVED

December 10, 2024

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

August 1, 2024

19. SIGNATURE OF APPROVING OFFICIAL

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 4.19-B
Page 2d(1)

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Revised: August 01, 2024

7. Home Health Services (continued)

c. Medical Supplies, Equipment and Appliances Suitable for Use in the Home (Continued)

(1) Medical Supplies (continued)

Effective August 1, 2024, specialized formula and associated supplies prescribed for enteral nutrition will be reimbursed at the lesser of one hundred percent (100%) of the non-rural Medicare rate for Arkansas, or eighty percent (80%) of the Arkansas Blue Cross Blue Shield rates with the minimum threshold set at eighty percent (80%) of the Medicare rate.

The applicable fee schedule **of** rates **at any given time** are published on the agency's website ([Fee Schedules - Arkansas Department of Human Services](#)). A uniform rate for these services is paid to all governmental and nongovernmental providers unless otherwise approved in the state plan.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 4.19-B
Page 2e(1)

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES
OTHER TYPES OF CARE

Revised: August 1, 2024

7. Home Health Services (continued)

c. Medical Supplies, Equipment and Appliances Suitable for Use in the Home (Continued)

(2) Durable Medical Equipment (DME) (continued)

Effective August 1, 2024, equipment prescribed for administering enteral nutrition will be reimbursed at the lesser of one hundred percent (100%) of the non-rural Medicare rate for Arkansas, or eighty percent (80%) of the Arkansas Blue Cross Blue Shield rates with the minimum threshold set at eighty percent (80%) of the Medicare rate.

The applicable fee schedule of rates **at any given time** are published on the agency's website ([Fee Schedules - Arkansas Department of Human Services](#)). A uniform rate for these services is paid to all governmental and nongovernmental providers unless otherwise approved in the state plan.