

## **Table of Contents**

**State/Territory Name: Arkansas**

**State Plan Amendment (SPA) #: 23-0009**

This file contains the following documents in the order listed:

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



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-23-0009

Dear Director Mann:

The Centers for Medicare & Medicaid Services (CMS) reviewed the proposed Medicaid State Plan Amendment (SPA) and accompanying section 1135 waivers submitted on March 31, 2023 under transmittal number (TN) AR-23-0009. This amendment proposes to add coverage of routine patient costs associated with participation in qualifying clinical trials.

Pursuant to section 1135(b)(5) of the Social Security Act (Act), for the period of the public health emergency, CMS is modifying the requirement at 42 C.F.R. §430.20 that the state submit SPAs related to the COVID-19 public health emergency by the final day of the quarter, to obtain a SPA effective date during the quarter, enabling SPAs submitted after the last day of the quarter to have an effective date in a previous quarter, but no earlier than the effective date of the public health emergency.


The State of Arkansas also requested a waiver to modify the public notice requirements applicable to the SPA submission process. Pursuant to section 1135(b)(5) of the Act, CMS is modifying public notice requirements applicable to the SPA submission process. Public notice for SPAs is required under 42 C.F.R. §447.205 for changes in statewide methods and standards for setting Medicaid payment rates, 42 C.F.R. §447.57 for changes to premiums and cost sharing, and 42 C.F.R. §440.386 for changes to Alternative Benefit Plans (ABPs). Pursuant to section 1135(b)(5) of the Act, CMS is approving the state's request to modify these notice requirements otherwise applicable to SPA submissions.

CMS conducted our review of your submittal according to statutory requirements in Title XIX of the Act and implementing regulations. This letter is to inform you that Arkansas' Medicaid SPA Transmittal Number AR-23-0009 is approved effective January 1, 2022.

Please contact Lee Herko at 570-230-4048 or by 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 29:33 -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 <b>2 3 - 0 0 0 9</b>	2. STATE <b>A R</b>
	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>1/1/2022</b>	
5. FEDERAL STATUTE/REGULATION CITATION <b>Section 1905(gg)(1) - 1905(gg)(3) of the Social Security Act</b> <del>SMD # 21-005</del>	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY- <b>2023</b> \$ <b>0</b> b. FFY- <b>2024</b> \$ <b>0</b>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT <b>Attachment 3.1-A Page 13</b> <b>Attachment 3.1-B Page 12</b>	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) <del>Attachment 3.1-A Page 13</del> <del>Attachment 3.1-B Page 12</del>	

9. SUBJECT OF AMENDMENT  
**Clinical Trials Attestation**

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

[REDACTED] SOCIAL  Elizabeth Nitman 13. TITLE Director, Division of Medical Services 14. DATE SUBMITTED 3-31-2023	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 March 31, 2023	17. DATE APPROVED May 10, 2023
-------------------------------------	-----------------------------------

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL January 1, 2022	19. SIGNATURE OF APPROVING OFFICIAL <b>Alissa M Deboy -S</b> <small>Digitally signed by Alissa M. Deboy -S Date: 2023.05.10 08:30:19 -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

Pen and Ink Request Approved by State on 5/1/2023 to correct Box 14: Date Submitted 03/31/2023.

**Boxes 5 and 8: Pen and ink requests approved by State on 5/08/2023.**

**State/Territory: Arkansas****AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED****CATEGORICALLY NEEDY GROUP(S)****30. Coverage of Routine Patient Cost in Qualifying Clinical Trials**

\*The state needs to check each assurance below.

Provided: 01/01/2022

**I. General Assurances:****Routine Patient Cost – Section 1905(gg)(1)**

Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

**Qualifying Clinical Trial – Section 1905(gg)(2)**

A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

**Coverage Determination – Section 1905(gg)(3)**

A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**State/Territory:**  
**Arkansas**

**AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED**

**MEDICALLY NEEDY GROUP(S)**

30. Coverage of Routine Patient Cost in Qualifying Clinical Trials

\*The state needs to check each assurance below.

Provided:    X

I. General Assurances:

**Routine Patient Cost – Section 1905(gg)(1)**

   X    Coverage of routine patient cost for items and services as defined in section 1905(gg)(1) that are furnished in connection with participation in a qualified clinical trial.

**Qualifying Clinical Trial – Section 1905(gg)(2)**

   X    A qualified clinical trial is a clinical trial that meets the definition at section 1905(gg)(2).

**Coverage Determination – Section 1905(gg)(3)**

   X    A determination with respect to coverage for an individual participating in a qualified clinical trial will be made in accordance with section 1905(gg)(3).

PRA Disclosure Statement - This information is being collected to assist the Centers for Medicare & Medicaid Services in implementing Section 210 of the Consolidated Appropriations Act of 2021 amending section 1905(a) of the Social Security Act (the Act), by adding a new mandatory benefit at section 1905(a)(30). Section 210 mandates coverage of routine patient services and costs furnished in connection with participation by Medicaid beneficiaries in qualifying clinical trials effective January 1, 2022. Section 210 also amended sections 1902(a)(10)(A) and 1937(b)(5) of the Act to make coverage of this new benefit mandatory under the state plan and any benchmark or benchmark equivalent coverage (also referred to as alternative benefit plans, or ABPs). Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The OMB control number for this project is 0938-1148 (CMS-10398 #74). Public burden for all of the collection of information requirements under this control number is estimated to take about 56 hours per response. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to CMS, 7500 Security Boulevard, Attn: Paperwork Reduction Act Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.