

# ARKANSAS REGISTER

## Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State

**John Thurston**

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For Office

Use Only:

Effective Date \_\_\_\_\_ Code Number \_\_\_\_\_

Name of Agency Department of Human Services

Department Division of Medical Services

Contact Mac E. Golden E-mail Mac.E.Golden@dhs.arkansas.gov Phone 501.320.6383

Statutory Authority for Promulgating Rules Arkansas Code §§ 20-76-201, 20-77-107, and 25-10-129

Rule Title: Core Set Reporting Requirements

Intended Effective Date

(Check One)

☐ Emergency (ACA 25-15-204)

☐ 10 Days After Filing (ACA 25-15-204)

☒ Other 06/01/2025  
(Must be more than 10 days after filing date.)

Legal Notice Published .....

Final Date for Public Comment .....

Reviewed by Legislative Council .....

Adopted by State Agency .....

Date

11/15/2024

12/14/2024

05/22/2025

06/01/2025

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Lisa Teague

lisa.teague@dhs.arkansas.gov

05/22/2025

Contact Person

E-mail Address

Date

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)



Signature

501-244-3944

Phone Number

elizabeth.pitman@dhs.arkansas.gov

E-mail Address

Director, Division of Medical Services

Title

05/22/2025

Date

# Medicaid State Plan Administration

## General Administration

### Reporting

#### Package Header

|                   |               |                         |            |
|-------------------|---------------|-------------------------|------------|
| Package ID        | AR2024MS0002O | SPA ID                  | AR-24-0013 |
| Submission Type   | Official      | Initial Submission Date | N/A        |
| Approval Date     | N/A           | Effective Date          | 10/1/2024  |
| Superseded SPA ID | New           |                         |            |
|                   | User-Entered  |                         |            |

#### A. General Reporting

The agency submits all reports in the form and with the content required by the Secretary and complies with any provisions that the Secretary finds necessary to verify and assure the correctness of all reports.

☒1. The agency assures that all requirements of 42 CFR 431.16 are met.

#### B. Annual Reporting on the Child and Adult Core Sets

☒1. The agency assures that all requirements of 42 CFR 437.10 through 437.15 are met.

☒2. The agency reports annually, by December 31, on:

- a. All measures on the Child Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.
- b. All behavioral health measures on the Adult Core Set that are identified by the Secretary pursuant to 42 CFR 437.10.

#### C. Additional Information (optional)