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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 13-15 MM1

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form/CMS 179
- 3) Approved SPA Pages
- 4)Superseded Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Dallas Regional Office 1301 Young Street, Suite 833 Dallas, Texas 75202



DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

December 10, 2013

Our Reference: SPA-AR-13-15

Dr. Andrew Allison State Medicaid Director Arkansas Department of Health and Human Services P.O. Box 1437 Little Rock, Arkansas 72203

Dear Dr. Allison:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 13-15. With the approval of TN 13-15, CMS has reviewed and approved eligibility standards for the State's Medicaid mandatory and optional eligibility groups under the authority of the Social Security Act Section 1902(e)(14) and 42 Code of Federal Regulations (CFR) 435.603, and according to the new provisions of the Affordable Care Act (ACA).

Transmittal Number 13-15 is approved with an effective date of January 1, 2014, as requested. A signed and dated copy of the Transmittal No. 13-15 summary is enclosed, along with the approved plan pages and their attachments.

If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,

Bill Brooks Associate Regional Administrator Division of Medicaid and Children's Health

Enclosures

| USE OF THE ALTERNATIVE SING ()Paper Application(x | LE STREAMLINED APPLICATION) Online Application |
|---|--|
| TRANSMITTAL NUMBER: | STATE: |
| AR 13-15 MM1 | Arkansas |
| To incorporate eligibility for certain existing categories and a no Modified Adjusted Gross Income (MAGI) methodology. Also, accordance with the Affordable Care Act. | e . e e |

Medicaid State Plan Eligibility: Summary Page (CMS 179)

State/Territory name: Transmittal Number:

Arkansas

Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered. AR-13-0015

Proposed Effective Date

01/01/2014 (mm/dd/yyyy)

Federal Statute/Regulation Citation

Social Security Act 1902(e)(14) and 42 CFR 435.603

Federal Budget Impact

| | Federal Fiscal Year | Amount |
|-------------|---------------------|------------------|
| First Year | 2014 | \$ 368485942.00 |
| Second Year | 2015 | \$ 1636807195.00 |

Subject of Amendment

To incorporate eligibility for certain existing categories and a new group of eligibles using the Medicaid Modified Adjusted Gross Income (MAGI) methodology. Also, establishing the new mandatory groups in accordance with the Affordable Care Act.

^ +

*

Governor's Office Review

Governor's office reported no comment

- Comments of Governor's office received Describe:
- No reply received within 45 days of submittal
- Other, as specified Describe:

Signature of State Agency Official

| Submitted By: | Glenda Higgs |
|---------------------|--------------|
| Last Revision Date: | Dec 4, 2013 |
| Submit Date: | Sep 20, 2013 |

| Date Received: 9/20/13 | |
|------------------------------------|-------------------------------------|
| Date Approved: 12/10/13 | |
| Signature of Regional Official: | |
| PRINTED NAME and Title: Bill Brook | s, Associate Regional Administrator |
| Division | of Medicaid and Children's Health |

SUPERSEDING PAGES OF STATE PLAN MATERIAL

TRANSMITTAL NUMBER:

STATE:

13-0015

Arkansas

Pages or sections of pages being superseded by S14, S25, S28, S30, S51, S52, S53 S54, and S55 and related pages or sections of pages being deleted as obsolete

| State Plan Section | Complete Pages Remove | d Partial Pages Removed |
|----------------------------------|--|---|
| Attachment 2.2-A | Page 1 Page 3 Page 3a Page 4 Page 4a Page 12 Page 13 Page 13a Page 14 Page 14a Page 23 Page 23a | Page 2, A.2.b Page 2, A.2.c Page 2a, A.3 Page 5, A.10 Page 9c, B.1 for caretaker relatives & pregnant women Page 20, B.14 Page 23b, B.19, B.21 Page 25, C.4 |
| Supplement 1 to Attachment 2.2-A | Page 1 | |
| Attachment 2.6-A | Page 3b Page 11a Page 19 Page 19a Page 19b Page 21 | Page 1, A.2.a(i) and (iii) Page 6 related to AFDC recipients, pregnant women, infants, and children Page 7, 1.a(1) and (2) Page 12, C.1.e(2) Page 18, C.5.e Page 25, 11.a(3) |
| Supplement 1 to Attachment 2.6-A | Pages 1-3 Page 4 | State: Arkansas |
| Supplement 2 to Attachment 2.6-A | Pages 1-5 | Date Received: 9/20/13 Date Approved: 12/10/13 Date Effective: 1/1/14 |
| | | Transmittal Number: 13-15 |

TN No: 13-15 STATE: ARKANSAS APPROVAL DATE: 12/10/13 EFFECTIVE DATE: 1/1/14 PAGE: Superseding pocument Page 1

| Supplement 8a to Attachment 2.6-A | Page 2 Page 3 Page 4 | |
|-----------------------------------|----------------------------|--|
| Supplement 8b to Attachment 2.6-A | Page 4 | |
| Supplement 12 to Attachment 2.6-A | Pages 1 – 3 | |



OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

| iy or o | ther st | andards is optional. | | | |
|---------|---------|-----------------------|--------------|--------|---|
| AAG | l-equ | ivalent AFDC P | ayment St | andard | l in Effect As of May 1, 1988 |
| In | come | Standard Entry | 7 - Dollar A | moun | t - Automatic Increase Option S13a |
| The | e stand | lard is as follows: | | | |
| | • Sta | atewide standard | | | |
| | | andard varies by regi | | | |
| | | andard varies by livi | | nt | |
| | () Sta | andard varies in som | e other way | | |
| | Enter | the statewide standa | rd | | |
| | | Household size | Standard (\$ |) | Additional incremental amount |
| | + | 1 | 97 | X | Increment amount \$ |
| | + | 2 | 183 | X | |
| | + | 3 | 229 | X | |
| | + | 4 | 270 | X | |
| | + | 5 | 309 | X | |
| | + | 6 | 345 | X | State: Arkansas Date Received: 9/20/13 |
| | + | 7 | 378 | X | Date Approved: 12/10/13 |
| | + | 8 | 408 | X | Date Effective: 1/1/14 |
| | + | 9 | 436 | X | Transmittal Number: 13-15 |
| | + | 10 | 441 | x | |

APPROVAL DATE: 12/10/13



| nco | me | Standard Entry | y - Dollar A | mount | - Automatic Increase Option S1 | 3 a |
|------|--------|----------------------|----------------|----------|---|------------|
| he s | tand | ard is as follows: | | | | - |
| (|) Sta | tewide standard | | | | |
| | | ndard varies by reg | | | | |
| | | ndard varies by livi | | t | | |
| C |) Sta | ndard varies in som | e other way | | | |
| E | nter t | he statewide standa | rd | | | |
| | | Household size | Standard (\$) | | Additional incremental amount O Yes No | |
| | + | 1 | 81 | X | Increment amount \$ | |
| | + | 2 | 162 | X | | |
| | + | 3 | 204 | X | | |
| | + | 4 | 247 | X | | |
| | + | 5 | 286 | X | State: Arkansas | |
| | + | 6 | 331 | X | Date Received: 9/20/13 | |
| | + | 7 | 373 | X | Date Approved: 12/10/13 Date Effective: 1/1/14 | |
| | + | 8 | 415 | X | Transmittal Number: 13-15 | |
| | + | 9 | 457 | X | | |
| | + | 10 | 457 | X | | |
| | The d | ollar amounts incre | ase automatica | lly each | year | |
| GI- | equi | ivalent AFDC P | ayment Sta | ndard | in Effect As of July 16, 1996 | |
| nco | me | Standard Entry | y - Dollar A | mount | - Automatic Increase Option S1 | 3a |
| he s | tand | ard is as follows: | | | | |
| (|) Sta | tewide standard | | | | |

APPROVAL DATE: 12/10/13

Page 2 of 5



| Enter | the statewide standa | ırd | | |
|---|---|---|-----------------------------------|---|
| | Household size | Standard (\$) | | Additional incremental amount |
| + | 1 | 124 | X | Increment amount \$ |
| + | 2 | 220 | x | |
| + | 3 | 276 | X | |
| + | 4 | 334 | x | |
| + | 5 | 388 | x | State: Arkansas |
| + | 6 | 448 | x | Date Received: 9/20/13 |
| + | 7 | 505 | X | Date Approved: 12/10/13 Date Effective: 1/1/14 |
| + | 8 | 561 | X | Transmittal Number: 13-15 |
| + | 9 | 618 | X | |
| | | | | |
| + | | 618 | X | |
| The C | dollar amounts incre | ase automatical | X | |
| The C The | dollar amounts incre Yes No ed Standard in E | ase automatical | Ily each | |
| The C Nee | dollar amounts incre Yes No ed Standard in E | ase automatical | Ily each | i, 1996 |
| The C Nee ncome | dollar amounts incre Yes • No ed Standard in E e Standard Entry | ase automatical | Ily each | i, 1996 |
| The C Nee ncome he stand C St | dollar amounts incre Yes No rd Standard in E e Standard Entry dard is as follows: | ase automatical Effect As of J y - Dollar Ar | Ily each | i, 1996 |
| The C Nee ncome he stand Stand Stand | dollar amounts incre Yes No rd Standard in E standard Entry dard is as follows: atewide standard | ase automatical Affect As of J y - Dollar Ar ion | X Ily each Iuly 16 mount | i, 1996 |
| The C Nee ncome he stand Stand Stand Stand Stand Stand Stand | dollar amounts incre Yes • No ed Standard in E e Standard Entry dard is as follows: atewide standard andard varies by reg | ase automatical | X Ily each Iuly 16 mount | i, 1996 |

APPROVAL DATE: 12/10/13 PAGE: S14-3



AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date.

Income Standard Entry - Dollar Amount - Automatic Increase Option

The standard is as follows:

- Statewide standard
- Standard varies by region
- C Standard varies by living arrangement
- Standard varies in some other way

The dollar amounts increase automatically each year

○ Yes ○ No

MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date

Income Standard Entry - Dollar Amount - Automatic Increase Option The standard is as follows:

- C Statewide standard
- C Standard varies by region
- Standard varies by living arrangement
- C Standard varies in some other way

The dollar amounts increase automatically each year

○ Yes ○ No

TANF payment standard

Income Standard Entry - Dollar Amount - Automatic Increase Option\$13aThe standard is as follows:Statewide standardStatewide standardState: ArkansasStandard varies by regionDate Received: 9/20/13Standard varies by living arrangementDate Approved: 12/10/13Standard varies in some other wayDate Effective: 1/1/14Transmittal Number: 13-15

S13a

S13a



| ncome Standard Entry - Dollar Amount - Automatic Increase Option | S13a |
|--|------|
| | ~~~~ |
| The standard is as follows: | |
| ○ Statewide standard | |
| ○ Standard varies by region | |
| ○ Standard varies by living arrangement | |
| ○ Standard varies in some other way | |

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State: Arkansas Date Received: 9/20/13 Date Approved: 12/10/13 Date Effective: 1/1/14 Transmittal Number: 13-15



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

| | Groups - Mandatory Coverage | State: Arkansas | S |
|-----------------------------|---|--|--|
| Parents an | nd Other Caretaker Relatives | Date Received: 9/20/13 | |
| 42 CFR 435. | | Date Approved: 12/10/13 | |
| 1902(a)(10)(1931(b) and | | Date Effective: 1/1/14 | |
| 1551(6) und | | Transmittal Number: 13-15 | |
| Parents below as | and Other Caretaker Relatives - Parents a standard established by the state. | and other caretaker relatives of dependent childre | n with household income at or |
| ✓ The | state attests that it operates this eligibility g | roup in accordance with the following provisions: | |
| | Individuals qualifying under this eligibility | y group must meet the following criteria: | |
| | Are parents or other caretaker relative (defined at 42 CFR 435.4) under age 1 | s (defined at 42 CFR 435.4), including pregnant v 18. Spouses of parents and other caretaker relativ | vomen, of dependent children es are also included. |
| | The state elects the following options: | | |
| | | ividuals who are parents or other caretakers of ch e students in a secondary school or the equivalent | |
| | Options relating to the definition of | of caretaker relative (select any that apply): | |
| | Options relating to the definition of | of dependent child (select the one that applies): | |
| | | ne requirement that a dependent child must be dep hysical or mental incapacity, or absence from the | |
| | C The child must be deprived of unemployment of the parent (s | parental support or care, but a less restrictive star select the one that applies): | ndard is used to measure |
| | Have household income at or below the | he standard established by the state. | |
| | MAGI-based income methodologies are us Based Income Methodologies, completed l | sed in calculating household income. Please refer by the state. | as necessary to S10 MAGI- |
| | Income standard used for this group | | |
| | Minimum income standard | | |
| | | or this group is the state's AFDC payment standar tts by household size. The standard is described in | |
| | The state certifies that it has submed as standard. | itted and received approval for its converted May | 1, 1988 AFDC payment |
| | | An attachment is submitted. | |
| | Maximum income standard | | |
| | | | |
| | | | Page |
| | | | |



| | An attachment is submitted. |
|---|---|
| | The state's maximum income standard for this eligibility group is: |
| | • The state's effective income level for section 1931 families under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. |
| | C The state's effective income level for section 1931 families under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. |
| | The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL or amounts by household size. |
| | The state's effective income level for any population of parents/caretaker relatives under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL or amounts by household size. |
| | Enter the amount of the maximum income standard: |
| | C A percentage of the federal poverty level: % |
| tate: Arkansas | • The state's AFDC payment standard in effect as of July 16, 1996, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards. |
| Pate Received: 9/20/13 Pate Approved: 12/10/13 Pate Effective: 1/1/14 | The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date, converted to a MAGI- equivalent standard. The standard is described in S14 AFDC Income Standards. |
| ransmittal Number: 13-15 | C The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards. |
| | O Other dollar amount |
| | Income standard chosen: |
| | Indicate the state's income standard used for this eligibility group: |
| | C The minimum income standard |
| | The maximum income standard |
| | The state's AFDC payment standard in effect as of July 16, 1996, increased by no more than the percentage increase in the Consumer Price Index for urban consumers (CPI-U) since such date. The standard is described in S14 AFDC Income Standards. |
| | C Another income standard in-between the minimum and maximum standards allowed |
| | There is no resource test for this eligibility group. |
| I | Presumptive Eligibility |



The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assures it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR 435.118) eligibility groups when determined presumptively eligible.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State: Arkansas Date Received: 9/20/13 Date Approved: 12/10/13 Date Effective: 1/1/14 Transmittal Number: 13-15

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OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

| | Eligibility Groups - Mandatory Coverage Pregnant Women S2 |
|--------------------------------------|--|
| | 42 CFR 435.116 1902(a)(10)(A)(i)(III) and (IV) 1902(a)(10)(A)(ii)(I), (IV) and (IX) 1931(b) and (d) 1920 |
| | Pregnant Women - Women who are pregnant or post-partum, with household income at or below a standard established by the state |
| | The state attests that it operates this eligibility group in accordance with the following provisions: |
| | Individuals qualifying under this eligibility group must be pregnant or post-partum, as defined in 42 CFR 435.4. |
| | Pregnant women in the last trimester of their pregnancy without dependent children are eligible for full benefits under this group in accordance with section 1931 of the Act, if they meet the income standard for state plan Parents and Other Caretaker Relatives at 42 CFR 435.110. |
| | • Yes \bigcirc No |
| | MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state. |
| | Income standard used for this group |
| | Minimum income standard (Once entered and approved by CMS, the minimum income standard cannot be changed.) |
| | The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for pregnant women, or as of July 1, 1989, had authorizing legislation to do so. |
| | C Yes • No |
| | The minimum income standard for this eligibility group is 133% FPL. |
| | Maximum income standard |
| tate: Arkansas ate Received: 9 | pregnant women under uns englonity group. |
| ate Approved: 1 ate Effective: 1/ | |
| ransmittal Numb | |
| | The state's highest effective income level for coverage of pregnant women under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10) (A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. |
| TN No: 13 | Page 1 -15 APPROVAL DATE: 12/10/13 EFFECTIVE DATE: 1/1/14 |



| | | Page 2 |
|---|---------|---|
| | I | Maximum income limit for full Medicaid coverage |
| | | An attachment is submitted. |
| ate Effective: 1 ansmittal Numb | /1/14 | The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard. |
| ate: Arkansas ate Received: s ate Approved: | | The minimum income standard used for full coverage under this group is the state's AFDC payment standard in effect as of May 1, 1988, converted to MAGI-equivalent amounts by household size. The standard is described in S14 AFDC Income Standards. |
| | bo | ull Medicaid coverage is provided only for pregnant women with income at or below the income limit described elow: Minimum income limit for full Medicaid coverage |
| | pl | regnancy-related services, as defined at 42 CFR 440.210 (a)(2), include prenatal, delivery, postpartum and family lanning services, as well as services related to conditions which may complicate pregnancy. |
| | | egnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive ly pregnancy-related services. |
| | C Al | l pregnant women eligible under this group receive full Medicaid coverage under this state plan. |
| | Benefit | ts for individuals in this eligibility group consist of the following: |
| | There i | is no resource test for this eligibility group. |
| | C | Another income standard in-between the minimum and maximum standards allowed. |
| | (| The maximum income standard |
| | | The minimum income standard |
| | | ndicate the state's income standard used for this eligibility group: |
| | In Inc. | The amount of the maximum income standard is: 209 % FPL come standard chosen |
| | (| The amount of the maximum income standard is 209 % FPL |
| | 0 | The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. |
| | C | The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. |
| | C | families), 1902(a)(10)(A)(i)(III) (qualified pregnant women), 1902(a)(10)(A)(i)(IV) (mandatory poverty level- related pregnant women), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related pregnant women), 1902(a)(10) (A)(ii)(I) (pregnant women who meet AFDC financial eligibility criteria) and 1902(a)(10)(A)(ii)(IV) (institutionalized pregnant women) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. |



| The highest effective income level for coverage under section 1902(a)(10)(A)(i)(III) (qualified pregnant women) or section 1931(b) and (d) (low-income families) in effect under the Medicaid state plan as of Mar 23, 2010, converted to a MAGI-equivalent standard. The highest effective income level for coverage under section 1902(a)(10)(A)(i)(III) (qualified pregnant women) or section 1931(b) and (d) (low-income families) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent standard. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The amount of the maximum income limit for full Medicaid coverage is: A percentage of the federal poverty level: % A dollar amount Income Standard Entry - Dollar Amount - Automatic Increase Option S1 The standard is as follows: Standard varies by region Standard varies by region Standard varies in some other way Enter the statewide standard | women) or section 1931(b) and (d) (low-income families) in effect under the Medicaid state plan as of N 23, 2010, converted to a MAGI-equivalent standard. The highest effective income level for coverage under section 1902(a)(10)(A)(i)(III) (qualified pregnant women) or section 1931(b) and (d) (low-income families) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent standard. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The amount of the maximum income limit for full Medicaid coverage is: A percentage of the federal poverty level: % A dollar amount Income Standard Entry - Dollar Amount - Automatic Increase Option The standard is as follows: Standard varies by region Standard varies by living arrangement Standard varies in some other way | | | |
|---|---|----|---|-------------|
| women) or section 1931(b) and (d) (low-income families) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent standard. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The amount of the maximum income limit for full Medicaid coverage is: A percentage of the federal poverty level: % A dollar amount Income Standard Entry - Dollar Amount - Automatic Increase Option S1 The standard is as follows: Standard varies by region Standard varies by living arrangement Standard varies in some other way | women) or section 1931(b) and (d) (low-income families) in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent standard. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The amount of the maximum income limit for full Medicaid coverage is: A percentage of the federal poverty level: % A dollar amount Income Standard Entry - Dollar Amount - Automatic Increase Option The standard is as follows: Standard varies by region Standard varies by living arrangement Standard varies in some other way | (• | women) or section 1931(b) and (d) (low-income families) in effect under the Medicaid state plan as of M | larc |
| demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The amount of the maximum income limit for full Medicaid coverage is: A percentage of the federal poverty level: % A dollar amount Income Standard Entry - Dollar Amount - Automatic Increase Option S1 The standard is as follows: Standard varies by region Standard varies by living arrangement Standard varies in some other way | demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The amount of the maximum income limit for full Medicaid coverage is: A percentage of the federal poverty level: % A dollar amount Income Standard Entry - Dollar Amount - Automatic Increase Option The standard is as follows: Standard varies by region Standard varies by living arrangement Standard varies in some other way | C | women) or section 1931(b) and (d) (low-income families) in effect under the Medicaid state plan as of | |
| demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The amount of the maximum income limit for full Medicaid coverage is: A percentage of the federal poverty level: % A dollar amount Income Standard Entry - Dollar Amount - Automatic Increase Option S1 The standard is as follows: Statewide standard Standard varies by region Standard varies by living arrangement Standard varies in some other way | demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. The amount of the maximum income limit for full Medicaid coverage is: A percentage of the federal poverty level: % A dollar amount Income Standard Entry - Dollar Amount - Automatic Increase Option The standard is as follows: Statewide standard Standard varies by region Standard varies by living arrangement Standard varies in some other way | - | | |
| A percentage of the federal poverty level:% A dollar amount Income Standard Entry - Dollar Amount - Automatic Increase Option S1 The standard is as follows: Statewide standard Statewide standard Standard varies by region Standard varies by living arrangement Standard varies in some other way | A percentage of the federal poverty level: % A dollar amount Income Standard Entry - Dollar Amount - Automatic Increase Option The standard is as follows: Statewide standard Statewide standard Standard varies by region Standard varies by living arrangement Standard varies in some other way | C | The state's effective income level for any population of pregnant women under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. | |
| A dollar amount Income Standard Entry - Dollar Amount - Automatic Increase Option S1 The standard is as follows: Statewide standard Standard varies by region Standard varies by living arrangement Standard varies in some other way | A dollar amount Income Standard Entry - Dollar Amount - Automatic Increase Option The standard is as follows: Statewide standard Standard varies by region Standard varies by living arrangement Standard varies in some other way | Tł | e amount of the maximum income limit for full Medicaid coverage is: | |
| Income Standard Entry - Dollar Amount - Automatic Increase Option S1 The standard is as follows: • Statewide standard • Statewide standard • Standard varies by region • Standard varies by living arrangement • Standard varies in some other way | Income Standard Entry - Dollar Amount - Automatic Increase Option The standard is as follows: | C | A percentage of the federal poverty level: 9% | |
| The standard is as follows: | The standard is as follows: Statewide standard Standard varies by region Standard varies by living arrangement Standard varies in some other way | • | A dollar amount | |
| Statewide standard Standard varies by region Standard varies by living arrangement Standard varies in some other way | Statewide standard Standard varies by region Standard varies by living arrangement Standard varies in some other way | 1 | Income Standard Entry - Dollar Amount - Automatic Increase Option | S1 : |
| Standard varies by region Standard varies by living arrangement Standard varies in some other way | Standard varies by region Standard varies by living arrangement Standard varies in some other way | | The standard is as follows: | |
| Standard varies by living arrangement Standard varies in some other way | Standard varies by living arrangement Standard varies in some other way | | • Statewide standard | |
| ○ Standard varies in some other way | C Standard varies in some other way | | C Standard varies by region | |
| | | | C Standard varies by living arrangement | |
| Enter the statewide standard | Enter the statewide standard | | C Standard varies in some other way | |
| | | | Enter the statewide standard | |

State: Arkansas Date Received: 9/20/13 Date Approved: 12/10/13 Date Effective: 1/1/14 Transmittal Number: 13-15

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| TN NO: STATE: | 13-15 ARKANSAS | | ROVAL DATE E: S28-4 | E: 12/1 | 0/1 | 3 EFFECTIVE DATE: 1/1/14 |
|-----------------------------------|---|--|---|--|--------------------------------------|--|
| | | | | | | Page 4 of |
| | valid OMB control numl this information collection resources, gather the data | ber. The von is estimated an eeded, and a second se | action Act of 1995, no valid OMB control nu nated to average 40 h , and complete and re is for improving this f | umber for this in ours per response view the inform form, please with | equire nform nse, ir natior | Attacement ed to respond to a collection of information unless it displays a nation collection is 0938-1148. The time required to complete neluding the time to review instructions, search existing data n collection. If you have comments concerning the accuracy of : CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance |
| | qualified en | ntity. | | | | e |
| | Presumptive The state c | | | e for individual | sund | er this group when determined presumptively eligible by a |
| | | | | ween the minir | num a | and maximum standards allowed. |
| | (| The ma | ximum income limit | | | |
| | | | nimum income limit | neard coverage | | |
| | | 0 | dollar amounts increa Yes (No it chosen for full Mec | | | ch year |
| | | + | 10 | 618 | X | |
| | | _ | 9 | 618 | X | |
| Date Effective: Transmittal Nu | | + | 8 | 551 | X | |
| Date Approved | d: 12/10/13 | + | 7 | 505 | X | |
| State: Arkans | | + | 6 | 448 | X | |
| | | + | 5 | 388 | x | |
| | | + | • 4 | 334 | x | |
| | | + | 3 | 276 | X | |
| | | + | 2 | 220 | X | |
| | | + | • 1 | 124 | X | Increment amount \$ |
| | | | Household size | Standard (\$) | | C Yes No |



| 83 | | Groups - Mandatory I Children under Ag | | | |
|--|---|--|----------------------------------|--------------------------|-------------------|
| | 0 | 18 A)(i)(III), (IV), (VI) and (V A)(ii)(IV) and (IX) | 42 CFR 435.118 1902(a)(10)(A) | | |
| ome at or below standards established b | Age 19 - Infants and children under age 19 with household income at or bel | nd Children under Age 1 based on age group. | Infants and the state bas | | |
| ovisions: | erates this eligibility group in accordance with the following provisions: | tate attests that it operates | ✓ The sta | | |
| | under this eligibility group must meet the following criteria: | Children qualifying under | | | |
| | 19 | Are under age 19 | | | |
| | l income at or below the standard established by the state. | Have household incom | | | |
| ase refer as necessary to S10 MAGI- | e methodologies are used in calculating household income. Please refer as n odologies, completed by the state. | MAGI-based income meth Based Income Methodolog | ■ ^M _{Ba} | | |
| | ed for infants under age one | Income standard used for | 🔳 In | | |
| | ne standard | Minimum income star | | | |
| | n income standard higher than 133% FPL established as of December 19, 19 fants under age one, or as of July 1, 1989, had authorizing legislation to do s | | | | |
| | No | ⊖ Yes | | | |
| | um income standard for infants under age one is 133% FPL. | The minimum inc | | | |
| | me standard | Maximum income sta | | | |
| | ertifies that it has submitted and received approval for its converted income s ne to MAGI-equivalent standards and the determination of the maximum in- under age one. | | | ancac | State: Ark |
| | An attachment is submitted. | | | eived: 9/20 oved: 12/ | Date Rece |
| | imum income standard for this age group is: | The state's maximum | ′14 | tive: 1/1/ | Date Effec |
|) (mandatory poverty level-related 1 1902(a)(10)(A)(ii)(IV) | highest effective income level for coverage of infants under age one under se 902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory 02(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10) alized children), in effect under the Medicaid state plan as of March 23, 2010 percent of FPL. | families), 1902(a) () infants), 1902(a)(| : 13-15 | al Number: | <u>Fransmitta</u> |



| ransmittal Number: 13-15 | Percent of FPL. Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010. |
|---|---|
| Date Approved: 12/10/13 Date Effective: 1/1/14 | If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent |
| State: Arkansas Date Received: 9/20/13 | If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. |
| | If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10) (A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. |
| | If not chosen as the maximum income standard, the state's highest effective income level for coverage of infants under age one under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10) (A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. |
| | ○ The maximum income standard |
| | The state's income standard used for infants under age one is: |
| | Income standard chosen |
| | The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. 185% FPL |
| | C The state's effective income level for any population of infants under age one under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. |
| | families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(IV) (mandatory poverty level-related infants), 1902(a)(10)(A)(ii)(IX) (optional poverty level-related infants) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. |

| | | The minimum income standard used for this age group is 133% FPL. |
|----------------------|--|--|
| | | Maximum income standard |
| | | The state certifies that it has submitted and received approval for its converted income standard(s) for children age one through five to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age one through five. |
| | | An attachment is submitted. |
| | | The state's maximum income standard for children age one through five is: |
| | | The state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(i)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. |
| | | The state's highest effective income level for coverage of children age one through five under sections 1931 (low- income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level- related children age one through five), and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. |
| | | The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. |
| | | O The state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. |
| | | Enter the amount of the maximum income standard: 142 % FPL |
| | | Income standard chosen |
| | | The state's income standard used for children age one through five is: |
| | | • The maximum income standard |
| ate Appi ate Effe | eived: 9/20/13 roved: 12/10/13 ctive: 1/1/14 | If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii) (IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. |
| ansmitta | al Number: 13-15 | If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age one through five under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(i)(XI) (mandatory poverty level-related children age one through five), and 1902(a)(10)(A)(ii) (IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. |



| | If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. |
|--|---|
| | If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age one through five under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. |
| | O Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010. |
| In | come standard for children age six through age eighteen, inclusive |
| | Minimum income standard |
| | The minimum income standard used for this age group is 133% FPL. |
| | Maximum income standard |
| | The state certifies that it has submitted and received approval for its converted income standard(s) for children ag is through eighteen to MAGI-equivalent standards and the determination of the maximum income standard to be used for children age six through age eighteen. |
| | An attachment is submitted. |
| | The state's maximum income standard for children age six through eighteen is: |
| ate: Arkansas ate Received: 9/20/13 ate Approved: 12/10/13 | The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. |
| ate Effective: 1/1/14 ansmittal Number: 13-15 | The state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)(i)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. |
| | C The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL. |
| | C The state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGI-equivalent percent of FPL. |
| | C 133% FPL |
| | Enter the amount of the maximum income standard: 142 % FPL |
| |] Income standard chosen |
| | Page |
| | APPROVAL DATE: 12/10/13 EFFECTIVE DATE: 1/1/1 |



State: Arkansas

Date Received: 9/20/13

Date Effective: 1/1/14

Date Approved: 12/10/13

Transmittal Number: 13-15

Medicaid Eligibility

The state's income standard used for children age six through eighteen is:

• The maximum income standard

If not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), () 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A)

(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's highest effective income level for coverage of children age six through eighteen under sections 1931 (low-income families), 1902(a)(10)(A)(i)(III) (qualified children), 1902(a)(10)(A)(i)(VII) (mandatory poverty level-related children age six through eighteen) and 1902(a)(10)(A) (ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of March 23, 2010, converted to a MAGI-equivalent percent of FPL.

If higher than the highest effective income level for this age group under the state plan as of March 23, 2010, and if not chosen as the maximum income standard, the state's effective income level for any population of children age six through eighteen under a Medicaid 1115 demonstration as of December 31, 2013, converted to a MAGIequivalent percent of FPL.

Another income standard in-between the minimum and maximum standards allowed, provided it is higher than the effective income standard for this age group in the state plan as of March 23, 2010.

There is no resource test for this eligibility group.

Presumptive Eligibility

The state covers children when determined presumptively eligible by a qualified entity.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



| | | OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014 |
|-----------------------------|---|--|
| Eligibi Adult | All have not a support of the second s | Mandatory Coverage S32 |
| - 0.25 ST 257 2 12 ST | (10)(A)(i)(VIII) 435.119 | |
| The stat | e covers the Adult | Group as described at 42 CFR 435.119. |
| • Yes | C No | |
| 🔳 Adu | ilt Group - Non-p | regnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL. |
| | The state attests the | hat it operates this eligibility group in accordance with the following provisions: |
| | Individuals q | ualifying under this eligibility group must meet the following criteria: |
| | Have atta | ained age 19 but not age 65. |
| | Are not j | pregnant. |
| | Are not a | entitled to or enrolled for Part A or B Medicare benefits. |
| | Are not of with 42 of | otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance CFR 435, subpart B. |
| | | n 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory d eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible. |
| | Have ho | usehold income at or below 133% FPL. |
| | MAGI-based Income Meth | income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based odologies, completed by the state. |
| | There is no re | esource test for this eligibility group. |
| | | her caretaker relatives living with a child under the age specified below are not covered unless the child is hefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as CFR 435.4. |
| | • Under ag | e 19, or |
| | ○ A higher | age of children, if any, covered under 42 CFR 435.222 on March 23, 2010: |
| | Presumptive | Eligibility |
| | it also covers | vers individuals under this group when determined presumptively eligible by a qualified entity. The state assures s individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CFR gibility groups when determined presumptively eligible. |
| | () Yes | No No |
| : Arkansas Received: 9/2 | 20/13 | PRA Disclosure Statement |
| Approved: 12 | | |
| Effective: 1/1 | | |
| smittal Numbe | r: 13-15 | Page 1 of 2 |



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State: Arkansas Date Received: 9/20/13 Date Approved: 12/10/13 Date Effective: 1/1/14 Transmittal Number: 13-15

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| Eligibility Groups - Mandatory Coverage Former Foster Care Children | S 3. |
|---|-------------|
| 42 CFR 435.150 1902(a)(10)(A)(i)(IX) | |
| Former Foster Care Children - Individuals under the age of 26, not otherwise mandatorily eligible, who were on Medicaid a in foster care when they turned age 18 or aged out of foster care. | nd |
| \checkmark The state attests that it operates this eligibility group under the following provisions: | |
| Individuals qualifying under this eligibility group must meet the following criteria: | |
| Are under age 26. | |
| Are not otherwise eligible for and enrolled for mandatory coverage under the state plan, except that eligibility un this group takes precedence over eligibility under the Adult Group. | der |
| Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's s plan or 1115 demonstration when they turned 18 or at the time of aging out of that state's or Tribe's foster care program. | ate |
| The state elects to cover children who were in foster care and on Medicaid in <u>any</u> state at the time they turned 18 aged out of the foster care system. | or |
| C Yes • No | |
| The state covers individuals under this group when determined presumptively eligible by a qualified entity. The state assu it also covers individuals under the Pregnant Women (42 CFR 435.116) and/or Infants and Children under Age 19 (42 CF 435.118) eligibility groups when determined presumptively eligible. | |
| C Yes • No | |

PRA Disclosure Statement

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State: Arkansas Date Received: 9/20/13 Date Approved: 12/10/13 Date Effective: 1/1/14 Transmittal Number: 13-15

APPROVAL DATE: 12/10/13 PAGE: S33-1



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

Eligibility Groups - Options for Coverage Individuals above 133% FPL

S50

1902(a)(10)(A)(ii)(XX) 1902(hh) 42 CFR 435.218

Individuals above 133% FPL - The state elects to cover individuals under 65, not otherwise mandatorily or optionally eligible, with income above 133% FPL and at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.218.

○ Yes ● No

PRA Disclosure Statement

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State: Arkansas Date Received: 9/20/13 Date Approved: 12/10/13 Date Effective: 1/1/14 Transmittal Number: 13-15



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

S51

Eligibility Groups - Options for Coverage Optional Coverage of Parents and Other Caretaker Relatives

42 CFR 435.220 1902(a)(10)(A)(ii)(I)

Optional Coverage of Parents and Other Caretaker Relatives - The state elects to cover individuals qualifying as parents or other caretaker relatives who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.220.

🔿 Yes 💿 No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State: Arkansas Date Received: 9/20/13 Date Approved: 12/10/13 Date Effective: 1/1/14 Transmittal Number: 13-15

APPROVAL DATE: 12/10/13 PAGE: S51-1



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

S52

Eligibility Groups - Options for Coverage Reasonable Classification of Individuals under Age 21

42 CFR 435.222 1902(a)(10)(A)(ii)(I) 1902(a)(10)(A)(ii)(IV)

Reasonable Classification of Individuals under Age 21 - The state elects to cover one or more reasonable classifications of individuals under age 21 who are not mandatorily eligible and who have income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.222.

🔿 Yes 🛛 💿 No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State: Arkansas Date Received: 9/20/13 Date Approved: 12/10/13 Date Effective: 1/1/14 Transmittal Number: 13-15



| | | | ol Number 0938-1148 tion date: 10/31/2014 |
|-------------------------|--|---|---|
| | | Groups - Options for Coverage (th Non IV-E Adoption Assistance | 853 |
| | 42 CFR 435.227 1902(a)(10)(A)(| | |
| | adoption assista | Non IV-E Adoption Assistance - The state elects to cover children with special needs for whom there ance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a the state and in accordance with provisions described at 42 CFR 435.227. No | |
| | ✓ The sta | ate attests that it operates this eligibility group in accordance with the following provisions: | |
| | Inc. | dividuals qualifying under this eligibility group must meet the following criteria: | |
| | | The state adoption agency has determined that they cannot be placed without Medicaid coverage be needs for medical or rehabilitative care; | cause of special |
| | | Are under the following age (see the Guidance for restrictions on the selection of an age): | |
| | | O Under age 21 | |
| | | C Under age 20 | |
| | | C Under age 19 | |
| | | • Under age 18 | |
| | ■ ^{M.} Ba | IAGI-based income methodologies are used in calculating household income. Please refer as necessary ased Income Methodologies, completed by the state. | to S10 MAGI- |
| | Demon | ate covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medic nstration as of March 23, 2010 or December 31, 2013. | aid 1115 |
| | (• Ye | es C No | |
| | | he state also covered this eligibility group in the Medicaid state plan as of March 23, 2010. | |
| | 0.0 | Yes C No | |
| State: Ark Date Rece | ansas ived: 9/20/13 | Individuals qualify under this eligibility group if they were eligible under the state's approved s the execution of the adoption agreement. | tate plan prior to |
| Date Effec | oved: 12/10/13 tive: 1/1/14 | The state used an income standard or disregarded all income for this eligibility group either in the N as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March December 31, 2013. | |
| Transmilla | I Number: 13-15 | C Yes • No | |
| | 🔳 Th | here is no resource test for this eligibility group. | |
| | | | |
| | valid OMB cont this information resources, gathe | PRA Disclosure Statement the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information throl number. The valid OMB control number for this information collection is 0938-1148. The time r n collection is estimated to average 40 hours per response, including the time to review instructions, se er the data needed, and complete and review the information collection. If you have comments concer- te(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard. Attn: PR | required to complete earch existing data ning the accuracy of |

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Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

S54

Eligibility Groups - Options for Coverage Optional Targeted Low Income Children

1902(a)(10)(A)(ii)(XIV) 42 CFR 435.229 and 435.4 1905(u)(2)(B)

Optional Targeted Low Income Children - The state elects to cover uninsured children who meet the definition of optional targeted low income children at 42 CFR 435.4, who have household income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.229.

🔿 Yes 💿 No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State: Arkansas Date Received: 9/20/13 Date Approved: 12/10/13 Date Effective: 1/1/14 Transmittal Number: 13-15

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S55

Eligibility Groups - Options for Coverage Individuals with Tuberculosis

1902(a)(10)(A)(ii)(XII) 1902(z)

Individuals with Tuberculosis - The state elects to cover individuals infected with tuberculosis who have income at or below a standard established by the state, limited to tuberculosis-related services.

🔿 Yes 💿 No

PRA Disclosure Statement

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TN No: 13-15 STATE: ARKANSAS APPROVAL DATE: 12/10/13 PAGE: S55-1



OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

S57

Eligibility Groups - Options for Coverage Independent Foster Care Adolescents

42 CFR 435.226 1902(a)(10)(A)(ii)(XVII)

Independent Foster Care Adolescents - The state elects to cover individuals under an age specified by the state, less than age 21, who were in state-sponsored foster care on their 18th birthday and who meet the income standard established by the state and in accordance with the provisions described at 42 CFR 435.226.

C Yes 💿 No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State: Arkansas Date Received: 9/20/13 Date Approved: 12/10/13 Date Effective: 1/1/14 Transmittal Number: 13-15

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OMB Control Number 0938-1148 OMB Expiration date: 10/31/2014

S59

Eligibility Groups - Options for Coverage Individuals Eligible for Family Planning Services

1902(a)(10)(A)(ii)(XXI) 42 CFR 435.214

Individuals Eligible for Family Planning Services - The state elects to cover individuals who are not pregnant, and have household income at or below a standard established by the state, whose coverage is limited to family planning and related services and in accordance with provisions described at 42 CFR 435.214.

🔿 Yes 🛭 💿 No

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State: Arkansas Date Received: 9/20/13 Date Approved: 12/10/13 Date Effective: 1/1/14 Transmittal Number: 13-15

TN No: 13-15 STATE: ARKANSAS APPROVAL DATE: 12/10/13 PAGE: S59-1

AR: converted thresholds Date: June 25, 2013

| Population/Type | Citation | Unit Size | Original Standard | Converted Standard |
|----------------------|------------------------|-----------|-------------------|--------------------|
| | | | | |
| Family 1988 | AFDC 5/1/1988 | 1 | \$81 | \$97 |
| | | 2 | \$162 | \$183 |
| | | 3 | \$202 | \$229 |
| | | 4 | \$238 | |
| | | 5 | \$271 | \$309 |
| | | 6 | \$302 | \$345 |
| | | 7 | \$329 | \$378 |
| | | 8 | \$354 | \$408 |
| | | 9 | \$376 | \$436 |
| | | 10 | \$376 | \$441 |
| | | addon | N/A | N/A |
| Family 1996 | AFDC 7/16/1996 | 1 | \$81 | \$124 |
| | | 2 | \$162 | \$220 |
| | | 3 | \$204 | \$276 |
| | | 4 | \$247 | \$334 |
| | | 5 | \$286 | \$388 |
| | | 6 | \$331 | \$448 |
| | | 7 | \$373 | \$505 |
| | | 8 | \$415 | \$561 |
| | | 9 | \$457 | \$618 |
| | | 10 | \$457 | \$633 |
| | | addon | N/A | N/A |
| Pregnant women | 1902(a)(10)(A)(i)(IV) | | 200% FPL | 209% FPL |
| Children 0-5 | 1902(a)(10)(A)(i) | | 133% FPL | 142% FPL |
| Children 6-18 | 1902(a)(10)(A)(i)(VII) | | 100% FPL | 107% FPL |
| Child 14-18 Pre-CHIP | 1902(a)(10)(A)(i)(VII) | | 18% FPL | 21% FPL |

TN No: 13-15APPROVAL DATE: 12/10/13EFFECTIVE DATE: 1/1/14STATE: ARKANSASPAGE: S25 and S28 Attachment Page 1 of 2

| Uninsured Children 0-18 | M-CHIP children 1115 Demonstration | 200% FPL | 211% FPL |
|--|------------------------------------|----------|----------|
| Childless 19-64 | 1115 Demonstration | 200% FPL | 209% FPL |
| Uninsured employed parents/caretakers 19-6 S-CHIP 1115 Demonstration | | 200% FPL | 209% FPL |
| Family Planning | Family Planning 1115 Demonstration | 200% FPL | 205% FPL |

TN No: 13-15APPROVAL DATE: 12/10/13EFFECTIVE DATE: 1/1/14STATE: ARKANSASPAGE: S25 and S28 Attachment Page 2 of 2

AR: converted thresholds Date: June 25, 2013

| Population/Type | Citation | Unit Size | Original Standard | Converted Standard |
|----------------------|------------------------|-----------|-------------------|--------------------|
| Family 1988 | AFDC 5/1/1988 | 1 | \$81 | \$97 |
| | A DC 5/1/1500 | 2 | \$162 | \$183 |
| | | 3 | \$202 | \$229 |
| | | 4 | \$238 | \$229 |
| | | 5 | \$238 | \$309 |
| | | 6 | \$302 | \$345 |
| | | 7 | \$302 | \$378 |
| | | 8 | \$354 | \$408 |
| | | 8 | \$376 | \$408 |
| | | 10 | | \$430 |
| | | addon | | |
| Family 1006 | AFDC 7/16/1006 | 1.440 | | |
| Family 1996 | AFDC 7/16/1996 | 1 | \$81 \$162 | \$124 \$220 |
| | | | | |
| | | 3 | \$204 | \$276 |
| | | 4 | \$247 | \$334 |
| | | 5 | \$286 | \$388 |
| | | 6 | | \$448 |
| | | 7 | \$373 | \$505 |
| | | 8 | \$415 | \$561 |
| | | 9 | | \$618 |
| | | 10 | | \$633 |
| | | addon | N/A | N/A |
| Pregnant women | 1902(a)(10)(A)(i)(IV) | | 200% FPL | 209% FPL |
| Children 0-5 | 1902(a)(10)(A)(i) | | 133% FPL | 142% FPL |
| Children 6-18 | 1902(a)(10)(A)(i)(VII) | | 100% FPL | 107% FPL |
| Child 14-18 Pre-CHIP | 1902(a)(10)(A)(i)(VII) | | 18% FPL | 21% FPL |

TN No: 13-15 APPROVAL DATE: 12/10/13

EFFECTIVE DATE: 1/1/14

STATE: Arkansas

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| Uninsured Children 0-18 | M-CHIP children 1115 Demonstration | 200% FPL | 211% FPL |
|--|------------------------------------|----------|----------|
| Childless 19-64 | 1115 Demonstration | 200% FPL | 209% FPL |
| Uninsured employed parents/caretakers 19-6 S-CHIP 1115 Demonstration | | 200% FPL | 209% FPL |
| Family Planning | Family Planning 1115 Demonstration | 200% FPL | 205% FPL |

| State: Arkansas | | |
|---|--|--|
| Date Received: 9/20/13 | | |
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| Date Effective: 1/1/14 Transmittal Number: 13-15 | | |