

## **Table of Contents**

**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- 4) Superseded Pages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,

A solid black rectangular redaction box covering the signature of Bill Brooks.

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

Enclosures

**USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION**

( ) Paper Application (x) Online Application

**TRANSMITTAL NUMBER:**

AR 13-15 MM1

**STATE:**

Arkansas

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.

## Medicaid State Plan Eligibility: Summary Page (CMS 179)

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State/Territory name: **Arkansas**

Transmittal Number:

*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:

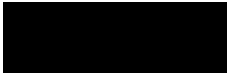
Signature of State Agency Official

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

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Date Received: 9/20/13

Date Approved: 12/10/13

Signature of Regional Official: 

PRINTED NAME and Title: **Bill Brooks, Associate Regional Administrator**  
**Division of Medicaid and Children's Health**

**SUPERSEDING PAGES OF  
STATE PLAN MATERIAL**

**TRANSMITTAL NUMBER:**

13-0015

**STATE:**

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 Removed	Partial Pages Removed
<b>Attachment 2.2-A</b>	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
<b>Supplement 1 to Attachment 2.2-A</b>	Page 1	
<b>Attachment 2.6-A</b>	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)
<b>Supplement 1 to Attachment 2.6-A</b>	Pages 1-3 Page 4	
<b>Supplement 2 to Attachment 2.6-A</b>	Pages 1-5	

**State: Arkansas**  
**Date Received: 9/20/13**  
**Date Approved: 12/10/13**  
**Date Effective: 1/1/14**  
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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	

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



# Medicaid Eligibility

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

## AFDC Income Standards S14

Enter the AFDC Standards below. All states must enter:

MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988 and  
AFDC Payment Standard in Effect As of July 16, 1996

Entry of other standards is optional.

### MAGI-equivalent AFDC Payment Standard in Effect As of May 1, 1988

#### Income 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

Enter the statewide standard

	Household size	Standard (\$)	
+	1	97	X
+	2	183	X
+	3	229	X
+	4	270	X
+	5	309	X
+	6	345	X
+	7	378	X
+	8	408	X
+	9	436	X
+	10	441	X

Additional incremental amount

- Yes  No

Increment amount \$

State: Arkansas  
 Date Received: 9/20/13  
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The dollar amounts increase automatically each year

- Yes  No



# Medicaid Eligibility

## AFDC Payment Standard in Effect As of July 16, 1996

### Income 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

Enter the statewide standard

	Household size	Standard (\$)	
+	1	81	X
+	2	162	X
+	3	204	X
+	4	247	X
+	5	286	X
+	6	331	X
+	7	373	X
+	8	415	X
+	9	457	X
+	10	457	X

Additional incremental amount

- Yes  No

Increment amount \$

State: Arkansas  
Date Received: 9/20/13  
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The dollar amounts increase automatically each year

- Yes  No

## MAGI-equivalent AFDC Payment Standard in Effect As of July 16, 1996

### Income Standard Entry - Dollar Amount - Automatic Increase Option S13a

The standard is as follows:

- Statewide standard
- Standard varies by region





# Medicaid Eligibility

- Standard varies by living arrangement
- Standard varies in some other way

### Enter the statewide standard

	Household size	Standard (\$)	
+	1	124	X
+	2	220	X
+	3	276	X
+	4	334	X
+	5	388	X
+	6	448	X
+	7	505	X
+	8	561	X
+	9	618	X
+	10	618	X

Additional incremental amount

- Yes
- No

Increment amount \$

State: Arkansas  
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The dollar amounts increase automatically each year

- Yes
- No

### AFDC Need Standard in Effect As of July 16, 1996

#### Income 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

The dollar amounts increase automatically each year

- Yes
- No



# Medicaid Eligibility

**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** S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- 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** S13a

The standard is as follows:

- Statewide standard
- Standard varies by region
- Standard varies by living arrangement
- 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** S13a

The standard is as follows:

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

State: Arkansas  
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## Medicaid Eligibility

The dollar amounts increase automatically each year

Yes  No

### MAGI-equivalent TANF payment standard

#### Income 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

The dollar amounts increase automatically each year

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  
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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage Parents and Other Caretaker Relatives	State: Arkansas Date Received: 9/20/13 Date Approved: 12/10/13 Date Effective: 1/1/14 Transmittal Number: 13-15	S25
42 CFR 435.110 1902(a)(10)(A)(i)(I) 1931(b) and (d)		
<p><input checked="" type="checkbox"/> <b>Parents and Other Caretaker Relatives</b> - Parents and other caretaker relatives of dependent children with household income at or below a standard established by the state.</p> <p><input checked="" type="checkbox"/> The state attests that it operates this eligibility group in accordance with the following provisions:</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Individuals qualifying under this eligibility group must meet the following criteria:<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Are parents or other caretaker relatives (defined at 42 CFR 435.4), including pregnant women, of dependent children (defined at 42 CFR 435.4) under age 18. Spouses of parents and other caretaker relatives are also included.</li></ul></li></ul> <p>The state elects the following options:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> This eligibility group includes individuals who are parents or other caretakers of children who are 18 years old, provided the children are full-time students in a secondary school or the equivalent level of vocational or technical training.</li><li><input type="checkbox"/> Options relating to the definition of caretaker relative (select any that apply):</li><li><input checked="" type="checkbox"/> Options relating to the definition of dependent child (select the one that applies):<ul style="list-style-type: none"><li>The state elects to eliminate the requirement that a dependent child must be deprived of parental support or care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.<ul style="list-style-type: none"><li><input checked="" type="radio"/> care by reason of the death, physical or mental incapacity, or absence from the home or unemployment of at least one parent.</li><li><input type="radio"/> The child must be deprived of parental support or care, but a less restrictive standard is used to measure unemployment of the parent (select the one that applies):</li></ul></li></ul></li><li><input checked="" type="checkbox"/> Have household income at or below the standard established by the state.</li><li><input checked="" type="checkbox"/> MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.</li><li><input checked="" type="checkbox"/> Income standard used for this group<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Minimum income standard<ul style="list-style-type: none"><li>The minimum income standard used for 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.</li><li><input checked="" type="checkbox"/> The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.</li></ul></li><li><input type="checkbox"/> Maximum income standard</li></ul></li></ul>		

**An attachment is submitted.**



# Medicaid Eligibility

- The state certifies that it has submitted and received approval for its converted income standard(s) for parents and other caretaker relatives to MAGI-equivalent standards and the determination of the maximum income standard to be used for parents and other caretaker relatives under this eligibility group.

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.
- 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:

- A percentage of the federal poverty level:  %
- 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.
- 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.
- The state's TANF payment standard, converted to a MAGI-equivalent standard. The standard is described in S14 AFDC Income Standards.
- Other dollar amount

- Income standard chosen:

Indicate the state's income standard used for this eligibility group:

- 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.
- Another income standard in-between the minimum and maximum standards allowed

- There is no resource test for this eligibility group.

- Presumptive Eligibility

State: Arkansas  
Date Received: 9/20/13  
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## Medicaid 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.

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  
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Date Effective: 1/1/14  
Transmittal Number: 13-15



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

## Eligibility Groups - Mandatory Coverage S28

### Pregnant Women

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  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.

Yes  No

The minimum income standard for this eligibility group is 133% FPL.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for pregnant women to MAGI-equivalent standards and the determination of the maximum income standard to be used for pregnant women under this eligibility group.

**An attachment is submitted.**

The state's maximum income standard for this eligibility group is:

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.

State: Arkansas  
Date Received: 9/20/13  
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Date Effective: 1/1/14  
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# Medicaid Eligibility

- 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 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 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.
- 185% FPL

The amount of the maximum income standard is:  % FPL

Income standard chosen

Indicate the state's income standard used for this eligibility group:

- The minimum income standard
- The maximum income standard
- Another income standard in-between the minimum and maximum standards allowed.

There is no resource test for this eligibility group.

Benefits for individuals in this eligibility group consist of the following:

- All pregnant women eligible under this group receive full Medicaid coverage under this state plan.
- Pregnant women whose income exceeds the income limit specified below for full coverage of pregnant women receive only pregnancy-related services.

Pregnancy-related services, as defined at 42 CFR 440.210 (a)(2), include prenatal, delivery, postpartum and family planning services, as well as services related to conditions which may complicate pregnancy.

Full Medicaid coverage is provided only for pregnant women with income at or below the income limit described below:

Minimum income limit for full Medicaid coverage

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.

- The state certifies that it has submitted and received approval for its converted May 1, 1988 AFDC payment standard.

An attachment is submitted.

Maximum income limit for full Medicaid coverage

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





## Medicaid Eligibility

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 March 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 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	S13a
The standard is as follows:	
<input checked="" type="radio"/> Statewide standard	
<input type="radio"/> Standard varies by region	
<input type="radio"/> Standard varies by living arrangement	
<input type="radio"/> Standard varies in some other way	
<input type="text" value="Enter the statewide standard"/>	

State: Arkansas  
Date Received: 9/20/13  
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# Medicaid Eligibility

State: Arkansas  
Date Received: 9/20/13  
Date Approved: 12/10/13  
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	Household size	Standard (\$)	
<b>+</b>	1	124	<b>X</b>
<b>+</b>	2	220	<b>X</b>
<b>+</b>	3	276	<b>X</b>
<b>+</b>	4	334	<b>X</b>
<b>+</b>	5	388	<b>X</b>
<b>+</b>	6	448	<b>X</b>
<b>+</b>	7	505	<b>X</b>
<b>+</b>	8	551	<b>X</b>
<b>+</b>	9	618	<b>X</b>
<b>+</b>	10	618	<b>X</b>

Additional incremental amount

Yes  No

Increment amount \$

The dollar amounts increase automatically each year

Yes  No

Income limit chosen for full Medicaid coverage:

- The minimum income limit
- The maximum income limit
- Another income limit in-between the minimum and maximum standards allowed.

Presumptive Eligibility

The state covers ambulatory prenatal care for individuals under this group when determined presumptively eligible by a qualified entity.

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.



# Medicaid Eligibility

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

## Eligibility Groups - Mandatory Coverage S30 Infants and Children under Age 19

42 CFR 435.118  
1902(a)(10)(A)(i)(III), (IV), (VI) and (VII)  
1902(a)(10)(A)(ii)(IV) and (IX)  
1931(b) and (d)

**Infants and Children under Age 19** - Infants and children under age 19 with household income at or below standards established by the state based on age group.

The state attests that it operates this eligibility group in accordance with the following provisions:

Children qualifying under this eligibility group must meet the following criteria:

Are under age 19

Have household income at or below the standard established by the state.

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 infants under age one

Minimum income standard

The state had an income standard higher than 133% FPL established as of December 19, 1989 for determining eligibility for infants under age one, or as of July 1, 1989, had authorizing legislation to do so.

Yes  No

The minimum income standard for infants under age one is 133% FPL.

Maximum income standard

The state certifies that it has submitted and received approval for its converted income standard(s) for infants

under age one to MAGI-equivalent standards and the determination of the maximum income standard to be used for infants under age one.

**An attachment is submitted.**

The state's maximum income standard for this age group is:

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.

State: Arkansas  
Date Received: 9/20/13  
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## Medicaid Eligibility

- 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.
- 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.
  - 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

Income standard chosen

The state's income standard used for infants under age one is:

- The maximum income standard

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.

- 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 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 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.

- 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.

The amount of the income standard for infants under one is:  % FPL

- Income standard for children age one through age five, inclusive
  - Minimum income standard

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## Medicaid Eligibility

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)(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 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.

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:  % FPL

Income standard chosen

The state's income standard used for children age one through five 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 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.

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)(ii)(IV) (institutionalized children), in effect under the Medicaid state plan as of December 31, 2013, converted to a MAGI-equivalent percent of FPL.

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# Medicaid Eligibility

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.

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.

Income 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 age six 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:

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.

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.

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.

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.

133% FPL

Enter the amount of the maximum income standard:  % FPL

Income standard chosen

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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 MAGI-equivalent 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.

- Yes  No

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

Eligibility Groups - Mandatory Coverage	S32
<b>Adult Group</b>	
1902(a)(10)(A)(i)(VIII) 42 CFR 435.119	
The state covers the Adult Group as described at 42 CFR 435.119. <input checked="" type="radio"/> Yes <input type="radio"/> No	
<input checked="" type="checkbox"/> <b>Adult Group</b> - Non-pregnant individuals age 19 through 64, not otherwise mandatorily eligible, with income at or below 133% FPL.	
<input checked="" type="checkbox"/> The state attests that it operates this eligibility group in accordance with the following provisions:	
<input checked="" type="checkbox"/> Individuals qualifying under this eligibility group must meet the following criteria:	
<input checked="" type="checkbox"/> Have attained age 19 but not age 65.	
<input checked="" type="checkbox"/> Are not pregnant.	
<input checked="" type="checkbox"/> Are not entitled to or enrolled for Part A or B Medicare benefits.	
<input checked="" type="checkbox"/> Are not otherwise eligible for and enrolled for mandatory coverage under the state plan in accordance with 42 CFR 435, subpart B.	
Note: In 209(b) states, individuals receiving SSI or deemed to be receiving SSI who do not qualify for mandatory Medicaid eligibility due to more restrictive requirements may qualify for this eligibility group if otherwise eligible.	
<input checked="" type="checkbox"/> Have household income at or below 133% FPL.	
<input checked="" type="checkbox"/> MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.	
<input checked="" type="checkbox"/> There is no resource test for this eligibility group.	
Parents or other caretaker relatives living with a child under the age specified below are not covered unless the child is	
<input checked="" type="checkbox"/> receiving benefits under Medicaid, CHIP or through the Exchange, or otherwise enrolled in minimum essential coverage, as defined in 42 CFR 435.4.	
<input checked="" type="radio"/> Under age 19, or	
<input type="radio"/> A higher age of children, if any, covered under 42 CFR 435.222 on March 23, 2010:	
<input checked="" type="checkbox"/> 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.	
<input type="radio"/> Yes <input checked="" type="radio"/> No	

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### PRA Disclosure Statement





## Medicaid Eligibility

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# Medicaid Eligibility

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OMB Expiration date: 10/31/2014

<b>Eligibility Groups - Mandatory Coverage</b>	<b>S33</b>
<b>Former Foster Care Children</b>	

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 and in foster care when they turned age 18 or aged out of foster care.

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 under this group takes precedence over eligibility under the Adult Group.

Were in foster care under the responsibility of the state or Tribe and were enrolled in Medicaid under the state's state 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.

The state elects to cover children who were in foster care and on Medicaid in any state at the time they turned 18 or aged out of the foster care system.

Yes  No

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.

Yes  No

### PRA Disclosure Statement

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# Medicaid Eligibility

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OMB Expiration date: 10/31/2014

<b>Eligibility Groups - Options for Coverage</b>	<b>S50</b>
<b>Individuals above 133% FPL</b>	
1902(a)(10)(A)(ii)(XX) 1902(hh) 42 CFR 435.218	
<b>Individuals above 133% FPL</b> - 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. <input type="radio"/> Yes <input checked="" type="radio"/> No	

### PRA Disclosure Statement

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# Medicaid Eligibility

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<b>Eligibility Groups - Options for Coverage</b> <b>Optional Coverage of Parents and Other Caretaker Relatives</b>	<b>S51</b>
42 CFR 435.220 1902(a)(10)(A)(ii)(I)	
<b>Optional Coverage of Parents and Other Caretaker Relatives</b> - 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. <input type="radio"/> Yes <input checked="" type="radio"/> No	

### PRA Disclosure Statement

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# Medicaid Eligibility

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OMB Expiration date: 10/31/2014

<b>Eligibility Groups - Options for Coverage</b>	<b>S52</b>
<b>Reasonable Classification of Individuals under Age 21</b>	
42 CFR 435.222 1902(a)(10)(A)(ii)(I) 1902(a)(10)(A)(ii)(IV)	
<b>Reasonable Classification of Individuals under Age 21</b> - 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.	
<input type="radio"/> Yes <input checked="" type="radio"/> No	

### PRA Disclosure Statement

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# Medicaid Eligibility

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

## Eligibility Groups - Options for Coverage Children with Non IV-E Adoption Assistance S53

42 CFR 435.227  
1902(a)(10)(A)(ii)(VIII)

**Children with Non IV-E Adoption Assistance** - The state elects to cover children with special needs for whom there is a non IV-E adoption assistance agreement in effect with a state, who were eligible for Medicaid, or who had income at or below a standard established by the state and in accordance with provisions described at 42 CFR 435.227.

Yes  No

The state attests that it operates this eligibility group in accordance with the following provisions:

Individuals qualifying under this eligibility group must meet the following criteria:

The state adoption agency has determined that they cannot be placed without Medicaid coverage because of special needs for medical or rehabilitative care;

Are under the following age (see the Guidance for restrictions on the selection of an age):

Under age 21

Under age 20

Under age 19

Under age 18

MAGI-based income methodologies are used in calculating household income. Please refer as necessary to S10 MAGI-Based Income Methodologies, completed by the state.

The state covered this eligibility group in the Medicaid state plan as of December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes  No

The state also covered this eligibility group in the Medicaid state plan as of March 23, 2010.

Yes  No

Individuals qualify under this eligibility group if they were eligible under the state's approved state plan prior to the execution of the adoption agreement.

The state used an income standard or disregarded all income for this eligibility group either in the Medicaid state plan as of March 23, 2010 or December 31, 2013, or under a Medicaid 1115 Demonstration as of March 23, 2010 or December 31, 2013.

Yes  No

There is no resource test for this eligibility group.

State: Arkansas  
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### PRA Disclosure Statement

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# Medicaid Eligibility

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<b>Eligibility Groups - Options for Coverage</b> <b>Optional Targeted Low Income Children</b>	<b>S54</b>
1902(a)(10)(A)(ii)(XIV) 42 CFR 435.229 and 435.4 1905(u)(2)(B)	
<b>Optional Targeted Low Income Children</b> - 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.  <input type="radio"/> Yes <input checked="" type="radio"/> No	

### PRA Disclosure Statement

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# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

<b>Eligibility Groups - Options for Coverage</b> <b>Individuals with Tuberculosis</b>	<b>S55</b>
1902(a)(10)(A)(ii)(XII) 1902(z)	
<b>Individuals with Tuberculosis</b> - 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. <input type="radio"/> Yes <input checked="" type="radio"/> No	

### PRA Disclosure Statement

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# Medicaid Eligibility

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OMB Expiration date: 10/31/2014

<b>Eligibility Groups - Options for Coverage</b>	<b>S57</b>
<b>Independent Foster Care Adolescents</b>	
42 CFR 435.226 1902(a)(10)(A)(ii)(XVII)	
<b>Independent Foster Care Adolescents</b> - 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. <input type="radio"/> Yes <input checked="" type="radio"/> 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.

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# Medicaid Eligibility

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<b>Eligibility Groups - Options for Coverage</b>	<b>S59</b>
<b>Individuals Eligible for Family Planning Services</b>	
1902(a)(10)(A)(ii)(XXI) 42 CFR 435.214	
<b>Individuals Eligible for Family Planning Services</b> - 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. <input type="radio"/> Yes <input checked="" type="radio"/> No	

### PRA Disclosure Statement

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State: Arkansas  
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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	\$270
		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

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 19-64	S-CHIP 1115 Demonstration		200% FPL	209% FPL
Family Planning	Family Planning 1115 Demonstration		200% FPL	205% FPL

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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	\$270
		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

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 19-64	S-CHIP 1115 Demonstration		200% FPL	209% FPL
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