
Table of Contents

State/Territory Name: Arkansas

State Plan Amendment (SPA) #: AR-25-0005 and AR-25-0006

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) State Plan Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-01-16
Baltimore, MD 21244-1850



Children and Adults Health Programs Group

December 16, 2025

Janet Mann
State Medicaid Director
Wisconsin Department of Health Services
State of Arkansas, Department of Human Services
112 West 8th Street, Slot S401
Little Rock, AR 72201

Dear Director Mann:

Your title XXI Children's Health Insurance Program (CHIP) State Plan Amendments (SPAs), AR-25-0005 and AR-25-0006, submitted on June 30, 2025, with additional information submitted on December 16, 2025, have been approved. The effective date for these SPAs is June 3, 2025.

Section 2102(b)(3)(C) of the Social Security Act requires states to have a description in the state plan of procedures used to ensure that CHIP does not substitute for group health plan coverage. Through SPA AR-25-0005, Arkansas removes its waiting period policy, as required by CMS regulations at 42 CFR § 457.805(b), and updates its existing substitution monitoring strategies. Arkansas also adds a maximum percentage threshold to measure the level of substitution occurring in the state that, if exceeded, will prompt the state to work with CMS to identify additional strategies to prevent substitution. Through AR-25-0006, the state makes corresponding technical edits throughout the CHIP state plan to remove references to waiting periods.

Your Project Officer is Abbie Walsh. She is available to answer your questions concerning this amendment and other CHIP-related matters and can be reached at Abigail.Walsh@cms.hhs.gov.

If you have additional questions, please contact Mary Beth Hance, Acting Director, Division of State Coverage Programs, at (410) 786-1536. We look forward to continuing to work with you and your staff.

Sincerely,
/Signed by Jessica Stephens/

Jessica Stephens
Acting Deputy Director

The application form and the promotional materials for ARKids-A and ARKids-B identify the two programs as ARKids First. Applications may be made at the local DHS County Office, by mail, or through the internet, and a toll free number is available to clients. Applications in English or Spanish may be printed from the ARKids First website at www.arkidsfirst.com. Applications in other languages are available upon request.

A ARKids-B Title XXI CHIP Separate Child Health Program

In November 2013, CMS recommended the State transition the ARKids-B 1115(a) demonstration waiver Title XXI CHIP Medicaid expansion program to a Title XXI CHIP separate child health program through the CHIP state plan and advised that if this was done, orthodontia services would have to be added to the ARKids-B program's benefit package of services. As the current ARKids-B 1115(a) demonstration waiver's renewal was due to end December 31, 2013, the State requested and CMS approved an extension of the ARKids-B demonstration waiver to allow the State time to prepare, submit, and have approved an amendment to the CHIP state plan.

Effective 1/1/14 ARKids-B beneficiaries ages 6 through 18 in families with incomes from 100% FPL up to 142% FPL were moved to Title XIX Medicaid ARKids-A (MAGI CHIP SPA Group 2/CS2 PDF page) but continue to be funded through title XXI CHIP.

Children ages 0 through age 18 in families with a household income above 142% FPL up to and including 211% FPL are eligible for ARKids-B. There is no asset test. The State maintains qualifying criteria for ARKids-B that includes income criteria based on modified adjusted gross income methodologies as defined at 42 CFR §435.603. ~~As allowed under 42 CFR §457.805, all ARKids-B enrollees must not have had employer sponsored or group health insurance within 90 days prior to program enrollment. The State maintains, at minimum, the required exemptions to the period of uninsurance as specified at 42 CFR §457.805.~~ There is no presumptive eligibility. Retroactive eligibility may be determined up to three months prior to the date of application. ARKids-B offers a less comprehensive benefit package than the State's traditional Title XIX Medicaid program (ARKids-A) and requires co-payments.

The State elected a copayment as the only cost sharing requirement, because it is the most equitable form of cost sharing. The State did not want to assess an enrollment fee nor monthly premiums because it wanted the family's cost sharing responsibility to be related solely to usage. Cost sharing is required for services that are not categorized as well-health. The State will keep the current copayment structure in place for ARKids-B enrollees.

		CS19	Social security number	Section 4.1.9.1
		CS20	Substitution of coverage	Section 4.4.4
		CS27	Continuous eligibility	Sections 4.1.8 & 4.1.9.2
AR-13-0022 Effective/Implementation Date: 1/1/14	MAGI Eligibility & Methods	CS9	Conception to Birth	Sections 4.1.1; 4.1.2 & 4.1.3
		CS15	MAGI-based income methodology	Incorporated within a separate subsection under Section 4.3
AR-17-0006 Effective/Implementation Date: 1/1/18	Non-Financial Eligibility	CS18	Citizenship	Supersedes previously approved CS18
AR-18-0003 Effective/Implementation Date: 1/1/18	Eligibility Processing	CS24	Change Arkansas to an Assessment State	Supersedes previously approved CS24
<u>AR 25-0005</u> <u>Effective/Implementation Date: June 3, 2025</u>	<u>Eligibility Processing</u>	<u>CS20</u>	<u>Removal of the 90-day waiting period for children receiving ARKids B who have been disenrolled from group health plan coverage</u>	<u>Supersedes previously approved CS20</u>

SPA # 6, Purpose of SPA: Separate State CHIP (ARKids-B Program)

Effective Date: 8-1-15

Implementation Date: 8-1-15

SPA # 7. Purpose of SPA: Add Intensive Home & Community-Based Family & Child/Youth Support Health Services Initiative

SPA # 13, Purpose of SPA:

The state is assuring that it covers age-appropriate vaccines and their administration, without cost sharing.

Proposed effective date: October 1, 2023

Proposed implementation date: October 1, 2023

SPA # 14, Purpose of SPA:

The purpose of this SPA is to improve access to continuous glucose monitors (CGMs) through pharmacy claim submission processing for reimbursement to pharmacies and DME providers. Beneficiaries eligible for CGMs include those with Type 1 diabetes or any other type of diabetes with either insulin use or evidence of level 2 or level 3 hypoglycemia, or beneficiaries diagnosed with glycogen storage disease type 1a. Patch type insulin pumps, blood glucose monitors (BGMs) and testing supplies will be covered in the same manner. Coverage is being extended to comply with Arkansas Act 393 of 2023.

Proposed effective date: April 1, 2024

Proposed implementation date: April 1, 2024

SPA # 15 , Purpose of SPA:

The purpose of this SPA is to end the Healthy Smiles Managed Care waiver for dental services and transition the dental program to fee-for-services (FFS).

Proposed effective date: November 1, 2024

Proposed implementation date: November 1, 2024

SPA#16 (AR 25-0007), Purpose of SPA: **pending**

The purpose of this SPA is to add Targeted Case Management Services for Incarcerated Juveniles to the ARKids-B and Unborn Child Sections of the CHIP state plan and to attest to the state's compliance with sections 2102(d) and 2110(b)(7) of the Consolidated Appropriations Act.

Proposed effective date: January 1, 2025

Proposed implementation date: September 1, 2025

SPA#17 (AR 25-0006), Purpose of SPA:

The purpose of this SPA is to remove the 90-day waiting period for children receiving ARKids B who have been disenrolled from group health plan coverage.

Proposed effective date: June 3, 2025

Proposed implementation date: June 3, 2025

SPA#18 (AR 25-0005), Purpose of SPA: *pending*

The purpose of this SPA is to remove the 90-day waiting period for children receiving ARKids B who have been disenrolled from group health plan coverage.

Proposed effective date: June 3, 2025

Proposed implementation date: June 3, 2025

pregnant women (if applicable) and the income standard for that group:

4.1.2.1-PC ☐ Age: _____ through birth (SHO #02-004, issued November 12, 2002)

See page CS9.

4.1. ☐ Income of each separate eligibility group (if applicable):

4.1.3.1-PC ☐ 0% of the FPL (and not eligible for Medicaid) through _____% of the FPL (SHO #02-004, issued November 12, 2002)

See page CS9.

4.1. ☐ Resources of each separate eligibility group (including any standards relating to spend downs and disposition of resources):

4.1. ☐ Residency (so long as residency requirement is not based on length of time in state):

4.1. ☐ Disability Status (so long as any standard relating to disability status does not restrict eligibility):

Not applicable.

4.1.7 ☒ Access to or coverage under other health coverage:

~~CHIP enrollees cannot be eligible for Title XIX Medicaid. CHIP enrollees cannot have access to a state health benefits program. Enrollees in the Title XXI CHIP Unborn Child separate child health program may not have health insurance that covers pregnancy-related services. If a parent or guardian voluntarily terminates within 90 days preceding application for a child for the Title XXI CHIP ARKids B separate child program an insurance in which the child is covered for a reason other than those allowed conditions or exemptions specifically stated in eligibility criteria, the child will be ineligible for the ARKids B separate child health program. See also page CS20 – Substitution of Coverage.~~

4.1.8 ☒ Duration of eligibility, not to exceed 12 months:

Continuous eligibility does not apply to the Unborn Child CHIP separate child program.

4.4. Eligibility screening and coordination with other health coverage programs

See page CS24 for eligibility processing.

States must describe how they will assure that:

- 4.4.1.** ☒ only targeted low-income children who are ineligible for Medicaid or not covered under a group health plan or health insurance (including access to a State health benefits plan) are furnished child health assistance under the plan. (Sections 2102(b)(3)(A), 2110(b)(2)(B)) (42 CFR 457.310(b), 42 CFR 457.350(a)(1) and 42 CFR 457.80(c)(3))

Confirm that the State does not apply a waiting period for pregnant women applicants

See page CS20

~~At eligibility determination and redetermination, an applicant for/beneficiary of the Title XXI CHIP ARKids B separate child health program is reviewed to determine that the applicant/beneficiary is not Title XIX Medicaid eligible and that the parent or guardian did not voluntarily terminate an insurance policy in which the child was covered within 90 days preceding application for the child for ARKids B, for a reason other than those allowed conditions or exemptions specifically stated in eligibility criteria. At eligibility determination and redetermination, an applicant for/beneficiary of the Title XXI CHIP Unborn Child separate child health program is reviewed to determine that the applicant/beneficiary is not Title XIX Medicaid eligible and is not under an insurance policy that covers pregnancy related services prior to enrollment in the State's Unborn Child program. The Unborn Child separate child health program does not assess a waiting period for applicants. See also page CS10—Children Who Have Access to Public Employee Coverage.~~



CHIP Eligibility

State Name:

OMB Control Number: 0938-1148

Transmittal Number: AR - 25 - 0005

Separate Child Health Insurance Program

CS20

Non-Financial Eligibility - Substitution of Coverage

Section 2102(b)(3)(C) of the SSA and 42 CFR 457.340(d)(3), 457.350(i), and 457.805

Substitution of Coverage

- ☒ The CHIP Agency provides assurance that it has methods and policies in place to prevent the substitution of group health coverage or other commercial health insurance with public funded coverage. These policies include:

- ☐ Substitution of coverage prevention strategy:

Add	Name of policy	Description	Remove
Add	Monitoring Health Insurance Status & Maximum Threshold	To prevent crowd out of private insurance, third party liability questions are on the Assistance Application, Renewal form, as well as the Verification of Earnings completed by the employer. The Third Party Liability (TPL) Unit conducts a cross match with group health insurance providers to determine current and recent health insurance status. This match will take place any time a new group health insurance plan is registered for an individual or changes are made to an existing group health insurance plan. The Department will compile a quarterly Substitution of Coverage report showing CHIP applications which were denied due to having other health insurance. If substitution exceeds twenty (20) percent, the department will collaborate with CMS to identify a strategy to reduce substitution. Information about changes in health insurance status is used to determine whether children remain eligible for CHIP at renewal and is measured against the 20% substitution threshold. Children are not disenrolled during the continuous eligibility period regardless of insurance status.	Remove

A waiting period during which an individual is ineligible due to having dropped group health coverage.

If the state elects to offer dental only supplemental coverage, the following assurances apply:

- ☒ The other coverage exclusion does not apply to children who are otherwise eligible for dental only supplemental coverage as provided in section 2110(b)(5) of the SSA.
- ☐ The waiting period does not apply to children eligible for dental only supplemental coverage.

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 50 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.

V.20181119