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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 15-0011

This file contains the following documents in the order listed:

- 1) Approval Letter
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- 3) Approved SPA Page(s)

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**

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February 1, 2016

Ms. Dawn Stehle  
Arkansas Medicaid Director  
700 Main Street,  
PO Box 1437  
Little Rock, Arkansas 72203-1437

RE: AR SPA #15-0011 Program of All-inclusive Care of the Elderly (PACE)

Dear Ms. Stehle:

We have reviewed the State's proposed amendment to the Arkansas State Plan submitted under Transmittal Number 15-0011, dated December 10, 2015. This state plan amendment makes corrections to the citations and page format for PACE pages of the State Plan, per companion letter with SPA #15-0007 that adjusted rates for personal care services.

Based on the information submitted, we have approved the amendment for incorporation into the official Arkansas State Plan with an effective date of change on January 1, 2016. A copy of the CMS-179 and approved plan page are enclosed with this letter.

If you have questions, please contact Lynn Ward at (214) 767-6327.

Sincerely,



Bill Brooks  
Associate Regional Administrator

Cc: Seth Bromeley  
Camille Johnson



State/Territory: ARKANSAS

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Agency*	Citation(s)	Groups Covered
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B. Optional Groups Other Than the Medically Needy (Continued)

42 CFR 435.217  
Division of County  
Operations (DCO)  
and Division of  
Developmental  
Disabilities (DDS)

4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

**42 CFR 435.217  
Division of County  
Operations (DCO)  
and Division of  
Developmental  
Disabilities (DDS)**

- 5. PACE participants**

State: Arkansas  
Date Received: 10 December, 2015  
Date Approved: 1 February, 2016  
Date Effective: 1 January, 2016  
Transmittal Number: 15-0011

Transmittal Number: 15-0011      Date Approved: 2-01-16      Date Effective: 1-1-16  
Supersedes Transmittal Number: 05-0002

\*Agency that determines eligibility for coverage.

State: Arkansas  
Date Received: 10 December, 2015  
Date Approved: 1 February, 2016  
Date Effective: 1 January, 2016  
Transmittal Number: 15-0011

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

PROGRAM OF ALL-INCLUSIVE CARE FOR THE ELDERLY

I. Eligibility

The State determines eligibility for PACE enrollees under rules applying to community groups.

A. X The State determines eligibility for PACE enrollees under rules applying to institutional groups as provided for in section 1902(a)(10)(A)(ii)(VI) of the Act (42 CFR 435.217 in regulations). The State has elected to cover under its State plan the eligibility groups specified under these provisions in the statute and regulations. The applicable groups are:

A special income level equal to 300% of the SSI Federal Benefit (FBR) (42 CFR 435.236)

(If this option is selected, please identify, by statutory and/or regulatory reference, the institutional eligibility group or groups under which the State determines eligibility for PACE enrollees. Please note that these groups must be covered under the State’s Medicaid plan.)

**Spousal impoverishment rules will be used in determining eligibility for the 435.236 group.**

B. \_\_\_\_\_ The State determines eligibility for PACE enrollees under rules applying to institutional groups, but chooses not to apply post-eligibility treatment of income rules to those individuals. (If this option is selected, skip to II - Compliance and State Monitoring of the PACE Program.

C. X The State determines eligibility for PACE enrollees under rules applying to institutional groups, and applies post-eligibility treatment of income rules to those individuals as specified below. Note that the post-eligibility treatment of income rules specified below are the same as those that apply to the State’s approved HCBS waiver(s).

Regular Post Eligibility

1. X SSI State. The State is using the post-eligibility rules at 42 CFR 435.726.

Payment for PACE services is reduced by the amount remaining after deducting the following amounts from the PACE enrollee’s income.

(a). Sec. 435.726--States which do not use more restrictive eligibility requirements than SSI.

1. Allowances for the needs of the:

(A.) Individual (check one)

1. X The following standard included under the State plan (check one):

(a) \_\_\_\_\_ SSI

(b) \_\_\_\_\_ Medically Needy

(c) X The special income level for the institutionalized

(d) \_\_\_\_\_ Percent of the Federal Poverty Level: \_\_\_\_\_ %

(e) \_\_\_\_\_ Other (specify): \_\_\_\_\_

Transmittal Number: 15-0011      Date Approved: 2-01-16      Date Effective: 1-1-16  
Supersedes Transmittal Number: 04-0001