

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



Division of Medicaid & Children's Health, Region VI

July 13, 2010

Our Reference: SPA-AR-10-07

Eugene Gessow, State Medicaid Director
Arkansas Department of Health and Human Services
P.O. Box 1437
Little Rock, Arkansas 72203

Dear Mr. Gessow:


We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 10-07. Effective April 1, 2010, the Arkansas Title XIX State Plan has been amended in section 4.17 to include the MIPPA Section 115, estate recovery protections, for 6 categories of dual eligible's.

In the future, when the State submits a State Plan Amendment (SPA) that may impact Indians or Indian health providers, CMS will look for evidence of the State's tribal consultation process for that SPA. Pursuant to section 1902 (a) (73) of the Act added by section 5006 (e) of the Recovery and Reinvestment Act of 2009, the State must submit evidence to CMS regarding the solicitation of advice prior to submission of the SPA. This consultation must include all federally recognized tribes, Indian Health Service and Urban Indian Organizations within the state.

Transmittal Number 10-07 is approved with an effective date of June 1, 2010 as requested. A copy of the HCFA-179, Transmittal No. 10-07 dated June 18, 2010 is enclosed along with the approved plan pages.

If you have any questions, please contact Scott Harper at (214) 767-6564.

Sincerely,


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

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: <div style="text-align: center;">2010-007</div>	2. STATE <div style="text-align: center;">ARKANSAS</div>
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>)		4. PROPOSED EFFECTIVE DATE <div style="text-align: center;">June 1, 2010</div>	
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 433.36	7. FEDERAL BUDGET IMPACT: a. FFY 2010 \$-0- b. FFY 2011 \$-0-		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 53a Page 53a-1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Same, Approved 10-29-99, TN 99-21 None, New Page		
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to include the MIPPA protections.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. AGENCY OFFICIAL: <div style="background-color: black; width: 150px; height: 20px;"></div>	16. RETURN TO: Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437 Attention: LeAnn Edwards		
13. TYPED NAME: Eugene I. Gessow	17. DATE RECEIVED: 18 June, 2010		
14. TITLE: Director, Division of Medical Services	18. DATE APPROVED: <div style="text-align: center;">13 July, 2010</div>		
15. DATE SUBMITTED: June 18, 2010	FOR REGIONAL OFFICE USE ONLY PLAN APPROVED - ONE COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">1 June, 2010</div>		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="background-color: black; width: 200px; height: 20px;"></div>	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid & Children's Health	
23. REMARKS: <div style="background-color: black; width: 100%; height: 100px;"></div>			

Marks, Marsha L. (CMS/SC)

From: Marks, Marsha L. (CMS/SC)
Sent: Monday, July 19, 2010 6:34 AM
To: CMS CMSO_508_SPA
Cc: Harper, Scott S. (CMS/SC); Seng, Suzette (CMS/SC)
Subject: Final Approval Pkg for AR 10-07
Attachments: AR1007APPROVAL.doc; Final Approval Pkg for AR 10-07.pdf

See Attached.

State: Arkansas

Brief Description: The state plan has been amended to include MIPPA section 115, estate recovery protections for six (6) categories of dual eligible's. This SPA does not require tribal consultation.

Approval Date: 7/13/2010

Effective Date: 1 June, 2010

Marsha Marks // Dept of Health & Human Services // Centers for Medicare & Medicaid Services // Dallas Regional Office // Division of Medicaid & Children's Health // Dallas Texas 75202 // 214-767-6280 // Fax 214-767-0322 // marsha.marks@cms.hhs.gov

Revision: HCFA-PM-95-3 (MB)
May 1995
Revised: **June 1, 2010**

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: **ARKANSAS**

(b) Adjustments or Recoveries

The State complies with the requirements of section 1917(b) of the Act and regulations at 42 CFR 433.36(h) – (i).

Adjustments or recoveries for Medicaid claims correctly paid are as follows:

- (1) For permanently institutionalized individuals, adjustments or recoveries are made from the individual's estate or upon sale of the property subject to a lien imposed because of medical assistance paid on behalf of the individual for services provided in a nursing facility, ICF/MR, or other medical institution.

 X Adjustments or recoveries are made for all other medical assistance paid on behalf of the individual.

- (2) X The State determines "permanent institutional status" of individuals under the age of 55 other than those with respect to whom it imposes liens on real property under §1917(a)(1)(B) (even if it does not impose those liens).

- (3) For any individual who received medical assistance at age 55 or older, adjustments or recoveries of payments are made from the individual's estate for nursing facility services, home and community-based services, and related hospital and prescription drug services.

 In addition to adjustment or recovery of payments for services listed above, payments are adjusted or recovered for other services under the State plan as listed below:

None

STATE <u>Arkansas</u>	A
DATE REC'D <u>6-18-10</u>	
DATE APPV'D <u>7-13-10</u>	
DATE EFF <u>6-1-10</u>	
HCFA 179 <u>10-07</u>	

SUPERSEDES: TN- 99-21

Revision: HCFA-PM-95-3 (MB)
June 1, 2010

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: ARKANSAS

4.17(b) Adjustments or Recoveries

(3) (Continued)

Limitations on Estate Recovery – Medicare Cost Sharing:

(i) Medical assistance for Medicare cost sharing is protected from estate recovery for the following categories of dual eligibles: QMB, SLMB, QI, QDWI, QMB+, SLMB+. This protection extends to medical assistance for four Medicare cost sharing benefits: (Part A and B premiums, deductibles, coinsurance, co-payments) with dates of service on or after January 1, 2010. The date of service for deductibles, coinsurance, and co-payments is the date the request for payment is received by the State Medicaid Agency. The date of service for premiums is the date the State Medicaid Agency paid the premium.

(ii) In addition to being a qualified dual eligible the individual must also be age 55 or over. The above protection from estate recovery for Medicare cost sharing benefits (premiums, deductibles, coinsurance, co-payments) applies to approved mandatory (i.e., nursing facility, home and community-based services, and related prescription drugs and hospital services) as well as optional Medicaid services identified in the State plan, which are applicable to the categories of duals referenced above.

STATE	<u>Arkansas</u>	A
DATE REC'D.	<u>6-18-10</u>	
DATE APP'D.	<u>7-13-10</u>	
DATE EFF.	<u>6-1-10</u>	
HCFA 179	<u>10-07</u>	

SUPERSEDES: NONE - NEW PAGE