

Table of Contents

State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 13-0013 MM4

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) Approved SPA Page

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

July 15, 2014

Our Reference: SPA AR 13-13

Dawn Zekis
Acting State Medicaid Director
Arkansas Department of Health and Human Services
P.O. Box 1437
Little Rock, Arkansas 72203

Dear Ms. Zekis:

The Centers for Medicare and Medicaid Services (CMS) has reviewed the State's proposed amendment to the Arkansas Medicaid State Plan submitted September 30, 2013, Transmittal Number (TN) 13-13. Per statutes as outlined in Section 1902(e)(14) of the Social Security Act (the Act), and per regulations as outlined in 42 Code of Federal Regulations (CFR) 435.603 and 431.10, this state plan amendment (SPA) is a Medicaid Modified Adjusted Gross Income (MAGI) Eligibility and Benefits SPA which addresses single state agencies delegation of appeals and determinations.

TN 13-13 is approved with an effective date of January 1, 2014, as requested. A signed and dated copy of the TN 13-13 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 black rectangular redaction box covers the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

cc: Billy Bob Farrell, DMCH Dallas
Margaret Barry, CMS Baltimore
Elliot Curry, DMCH Chicago

Medicaid State Plan Eligibility: Summary Page (CMS 179)

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-13-0013

Proposed Effective Date

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

Federal Statute/Regulation Citation

42 CFR 431.10; Social Security Act 1902 (e)(14); 42 CFR 435.603

Federal Budget Impact

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

Subject of Amendment

Incorporating 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 and the optional adult group in accordance with Arkansas' Healthcare Independence Act 2013.

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: Jul 8, 2014
Submit Date: Sep 27, 2013

Date Received: 27 September, 2013

Date Approved: 15 July, 2014

Signature of Regional Official:

Printed Name and Title: Bill Brooks, ARA, Division of Medicaid and Children's Health

**SUPERSEDING PAGES OF
STATE PLAN MATERIAL**

TRANSMITTAL NUMBER: AR-13-0013		STATE: ARKANSAS
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: A1 – A3	COMPLETE PAGES SUPERSEDED: Page 1 Section 1.1 (pages 2-6) Section 1.2 (page 7) Section 1.3 (page 8) Section 1.4 (page 9) Attachment 1.1-A (Attorney General certification) Attachment 1.2-A (Organizational chart) Attachment 1.2-B (Description of the functions of the single state agency) Attachment 1.2-C (Description of professional medical and supporting staff) Attachment 1.2-D	
A2	Notwithstanding any other provisions of the Medicaid State Plan, the agencies designated in A2 will determine eligibility for coverage to the extent specified in A2.	

State: Arkansas
 Date Received: 27 September, 2013
 Date Approved: 15 July, 2014
 Effective Date: 1 January, 2014
 Transmittal Number: 13-13



Medicaid Administration

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

State Plan Administration Designation and Authority	State: Arkansas Date Received: 9/27/13 Date Approved: 7/15/14 Effective Date: 1/1/14 Transmittal Number: 13-13	A1
--	--	-----------

42 CFR 431.10

Designation and Authority

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

Type of Agency

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

- Yes No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

An attachment is submitted.

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

- Yes No

TN: 13-13



Medicaid Administration

Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.

The waivers are still in effect.

Yes No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY):

The type of responsibility delegated is (check all that apply):

- Determining eligibility
- Conducting fair hearings
- Other

State: Arkansas
 Date Received: 9/27/13
 Date Approved: 7/15/14
 Effective Date: 1/1/14
 Transmittal Number: 13-13

Name of state agency to which responsibility is delegated:

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

For Private Option enrollees only, the Arkansas Department of Human Services intends to delegate to the Arkansas Insurance Department the final administrative adjudication of appeals regarding covered services, including appeals related to medical necessity and scope and duration. An interagency agreement or memorandum of agreement between the Arkansas Insurance Department and the Arkansas Department of Human Services will assure that final administrative adjudications conducted by the Arkansas Insurance Department comply with all requirements for due process and the hearing rights afforded Medicaid applicants and beneficiaries and comply with state and federal Medicaid laws, rules, and regulations. The Arkansas Department of Human Services retains oversight of the State Plan and will establish a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by the Arkansas Insurance Department.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

The Arkansas Department of Human Services will enter into a written memorandum of understanding with the Arkansas Insurance Department (that will be made available to the Secretary of Human Services upon request) that will include the following provisions: (1) the relationships and respective responsibilities of both entities to effectuate coverage fair hearings; (2) quality control and oversight by the Medicaid agency, including reporting requirements needed to facilitate control and oversight; and (3) assurances that the Arkansas Insurance Department will: (a) comply with all federal and state Medicaid laws, regulations and policies; (b) and prohibit conflicts of interest and improper incentives; and (c) ensure privacy and confidentiality safeguards. AID will ensure that every beneficiary is informed, in writing, of the appeals process and how to contact AID and how to obtain information about appeals from that agency.

Add

The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.
TN: 13-13



Medicaid Administration

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Indicate which agency determines eligibility for any groups whose eligibility is not determined by the Federal agency:

- Medicaid agency
- Title IV-A agency
- An Exchange

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Name of entity:

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes No

State: Arkansas
 Date Received: 9/27/13
 Date Approved: 7/15/14
 Effective Date: 1/1/14
 Transmittal Number: 13-13

State Plan Administration Organization and Administration

A2

42 CFR 431.10
42 CFR 431.11

Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The Director of the Department of Human Services is charged with the responsibility of providing leadership to all divisions within the Department. The DMS Director of the Division of Medical Services is responsible for the formulation and implementation of medical services policy and payment of claims. All administrative authority over the Medicaid program is within the Division of

TN: 13-13

Supersedes: NEW PAGE

Approved: 7/15/14

Effective: 1/1/14



Medicaid Administrative

State: Arkansas
 Date Received: 9/27/13
 Date Approved: 7/15/14
 Effective Date: 1/1/14
 Transmittal Number: 13-13

Medical Services, with the Division of County Operations performing the administrative function of Medicaid eligibility determination for all Medicaid eligible groups. The DMS Director supervises the following sections: (1) Program and Administrative Support, (2) Pharmacy, (3) Office of Long Term Care, (4) Program and Provider Management, (5) Policy, Program and Contract Oversight, (6) Medicaid Information Management, and (6) Health Care Innovation. The Assistant Director, Program and Administrative Support Section supervises the following units: (1) Financial Activities, (2) Provider Reimbursement/Rate Setting, (3) Third Party Liability & Estate Recovery, (4) Program Budgeting and Analysis. The Assistant Director for the Pharmacy Section manages all programmatic aspects related to pharmacy services. The Director, Office of Long Term Care is responsible for providing the continuum of regulatory oversight of Long Term Care Facilities under Federal and State laws and regulations. The Assistant Director for Program and Provider Management supervises the following units: (1) Dental, Vision, and Primary Care Programs, (2) Utilization Review, (3) Behavioral Health, and (4) Program Integrity. The Assistant Director for Policy, Program and Contract Oversight is responsible for contract oversight, Medicaid waiver quality assurance, and program planning and development. The Assistant Director of the Medicaid Information Management Section is responsible for data security and MMIS support. The Assistant Director for the Health Care Innovation Section supervises the following units: (1) Infrastructure Development and Implementation, (2) Episode Design and Delivery, (3) Population Based Health, and (4) Stakeholder Engagement.

The DHS Office of Policy and Legal Services is responsible for all appeals and fair hearings conducted on behalf of Medicaid applicants and beneficiaries. Appeals of adverse Private Option eligibility determinations and Private Option beneficiary appeals concerning wrap-around services are conducted by the Office of Appeals and Hearings, an office within the Arkansas Department of Human Services, Office of Policy and Legal Services. This appeals entity will enter final administrative adjudications concerning: 1) eligibility to participate in the private option; and 2) appeals brought by Private Option beneficiaries regarding Private Option wrap-around Medicaid services.

Upload an organizational chart of the Medicaid agency.

An attachment is submitted.

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.

DMS works with the Arkansas Insurance Department (AID) which is under the Governor. The AID will conduct the final administrative adjudication of appeals regarding covered services, including appeals related to medical necessity and scope and duration. AID will ensure that every beneficiary is informed, in writing, of the appeals process and how to contact AID and how to obtain information about appeals from that agency.

See Ark. Code Ann. § 20-77-1704, which provides that an administrative law judge employed by the Arkansas Department of Health shall conduct all Medicaid provider administrative appeals of adverse decisions having a direct monetary consequence to the provider. The Appeals and Hearings Section provides administrative hearings for the appeal of adverse agency actions. Appeals may concern Child Maltreatment, SNAP, TEA, Medicaid, Fraud, Intentional Program Violations, Estate Recovery, Adult Protection and a variety of other areas. The Arkansas Department of Health will enter final administrative adjudications of appeals brought by Medicaid providers concerning payment for wrap-around services delivered to Private Option beneficiaries.

Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

The Federally-Facilitated Marketplace (FFM) will be determining eligibility for Medicaid for groups of individuals whose income



Medicaid Administration

eligibility is determined based on MAGI income methodology and who apply through the FFM. The FFM will not be assigning an individual who is determined eligible for Medicaid whose income eligibility is determined using MAGI methodology to a specific eligibility group, determining cost-sharing (if applicable), or assigning a benefit package – functions that will be performed by the single state agency.

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Pursuant to a 1634 agreement, the Social Security Administration determines Medicaid eligibility for Supplemental Security Income recipients.

Add

Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

OMEA will conduct Medicaid fair hearings for individuals whose Medicaid eligibility has been determined and found ineligible for Medicaid by the Federally-facilitated Marketplace (FFM). These will be individuals whose income eligibility is determined based on MAGI income methodology and who applied for health coverage through the FFM.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

- Yes
- No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

- Counties
- Parishes
- Other

Are all of the local subdivisions indicated above used to administer the state plan?

- Yes
- No

State: Arkansas
Date Received: 9/27/13
Date Approved: 7/15/14
Effective Date: 1/1/14
Transmittal Number: 13-13

State Plan Administration

Assurances TN: 13-13

A3



Medicaid Administration

42 CFR 431.10
42 CFR 431.12
42 CFR 431.50

Assurances

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

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.

V.20130917

State: Arkansas
 Date Received: 9/27/13
 Date Approved: 7/15/14
 Effective Date: 1/1/14
 Transmittal Number: 13-13

TN: 13-13

Supersedes: NEW PAGE

Approved: 7/15/14

Effective: 1/1/14