

## **Table of Contents**

**State/Territory Name: Arkansas**

**State Plan Amendment (SPA) #: 13-17 MM7**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Superseding Pages Notice
- 4) Approved SPA 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 20, 2013

Our Reference: SPA-AR-13-17

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) 13-17. With the approval of TN 13-17, CMS has reviewed and approved the State's residency regulations, and policies regarding interstate agreements and temporary absence in regards to 42 Code of Federal Regulations (CFR) 435.603, and according to the requirements of the Social Security Act 1902(e)(14) and the Affordable Care Act (ACA).

Transmittal Number 13-17 is approved with an effective date of January 1, 2014, as requested. A signed and dated copy of the Transmittal No. 13-17 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 black rectangular redaction box covers the signature of Bill Brooks.

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

Enclosures

## 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-13-0017

Proposed Effective Date

01/01/2014

(mm/dd/yyyy)

Federal Statute/Regulation Citation

Social Security Act 1902(c)(14) and 42 CFR 435.603

Federal Budget Impact

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

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.

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 12, 2013

Submit Date:

Sep 23, 2013

Date Received: 9/23/13

Date Approved: 12/20/13

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:**

13-0017 MM2

**STATE:**

Arkansas

**PAGE NUMBER OF THE PLAN SECTION OR  
ATTACHMENT:**

S88 – State Residency

**PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (*If Applicable*):**

Attachment 2.6-A, Page 3, TN #91-56, Effective date:  
8/91, approved: 12/30/91

State: Arkansas

Date Received: 9/23/13

Date Approved: 12/20/13

Date Effective: 1/1/14

Transmittal Number: 13-17

TN No: 13-17

APPROVAL DATE: 12/20/13

EFFECTIVE DATE: 1/1/14

STATE: ARKANSAS

PAGE: Superseding Document Page 1 of 1



# Medicaid Eligibility

OMB Control Number 0938-1148

OMB Expiration date: 10/31/2014

<b>Non-Financial Eligibility</b>	<b>S88</b>
<b>State Residency</b>	
42 CFR 435.403	
<b>State Residency</b>	
<input checked="" type="checkbox"/> The state provides Medicaid to otherwise eligible residents of the state, including residents who are absent from the state under certain conditions.  Individuals are considered to be residents of the state under the following conditions: <ul style="list-style-type: none"> <li><input type="checkbox"/> Non-institutionalized individuals age 21 and over, or under age 21, capable of indicating intent and who are emancipated or married, if the individual is living in the state and: <ul style="list-style-type: none"> <li><input type="checkbox"/> Intends to reside in the state, including without a fixed address, or</li> <li><input type="checkbox"/> Entered the state with a job commitment or seeking employment, whether or not currently employed.</li> </ul> </li> <li><input type="checkbox"/> Individuals age 21 and over, not living in an institution, who are not capable of indicating intent, are residents of the state in which they live.</li> <li><input type="checkbox"/> Non-institutionalized individuals under 21 not described above and non IV-E beneficiary children: <ul style="list-style-type: none"> <li><input type="checkbox"/> Residing in the state, with or without a fixed address, or</li> <li><input type="checkbox"/> The state of residency of the parent or caretaker, in accordance with 42 CFR 435.403(h)(1), with whom the individual resides.</li> </ul> </li> <li><input type="checkbox"/> Individuals living in institutions, as defined in 42 CFR 435.1010, including foster care homes, who became incapable of indicating intent before age 21 and individuals under age 21 who are not emancipated or married: <ul style="list-style-type: none"> <li><input type="checkbox"/> Regardless of which state the individual resides, if the parent or guardian applying for Medicaid on the individual's behalf resides in the state, or</li> <li><input type="checkbox"/> Regardless of which state the individual resides, if the parent or guardian resides in the state at the time of the individual's placement, or</li> <li><input type="checkbox"/> If the individual applying for Medicaid on the individual's behalf resides in the state and the parental rights of the institutionalized individual's parent(s) were terminated and no guardian has been appointed and the individual is institutionalized in the state.</li> </ul> </li> <li><input type="checkbox"/> Individuals living in institutions who became incapable of indicating intent at or after age 21, if physically present in the state, unless another state made the placement.</li> <li><input type="checkbox"/> Individuals who have been placed in an out-of-state institution, including foster care homes, by an agency of the state.</li> <li><input type="checkbox"/> Any other institutionalized individual age 21 or over when living in the state with the intent to reside there, and not placed in the institution by another state.</li> <li><input type="checkbox"/> IV-E eligible children living in the state, or</li> </ul>	



## Medicaid Eligibility

☐ Otherwise meet the requirements of 42 CFR 435.403.

State: Arkansas  
Date Received: 9/23/13  
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Date Effective: 1/1/14  
Transmittal Number: 13-17



## Medicaid Eligibility

Meet the criteria specified in an interstate agreement.

☒ Yes ☐ No

☒ The state has interstate agreements with the following selected states:

- |  |   |  |  |
|--|---|--|--|
| <input checked="" type="checkbox"/> Alabama              | <input checked="" type="checkbox"/> Illinois      | <input checked="" type="checkbox"/> Montana        | <input checked="" type="checkbox"/> Rhode Island   |
| <input checked="" type="checkbox"/> Alaska               | <input checked="" type="checkbox"/> Indiana       | <input checked="" type="checkbox"/> Nebraska       | <input checked="" type="checkbox"/> South Carolina |
| <input checked="" type="checkbox"/> Arizona              | <input checked="" type="checkbox"/> Iowa          | <input checked="" type="checkbox"/> Nevada         | <input checked="" type="checkbox"/> South Dakota   |
| <input checked="" type="checkbox"/> Arkansas             | <input checked="" type="checkbox"/> Kansas        | <input checked="" type="checkbox"/> New Hampshire  | <input checked="" type="checkbox"/> Tennessee      |
| <input checked="" type="checkbox"/> California           | <input checked="" type="checkbox"/> Kentucky      | <input checked="" type="checkbox"/> New Jersey     | <input checked="" type="checkbox"/> Texas          |
| <input checked="" type="checkbox"/> Colorado             | <input checked="" type="checkbox"/> Louisiana     | <input checked="" type="checkbox"/> New Mexico     | <input checked="" type="checkbox"/> Utah           |
| <input checked="" type="checkbox"/> Connecticut          | <input checked="" type="checkbox"/> Maine         | <input type="checkbox"/> New York                  | <input checked="" type="checkbox"/> Vermont        |
| <input checked="" type="checkbox"/> Delaware             | <input checked="" type="checkbox"/> Maryland      | <input checked="" type="checkbox"/> North Carolina | <input checked="" type="checkbox"/> Virginia       |
| <input checked="" type="checkbox"/> District of Columbia | <input checked="" type="checkbox"/> Massachusetts | <input checked="" type="checkbox"/> North Dakota   | <input checked="" type="checkbox"/> Washington     |
| <input checked="" type="checkbox"/> Florida              | <input checked="" type="checkbox"/> Michigan      | <input checked="" type="checkbox"/> Ohio           | <input checked="" type="checkbox"/> West Virginia  |
| <input checked="" type="checkbox"/> Georgia              | <input checked="" type="checkbox"/> Minnesota     | <input checked="" type="checkbox"/> Oklahoma       | <input checked="" type="checkbox"/> Wisconsin      |
| <input checked="" type="checkbox"/> Hawaii               | <input checked="" type="checkbox"/> Mississippi   | <input checked="" type="checkbox"/> Oregon         | <input type="checkbox"/> Wyoming                   |
| <input checked="" type="checkbox"/> Idaho                | <input checked="" type="checkbox"/> Missouri      | <input checked="" type="checkbox"/> Pennsylvania   |  |

☒ The interstate agreement contains a procedure for providing Medicaid to individuals pending resolution of their residency status and criteria for resolving disputed residency of individuals who (select all that apply):

- ☒ Are IV-E eligible
- ☐ Are in the state only for the purpose of attending school
- ☐ Are out of the state only for the purpose of attending school
- ☐ Retain addresses in both states
- ☐ Other type of individual

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The state has a policy related to individuals in the state only to attend school.

☒ Yes ☐ No

Provide a description of the policy:

An individual aged 18-22 and a full-time student at an Arkansas school, is not a resident of Arkansas if: a) Neither parent lives in Arkansas, b) The student is claimed as a tax dependent by someone in a state other than Arkansas, and c) The student is applying on his or her own behalf.

☒ Otherwise meet the criteria of resident, but who may be temporarily absent from the state.



## Medicaid Eligibility

The state has a definition of temporary absence, including treatment of individuals who attend school in another state.

☐ 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

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