

## **Table of Contents**

**State/Territory Name: Arkansas**

**State Plan Amendment (SPA) #: 13-19 MM2**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion letter
- 3) CMS 179 Form/Summary Form
- 4) Superseding Pages Notice (delete if not applicable)
- 5) 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-13-19

Dr. Andrew Allison  
State Medicaid Director  
Arkansas Department of Health and Human Services  
P.O. Box 1437  
Little Rock, Arkansas 72203

Dear Dr. Allison:

Enclosed is an approved copy of Arkansas state plan amendment (SPA) AR 13-0019-MM2, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on September 23, 2013. SPA AR13-0019-MM2 incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into Arkansas' Medicaid state plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

The approval of SPA AR-13-0019-MM2 includes approval of the state's use of the single streamlined paper application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act. The State is also using an interim alternative single streamlined online application and by July 1, 2014 will implement a revised alternative single streamlined online application that addresses CMS concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the following S94 state plan pages and attachments to be incorporated within a separate section at the end of Arkansas' approved state plan:

- S94, pages S94-1, S94-2
- Attachment – Statement of use with respect to the alternative single streamlined online application

In addition, enclosed is a summary of state plan pages which are superseded by SPA 13-0016-MM2, which should also be incorporated into a separate section in the front of the state plan.

- Superseding Pages of State Plan Material, 13-0019-MM2

CMS appreciates the significant amount of work your staff dedicated to preparing this State Plan amendment. For technical assistance with your online application, please contact Dena Greenblum at (410) 786-8684 or [dena.greenblum@cms.hhs.gov](mailto:dena.greenblum@cms.hhs.gov). If you have any questions concerning this SPA, please contact Stacey Shuman at 214 767-6479 or by email at [Stacey.Shuman@cms.hhs.gov](mailto:Stacey.Shuman@cms.hhs.gov).

Sincerely,

A black rectangular redaction box covering the signature of Bill Brooks.

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

Enclosures

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-13-19

Dr. Andrew Allison  
State Medicaid Director  
Arkansas Department of Health and Human Services  
P.O. Box 1437  
Little Rock, Arkansas 72203

Dear Dr. Allison:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services (CMS) approval of state plan amendment (SPA) 13-0019-MM2, which was submitted to CMS on September 23, 2013. Our review of this submission included a review of Arkansas' alternative single streamlined online application developed by the state.

Through June 30, 2014, the state is using an interim alternative single streamlined online application. This interim online application will need to be revised to reflect the following changes.

<b>Necessary changes:</b>	<b>Date by which changes will be completed:</b>
The State will incorporate into the online application, the employer health coverage Advance Payment of the Premium Tax Credit (APTC) questions needed to determine if applicants are eligible for a premium tax credit to access employer sponsored health coverage that is offered, when applicants are above the income limit for Medicaid and CHIP.	July 1, 2014

Please submit the revised alternative single streamlined online application to CMS for review no later than June 1, 2014 to ensure approval by July 1, 2014. We continue to be available to provide technical assistance. If you have any questions about your application, please contact Dena Greenblum at [Dena.Greenblum@cms.hhs.gov](mailto:Dena.Greenblum@cms.hhs.gov) or (410) 786-8684. If you have any questions about

this letter or need any additional information, please contact Stacey Shuman at (214) 767-6479 or [Stacey.Shuman@cms.hhs.gov](mailto:Stacey.Shuman@cms.hhs.gov).

Sincerely,

A black rectangular redaction box covering 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-13-0019

Proposed Effective Date

10/01/2013

(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 the 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 17, 2013

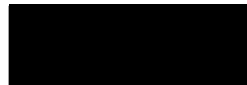
Submit Date:

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:**

13-0019 MM2

**STATE:**

Arkansas

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

S94 – Eligibility Process

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

Section 2, Page 10, section 2.1(a), TN #91-56,

Effective date: 8/91, approved: 12/30/91

Section 2, Page 11a, section 2.1(d), TN #91-44

Effective date: 9/91, approved: 9/30/91

State: Arkansas

Date Received: 9/23/13

Date Approved: 12/20/13

Date Effective: 10/1/13

Transmittal Number: 13-19



# Medicaid Eligibility

OMB Control Number 0938-1148  
OMB Expiration date: 10/31/2014

## General Eligibility Requirements Eligibility Process

State: Arkansas  
Date Received: 9/23/13  
Date Approved: 12/20/13  
Date Effective: 10/1/13  
Transmittal Number: 13-19

S94

42 CFR 435, Subpart J and Subpart M

### Eligibility Process

- ☒ The state meets all the requirements of 42 CFR 435, Subpart J for processing applications, determining and verifying eligibility, and furnishing Medicaid.

#### Application Processing

Indicate which application the agency uses for individuals applying for coverage who may be eligible based on the applicable modified adjusted gross income standard.

- ☒ The single, streamlined application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act

- ☒ An alternative single, streamlined application developed by the state in accordance with section 1413(b)(1)(B) of the Affordable Care Act and approved by the Secretary, which may be no more burdensome than the streamlined application developed by the Secretary.

An attachment is submitted.

- ☐ An alternative application used to apply for multiple human service programs approved by the Secretary, provided that the agency makes readily available the single or alternative application used only for insurance affordability programs to individuals seeking assistance only through such programs.

An attachment is submitted.

Indicate which application the agency uses for individuals applying for coverage who may be eligible on a basis other than the applicable modified adjusted gross income standard:

- ☐ The single, streamlined application developed by the Secretary or one of the alternate forms developed by the state and approved by the Secretary, and supplemental forms to collect additional information needed to determine eligibility on such other basis, submitted to the Secretary.

An attachment is submitted.

- ☒ An application designed specifically to determine eligibility on a basis other than the applicable MAGI standard which minimizes the burden on applicants, submitted to the Secretary.

An attachment is submitted.

The agency's procedures permit an individual, or authorized person acting on behalf of the individual, to submit an application via the internet website described in 42 CFR 435.1200(f), by telephone, via mail, and in person.

The agency also accepts applications by other electronic means:

☒ Yes ☐ No





## Medicaid Eligibility

State: Arkansas  
Date Received: 9/23/13  
Date Approved: 12/20/13  
Date Effective: 10/1/13  
Transmittal Number: 13-19

Indicate the other electronic means below:

	Name of Method	Description	
+	On-line	www.access.arkansas.gov	X

- ☒ The agency has procedures to take applications, assist applicants and perform initial processing of applications for the eligibility groups listed below at locations other than those used for the receipt and processing of applications for the title IV-A program, including Federally-qualified health centers and disproportionate share hospitals.

Parents and Other Caretaker Relatives

Pregnant Women

Infants and Children under Age 19

### Redetermination Processing

- ☒ Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 435.916:
- ☐ Once every 12 months
  - ☐ Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency
- If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional
- ☐ information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.
- ☐ Redeterminations of eligibility for individuals whose financial eligibility is not based on the applicable modified adjusted gross income standard are performed, consistent with 42 CFR 435.916 (check all that apply):
- ☒ Once every 12 months
  - ☐ Once every 6 months
  - ☐ Other, more often than once every 12 months

### Coordination of Eligibility and Enrollment

- The state meets all the requirements of 42 CFR 435, Subpart M relative to coordination of eligibility and enrollment between
- ☒ Medicaid, CHIP, Exchanges and other insurance affordability programs. The single state agency has entered into agreements with the Exchange and with other agencies administering insurance affordability programs.

### 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.

**USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION**

☐ Paper Application      ☒ Online Application

**TRANSMITTAL NUMBER:**

13-0019-MM2

**STATE:**

Arkansas

Through June 30, 2014, the state is using an interim online alternative single streamlined application. After June 30, 2014 the state will use a revised online alternative single streamlined application, which will address the issues outlined in the CMS letter concerning the state's application. The revised application will be incorporated by reference into the state plan.

State: Arkansas  
Date Received: 9/23/13  
Date Approved: 12/20/13  
Date Effective: 10/1/13  
Transmittal Number: 13-19