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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 17-0015

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 MACPro Form
- 3) Approved 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

February 9, 2018

Our Reference: SPA AR 17-015

Ms. Dawn Stehle
State Medicaid Director
Arkansas Department of Health and Human Services
Division of Medical Services
P.O. Box 1437
Little Rock, Arkansas 72203-1437

Dear Ms. Stehle:

Enclosed is a copy of approved Arkansas (AR) State Plan Amendment (SPA) No. 17-015, with an effective date of January 1, 2018. This amendment was submitted to transition the Arkansas Medicaid eligibility criteria from being a "determination" State to an "assessment" State by removing the authority to delegate eligibility to the Health Care Exchange.

This letter affirms that AR 17-015 is approved effective January 1, 2018 as requested by the State. The summary page (formerly CMS 179) as well as the approved reviewable units (formerly State Plan pages) are now housed within the MACPRO system.

If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at stacey.shuman@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Bill Brooks.

Bill Brooks
Associate Regional Administrator

CC: Billy Bob Farrell, DMCH Dallas
Stacey Shuman, DMCH Dallas
Sarah Spector, CMS Baltimore
Valentina Alarcon, CMS Baltimore

Approval Notice

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Date: 02/09/2018

Head of Agency: Cindy Gillespie

Title/Dept : Director of Department of Human Services

Address 1: PO Box 1437

Address 2: Slot S295

City : Little Rock

State: AR

Zip: 72201

MACPro Package ID: AR2017MS00060

SPA ID: AR-17-0015

Subject

APPROVAL RECOMMENDATION: AR 17-015

Dear Cindy Gillespie

This is an informal communication that will be followed with an official communication to the State's Medicaid Director.

The Centers for Medicare and Medicaid Services (CMS) is pleased to inform you that we are recommending approval for your request for State Plan Amendment AR 17-015

Reviewable Unit	Effective Date
Designation and Authority	1/1/2018
Intergovernmental Cooperation Act Waivers	1/1/2018
Eligibility Determinations and Fair Hearings	1/1/2018
Organization and Administration	1/1/2018
Single State Agency Assurances	1/1/2018

Official notification will be sent upon formal approval. Thank you.

Sincerely,

Sarah Spector

Ms.

Approval Documentation

Name	Date Created	Type
6.A.1 AR1715 Approval sss bdb	2/13/2018 1:25 PM EST	PDF

Package Information

Package ID AR2017MS00060
Program Name N/A
SPA ID AR-17-0015
Version Number 4
Submitted By Jean Hecker
Package Disposition



Priority Code P2

Submission Type Official
State AR
Region Dallas, TX
Package Status Approved
Submission Date 11/27/2017
Approval Date 2/9/2018 2:18 PM EST

Submission - Summary

MEDICAID | Medicaid State Plan | Administration | AR2017MS00060 | AR-17-0015

Not Started

In Progress

Complete

Package Header

Package ID AR2017MS00060
Submission Type Official
Approval Date 2/9/2018
Superseded SPA ID N/A

SPA ID AR-17-0015
Initial Submission Date 11/27/2017
Effective Date N/A

State Information

State/Territory Name: Arkansas

Medicaid Agency Name: DHS Division of Medical Services

Submission Component

☒ State Plan Amendment

☐ Medicaid

☐ CHIP

Submission Type

☒ Official Submission Package

☐ Draft Submission Package

Allow this official package to be viewable by other states?

☐ Yes

☒ No

Key Contacts

Name	Title	Phone Number	Email Address
Nye, Brad	Assistant Director	(501)320-6306	Brad.Nye@dhs.arkansas.gov
Mills, Dave	DMS Business Operations Manager	(501)320-6466	Dave.Mills@dhs.arkansas.gov
Hecker, Jean	Program Administrator	(501)320-6433	Jean.Hecker@dhs.arkansas.gov

SPA ID and Effective Date

SPA ID AR-17-0015

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Designation and Authority	1/1/2018	AR-15-0002

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Intergovernmental Cooperation Act Waivers	1/1/2018	AR-15-0002
Eligibility Determinations and Fair Hearings	1/1/2018	AR-15-0002
Organization and Administration	1/1/2018	AR-15-0002
Single State Agency Assurances	1/1/2018	AR-15-0002

Executive Summary

Summary Description Including Goals and Objectives This Medicaid state plan amendment (SPA) is being submitted to change from a "Determination" State to an "Assessment" State for MAGI eligibility by removing the authority to delegate eligibility to the Exchange.

Dependency Description

Description of any dependencies between this submission package and any other submission package undergoing review None

Disaster-Related Submission

This submission is related to a disaster

- ☐ Yes
- ☒ No

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2018	\$0
Second	2019	\$0

Federal Statute / Regulation Citation

Act 821 of 1989 or Affordable Care Act Section 20-77-107

Governor's Office Review

- ☒ No comment
- ☐ Comments received
- ☐ No response within 45 days
- ☐ Other

Authorized Submitter

The following information will be provided by the system once the package is submitted to CMS.

Name of Authorized Submitter Jean Hecker

Phone number 5019209631

Email address jean.hecker@dhs.arkansas.gov

Authorized Submitter's Signature Jean Hecker

☐ I hereby certify that I am authorized to submit this package on behalf of the Medicaid Agency.

Submission - Public Comment

Not Started

In Progress

Complete

Package Header


Package ID AR2017MS00060**SPA ID** AR-17-0015**Submission Type** Official**Initial Submission Date** 11/27/2017**Approval Date** 2/9/2018**Effective Date** N/A**Superseded SPA ID** N/A**Indicate whether public comment was solicited with respect to this submission.**

- ☐ Public notice was not federally required and comment was not solicited
- ☐ Public notice was not federally required, but comment was solicited
- ☒ Public notice was federally required and comment was solicited

Indicate how public comment was solicited:☐ Newspaper Announcement

Name of Paper:	Date of Publication:	Locations covered:
Arkansas Democrat-Gazette	11/14/2017	Statewide
Arkansas Democrat-Gazette	11/14/2017	Statewide

☐ Publication in state's administrative record, in accordance with the administrative procedures requirements☐ Email to Electronic Mailing List or Similar Mechanism**Date of Email or other electronic notification:** Nov 14, 2017**Description of mailing list, in particular parties and organizations included, and, if not email, description of similar mechanism used:** Mailing list of interested persons☐ Website Notice**Select the type of website**☐ Website of the State Medicaid Agency or Responsible Agency**Date of Posting:** Nov 14, 2017**Website URL:** <https://www.medicaid.state.ar.us/General/comment/demowai vers.aspx>☐ Website for State Regulations**Date of Posting:** Nov 14, 2017**Website URL:** sos.arkansas.gov☐ Other☐ Public Hearing or Meeting☐ Other method**Upload copies of public notices and other documents used**

Name	Date Created	Type
Copies of Notice RE Changing Arkansas to an Assessment State	12/19/2017 11:04 AM EST	

Upload with this application a written summary of public comments received (optional)

Name	Date Created	Type
No items available		

Indicate the key issues raised during the public comment period (optional)

- ☐ Access
- ☐ Quality
- ☐ Cost
- ☐ Payment methodology
- ☐ Eligibility
- ☐ Benefits
- ☐ Service delivery
- ☐ Other issue

Submission - Tribal Input

MEDICAID | Medicaid State Plan | Administration | AR2017MS0006O | AR-17-0015

Not Started

In Progress

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Package Header

Package ID	AR2017MS0006O	SPA ID	AR-17-0015
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Superseded SPA ID	N/A		

One or more Indian health programs or Urban Indian Organizations furnish health care services in this state

- ☐ Yes
- ☒ No

Medicaid State Plan Administration Organization

Designation and Authority

MEDICAID | Medicaid State Plan | Administration | AR2017MS0006O | AR-17-0015

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In Progress

Complete

Package Header

Package ID	AR2017MS0006O	SPA ID	AR-17-0015
Submission Type	Official	Initial Submission Date	11/27/2017
Approval Date	2/9/2018	Effective Date	1/1/2018
Superseded SPA ID	AR-15-0002		
	User-Entered		

A. Single State Agency

1. State Name: Arkansas

☐ 2. As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named here agrees to administer the Medicaid 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 Centers for Medicare and Medicaid Services (CMS).

3. Name of single state agency:

Arkansas Department of Human Services

4. This 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.)

B. Attorney General Certification:

☐ 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.

Name	Date Created	Type
Certificate from AR Attorney Gen Office Identifying Single State Agency	10/27/2017 3:00 PM EDT	

C. Administration of the Medicaid Program

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

- ☐ 1. The single state agency is the sole administrator of the state plan (i.e. no other state or local agency administers any part of it). The agency administers the state plan directly, not through local government entities.
- ☒ 2. The single state agency administers portions of the state plan directly and other governmental entity or entities administer a portion of the state plan.
- ☐ a. The single state agency supervises the administration through counties or local government entities.
- ☐ b. The single state agency supervises the administration through other state agencies. The other state agency implements the state plan through counties and local government entities.
- ☐ c. Another state agency administers a portion of the state plan through a waiver under the Intergovernmental Cooperation Act of 1968.

D. Additional information (optional)

None

Medicaid State Plan Administration Organization

Intergovernmental Cooperation Act Waivers

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	User-Entered	

A. Intergovernmental Cooperation Act Waivers

The state has the following Intergovernmental Cooperation Act Waivers:

View Waiver - Arkansas Insurance Department

1. Name of state agency to which responsibility is delegated:

Arkansas Insurance Department

2. Date waiver granted:

12/18/2013

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

- ☐ a. Conducting fair hearings
- ☐ b. Other

4. The scope of the delegation (i.e. all fair hearings) includes:

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.

5. Methods for coordinating responsibilities between the agencies include:

- ☐ a. The Medicaid agency retains oversight of the state plan, as well as the development and issuance of all policies, rules and regulations on all program matters.
- ☐ b. The Medicaid agency has established a process to monitor the entire appeals process, including the quality and accuracy of the hearing decisions made by the delegated entity.
- ☐ c. The Medicaid agency informs every applicant and beneficiary in writing of the fair hearing process and how to directly contact and obtain information from the Medicaid agency.
- ☐ d. The Medicaid agency ensures that the delegated entity complies with all applicable federal and state laws, rules, regulations, policies and guidance governing the Medicaid program.
- ☐ e. The Medicaid agency has written authorization specifying the scope of the delegated authority and description of roles and responsibilities between itself and the delegated entity through:
- ☐ i. A written agreement between the agencies.
- ☐ ii. State statutory and/or regulatory provisions.

6. The single state agency has established a review process whereby the agency reviews fair hearing decisions made by the delegated entity.

- ☒ Yes
- ☐ No
- ☐ The Medicaid agency only reviews fair hearing decisions issued by the delegated entity with respect to the proper application of federal and state law regulations and policies. The review process is conducted by an impartial official not involved in the initial determination.

7. Additional methods for coordinating responsibilities among the agencies (optional):

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.

B. Additional information (optional)

None

Medicaid State Plan Administration Organization

Eligibility Determinations and Fair Hearings

MEDICAID | Medicaid State Plan | Administration | AR2017MS0006O | AR-17-0015

Not Started

In Progress

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Package Header

Package ID AR2017MS0006O
Submission Type Official
Approval Date 2/9/2018
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User-Entered

SPA ID AR-17-0015
Initial Submission Date 11/27/2017
Effective Date 1/1/2018

A. Eligibility Determinations (including any delegations)

1. The entity or entities that conduct determinations of eligibility for families, adults, and individuals under 21 are:

- ☐ a. The Medicaid agency
- ☐ b. Delegated governmental agency

2. The entity or entities that conduct determinations of eligibility based on age, blindness, and disability are:

- ☐ a. The Medicaid agency
- ☐ b. Delegated governmental agency
- ☐ i. Single state agency under Title IV-A (TANF) (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- ☐ ii. An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- ☐ iii. The Social Security Administration determines Medicaid eligibility for SSI beneficiaries
- ☐ iv. Other

3. Assurances:

- ☐ a. The Medicaid agency is responsible for all Medicaid eligibility determinations.
- ☐ b. 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).
- ☐ c. The Medicaid agency does not delegate authority to make eligibility determinations to entities other than government agencies which maintain personnel standards on a merit basis.
- ☐ d. The delegated entity is capable of performing the delegated functions.

B. Fair Hearings (including any delegations)

- ☐ The Medicaid agency has a system of hearings that meets all of the requirements of 42 CFR Part 431, Subpart E.
- ☐ The Medicaid agency is responsible for all Medicaid fair hearings.

1. The entity or entities that conduct fair hearings with respect to eligibility based on applicable modified adjusted gross income (MAGI) are:

- ☐ a. Medicaid agency
- ☐ b. State agency to which fair hearing authority is delegated under an Intergovernmental Cooperation Act waiver.
- ☐ c. Local governmental entities
- ☐ d. Delegated governmental agency

3. For all other Medicaid fair hearings (not related to an eligibility determination based on MAGI):

- ☐ All other Medicaid fair hearings are conducted at the Medicaid agency or at another state agency authorized under an ICA waiver.

C. Evidentiary Hearings

The Medicaid agency uses local governmental entities to conduct local evidentiary hearings.

- ☐ Yes
- ☒ No

D. Additional information (optional)

None

Medicaid State Plan Administration

Organization

Organization and Administration

MEDICAID | Medicaid State Plan | Administration | AR2017MS0006O | AR-17-0015

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Approval Date	2/9/2018	Effective Date	1/1/2018
Superseded SPA ID	AR-15-0002		
	User-Entered		

A. Description of the Organization and Functions of the Single State Agency

1. The single state agency is:

- ☐ a. A stand-alone agency, separate from every other state agency
- ☒ b. Also the Title IV-A (TANF) agency
- ☐ c. Also the state health department
- ☐ d. Other:

2. The main functions of the Medicaid agency and where these functions are located within the agency are described below. This description should be consistent with the accompanying organizational chart attachment. (If the function is not performed by the Medicaid agency, indicate in the description which other agency performs the function.)

a. Eligibility Determinations

Arkansas Department of Human Services' Division of County Operations perform the administrative function of Medicaid eligibility determinations for all Medicaid eligible groups

b. Fair Hearings (including expedited fair hearings)

Arkansas Department of Human Services' Office of Policy and Legal Services.

Arkansas Department of Human Services delegates to the Arkansas Insurance Department the final administrative adjudication of appeals regarding covered services, including appeals related to medical necessity and scope and duration as it relates to Marketplace insurance carriers providing services to individuals for whom premiums are paid to the Marketplace insurance carriers through the Arkansas Department of Human Services' Division of Medical Services' 1115 (a) Arkansas Works (aka Private Option) waiver. An interagency 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 Arkansas Department of Human Services will enter into a written memorandum of understanding with the Arkansas Insurance Department that will include the following provisions: 1) the relationships and respective responsibilities of both entities to effectuate coverage of 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 State and Federal Medicaid laws, regulations and policies; (b) and prohibit conflicts of interest and improper incentives; and (c) ensure privacy and confidentiality safeguards. The Arkansas Insurance Department will ensure that every beneficiary is informed, in writing, of the appeals process and how to contact the Arkansas Insurance Department and how to obtain information about appeals from that agency.

c. Health Care Delivery, including benefits and services, managed care (if applicable)

Arkansas Department of Human Services' Division of Medical Services' Medical Services section

d. Program and policy support including state plan, waivers, and demonstrations (if applicable)

Arkansas Department of Human Services' Division of Medical Services' Office of Policy Development 1) coordinates the DHS policy agenda; 2) anticipates State and Federal policy changes, new demographic trends or proposed program changes and their effects; 3) facilitates cross-division projects or opportunities of importance; and 4) creates strategies to improve data use and analysis.

e. Administration, including budget, legal counsel

Arkansas Department of Human Service (authorized single state agency to administer the title XIX Medicaid Program)' Division of Medical Services; Arkansas Department of Human Services (DHS)' Office of Chief Counsel, respectively; Arkansas Office of Finance and Administration. The Director of the Department of Human services is charged with the responsibility of providing leadership to all divisions within the Department. The Director of the DHS 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 DHS Division of Medical Services, with the DHS Division of County Operations performing the administrative function of Medicaid eligibility determination for all Medicaid eligible groups. 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 Arkansas Works (aka Private Option) 1115 waiver eligibility determinations and beneficiary appeals concerning wrap-around services are conducted by the DHS 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 Arkansas Works (aka Private Option) 1115 waiver; and 2) appeals brought by Arkansas Works (aka Private Option) beneficiaries regarding Arkansas Works (aka Private Option) 1115 waiver wrap-around Medicaid services. The Office of Finance and Administration (OFA) supports the programs within the Department of Human Services by providing financial and administrative management in the areas of human resources, contract support and accounting.

f. Financial management, including processing of provider claims and other health care financing

Arkansas Department of Human Services' Division of Medical Services' Program Budgeting and Analysis, Financial Activities, Third Party Liability and Estate Recovery Contract Oversight and MMIS fiscal, management and Information contract agent

g. Systems administration, including MMIS, eligibility systems

Arkansas Department of Human Services' Division of Medical Services' MMIS fiscal, management and Information contract agent

h. Other functions, e.g., TPL, utilization management (optional)

Arkansas Department of Human Services' Division of Medical Services' Program and Administrative Support, Office of Long Term Care, Health Care Innovation, Provider Reimbursement

3. An organizational chart of the Medicaid agency has been uploaded:

Name	Date Created	Type
Organizational Charts for Arkansas Dept of Human Services & Div of Medical Services	11/27/2017 12:53 PM EST	

B. Entities that Determine Eligibility or Conduct Fair Hearings Other than the Medicaid Agency

Title

The Social Security Administration

Description of the functions the delegated entity performs in carrying out its responsibilities:

Performs the functions of determining Medicaid eligibility for SSI beneficiaries

E. Coordination with Other Executive Agencies

The Medicaid agency coordinates with any other Executive agency related to any Medicaid functions or activities not described elsewhere in the Organization and Administration portion of the state plan (e.g. public health, aging, substance abuse, developmental disability agencies):.

☐ Yes

☒ No

F. Additional information (optional)

None

Medicaid State Plan Administration Organization

Single State Agency Assurances

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In Progress

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Package Header

Package ID AR2017MS0006O
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Superseded SPA ID AR-15-0002
User-Entered

SPA ID AR-17-0015
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A. Assurances

- ☐ 1. The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- ☐ 2. All requirements of 42 CFR 431.10 are met.
- ☐ 3. There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with 42 CFR 431.12. All requirements of 42 CFR 431.12 are met.
- ☐ 4. The Medicaid agency does not delegate, other than to its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.
- ☐ 5. The Medicaid agency has established and maintains methods of personnel administration on a merit basis in accordance with the standards described at 5 USC 2301, and regulations at 5 CFR Part 900, Subpart F. All requirements of 42 CFR 432.10 are met.
- ☐ 6. All requirements of 42 CFR Part 432, Subpart B are met, with respect to a training program for Medicaid agency personnel and the training and use of sub-professional staff and volunteers.

B. Additional information (optional)

None

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 0938-1188. 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.

This view was generated on 2/15/2018 12:04 PM EST



STATE OF ARKANSAS
THE ATTORNEY GENERAL
LESLIE RUTLEDGE

**CERTIFICATION OF THE STATE ATTORNEY GENERAL OF THE STATE OF
ARKANSAS ON LEGAL AUTHORITY FOR THE OPERATION OF A
MEDICAL PROGRAM UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

This is to certify that:

- (1) The Department of Human Services is the State agency authorized to administer the Title XIX (Medicaid) Program in Arkansas.
- (2) The State Department of Human Services is authorized to establish and maintain a medical care program for the indigent sick, and the Director of the Department of Human Services is authorized to promulgate rules and regulations to implement the program so as to qualify for assistance under the Social Security Amendments, or other applicable Federal law, under the provisions of Act 821 of 1989, or A.C.A. Section 20-77-107 (Cum. Supp.1991).


Leslie Rutledge
Attorney General

January 26, 2015
DATE

State: Arkansas
Date Received: 27 November, 2017
Date Approved: 9 February, 2017
Effective Date: 1 January, 2017
Transmittal Number: 17-015

323 CENTER STREET SUITE 200 • LITTLE ROCK, ARKANSAS 72201
TELEPHONE (501) 682-2007 • FAX (501) 682-7395
INTERNET WEBSITE • <http://www.arkansas.gov>

TN: 17-015

Supersedes TN: 07-005

Approved Date: 02/09/2017

Effective Date: 01/01/2018