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**State/Territory Name: Arkansas**

**State Plan Amendment (SPA) #: 23-0015**

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# AR - Submission Package - AR2023MS00020 - (AR-23-0015) - Eligibility

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DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Medicaid and CHIP Operations Group  
601 E. 12th St.  
Room 355  
Kansas City, MO 64106



## Center for Medicaid & CHIP Services

November 22, 2023

Janet Mann  
Director of Health and Medicaid Director  
Arkansas DHS Division of Medical Services  
112 West 8th Street  
Slot S401  
Little Rock, AR 72201-4608

Re: Approval of State Plan Amendment AR-23-0015

Dear Janet Mann,

On August 29, 2023, the Centers for Medicare and Medicaid Services (CMS) received Arkansas State Plan Amendment (SPA) AR-23-0015, in which the state proposed to adopt new financial disregards for certain optional non-MAGI eligibility groups.

We approve Arkansas State Plan Amendment (SPA) AR-23-0015 with an effective date(s) of January 01, 2024.

If you have any questions regarding this amendment, please contact Lee Herko at [Lee.Herko@cms.hhs.gov](mailto:Lee.Herko@cms.hhs.gov)

Sincerely,  
James G. Scott, Director  
Division of Program Operations  
Center for Medicaid & CHIP Services

# AR - Submission Package - AR2023MS0002O - (AR-23-0015) - Eligibility

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## Medicaid State Plan Eligibility

### Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS0002O | AR-23-0015

CMS-10434 OMB 0938-1188

### Package Header

<b>Package ID</b>	AR2023MS0002O	<b>SPA ID</b>	AR-23-0015
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	8/29/2023
<b>Approval Date</b>	11/22/2023	<b>Effective Date</b>	<u>1/1/2024</u>
<b>Superseded SPA ID</b>	New		
	User-Entered		

### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.















Yes
  No

The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

# Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS00020 | AR-23-0015

## Package Header

**Package ID** AR2023MS00020  
**Submission Type** Official  
**Approval Date** 11/22/2023  
**Superseded SPA ID** New  
User-Entered

**SPA ID** AR-23-0015  
**Initial Submission Date** 8/29/2023  
**Effective Date** 1/1/2024

## B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes  No

The medically needy eligibility groups covered in the state plan are:

### 1. Mandatory Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

### 2. Optional Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS00020 | AR-23-0015

### Package Header

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### C. Additional Information (optional)

#### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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# AR - Submission Package - AR2023MS0002O - (AR-23-0015) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS0002O | AR-23-0015

Individuals who are in medical institutions for at least 30 consecutive days who are eligible under a special income level.

CMS-10434 OMB 0938-1188

#### Package Header

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<b>Superseded SPA ID</b>	AR 05-02		
	User-Entered		

The state covers Individuals in Institutions Eligible under a Special Income Level in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have been in a medical institution for at least 30 consecutive days.
2. Have income at or below a standard described in section D.

# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS00020 | AR-23-0015

## Package Header

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## B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes  
 No

2. The state covers the following populations:

- a. Individuals age 65 or older  
 b. Individuals who have blindness  
 c. Individuals who have a disability  
 d. Pregnant women  
 e. All Individuals under age 21, or a lower age  
 f. Reasonable classifications of children.



# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS0002O | AR-23-0015

## Package Header

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## C. Financial Methodologies

1. In calculating household income, the methodologies of the most closely related cash assistance program are used, except that disregards are not applied.
2. In calculating household resources, the methodologies of the most closely related cash assistance program are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
3. Less restrictive methodologies are used in calculating countable resources.

- Yes  
 No

The less restrictive resource methodologies are:

- Real property not otherwise excluded is disregarded.

**Description of disregard:** For aged, blind and disabled individuals, Non-Home Income Producing Property, such as mineral and timber rights, rented farmland, and rented dwellings, will be disregarded if it meets the pre-5/1/90 SSI \$6000/6% rule, which was terminated by Section 8014 of OBRA, 1989.

- The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

- Resources set aside in Independence/Freedom accounts

**Description:** Independence Accounts established during an individual's eligibility in the eligibility group described in section 1902(a)(10)(A)(ii)(XV) of the Act, approved as an Independence Account by the state, and held separate from other resources, shall be disregarded. Accounts that may be designated as Independence Accounts include assets such as a savings accounts and retirement accounts (including retirement or pension accounts through an employer). Once approved by the state, an individual is permitted to fund their Independence Account with their earned income. An Independence Account may be the individual's retirement account through an employer.

The disregard shall apply only to amounts contributed to Independence Accounts during the individual's enrollment in the section 1902(a)(10)(A)(ii)(XV) eligibility group and any interest and earnings accrued by the account during and subsequent to such enrollment. No additional deposits into the accounts are permitted once the individual is no longer enrolled in the eligibility group described at section 1902(a)(10)(ii)(XV) of the Act. The individual must continue to allow the state regular monitoring of the account and/or reporting on deposits, withdrawals, and other information deemed necessary by the state for the proper administration of the disregard. Actions involving the accounts are subject to standard eligibility rules relating to resources (e. g., a transfer from the account for less than fair market value would be subject to transfer-of-asset rules).

A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.

# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS0002O | AR-23-0015

## Package Header

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## D. Income Standard Used

The income standard for this group is:

- 1. 300% of the SSI Federal Benefit Rate (FBR) for an individual
- 2. Other lower income level

# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS0002O | AR-23-0015

## Package Header

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## E.Resource Standard Used

The resource standard for this group is the one used for the most closely-related cash assistance program.

# Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS00020 | AR-23-0015

## Package Header

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## F.Additional Information (optional)

PRA Disclosure Statement: Centers for Medicare & Medicaid Services (CMS) collects this mandatory information in accordance with (42 U.S.C. 1396a) and (42 CFR 430.12); which sets forth the authority for the submittal and collection of state plans and plan amendment information in a format defined by CMS for the purpose of improving the state application and federal review processes, improve federal program management of Medicaid programs and Children's Health Insurance Program, and to standardize Medicaid program data which covers basic requirements, and individualized content that reflects the characteristics of the particular state's program. The information will be used to monitor and analyze performance metrics related to the Medicaid and Children's Health Insurance Program in efforts to boost program integrity efforts, improve performance and accountability across the programs. Under the Privacy Act of 1974 any personally identifying information obtained will be kept private to the extent of the law. 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 range from 1 hour to 80 hours per response (see below), 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.

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# AR - Submission Package - AR2023MS0002O - (AR-23-0015) - Eligibility

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## Medicaid State Plan Eligibility

### Eligibility Groups - Options for Coverage

#### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS0002O | AR-23-0015

Individuals between ages 16 and 64 with a disability, who have earned income.

CMS-10434 OMB 0938-1188

#### Package Header

<b>Package ID</b>	AR2023MS0002O	<b>SPA ID</b>	AR-23-0015
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The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS00020 | AR-23-0015

### Package Header

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### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.



## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS00020 | AR-23-0015

### Package Header

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### B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

**2. Less restrictive methodologies are used in calculating countable income.**

- Yes  
 No

**3. Less restrictive methodologies are used in calculating countable resources.**

- Yes  
 No

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS00020 | AR-23-0015

### Package Header

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### C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS0002O | AR-23-0015

### Package Header

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### D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS00020 | AR-23-0015

### Package Header

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### E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

## Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS0002O | AR-23-0015

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### F. Additional Information (optional)

Individuals in the Ticket to Work group may establish "Independence Accounts" that the individual shall designate to the state Medicaid agency. These accounts must be held separate from other resources. Once approved by the state, an individual is permitted to fund their Independence Accounts with their earned income. An Independence Account may be the individual's retirement account through an employer. The owner will agree to regular monitoring and/ or reporting regarding deposits, withdrawals and other information deemed necessary by the Department for the proper administration of this provision.

There is no minimum or maximum limit to establish the account.

There is no minimum or maximum limit that can be deposited to the existing account.

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