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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 26-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

AR - Submission Package - AR2025MS0001O - (AR-26-0009) - 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 (300)
Kansas City, MO 64106



Center for Medicaid & CHIP Services

July 14, 2026

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

Re: Approval of State Plan Amendment AR-26-0009

Dear Janet Mann,

On April 20, 2026, the Centers for Medicare and Medicaid Services (CMS) received Arkansas State Plan Amendment (SPA) AR-26-0009, in which the state proposed to apply the resource disregard for "Independence Accounts" to all non-MAGI eligibility groups.

We approve Arkansas State Plan Amendment (SPA) AR-26-0009 with an effective date(s) of August 01, 2026.

If you have any questions regarding this amendment, please contact Lee Herko at (215) 861-4778 or lee.herko@cms.hhs.gov.

Sincerely,

Nicole McKnight

Acting Director, Division of Program
Operations

Center for Medicaid & CHIP Services

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Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

CMS-10434 OMB 0938-1188

Package Header

Package ID	AR2025MS0001O	SPA ID	AR-26-0009
Submission Type	Official	Initial Submission Date	4/20/2026
Approval Date	07/14/2026	Effective Date	N/A
Superseded SPA ID	N/A		

State Information

State/Territory Name:	Arkansas	Medicaid Agency Name:	DHS Division of Medical Services
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Submission Component

- State Plan Amendment
- Medicaid
- CHIP

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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Submission Type	Official	Initial Submission Date	4/20/2026
Approval Date	07/14/2026	Effective Date	N/A
Superseded SPA ID	N/A		

SPA ID and Effective Date

SPA ID AR-26-0009

Reviewable Unit	Proposed Effective Date	Superseded SPA ID
Medically Needy Income Level	8/1/2026	AR 91-56
Handling of Excess Income (Spenddown)	8/1/2026	AR 91-56; AR-91-57
Medically Needy Resource Level	8/1/2026	AR 91-56
Mandatory Eligibility Groups	8/1/2026	AR-23-0001
Qualified Medicare Beneficiaries	8/1/2026	AR 91-56; AR 00-07
Specified Low Income Medicare Beneficiaries	8/1/2026	AR 91-56; AR 00-07
Qualifying Individuals	8/1/2026	AR 91-56; AR 00-07
Optional Eligibility Groups	8/1/2026	AR-23-0015
Individuals Eligible for Cash Except for Institutionalization	8/1/2026	AR 00-07; AR 91-56
Individuals in Institutions Eligible under a Special Income Level	8/1/2026	AR-23-0015
Age and Disability-Related Poverty Level	8/1/2026	AR00-07; AR02-16; AR91-56
Medically Needy Pregnant Women	8/1/2026	AR 00-07
Medically Needy Children under Age 18	8/1/2026	AR 00-07
Medically Needy Reasonable Classifications of Individuals under Age 21	8/1/2026	AR 00-07
Medically Needy Parents and Other Caretaker Relatives	8/1/2026	AR 00-07
Medically Needy Populations Based on Age, Blindness or Disability	8/1/2026	AR 00-07; AR 91-56

Page Number of the Superseded Plan Section or Attachment (If Applicable):

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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Executive Summary

Summary Description Including Goals and Objectives Clarify that Independence Accounts are disregarded for all AABD and Medicare Savings Program categories if they were accrued while the recipient was receiving Workers with Disabilities Medicaid coverage and transitioning into an AABD category. Recipients may have multiple Independence Accounts, so it's important to specify the types of accounts that qualify and more than one account can be designated.

Federal Budget Impact and Statute/Regulation Citation

Federal Budget Impact

	Federal Fiscal Year	Amount
First	2027	\$479750
Second	2028	\$406087

Federal Statute / Regulation Citation

Arkansas ACT 923

Supporting documentation of budget impact is uploaded (optional).

Name	Date Created	
No items available		

Submission - Summary

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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Superseded SPA ID	N/A		

Governor's Office Review

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

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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Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

CMS-10434 OMB 0938-1188

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	User-Entered		

A. Income Level Used

1. The state employs a single income level for the medically needy.
2. The income level varies based on differences between shelter costs in urban and rural areas.

Yes

No

3. The level used is:

Household size	Standard
1	\$108.33
2	\$216.66
3	\$275.00
4	\$333.33

The state uses an additional incremental amount for larger household sizes.

- Yes
- No

Incremental Amount:
\$58.33

The dollar amounts increase automatically each year

- Yes
- No

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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B. Basis for Income Level

1. Minimum Income Level

The minimum income level for this eligibility group is the lower of the state's July 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.
2. Maximum Income Level

The maximum income level for this eligibility group is 133 1/3 percent of the higher of the state's 1996 AFDC payment standard or the state's income standard for the Parents and Other Caretaker Relatives eligibility group.

Medically Needy Income Level

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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C. Additional Information (optional)

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Medicaid State Plan Eligibility

Income/Resource Standards

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

CMS-10434 OMB 0938-1188

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If countable income exceeds the income standard, the state must deduct from income medical expenses incurred by the individual or family or financially responsible relatives that are not subject to payment by a third party, in accordance with 42 CFR 435.831 and 42 CFR 435.121.

A. Budget Periods

Income in excess of the appropriate income standard is considered available for payment of medical or remedial care expenses in budget periods that do not exceed six months.

1. In determining income eligibility, countable income is reduced by the amount of incurred medical or remedial care expenses during the budget period specified below:

- ☒ a. One budget period of:

☐ i. 6 months

☐ ii. 5 months

☐ iii. 4 months

☒ iv. 3 months

☐ v. 2 months

☐ vi. 1 month

☐ b. More than one budget period, as described below:

2. The state includes part or all of the retroactive period in the budget period.

- ☒ Yes
- ☐ No

Handling of Excess Income (Spenddown)

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B. Types of Eligible Expenses

1. In determining incurred expenses to be deducted from income, the state includes:

a. Medicare, Medicaid, and other health insurance premiums and enrollment fees.

b. Cost sharing, including copayments, coinsurance, and deductibles, imposed by Medicare, Medicaid or other health insurance.

c. Expenses for necessary medical and remedial services recognized by state law but not included in the state plan.

d. Expenses for necessary medical and remedial services included in the state plan, including those that exceed limitations on the amount, duration, and scope of services.
2. The state also includes medical institutional expenses projected to the end of the budget period at the Medicaid reimbursement rate.

☒ Yes

☐ No
3. Incurred expenses subject to payment by a third party are not deducted unless the third party is a public program (other than Medicaid) of a state and the program is financed by the state.

Handling of Excess Income (Spenddown)

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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C. Timeframe of Deduction of Expenses

In determining incurred expenses to be deducted from income, the state deducts:

1. For retroactive budget periods and a budget period that includes both retroactive and prospective budget, the state deducts:

a. Eligible expenses incurred during the budget period, whether paid or unpaid.

b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.

c. Unpaid eligible expenses, which have not been deducted previously in establishing eligibility, and were incurred:

☒ i. At any time prior to the budget period.

☐ ii. Prior to the third month before the month of application, but no earlier than:

☐ iii. No earlier than the third month before the month of application.
2. For prospective budget period(s), the state deducts:

a. Eligible expenses incurred during the budget period, whether paid or unpaid.

b. Payments made during the budget period on eligible expenses incurred at any time prior to the budget period, if not previously deducted in establishing eligibility.

c. Unpaid eligible expenses that are carried over from the prior budget period and have not been deducted previously in establishing eligibility.

Handling of Excess Income (Spenddown)

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D. Order of Deduction of Expenses

Incurred medical or remedial care expenses are deducted in the following order:

- ☐ 1. By the type of service, in the following order:
 - a. Premiums, deductibles, coinsurance and co-payments.
 - b. Expenses for necessary medical or remedial care services that are recognized under state law but not included in the State Plan.
 - c. Expenses for necessary medical or remedial care services that are included in the state Plan that exceed agency limitations on amount, duration, or scope of services.
 - d. Expenses for necessary medical or remedial care services that are included in the state Plan that are within the agency limitations on amount, duration, or scope of services.
- ☒ 2. In chronological order by the date of the service, or the date cost sharing payments are due.
- ☐ 3. In chronological order by the date the bill is submitted to the state by the individual.

Handling of Excess Income (Spenddown)

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E. Reasonable Limitations

The state sets reasonable limits on the amount to be deducted for expenses.

- ☐ Yes
- ☒ No

Handling of Excess Income (Spenddown)

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F. Spenddown Payments Made by Individuals

The state permits individuals to pay-in their spenddown liability.

- ☐ Yes
- ☒ No

Handling of Excess Income (Spenddown)

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G. Additional Information (optional)

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Medicaid State Plan Eligibility

Income/Resource Standards

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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A. Medically Needy Resource Level Structure

1. The state employs a single resource level for the medically needy.
2. The resource level is equal to or higher than the lowest resource standard used under the most closely related cash assistance program.

Medically Needy Resource Level

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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B. Resource Level Used

The level used is:

Household size	Standard
1	\$2000.00
2	\$3000.00

The state uses an additional incremental amount for larger household sizes.

- ☒ Yes
- ☐ No

Incremental Amount:
\$100.00

Medically Needy Resource Level

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C. Additional Information (optional)

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Medicaid State Plan Eligibility

Mandatory Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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	System-Derived		

Mandatory Coverage

A. The state provides Medicaid to mandatory groups of individuals. The mandatory groups covered are:

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Infants and Children under Age 19		☒	☐	☐	CONVERTED
Parents and Other Caretaker Relatives		☒	☐	☐	CONVERTED
Pregnant Women		☒	☐	☐	APPROVED
Deemed Newborns		☒	☐	☐	NEW
Children with Title IV-E Adoption Assistance, Foster Care or Guardianship Care		☒	☐	☐	NEW
Former Foster Care Children		☒	☐	☐	APPROVED
Transitional Medical Assistance		☒	☐	☐	NEW
Extended Medicaid due to Spousal Support Collections		☒	☐	☐	NEW

Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
SSI Beneficiaries		☒	☐	☐	NEW
Closed Eligibility Groups		☒	☐	☐	NEW
Individuals Deemed To Be Receiving SSI		☒	☐	☐	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Working Individuals under 1619(b)		☒	☐	☐	NEW
Qualified Medicare Beneficiaries		☒	☒	☐	APPROVED
Qualified Disabled and Working Individuals		☒	☐	☐	NEW
Specified Low Income Medicare Beneficiaries		☒	☒	☐	APPROVED
Qualifying Individuals		☒	☒	☐	APPROVED

Mandatory Eligibility Groups

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B. The state elects the Adult Group, described at 42 CFR 435.119.

☒ Yes ☐ No

Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package ?	Included in Another Submission Package	Source Type ?
Adult Group		☒	☐	☐	CONVERTED

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

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

Individuals with income equal to or less than 100% of the FPL, who are entitled to Medicare Part A, and who qualify for Medicare cost-sharing.

CMS-10434 OMB 0938-1188

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The state covers the mandatory qualified Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

- Are entitled to hospital insurance benefits under part A of title XVIII (Medicare Part A), including individuals who have purchased a premium to enroll in Part A.
- Have income and resources at or below the standard for this group.

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

Package Header

Package ID	AR2025MS0001O	SPA ID	AR-26-0009
Submission Type	Official	Initial Submission Date	4/20/2026
Approval Date	07/14/2026	Effective Date	8/1/2026
Superseded SPA ID	AR 91-56; AR 00-07		
User-Entered			

B. Financial Methodologies

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

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

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

Description of disregard:

All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Non-Home Income Producing Property	Non-Home income producing property, such as mineral and timer rights, rented farm land, and rented dwellings, will continue to be excluded from resources if it meets the pre-5/1/90 SSI \$6000/6% rules, which was terminated by Section 8014 of OBRA 1989.
Independence account established during Ticket to Work basic eligibility	Independence Accounts established under the terms of the resource disregard described in the "Ticket to Work-Basic" reviewable unit shall be disregarded. The disregard shall apply only to amounts contributed to the account 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 account are permitted once the individual is no longer enrolled in the eligibility group described at section 1902(a)(10)(ii)(XV) of the Act. 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).

Qualified Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

Package Header

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	User-Entered		

C. Income Standard Used

The amount of the income standard for this group is 100% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment of co-insurance and deductibles for Medicare Parts A, B and C and payment for the premiums for Medicare Parts A and B.

Medical assistance begins the first day of the month following the month in which the individual is determined to qualify for this eligibility group.

Qualified Medicare Beneficiaries

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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 - AR2025MS0001O - (AR-26-0009) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

Individuals with income above 100% and below 120% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

Package Header

Package ID	AR2025MS0001O	SPA ID	AR-26-0009
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	User-Entered		

The state covers the mandatory specified low income Medicare beneficiaries group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Have income below the income standard and resources at or below the resource standard for this group.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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Superseded SPA ID	AR 91-56; AR 00-07		
	User-Entered		

B. Financial Methodologies

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

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

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

- ☒ Census Bureau wages are disregarded.

Description of disregard:

All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Independence account established during Ticket to Work basic eligibility	Independence Accounts established under the terms of the resource disregard described in the "Ticket to Work-Basic" reviewable unit shall be disregarded. The disregard shall apply only to amounts contributed to the account 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 account are permitted once the individual is no longer enrolled in the eligibility group described at section 1902(a)(10)(ii)(XV) of the Act. 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).
Non-Home Income Producing Property	Non-Home income producing property, such as mineral and timer rights, rented farm land, and rented dwellings, will continue to be excluded from resources if it meets the pre-5/1/90 SSI \$6000/6% rules, which was terminated by Section 8014 of OBRA 1989.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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C. Income Standard Used

Family income must be above 100% FPL and below 120% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Specified Low Income Medicare Beneficiaries

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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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 - AR2025MS0001O - (AR-26-0009) - Eligibility

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Medicaid State Plan Eligibility

Eligibility Groups - Mandatory Coverage

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

Individuals with income at or above 120% and below 135% of the FPL who are entitled to Medicare Part A, who qualify for payment of Medicare Part B premiums.

CMS-10434 OMB 0938-1188

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	User-Entered		

The state covers the mandatory qualifying individuals group in accordance with the following provisions:

A. Characteristics

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

1. Would qualify as Qualified Medicare Beneficiaries (described in section 1905(p)(1) of the Act), except that their income exceeds the income level for that eligibility group.
2. Are not otherwise eligible for Medicaid under the state plan.
3. Have income below the income standard and resources at or below the resource standard for this group.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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B. Financial Methodologies

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

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

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

- ☒ Census Bureau wages are disregarded.

Description of disregard:

All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Independence account established during Ticket to Work basic eligibility	Independence Accounts established under the terms of the resource disregard described in the "Ticket to Work-Basic" reviewable unit shall be disregarded. The disregard shall apply only to amounts contributed to the account 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 account are permitted once the individual is no longer enrolled in the eligibility group described at section 1902(a)(10)(ii)(XV) of the Act. 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).
Non-Home Income Producing Property	Non-Home income producing property, such as mineral and timer rights, rented farm land, and rented dwellings, will continue to be excluded from resources if it meets the pre-5/1/90 SSI \$6000/6% rules, which was terminated by Section 8014 of OBRA 1989.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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C. Income Standard Used

Family income must be at or above 120% FPL and below 135% FPL.

D. Resource Standard Used

The resource standard is the same used to determine eligibility for the Medicare Part D full-benefit low-income subsidy (LIS) (but without regard to the life insurance policy exclusion applied in LIS resource eligibility determinations). This standard is three times the SSI resource standard, adjusted annually in accordance with the consumer price index.

E. Medical Assistance Provided

Medical assistance is limited to payment for Medicare Part B premiums.

Qualifying Individuals

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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F. Additional Information (optional)

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AR - Submission Package - AR2025MS0001O - (AR-26-0009) - Eligibility

Medicaid State Plan Eligibility

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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Superseded SPA ID	AR-23-0015		
	System-Derived		

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		☐	☐	☐	NEW
Reasonable Classifications of Individuals under Age 21		☐	☐	☐	NEW
Children with Non-IV-E Adoption Assistance		☒	☐	☐	CONVERTED
Independent Foster Care Adolescents		☐	☐	☐	NEW
Optional Targeted Low Income Children		☐	☐	☐	NEW
Individuals above 133% FPL under Age 65		☐	☐	☐	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		☐	☐	☐	NEW
Individuals Eligible for Family Planning Services		☐	☐	☐	NEW
Individuals with Tuberculosis		☐	☐	☐	NEW
Individuals Electing COBRA Continuation Coverage		☐	☐	☐	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		☐	☐	☐	NEW
Individuals Eligible for Cash Except for Institutionalization		☒	☒	☐	APPROVED
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		☒	☐	☐	NEW
Optional State Supplement Beneficiaries		☐	☐	☐	NEW
Individuals in Institutions Eligible under a Special Income Level		☒	☒	☐	APPROVED
PACE Participants		☒	☐	☐	NEW
Individuals Receiving Hospice		☐	☐	☐	NEW
Children under Age 19 with a Disability		☐	☐	☐	NEW
Age and Disability-Related Poverty Level		☒	☒	☐	APPROVED
Work Incentives		☐	☐	☐	NEW
Ticket to Work Basic		☒	☐	☐	APPROVED
Ticket to Work Medical Improvements		☐	☐	☐	NEW
Family Opportunity Act Children with a Disability		☐	☐	☐	NEW
Individuals Receiving State Plan Home and Community-Based Services		☐	☐	☒	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		☐	☐	☐	NEW

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

Package Header

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System-Derived			

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		☒	☒	☐	APPROVED
Medically Needy Children under Age 18		☒	☒	☐	APPROVED

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		☒	☐	☐	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		☒	☒	☐	APPROVED
Medically Needy Parents and Other Caretaker Relatives		☒	☒	☐	APPROVED

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		☒	☒	☐	APPROVED

Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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	System-Derived		

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

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AR - Submission Package - AR2025MS0001O - (AR-26-0009) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

Individuals who would be eligible for federal cash assistance or an optional state supplement, except for institutionalization.

CMS-10434 OMB 0938-1188

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The state covers the optional Individuals Eligible for Cash Except for Institutionalization eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are in a medical institution.
2. Would meet the eligibility requirements for at least one of the following cash assistance programs, but for the lower income standards used to determine eligibility for institutionalized individuals:

☒ a. SSI

☐ b. Optional State Supplement

☒ c. AFDC

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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User-Entered			

C. Financial Methodologies

1. In calculating household income and resources for individuals who are seeking eligibility on the basis of being age 65 or older or having blindness or disability, SSI methodologies are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
2. In calculating household income and resources for populations for which AFDC is the most closely related program, the following methodology(ies) are used:
- ☐ a. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
 - ☒ b. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
3. Less restrictive methodologies are used in calculating countable income.
- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

- ☒ Census Bureau wages are disregarded.

Description of disregard:

All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.

4. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Independence account established during Ticket to Work basic eligibility	Independence Accounts established under the terms of the resource disregard described in the "Ticket to Work-Basic" reviewable unit shall be disregarded. The disregard shall apply only to amounts contributed to the account 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 account are permitted once the individual is no longer enrolled in the eligibility group described at section 1902(a)(10)(ii)(XV) of the Act. 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).
Non-Home Income Producing Property	Non-Home income producing property, such as mineral and timer rights, rented farm land, and rented dwellings, will continue to be excluded from resources if it meets the pre-5/1/90 SSI \$6000/6% rules, which was terminated by Section 8014 of OBRA 1989.

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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D. Income Standard Used

The income standard used is the standard of the most closely related cash assistance program.

E. Resource Standard Used

The resource standard used is the standard of the most closely related cash assistance program.

Individuals Eligible for Cash Except for Institutionalization

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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 - AR2025MS0001O - (AR-26-0009) - Eligibility

Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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

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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:

- Have been in a medical institution for at least 30 consecutive days.
- 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 | AR2025MS0001O | AR-26-0009

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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 | AR2025MS0001O | AR-26-0009

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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

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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

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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

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F.Additional Information (optional)

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Medicaid State Plan Eligibility

Eligibility Groups - Options for Coverage

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

Individuals who are age 65 or older or who have a disability, with income no higher than 100% FPL.

CMS-10434 OMB 0938-1188

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The state covers the optional Age and Disability-Related Poverty Level eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet at least one of the following condition(s):

a. Are age 65 or older; or

b. Have a disability.
2. Have income and resources at or below the standard for this group.

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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B. Individuals Covered

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

- ☒ Yes
- ☐ No

Age and Disability- Related Poverty Level

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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C. 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

a. The state uses the same less restrictive income methodologies for all individuals covered.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

☒ Census Bureau wages are disregarded.

Description of disregard:

All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.

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

- ☒ Yes
- ☐ No

a. The state uses the same less restrictive resource methodologies for all individuals covered.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

☒ General resource disregard:

Name of disregard:	Description:
QMB Matching Resource Level	Disregard the difference between \$2,000.00 for individuals and \$3,000.00 for couples, and the QMB resource limit for individuals and couples; thereby effectively setting the resource limit at the QMB resource level.

☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Non-Home Income Producing Property	Non-Home income producing property, such as mineral and timer rights, rented farm land, and rented dwellings, will continue to be excluded from resources if it meets the pre-5/1/90 SSI \$6000/6% rules, which was terminated by Section 8014 of OBRA 1989.

Name of resource type:	Description:
Independence account established during Ticket to Work basic eligibility	Independence Accounts established under the terms of the resource disregard described in the "Ticket to Work-Basic" reviewable unit shall be disregarded. The disregard shall apply only to amounts contributed to the account 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 account are permitted once the individual is no longer enrolled in the eligibility group described at section 1902(a)(10)(ii)(XV) of the Act. 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).

Age and Disability- Related Poverty Level

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D. Income Standard Used

The income standard for this eligibility group is:

- ☒ 1. 100% FPL
- ☐ 2. A lower percent of the FPL:

Age and Disability- Related Poverty Level

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E. Resource Standard Used

The resource standard used is:

- ☒ 1. The resource limit for the SSI program; or
- ☐ 2. The resource limit used in the state's medically needy program, if higher.

Age and Disability- Related Poverty Level

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F. Additional Information (optional)

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Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Pregnant Women

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

Woman who are pregnant or post-partum who would qualify under the state's Pregnant Women eligibility group, except for income.

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The state covers the Medically Needy Pregnant Women eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are pregnant or post-partum, as defined in 42 CFR 435.4.
2. Would qualify under the Pregnant Women eligibility group, except for income.
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Pregnant Women

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B. Financial Methodologies

1. The financial methodology used is:
- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
 - ☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
2. Less restrictive methodologies are used in calculating countable income.
- ☒ Yes
 - ☐ No

The less restrictive income methodologies are:

- ☒ Census Bureau wages are disregarded.

Description of disregard:

All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.

3. Less restrictive methodologies are used in calculating countable resources.
- ☒ Yes
 - ☐ No

The less restrictive resource methodologies are:

- ☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Independence account established during Ticket to Work basic eligibility	Independence Accounts established under the terms of the resource disregard described in the "Ticket to Work-Basic" reviewable unit shall be disregarded. The disregard shall apply only to amounts contributed to the account 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 account are permitted once the individual is no longer enrolled in the eligibility group described at section 1902(a)(10)(ii)(XV) of the Act. 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).

Medically Needy Pregnant Women

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C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Pregnant Women

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F. Additional Information (optional)

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Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Children under Age 18

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

Children under age 18 who would qualify under the state's categorically needy eligibility groups, except for income.

CMS-10434 OMB 0938-1188

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The state covers the Medically Needy Children under Age 18 eligibility group in accordance with the following provisions:

A. Characteristics

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

- Are under age 18.
- Would qualify as categorically needy, except for income.
- Are not otherwise eligible for categorically needy coverage under the state plan.
- Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Children under Age 18

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B. Financial Methodologies

1. The financial methodology used is:
- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
 - ☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
2. Less restrictive methodologies are used in calculating countable income.
- ☒ Yes
 - ☐ No

The less restrictive income methodologies are:

- ☒ Census Bureau wages are disregarded.

Description of disregard:

All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.

3. Less restrictive methodologies are used in calculating countable resources.
- ☒ Yes
 - ☐ No

The less restrictive resource methodologies are:

- ☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Independence account established during Ticket to Work basic eligibility	Independence Accounts established under the terms of the resource disregard described in the "Ticket to Work-Basic" reviewable unit shall be disregarded. The disregard shall apply only to amounts contributed to the account 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 account are permitted once the individual is no longer enrolled in the eligibility group described at section 1902(a)(10)(ii)(XV) of the Act. 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).

Medically Needy Children under Age 18

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C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Children under Age 18

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F. Additional Information (optional)

Medically Needy Children under Age 18

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Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Reasonable Classifications of Individuals under Age 21

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

One or more reasonable classifications of individuals under age 21 who do not qualify as categorically needy.

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The state covers the optional Medically Needy Reasonable Classifications of Individuals under Age 21 eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Are under age 21, or a lower age, as specified in section C.
2. Would not qualify under the Medically Needy Children under Age 18 eligibility group (42 CFR 435.301)
3. Are not otherwise eligible for categorically needy coverage under the state plan.
4. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Reasonable Classifications of Individuals under Age 21

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B. Individuals Covered

The state covers the following populations:

- ☒ 1. All children under a specified age limit:

☐ i. Under age 21☐ ii. Under age 20☒ iii. Under age 19
- ☐ 2. Reasonable classifications of children

Medically Needy Reasonable Classifications of Individuals under Age 21

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C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.

- ☒ Yes
- ☐ No

2. The financial methodology used is:

- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- ☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

3. Less restrictive methodologies are used in calculating countable income.

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

- ☒ Census Bureau wages are disregarded.

Description of disregard:

All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.

4. Less restrictive methodologies are used in calculating countable resources.

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Independence account established during Ticket to Work basic eligibility	Independence Accounts established under the terms of the resource disregard described in the "Ticket to Work-Basic" reviewable unit shall be disregarded. The disregard shall apply only to amounts contributed to the account 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 account are permitted once the individual is no longer enrolled in the eligibility group described at section 1902(a)(10)(ii)(XV) of the Act. 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).

Medically Needy Reasonable Classifications of Individuals under Age 21

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D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Reasonable Classifications of Individuals under Age 21

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G. 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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Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Parents and Other Caretaker Relatives

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

Parents and other caretaker relatives of dependent children who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

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The state covers the optional Medically Needy Parents and Other Caretaker Relatives eligibility group in accordance with the following provisions:

A. Characteristics

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

1. Meet the definition of parent or caretaker relative, as described in the mandatory Parents and Other Caretaker Relatives eligibility group.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Parents and Other Caretaker Relatives

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B. Financial Methodologies

1. The financial methodology used is:

- ☒ a. AFDC methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- ☐ b. MAGI-like methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

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

- ☒ Yes
- ☐ No

The less restrictive income methodologies are:

- ☒ Census Bureau wages are disregarded.

Description of disregard:

All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.

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

- ☒ Yes
- ☐ No

The less restrictive resource methodologies are:

- ☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Independence account established during Ticket to Work basic eligibility	Independence Accounts established under the terms of the resource disregard described in the "Ticket to Work-Basic" reviewable unit shall be disregarded. The disregard shall apply only to amounts contributed to the account 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 account are permitted once the individual is no longer enrolled in the eligibility group described at section 1902(a)(10)(ii)(XV) of the Act. 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).

Medically Needy Parents and Other Caretaker Relatives

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C. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

D. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

E. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Parents and Other Caretaker Relatives

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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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Medicaid State Plan Eligibility

Eligibility Groups - Medically Needy

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

Individuals who are age 65 or older or who have blindness or a disability who do not qualify as categorically needy.

CMS-10434 OMB 0938-1188

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The state covers the optional Medically Needy Populations Based on Age, Blindness or Disability eligibility group in accordance with the following provisions:

A. Characteristics

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

- 1.Meet at least one of the following:
- a. Are age 65 or older;

b. Have blindness; or

c. Have a disability.
2. Are not otherwise eligible for categorically needy coverage under the state plan.
3. Have income at or below the medically needy income level and resources at or below the medically needy resource level.

Medically Needy Populations Based on Age, Blindness or Disability

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B. Individuals Covered

The state covers the following populations:

- ☒ 1. Individuals age 65 or older
- ☒ 2. Individuals with blindness
- ☒ 3. Individuals who have a disability

Medically Needy Populations Based on Age, Blindness or Disability

MEDICAID | Medicaid State Plan | Eligibility | AR2025MS0001O | AR-26-0009

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C. Financial Methodologies

1. The state uses the same financial methodology for all individuals covered.
- ☒ Yes ☐ No
2. The financial methodology used is:
- a. SSI methodologies. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- b. Less restrictive methodologies are used in calculating countable income.
- ☒ Yes ☐ No
- The less restrictive income methodologies are:
- ☒ Census Bureau wages are disregarded.
- Description of disregard:**
- All wages paid by the Census Bureau for temporary employment related to Census activities are excluded.
- c. Less restrictive methodologies are used in calculating countable resources.
- ☒ Yes ☐ No
- The less restrictive resource methodologies are:
- ☒ A specified type of resource is disregarded:

Name of resource type:	Description:
Independence account established during Ticket to Work basic eligibility	Independence Accounts established under the terms of the resource disregard described in the "Ticket to Work-Basic" reviewable unit shall be disregarded. The disregard shall apply only to amounts contributed to the account 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 account are permitted once the individual is no longer enrolled in the eligibility group described at section 1902(a)(10)(ii)(XV) of the Act. 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).
Non-Home Income Producing Property	Non-Home income producing property, such as mineral and timer rights, rented farm land, and rented dwellings, will continue to be excluded from resources if it meets the pre-5/1/90 SSI \$6000/6% rules, which was terminated by Section 8014 of OBRA 1989.

Medically Needy Populations Based on Age, Blindness or Disability

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D. Income Standard Used

The income standard used for this group is described in the Medically Needy Income Level RU.

Medically Needy Populations Based on Age, Blindness or Disability

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E. Resource Standard Used

The resource standard used for this group is described in the Medically Needy Resource Level RU.

Medically Needy Populations Based on Age, Blindness or Disability

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F. Spenddown

The state allows individuals to deduct incurred medical and remedial expenses (spend down) to become eligible under this group. Spenddown is defined in the Handling of Excess Income (Spenddown) RU.

Medically Needy Populations Based on Age, Blindness or Disability

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G. Additional Information (optional)

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