<table>
<thead>
<tr>
<th>Eligibility Factor</th>
<th>Self-Attestation Accepted without Additional Verification (Y/N)</th>
<th>Self-Attestation Accepted with Post-Eligibility Verification (Y/N)</th>
<th>Electronic Data Source Used (Y/N)</th>
<th>Reasonable Compatibility Standard Used</th>
<th>Specify Reasonable Compatibility Standard for Income</th>
<th>Ask for a Reasonable Explanation from the Individual (Y/N)</th>
<th>Paper Documentation Required from the Individual (Y/N)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income*</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td></td>
<td>10%</td>
<td>YES</td>
<td>YES</td>
<td>If attested income is below the applicable standard and data shows income above the applicable standard, if the difference is 10% or less, that is reasonably compatible. If greater than 10%, request a reasonable explanation or paper documentation if necessary. A 10-day notice is issued to provide additional verification at application, renewal, and change of circumstances. State Wage will be used for electronic verification before requiring paper documentation. When an individual attests to income above the applicable standard and data source indicates income below the standard, the state takes that attestation and makes the person ineligible. These individuals are referred to the FFE.</td>
</tr>
<tr>
<td>Residency</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>N/A</td>
<td>N/A</td>
<td>NO</td>
<td>NO</td>
<td>Self-attestation is accepted for Age/DOB. If an inconsistency arises through the verification of the individual's SSN and if Age/DOB cannot be electronically verified, notice is sent to applicant requesting documentation. Age verification is part of the SSN verification process.</td>
</tr>
<tr>
<td>Age (Date of Birth)</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td></td>
<td>N/A</td>
<td>NO</td>
<td>NO</td>
<td>The SSA Composite through the Federal Data Services Hub (Hub) will be used for electronic verification of the individual's SSN. If an inconsistency arises, the individual will be asked to provide paper documentation.</td>
</tr>
<tr>
<td>Social Security Number **</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>YES</td>
</tr>
<tr>
<td>Citizenship **</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>YES</td>
</tr>
<tr>
<td>Eligibility Factor</td>
<td>Self-Attestation Accepted without Additional Verification (Y/N)</td>
<td>Self-Attestation Accepted with Post-Eligibility Verification (Y/N)</td>
<td>Electronic Data Source Used (Y/N)</td>
<td>Reasonable Compatibility Standard Used</td>
<td>Specify Reasonable Compatibility Standard for Income</td>
<td>Ask for a Reasonable Explanation from the Individual (Y/N)</td>
<td>Paper Documentation Required from the Individual (Y/N)</td>
<td>Comments</td>
</tr>
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</tr>
<tr>
<td>Immigration Status **</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>YES</td>
<td>The Hub’s VLP service will be used for electronic verification of immigration status. If documentation is needed, the state gives that individual a 90-day reasonable opportunity period to provide documentation.</td>
</tr>
<tr>
<td>Household Composition</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>N/A</td>
<td>N/A</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Pregnancy ***</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>N/A</td>
<td>N/A</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Caretaker Relative</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>N/A</td>
<td>N/A</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Medicare</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>N/A</td>
<td>N/A</td>
<td>NO</td>
<td>NO</td>
<td>System modifications are being done to obtain electronic verification. We match to the SSA composite through the Hub.</td>
</tr>
<tr>
<td>Application for Other Benefits</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>N/A</td>
<td>N/A</td>
<td>NO</td>
<td>YES</td>
<td>Arkansas engages in post eligibility periodic checks to ascertain if the beneficiary is receiving other benefits. If it is discovered through electronic communication with other agencies that the beneficiary may be eligible for benefits, the beneficiary must apply. If data sources do not show receipt of or application for benefits, request paper documentation to show the individual has applied.</td>
</tr>
<tr>
<td>Other: <em>(Please describe any other eligibility factors in the space below)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* States must check electronic data sources determined useful to verify income in accordance with 42 CFR 435.948 but can be done post-enrollment. If the information obtained from electronic data sources and the information provided by or on behalf of the individual are both above, at or below the applicable income standard, the State must determine the applicant eligible or ineligible for Medicaid/CHIP. (NOTE: this option is prepopulated for the state and is not an option that can be changed).

** States must follow statute, regulations, and guidance for verification of SSN, citizenship and immigration status including obtaining such information through the federal data services hub if available.
### MAGI-BASED ELIGIBILITY VERIFICATION PLAN

#### SECTION A - Verification Procedures for Factors of Eligibility

<table>
<thead>
<tr>
<th>Eligibility Factor</th>
<th>Self-Attestation Accepted without Additional Verification (Y/N)</th>
<th>Self-Attestation Accepted with Post-Eligibility Verification (Y/N)</th>
<th>Electronic Data Source Used (Y/N)</th>
<th>Reasonable Compatibility Standard Used</th>
<th>Specify Reasonable Compatibility Standard for Income</th>
<th>Ask for a Reasonable Explanation from the Individual (Y/N)</th>
<th>Paper Documentation Required from the Individual (Y/N)</th>
<th>Comments</th>
</tr>
</thead>
</table>

*** States must accept self-attestation of pregnancy unless they have information that is not reasonably compatible with such attestation.
## MAGI-BASED ELIGIBILITY VERIFICATION PLAN
(Insert Medicaid, CHIP, or Both) Medicaid & CHIP
State: Arkansas
Last updated: 12/08/2017

### Section B1 - Use of Electronic Data Sources, Financial:

<table>
<thead>
<tr>
<th>Electronic Data Source</th>
<th>Determined Useful (Y/N)</th>
<th>Accuracy Considered (Y/N)</th>
<th>Timeliness Considered (Y/N)</th>
<th>Ability to Access Considered (Y/N)</th>
<th>Age of Data Considered (Y/N)</th>
<th>Comprehensive Considered (Y/N)</th>
<th>Other Criteria Considered (Y/N)</th>
<th>Data Source Used at Application (Y/N)</th>
<th>Data Source Used at Renewal (Y/N)</th>
<th>Data Source Used Post-Enrollment (Y/N)</th>
<th>If Data Source Used for Post-Enrollment - Frequency Used (e.g. monthly, quarterly)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Internal Revenue Service (IRS)</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>Other (specify in comments)</td>
<td>Information obtained through the HUB. Used as needed at application and at post-enrollment for Change of Circumstance.</td>
<td></td>
</tr>
<tr>
<td>2. Social Security Administration (SSA) (SSI, Title II)</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td></td>
<td>Arkansas uses its direct SSA SOLQ connection to verify the existence and amount of Title II cash benefits.</td>
<td></td>
</tr>
<tr>
<td>3. State Wage Information Collection Agency (SWICA)</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>Other (specify in comments)</td>
<td>Used at application, renewal and as needed for Change of Circumstance and Renewals</td>
<td></td>
</tr>
<tr>
<td>4. State Unemployment Compensation</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td></td>
<td>State Unemployment is included in WESD, the legacy interfact with the state’s Department of Workforce Services which maintains the state’s unemployment information. We verify as part of WESD verification.</td>
<td></td>
</tr>
<tr>
<td>Electronic Data Source</td>
<td>Determined Useful (Y/N)</td>
<td>Accuracy Considered (Y/N)</td>
<td>Timeliness Considered (Y/N)</td>
<td>Ability to Access Considered (Y/N)</td>
<td>Age of Data Considered (Y/N)</td>
<td>Comprehensive Considered (Y/N)</td>
<td>Other Criteria Used (Y/N) (Please describe in Comments)</td>
<td>Data Source Used at Application (Y/N)</td>
<td>Data Source Used at Renewal (Y/N)</td>
<td>Data Source Used at Post-Enrollment (Y/N)</td>
<td>If Data Source Used for Post-Enrollment - Frequency Used (e.g. monthly, quarterly)</td>
<td>Comments</td>
</tr>
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</tr>
<tr>
<td>5. State Administered Supplementary Payment Program</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>not applicable in AR</td>
<td></td>
</tr>
<tr>
<td>6. State General Assistance Programs</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>not applicable in AR</td>
<td></td>
</tr>
<tr>
<td>7. Supplemental Nutrition Assistance Program (SNAP)</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronic Data Source</td>
<td>Determined Useful (Y/N)</td>
<td>Accuracy Considered (Y/N)</td>
<td>Timeliness Considered (Y/N)</td>
<td>Ability to Access Considered (Y/N)</td>
<td>Age of Data Considered (Y/N)</td>
<td>Format Considered (Y/N)</td>
<td>Other Criteria Used (Y/N)</td>
<td>Data Source Used at Application (Y/N)</td>
<td>Data Source Used at Renewal (Y/N)</td>
<td>Data Source Used Post-Enrollment (Y/N)</td>
<td>If Data Source Used for Post-Enrollment - Frequency Used (e.g., monthly, quarterly)</td>
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</tr>
<tr>
<td>8. Temporary Assistance for Needy Families (TANF)</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>TANF income not counted in MAGI so determined not useful for income verification</td>
</tr>
<tr>
<td>9. Office of Child Support Enforcement (OCSE)</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>child support income not counted in MAGI so determined not useful for income verification</td>
</tr>
<tr>
<td>10. State Income Tax</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>AR does have a state income tax but the data is not currently available for data matching.</td>
</tr>
<tr>
<td>11. Commercial database: (Please describe any commercial databases in the space below)</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>12. Other: (Please describe any additional electronic data sources in the space below)</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
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<td></td>
</tr>
<tr>
<td>Work Number</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>The Work # is accessed through a web-based service.</td>
</tr>
</tbody>
</table>

1. The state marked any criterion YES if it was considered as a reason the data source was determined useful/not useful.


<table>
<thead>
<tr>
<th>Electronic Data Source</th>
<th>To Be Used (Y/N)</th>
<th>Social Security Number</th>
<th>Citizenship</th>
<th>Immigration Status</th>
<th>Residency</th>
<th>Age/DOB</th>
<th>Pregnancy</th>
<th>Household Composition</th>
<th>Caretaker Relative</th>
<th>Other</th>
<th>Data Source Used at Application (Y/N)</th>
<th>Data Source Used at Renewal (Y/N)</th>
<th>Data Source Used Post-Enrollment (Y/N)</th>
<th>If Used for Post-Enrollment Frequency Used (i.e. monthly, quarterly)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Social Security Administration (SSA)</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>Other (specify in comments)</td>
<td>Used as needed for Change of Circumstance.</td>
</tr>
<tr>
<td>2. Department of Homeland Security (DHS) - SAVE</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>Arkansas uses SAVE through the Hub's VLP service for all three steps of SAVE for immigration status verification.</td>
</tr>
<tr>
<td>3. Vital Statistics</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>Monthly</td>
</tr>
<tr>
<td>Electronic Data Source</td>
<td>To Be Used (Y/N)</td>
<td>Social Security Number</td>
<td>Citizenship</td>
<td>Immigration Status</td>
<td>Residency</td>
<td>Age/DOB</td>
<td>Pregnancy</td>
<td>Household Composition</td>
<td>Caretaker Relative</td>
<td>Medicare</td>
<td>Application for Other Benefits</td>
<td>Data Source Used at Application (Y/N)</td>
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</tr>
<tr>
<td>4. Department of Motor Vehicles (DMV)</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>If state identifies information regarding residency that is inconsistent, they can use DMV to verify.</td>
</tr>
<tr>
<td>5. Temporary Assistance for Needy Families (TANF)</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>6. Supplemental Nutrition Assistance Program (SNAP)</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>Only using for SSN, if the SSN has not been verified by SSA. If state identifies information regarding residency or household composition that is inconsistent, Arkansas uses SNAP to verify.</td>
</tr>
<tr>
<td>7. Office of Child Support Enforcement</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
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<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>8. State General Assistance Programs</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
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<tr>
<td>9. Women, Infants and Children Program (WIC)</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
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<tr>
<td>10. State Income Tax</td>
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<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td>Electronic Data Source</td>
<td>To Be Used (Y/N)</td>
<td>Social Security Number</td>
<td>Citizenship</td>
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<td>Caretaker Relative</td>
<td>Medicare</td>
<td>Application for other Benefits</td>
<td>Other</td>
<td>Data Source Used at Application (Y/N)</td>
<td>Data Source Used at Renewal (Y/N)</td>
<td>Data Source Used Post-Enrollment (Y/N)</td>
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<tr>
<td>11. Commercial database: <em>(Please describe any commercial databases in the space below)</em></td>
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</tr>
<tr>
<td>12. PARIS*</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>13. Other: <em>(Please describe additional electronic data sources in the space provided below)</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electronic Data Source</td>
<td>To Be Used (Y/N)</td>
<td>Social Security Number</td>
<td>Citizenship</td>
<td>Immigration Status</td>
<td>Residency</td>
<td>Age/DOB</td>
<td>Pregnancy</td>
<td>Household Composition</td>
<td>Caretaker Relative</td>
<td>Medicare</td>
<td>Application for other Benefits</td>
<td>Other</td>
<td>Data Source Used at Application (Y/N)</td>
<td>Data Source Used at Renewal (Y/N)</td>
<td>Data Source Used Post-Enrollment (Y/N)</td>
</tr>
<tr>
<td>-----------------------</td>
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<td>--------------------------------</td>
</tr>
<tr>
<td>Corrections</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

* Under 42 CFR 435.945(d), all State Medicaid eligibility systems must conduct a match with PARIS for Interstate benefit information.

If used for other purposes, please indicate in Section D.
### Section C. Additional Factors of Eligibility for Separate CHIP

<table>
<thead>
<tr>
<th>Eligibility Factor</th>
<th>Self-Attestation Accepted without Additional Verification</th>
<th>Self-Attestation Accepted with Post-Enrollment Verification (Y/N)</th>
<th>Electronic Data Source Used (Y/N)</th>
<th>Paper Documentation Required from the Individual (Y/N)</th>
<th>Non-Applicable (N/A)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Applicant does not have other coverage</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>Must be Applied</td>
<td>Our CHIP program has the same verification requirement process as our regular Medicaid program. The system checks against legacy system data to determine if the applicant is already receiving Medicaid benefits</td>
</tr>
<tr>
<td>2. Applicant does not have access to affordable ESI</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. When child has had coverage (as applicable to states’ waiting period)</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Access to public employee coverage</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td>N/A</td>
<td>This process is no longer utilized.</td>
</tr>
<tr>
<td>5a. Waiting period exception #1 (describe):</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td></td>
<td>The health insurance is a non-group or non-employer sponsored plan. These exceptions went into production 6/30/2015.</td>
</tr>
<tr>
<td>5b. Waiting period exception #2 (describe):</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td></td>
<td>The health insurance was lost through termination of employment for any reason. These exceptions went into production 6/30/2015.</td>
</tr>
<tr>
<td>5c. Waiting period exception #3 (describe):</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td></td>
<td>The health insurance was lost through no fault of the applicant. These exceptions went into production 6/30/2015.</td>
</tr>
<tr>
<td>5d. Waiting period exception #4 (describe):</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td></td>
<td>The health insurance is/was not primary comprehensive. These exceptions went into production 6/30/2015.</td>
</tr>
<tr>
<td>5e. Waiting period exception #5 (describe):</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td></td>
<td>Health insurance coverage is available to a child through a person other than the child’s custodial adult and is determined to be inaccessible. These exceptions went into production 6/30/2015.</td>
</tr>
<tr>
<td>6. Other eligibility factors or exceptions to eligibility factors: (Please describe in the space provided below)</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
<td>NO</td>
<td></td>
<td>Arkansas is currently updating policy to include all the federally mandated exceptions. This development will not occur until after a System Integrator is in place.</td>
</tr>
</tbody>
</table>
### Section D. Additional Verification Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>If paper documentation is required when a data source is not available or the information obtained from a data source is not reasonably compatible with the information provided by or on behalf of the individual, briefly describe how the state determined that establishing and using an electronic data source was not effective, considering such factors as cost and program integrity in accordance with 42 CFR 435.952(c):</td>
<td>The state accepts self-attestation for some factors of eligibility. For those that it doesn't, real time electronic verifications will be used before requiring paper documentation, including using vital statistics as a back-up to verify citizenship. Paper documentation will only be requested when electronic means for verification are exhausted and/or self attestation is not consistent with internal data sources. If electronic verification cannot be completed through the Federal DSH due to non-connectivity, the state will use all state electronic sources available for verification. The state sources include Motor Vehicles, SOLQ, Vital Stats, State Quarterly Wage, State Unemployment, and the Work Number. Information from the individual will only be requested if other data sources are not available.</td>
</tr>
<tr>
<td>Please describe how the state uses PARIS?</td>
<td>The PARIS match is currently being used to compare eligibility with other state Medicaid programs for both traditional and MAGI households.</td>
</tr>
<tr>
<td>Question</td>
<td>Response</td>
</tr>
<tr>
<td>----------</td>
<td>----------</td>
</tr>
<tr>
<td>If (YES), please submit a letter to CMS requesting such approval describing how the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs.</td>
<td></td>
</tr>
<tr>
<td>4 Please indicate (YES) or (NO) if the State intends to request Secretarial approval to use a mechanism other than the federal data services hub for information that is available through the hub.</td>
<td>YES</td>
</tr>
<tr>
<td>If (YES), please submit a letter to CMS requesting such approval describing how the state meets the following requirements: 1) Reduces administrative costs and burdens on both individuals and the State, 2) Maximizes accuracy and minimizes delay, 3) Meets the requirements related to confidentiality, disclosure, maintenance and use of information, and 4) Promotes coordination with other insurance affordability programs.</td>
<td>Arkansas has an indefinite Hub waiver. The Hub waiver gives Arkansas the authority to forego using the Hub to verify the receipt and amount of cash benefits provided under Title II of the Social Security Act (Act).</td>
</tr>
<tr>
<td>5 Describe any additional MAGI-based eligibility verification policies and procedures that have not been covered in this verification plan (optional):</td>
<td>None</td>
</tr>
</tbody>
</table>
At this time, non-MAGI determinations are completed via the legacy system. MAGI and traditional Medicaid legacy systems do not currently interface. Clients are directed to their local county office for assistance with non-MAGI determinations.