Table of Contents

State/Territory Name: Arkansas

State Plan Amendment (SPA) #: AR-13-0021

This file contains the following documents in the order listed:

Approval Letter
 SPA Summary Form
 Approved SPA Pages

The complete title XXI state plan for Arkansas consists of the most recent state plan posted on Medicaid.gov under CHIP and State Plan Amendments. The link is provided below. The following approved templates are in addition to, or replace sections of the state's posted current state plan. The attached approval letter(s) explain how these templates fit into that state plan.

Link to state title XXI state plans and amendments: <u>http://medicaid.gov/Medicaid-CHIP-Program-Information/By-</u> Topics/Childrens-Health-Insurance-Program-CHIP/CHIP-State-Program-Information.html DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop: S2-26-12 Baltimore, Maryland 21244-1850



Children and Adults Health Programs Group

JAN 0 6 2014

Dr. Andy Allison Medicaid Director Department of Health and Human Services P.O. Box 1437 (Slot S401) 700 Main Street Little Rock, AR 72203

Dear Dr. Allison:

I am pleased to inform you that your Title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA) number AR-13-0021, submitted on September 23, 2013, and related to Modified Adjusted Gross Income (MAGI) Eligibility has been approved with an effective date of January 1, 2014.

SPA number AR-13-0021 converts the state's existing income eligibility standards to MAGIequivalent standards, by age group, for children covered in its title XXI-funded Medicaid program. A copy of the approved state plan page (CS3) is attached, and should be incorporated into the state's approved CHIP state plan. This page supersedes the current Medicaid expansion Section (4.0) of the current CHIP state plan.

Your title XXI project officer is Ms. Victoria Collins. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Collins' contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid & CHIP Services Mail Stop S2-01-16 7500 Security Boulevard Baltimore, MD 21244-1850 Telephone: (410) 786-2167 Facsimile: (410) 786-5943 E-mail: Victoria.Collins@cms.hhs.gov

Official communications regarding program matters should be sent simultaneously to Ms. Collins and to Mr. Bill Brooks, Associate Regional Administrator (ARA) in our Dallas Regional Office. Mr. Brooks' address is: Centers for Medicare & Medicaid Services Office of the Regional Administrator 1301 Young Street, Suite 714 Dallas, TX 75202

If you have additional questions, please contact Ms. Linda Nablo, Director, Division of State Coverage Programs, at (410) 786-5143. We look forward to continuing to work with you and your staff toward the approval of your remaining MAGI Eligibility SPAs.

Sincerel	V.	

Eliot Fishman Director

Enclosures cc: Mr. Bill Brooks, CMS Region VI, Dallas

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	logged in as TONIABROWN(CMS CO Staff) read only mode application rev p01
	Children's Health Insurance
	Program Eligibility
AR.0352.R00.00 - Jan 01, 2014	Home Logout Finder Save Print Help
Control Panel	
Concernal Information	Children's Health Insurance Program Eligibility: Summary
General Information	Page
File Management	State/Territory name: Arkansas
Tribal Input	Transmittal Number: Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the
Summary	state abbreviation, $YY =$ the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.
-	AR-13-0021
	Type of SPA:
	XXI Medicaid Expansion
	Establish 2101(f) Group Eligibility Processing
	Non-Financial Eligibility
	Proposed Effective Date
	01/01/2014 (mm/dd/yyyy)
	Federal Statute/Regulation Citation
	42 CFR 457.320(a)(2) and (3)
	Federal Budget Impact
	This SPA has a budget impact. Total budget impact:
	State Funds: \$ 11286633.00
	Federal Funds: \$ 28834886.00 Please attach a revised CHIP budget
	Please attach a revised CHIP budget. Document
	Subject of Amendment
	Please provide a brief summary of SPA changes.
	Character Count:0 out of 2000
	Signature of State Agency Official
	Submitted By: Glenda Higgs

Last Revis Submit Da	Jan 2, 2014 Sep 23, 2013	
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ВАСК		CONTINUE

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CHIP Eligibility

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

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Expiration date: 10/31/2014

42 CFR 457.320(a)(2) and (3)

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

Age and Household Income Ranges

	From Age	To Age	Above (% FPL)	Up to & including (% FPL)		
+	6	19	107	142	X	

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 50 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.