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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: AR-13-0039

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) SPA Summary Form
- 3) Approved SPA Pages
- 4) Additional Attachments that are part of the state plan

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: http://medicaid.gov/Medicaid-CHIP-Program-Information/By-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

FEB 2 5 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 Arkansas' Children's Health Insurance Program (CHIP) State Plan Amendment (SPA), AR-13-0039, submitted on December 5, 2013, has been approved. This SPA incorporates the MAGI-based eligibility process requirements, including the single streamlined application, into Arkansas' CHIP state plan in accordance with the Affordable Care Act. The effective date of this SPA is October 1, 2013.

The approval of SPA AR-13-0039 includes approval of the state's use of the single, streamlined paper application for all insurance affordability programs, developed by the Secretary in accordance with section 1413(b)(1)(A) of the Affordable Care Act. The State is also using an interim alternative single streamlined online application and by July 1, 2014, will implement a revised alternative single streamlined online application that addresses CMS concerns outlined in the companion letter issued with this SPA approval.

Enclosed is a copy of the new state plan pages and attachments to be incorporated within a separate section at the end of Arkansas' approved CHIP State Plan:

- CS24
- Attachment Statement of use with respect to the alternative single streamlined online application

This approval and the attachments supercede the following sections of the current CHIP State Plan:

Section 4.3: Single, Streamlined Application Screen and Enroll Process

• Section 4.4: Renewals, Screening by Other Insurance Affordability Programs

CMS appreciates the significant amount of work your staff dedicated to preparing this State Plan Amendment. 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 Blvd. Baltimore, MD 21244-1850 Telephone: (410) 786-2167

Facsimile: (410) 786-5882

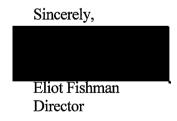
E-mail: Victoria.Collins@cms.hhs.gov

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:

Mr. Bill Brooks Office of the Regional Administrator 1301 Young Street, Suite 714 Dallas, TX 75202

If you have additional questions, please contact Linda Nablo, Director, Division of State Coverage Programs at (410) 786-5143.

We look forward to continuing to work with you and your staff.



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

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Children and Adults Health Programs Group

FEB 2 5 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:

This letter is being sent as a companion to the Centers for Medicare & Medicaid Services (CMS) approval of Arkansas' Children's Health Insurance Program (CHIP) State Plan Amendment (SPA), AR-13-0039, submitted on December 5, 2013. Our review of this submission included a review of Arkansas' alternative single streamlined online application developed by the state.

Through June 30, 2014, the state is using an interim alternative single streamlined online application. This interim online application will need to be revised to reflect the following changes.

Necessary changes:	Date by which changes will be completed:
The State will incorporate into the online application, the employer health coverage Advance Payment of the Premium Tax Credit (APTC) questions needed to determine if applicants are eligible for a premium tax credit to access employer sponsored health coverage that is offered, when applicants are above the income limit for Medicaid and CHIP.	July 1, 2014

Please submit the revised online application to CMS for review no later than June 1, 2014, to ensure approval by July 1, 2014. We continue to be available to provide technical assistance. 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 Blvd. Baltimore, MD 21244-1850 Telephone: (410) 786-2167

Telephone: (410) 786-2167 Facsimile: (410) 786-5882

E-mail: Victoria.Collins@cms.hhs.gov

We look forward to continuing to work with you and your staff.

Sincerely,

Linda Nablo
Director, Division of State Coverage Programs

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

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	Children's Health		
	Program Eligibili	ty	
AR.0564.R00.00 - Oct 01, 2013	Home	Logout Finder Save Validate Print Help	
Children's Health Insurance Program Eligibility: Summary			
General Information	Page	rance Program Engionity. Summary	
File Management			
Tribal Input	State/Territory name: Arkansas nput Transmittal Number: Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the		
Summary	$state\ abbreviation,\ YY=the$	e last two digits of the submission year, and 0000 = a four eros. The dashes must also be entered.	
	Federal Statute/Regulat	nsion Group g Dility	
	☐This SPA has a budget ir Total budget impact:	mpact.	
	State Funds:	\$	
	Federal Funds:	\$	
	Subject of Amendment		
	Please provide a brief summary of SPA changes. Character Count:81 out of 2000		
	CHIP State Plan being a Eligibility Processing	amended to add General Eligibility -	
	Signature of State Agency Official		
	Submitted By:	Glenda Higgs	
	Last Revision Date:	Sep 26, 2014	
	Submit Date:	Dec 5, 2013	



FAQs | Site Map | Contact | Medicaid.gov | CMS.gov



CHIP Eligibility

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

		- Eligibility Processing	CS2-
210	2(b)(3) & 2107(e)(1))(O) of the SSA and 42 CFR 457, subpart C	
V	The CHIP Agency nenrollment.	meets all of the requirements of 42 CFR 457, subpart C for appl	lication processing, eligibility screening and
Ap	plication Processing	5	
Ind	icate which application	on the agency uses for individuals applying for coverage who mincome standard:	nay be eligible based on the applicable
	The single, streat Care Act.	amlined application developed by the Secretary in accordance v	with section 1413(b)(1)(A) of the Affordable
	An alternative s section 1413(b)	single, streamlined application developed by the state and appro 0(1)(B) of the Affordable Care Act.	oved by the Secretary in accordance with
		An attachment is submitted.	
	agency makes re	application used to apply for multiple human service programs a readily available the single or alternative application used only fixing assistance only through such programs.	approved by the Secretary, provided that the for insurance affordability programs to
		An attachment is submitted.	
	The agency's proced the internet website	dures permit an individual, or authorized person acting on behalf described in CFR 457.340(a), by telephone, via mail, in person	f of the individual, to submit an application via and other commonly available electronic means.
	The agency accepts a	applications in the following other electronic means.	
	Other electr	ronic means:	
Scr	een and Enroll Proc	ess	
V	application, periodic	as coordinated eligibility and enrollment screening procedures i redeterminations, and follow-up eligibility determinations. The provided CHIP coverage and that enrollment is facilitated for an dability programs.	procedures ensure that only targeted low-
	Procedures include:		
	Screening of apprograms; and	plication to identify all individuals eligible or potentially eligibl	le for CHIP or other insurance affordability
	Income eligibilit potentially eligib	ty test, with calculation of household income consistent with 42 ble for Medicaid or other insurance affordability programs base FEB 25 2014	2 CFR 457.315 for individuals identified as and on household income; and
SP	A# AR-13-0039	Approval Date:	Effective Date: October 1, 2013

Effective Date: October 1, 2013



CHIP Eligibility

	·
[Screening process for individuals who may qualify for Medicaid on a basis other than having household income at or below the applicable MAGI standard, based on information in the single streamlined application.
T p	The CHIP agency has entered into an arrangement with the Exchange to make eligibility determinations for advanced remium tax credits in accordance with section 1943(b)(2) of the SSA.
Redet	termination Processing
v	Redeterminations of eligibility for individuals whose financial eligibility is based on the applicable modified adjusted gross income standard are performed as follows, consistent with 42 CFR 457.343:
	Once every 12 months.
	Without requiring information from the individual if able to do so based on reliable information contained in the individual's account or other more current information available to the agency.
	If the agency cannot determine eligibility solely on the basis of the information available to it, or otherwise needs additional information to complete the redetermination, it provides the individual with a pre-populated renewal form containing the information already available.
Screer	ning by Other Insurance Affordability Programs
V	The CHIP Agency provides assurance that it has adopted procedures to accept and process electronic accounts of individuals screened as potentially eligible for CHIP by other insurance affordability programs in accordance with the requirements of 42 CFR 457.348(b) and to determine eligibility in accordance with 42 CFR 457.340 in the same manner as if the application had been submitted directly to, and processed by the state.
×	The CHIP Agency elects the option to accept CHIP eligibility decisions made by the Exchange or other agencies administering insurance affordability programs as provided in 42 CFR 457.348 and to furnish CHIP in accordance with requirements of 42 CFR 457.340 to the same extent and in the same manner as if the applicant had been determined by the state to be eligible for CHIP.
	Check all types of agencies that apply:
	☐ The Exchange
	Medicaid Medicaid
	Other agency administering insurance affordability programs
Th ✓ rec	the CHIP Agency has entered into an agreement with agencies administering other insurance affordability programs to fulfill the quirements of 457.348(b) and will provide this agreement to the Secretary upon request.

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.

V.20130917

Approval Date: FEB 2 5 2014 Effective Date: October 1, 2013

USE OF THE ALTERNATIVE SINGLE STREAMLINED APPLICATION		
☐ Paper Application	☑ Online Application	
TRANSMITTAL NUMBER:	STATE:	
AR-13-0039	Arkansas	
30, 2014, the state will use a revised online alternative	ine alternative single streamlined application. After June e single streamlined application, which will address the application. The revised application will be incorporated	

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