TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE			
STATE PLAN MATERIAL					
STATE I DAN MATERIAL	2010-008	ARKANSAS			
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TIT				
TOWN THE PROPERTY OF THE PROPE	SOCIAL SECURITY ACT (MEDICA	AID)			
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE				
HEALTH CARE FINANCING ADMINISTRATION	Kor obed Errective Ditte				
DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2010				
5. TYPE OF PLAN MATERIAL (Check One):					
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☐ AMENDMENT					
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME	NDMENT (Separate Transmittal for each				
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:				
	a. FFY 2010 \$-6				
1903(r) of the Social Security Act	b. FFY 2011 \$-				
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS				
	OR ATTACHMENT (If Applicable):				
Page 79	Page 79, Approved 12-18-89, TN 89-44	1			
Tuge //	1 age 79, Approved 12-16-69, 114 69-44				
10. SUBJECT OF AMENDMENT:	1				
The Arkansas Title XIX State Plan has been amended in section 4.32 to p	provide guidance on implementing require	ements pertaining to			
Section 3 of the Qualifying Individual (QI) Program Supplemental Fundi					
11. GOVERNOR'S REVIEW (Check One):					
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT	OTHER, AS SPEC	IFIED:			
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED					
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL					
10 GOVERNOR ORANGE AGENCY OFFICE					
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:				
	Division of Medical Services				
13. TYPED NAME:	PO Box 1437, Slot S295				
Eugene I. Gessow	Little Rock, AR 72203-1437				
14. TITLE: Director, Division of Medical Services	,				
15. DATE SUBMITTED:	Attention: LeAnn Edwards				
July 8, 2010					
FOR REGIONAL OF	FICE USE ONLY				
17. DATE RECEIVED: 8 July, 2010		nber, 2010			
		1001, 2010			
PLAN APPROVED - ON	E COPY ATTACHED	EVOLAT			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 July, 2010	20. SIGNATURE OF REGIONAL OF				
21. TYPED NAME: BILL BROOKS	22. TITLE: Associate Regional A Division of Medicaid				
23. REMARKS:					
THE MENT OF THE MENT OF THE SERVICE	The state of the s				
The Supplement of the Suppleme	Contract of the State of the St				
CARRIAGE CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CO	10 CA 20 CO.	100			

REGION VI **Revised: July 1, 2010**

	State/Territory:		[Arkansas]
Citation 455.103 44 FR 41644 1902(a)(38) of the Act P.L. 100-93 (sec. 8(f))		4.31	Disclosure of Information by Providers and Fiscal Agents The Medicaid agency has established procedures for the disclosure of information by providers and fiscal agents as specified in 42 CFR 455.104 through 455.106 and sections 1128(b)(9) and 1902(a)(38) of the Act.
135.940 hrough 435.96 52 FR 5967 P.L. 100-360 Sec. 411(k)(15		4.32	 Income and Eligibility Verification System (a) The Medicaid agency has established a system for income and eligibility verification in accordance with the requirements of 42 CFR 435.940 through 435.960. (b) ATTACHMENT 4.32-A describes, in accordance with 42 CFR 435.948(a)(6), the information that will be requested in order to verify eligibility or the correct payment amount and the agencies and the State(s) from which that information will be requested. (c) The State has an eligibility determination system that provides for data matching through the Public Assistance Reporting Information System (PARIS), or any successor system including matching with medical assistance programs operated by other States. The information that is requested will be exchanged with States and other entities legally entitled to verify title XIX applicants and individuals eligible for covered title XIX services consistent with applicable PARIS agreements.

SUPERSEDES: TN- 89-44

TO SEE A SECOND CONTRACTOR OF THE CONTRACTOR OF	- WILLIAM CO 7
STATE Arkansas	
DATE REC'D. 7-8-10	;
DATE APP\"D 9-28-10	A
DATE EFF 7-1-10	
HC TA 179 10-08	