## **Table of Contents**

**State/Territory Name: Arkansas** 

State Plan Amendment (SPA) #: 13-09

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Pages Notice
- 4) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services Dallas Regional Office 1301 Young Street, Suite 833 Dallas, Texas 75202



### DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI

January 6, 2014

Our Reference: SPA-AR-13-09

Dr. Andrew Allison State Medicaid Director Arkansas Department of Health and Human Services P.O. Box 1437 Little Rock, Arkansas 72203

Dear Dr. Allison:

We have reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number 13-09. The Arkansas Title XIX State Plan has been amended to remove the earned income limit and resource limits for the Workers with Disabilities program.

Transmittal Number 13-09 is approved with an effective date of January 1, 2014, as requested. A copy of the HCFA-179, Transmittal No. 13-09 dated October 10, 2013 is enclosed along with the approved plan pages.

If you have any questions, please contact Stacey Shuman at (214) 767-6479.

Sincerely,

Bill Brooks Associate Regional Administrator

Division of Medicaid and Children's Health

Enclosure

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL		ADIZANICAC	
	2013-009 ARKANSAS  3. PROGRAM IDENTIFICATION: TITLE XIX OF THE		
FOR: HEALTH CARE FINANCING ADMINISTRATION	SOCIAL SECURITY ACT (MEDIC.		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
HEALTH CARE FINANCING ADMINISTRATION	January 1 2014		
DEPARTMENT OF HEALTH AND HUMAN SERVICES 5. TYPE OF PLAN MATERIAL (Check One):	January 1, 2014		
3. THE OF TEAN MATERIAL (CHECK ONE).			
	CONSIDERED AS NEW PLAN		
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME 6. FEDERAL STATUTE/REGULATION CITATION:	NDMEN1 (Separate Transmittal for each 7. FEDERAL BUDGET IMPACT:	amendment)	
6. FEDERAL STATUTE/REGULATION CITATION.	a. FFY 2014 \$453,407		
Section 1902	b. FFY 2015 \$604,542		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS	EDED PLAN SECTION	
	OR ATTACHMENT (If Applicable):	:	
Places are attached listing	Please see attached listing		
Please see attached listing	Please see attached listing		
10. SUBJECT OF AMENDMENT:	<u> </u>		
The Arkansas Title XIX State Plan has been amended to remove the earn	ned income limit and resource limits for th	e Workers with Disabilities	
program.			
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			
NO REPLY RECEIVED WITHIN 45 DATS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:	16. RETURN TO:		
	Division of Medical Services		
	PO Box 1437, Slot S295		
13. TYPED NAME:	Little Rock, AR 72203-1437		
Andrew Allison, PhD			
14. TITLE: Director, Division of Medical Services	Attention: Glenda Higgs		
15. DATE SUBMITTED:	-		
October 10, 2013			
FOR REGIONAL OF			
17. DATE RECEIVED:	18. DATE APPROVED		
10 October, 2013 PLAN APPROVED – ON	6 January, 2014		
		FICIAL:	
1 January, 2014	ZV. SIGNAT	TOTAL.	
21. TYPED NAME:	22. TITLE: Associate Regional Admir	nistrator	
Bill Brooks	Division of Medicaid & C	hildren's Health	
23. REMARKS:			

FORM HCFA-179 (07-92)

### ATTACHED LISTING FOR ARKANSAS STATE PLAN TRANSMITTAL #2013-009

### 8. Number of the Plan Section or Attachment

Attachment 2.6-A, Pages 12d-12e

Attachment 2.6-A, Pages 12g-12h

Supplement 8a to Attachment 2.6-A, Page 1

Supplement 8b to Attachment 2.6-A, Page 2

# 9. Number of the Superseded Plan Section or Attachment

Attachment 2.6-A, Pages 12d-12e Approved 01-25-01, TN 00-14

Attachment 2.6-A, Pages 12g-12h Approved 01-25-01, TN 00-14

Supplement 8a to Attachment 2.6-A, Page 1

Approved 12-11-02, TN 02-14

Supplement 8b to Attachment 2.6-A, Page 2

Approved 01-25-01, TN 00-14

Revision: January 1, 2014 Attachment 2.6-A
Page 12d

Page 12d OMB No.:

State/Territory:	ARKANSAS	

\_\_\_\_\_

#### Citation

### **Condition or Requirement**

1902(a)(10)(A)(ii) (XV) of the Act (ii) Working Individuals with Disabilities – Basic Insurance Group - TWWIIA

In determining financial eligibility for working individuals with disabilities under this provision, the following standards and methodologies are applied:

**X** The agency does not apply any income or resource standard.

NOTE: If the above option is chosen, no further eligibility-related options should be elected.

\_\_\_\_ The agency applies the following income and/or resource standard(s):

- The individual must have net personal income less than 250% of the poverty level for his/her family size.
- Countable resources are determined by family size:

1 (Individual only) \$4000 2 \$6000 3 \$6200 4 \$6400

Add \$200 for each additional member.

State: Arkansas

Date Received: 10-10-13
Date Approved: 1-6-14
Date Effective: 1-1-14
Transmittal Number: 13-09

Transmittal Number: 13-09

Approval Date: 6 January, 2014 Date Effective: 1 January, 2014

Revision: January 1, 2014

Attachment 2.6-A
Page 12e

I age	120
<b>OMB</b>	No.

State/Territory: _	ARKANSAS	

Citation Condition or Requirement

1902(a)(10)(A)(ii) (XV) of the Act

### Income Methodologies

In determining whether an individual meets the income standard described above, the agency uses the following methodologies. Regardless of methodology, all earned income is disregarded in determining eligibility under this group.

T	he income	methodologies	of the SSI	program

The agency uses methodologies for treatment of income that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 4 to Attachment 2.6-A.

The agency uses more liberal income methodologies than the SSI program. More liberal methodologies are described in Supplement 8a to Attachment 2.6-A.

State: Arkansas

Date Received: 10-10-13 Date Approved: 1-6-14 Date Effective: 1-1-14 Transmittal Number: 13-09

Transmittal Number: 13-09

Approval Date: 6 January, 2014 Date Effective: 1 January, 2014

Revision: January 1, 2014

Attachment 2.6-A
Page 12g

State/Territory: ARKANSAS

OMB No.:

Citation	Condition or Requirement
1902(a)(10)(A)(ii) (XV) of the Act	The agency does not disregard funds in retirement accounts.
(cont.)	The agency uses resource methodologies in addition to any indicated above that are more liberal than those used by the SSI program. More

Attachment 2.6-A.

The agency uses the resource methodologies of the SSI program.

The agency uses methodologies for treatment of resources that are more restrictive than the SSI program. These more restrictive methodologies are described in Supplement 5 to Attachment 2.6-A.

liberal resource methodologies are described in Supplement 8b to

State: Arkansas

Date Received: 10-10-13
Date Approved: 1-6-14
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Approval Date: 6 January, 2014 Date Effective: 1 January, 2014

Revision: January 1, 2014

Attachment 2.6-A
Page 12h

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(	)MB	No.	:

	State/Territory: <u>ARKANSAS</u>			
Citation	Condition or Requirement			
1902(a)(10)(A)(ii) (XV) of the Act	(iii) Working Individuals with Disabilities – Employed Medically Improved Individuals - TWWIIA			
	In determining financial eligibility for employed medically improved individuals under this provision, the following standards and methodologies are applied:			
	The agency does not apply any income or resource standard.			
	NOTE: If the above option is chosen, no further eligibility-related options should be elected.			
	The agency applies the following income and/or resource standard(s):			

State: Arkansas

Date Received: 10-10-13
Date Approved: 1-6-14
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Transmittal Number: 13-09

Transmittal Number: 13-09

Approval Date: 6 January, 2014 Date Effective: 1 January, 2014

Revised: January 1, 2014 Supplement 8a to Attachment 2.6-A Page 1

OMB No.: 0938-

State	: ARKA	ANSAS			
	MORE LIBERAL METHODS OF TREATING INCOME UNDER SECTION 1902 (r) (2) OF THE ACT*				
	[ ]	Section 1902 (	f) State	[X]	Non-Section 1902 (f) Star
			State: Arkansa	200	
			Date Received		3
			Date Approved		
			Date Effective: Transmittal Nu		- <u>0</u> 9
			Tranomitariva		

Supersedes TN No. \_\_\_02-14 \_\_\_ Approval Date \_\_\_1/6/14 \_\_ Effective Date \_\_\_1/1/14

Revision: January 1, 2014 **Supplement 8b to Attachment 2.6-A** 

Page 2

OMB No.: 0938-

### STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: **ARKANSAS** 

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION 1902(r)(2) OF THE ACT

Section 1902(f) State Non-Section 1902(f) State

State: Arkansas

Date Received: 10-10-13 Date Approved: 1-6-14 Date Effective: 1-1-14 Transmittal Number: 13-09

Transmittal Number: 13-09

Approval Date: 6 January, 2014 Date Effective: 1 January, 2014