

MANUAL TRANSMITTAL

Arkansas Department of Human Services



Division of County Operations

Policy Form Policy Directive

Issuance Number FSC 01-10

Food Stamp Certification **Manual**
2001

Issuance Date October 1,

From: Ruth Whitney, Director
Until

Expiration Date

Superseded

Subj: **Food Stamp Program Basis of Issuance Chart**

<u>Pages to be Deleted</u>		<u>Dated</u>	<u>Pages to be Added</u>		<u>Dated</u>
Front	Exhibit A	10/1/00	Exhibit A		10/1/01
Back	Exhibit B	10/1/00	Exhibit B		10/1/01
Appendix D		04/01/01	Appendix D		10/1/01

SUMMARY OF CHANGES

Effective October 1, 2001, maximum food stamp benefit amounts and income levels for household increase as indicated on the attached Basis of Issuance Chart.

Budget deductions will change as follows:

1. Standard deduction remains \$134.
2. Standard utility allowance will increase to \$195.
3. Maximum excess shelter deduction changed to \$354; Aged/Disabled households have no limit on maximum excess shelter deduction.
4. On Appendix D, SSI Only-Individual will increase to \$531, SSA/SSI Individual will increase to \$551, SSI Only-Individual Reduced will increase to \$354, and SSA/SSI Individual Reduced will increase to \$374

Aggregate allotment issued in September for October should be based on the 10-1-01 chart.

Inquiries to: Curtisteen Brooks, Food Stamp Section, (501) 682-8285

OCTOBER 1, 2001

ISSUANCE CHART

Non-Categorically Eligible		FOOD STAMP BENEFITS BASIS OF ISSUANCE							
Exhibit A		REGULAR HOUSEHOLDS				***AGED-DISABLED HOUSEHOLDS			
HOUSEHOLD SIZE	*PRETEST INCOME	*MAXIMUM NET INCOME	MAXIMUM BENEFITS	MINIMUM **BENEFITS	165% INCOME	HOUSEHOLD SIZE	*MAXIMUM NET INCOME	MAXIMUM BENEFITS	MINIMUM **BENEFITS
1	931	716	135	10**	1182	1	716	135	10**
2	1258	968	248	10**	1597	2	968	248	10**
3	1585	1183	356	2	2013	3	1183	356	2
4	1913	1471	452	10	2427	4	1471	452	10
5	2240	1723	537	20	2843	5	1723	537	20
6	2567	1975	644	52	3258	6	1975	644	52
7	2894	2226	712	44	3673	7	2226	712	44
8	3221	2478	814	70	4088	8	2478	814	70
9	3549	2730	916	97	4504	9	2730	916	97
10	3877	2982	1018	123	4920	10	2982	1018	123
11	4205	3234	1120	149	5336	11	3234	1120	149
12	4533	3486	1222	176	5752	12	3486	1222	176
13	4861	3738	1324	202	6168	13	3738	1324	202
14	5189	3990	1426	229	6584	14	3990	1426	229
15	5517	4242	1528	255	7000	15	4242	1528	255
16	5845	4494	1630	281	7416	16	4494	1630	281
17	6173	4746	1732	308	7832	17	4746	1732	308
18	6501	4998	1834	334	8248	18	4998	1834	334
19	6829	5250	1936	361	8664	19	5250	1936	361
20	7157	5502	2038	387	9080	20	5502	2038	387
21	7485	5754	2140	413	9496	21	5754	2140	413
22	7813	6006	2242	439	9912	22	6006	2242	439
23	8141	6258	2344	465	10328	23	6258	2344	465
24	8469	6510	2446	491	10744	24	6510	2446	491
25	8797	6762	2548	517	11160	25	6762	2548	517
26	9125	7014	2650	543	11576	26	7014	2650	543
27	9453	7266	2752	569	11992	27	7266	2752	569
28	9781	7518	2854	595	12408	28	7518	2854	595
29	10109	7770	2956	621	12824	29	7770	2956	621
30	10437	8022	3058	647	13240	30	8022	3058	647

* REGULAR HOUSEHOLDS are subject to gross income pretest and the maximum net income.

AGED/DISABLED HOUSEHOLDS are subject only to the maximum net income limit for their household size.

** MINIMUM BENEFITS - For one or two person households the minimum monthly benefit allotment is \$10.

***INCAPACITATED/AGED - LIVING WITH OTHERS - See Policy FSC 1630 number 4.

See reverse side for CATEGORICAL ELIGIBLE household (Exhibit B).

October 1, 2001

ISSUANCE CHART

Categorically Eligible						
Exhibit B	Food Stamp Benefits Basis of Issuance					
			Household	Maximum	Minimum	
			Size	Benefits	**Benefits	
			1	135	10**	** 1 and 2 person households that are categorically eligible are entitled to at least \$10.
			2	248	10**	
			3	356	1****	
			4	452	1****	
			5	537	1****	
			6	644	1	
			7	712	1	
			8	814	1	
			9	916	1	
			10	1018	1	
			11	1120	1	
			12	1222	1	
			13	1324	1	
			14	1426	1	
			15	1528	1	
			16	1630	1	
			17	1732	1	
			18	1834	1	
			19	1936	1	
			20	2038	1	
			21	2140	1	
			22	2242	1	
			23	2344	1	
			24	2446	1	
			25	2548	1	
			26	2650	1	
			27	2752	1	
			28	2854	1	
			29	2956	1	
			30	3058	1	
**** CATEGORICALLY ELIGIBLE HOUSEHOLDS do not have to meet regular households net income levels						
Categorically eligible households with three or more members will be entitled to benefits of at least \$2 if the Thrifty Food Plan reduced by 30% of their net income is at least \$1. (\$1.00 benefit allotments are automatically rounded to \$2.00 before issuance.						

October 1, 2001

ISSUANCE CHART

See Categorically Eligible FSC Policy for details.

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY Department of Human Services
DIVISION of County Operations
DIVISION DIRECTOR Ruth Whitney, Director
CONTACT PERSON Sandra Miller, Assistant Director, OPPD

ADDRESS P. O. Box 1437, Slot 1220, Little Rock, AR 72203
PHONE NO. 682- 8251 FAX NO. 682-1597

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire attached to the front of two (2) copies of your proposed rule and mail or deliver to:

Donna K. Davis
Subcommittee on Administrative Rules and Regulations
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

- 1. **What is the short title of this rule?**
MS 28000, Medicaid for the Working Disabled

- 2. **What is the subject of the proposed rule?**
Incorporating procedural changes that redefine working to mean employment for which income is received and reported to the IRS, and to clarify that individuals with unearned income over the SSI/SPA are not eligible.

- 3. **Is this rule required to comply with federal statute or regulations? Yes___No**
If yes, please provide the federal regulation and/or statute citation.

- 4. **Was this rule filed under the emergency provisions of the Administrative Procedure Act?**
Yes___ No X

If yes, what is the effective date of the emergency rule?

When does the emergency rule expire?

Will this emergency rule be promulgated under the regular provisions of the Administrative Procedure Act? Yes__ No

5. Is this a new rule? Yes___ No X

Does this repeal an existing rule? Yes___ No X

If yes, please provide a copy of the repealed rule.

Is this an amendment to an existing rule? Yes X No___ If yes, please attach a markup showing the changes in the existing rule and a summary of the substantive changes.

6. What state law grants the authority for this proposed rule? If codified, please give Arkansas Code citation.

AR Code Annotated 20-76-201 et. Seq and AR Code Annotated 20-15-201 et. Seq.

7. What is the purpose of this proposed rule? Why is it necessary?

To better define for which group of people this category of Medicaid is intended.

8. Will a public hearing be held on this proposed rule?

Yes___ No X If yes, please give the date, time, and place of the public hearing?

9. When does the public comment period expire?

August 30, 2001.

10. What is the proposed effective date of this proposed rule?

September 15, 2001

11. Do you expect this rule to be controversial? Yes

No X If yes, please explain.

12. Please give the names of persons, groups, or organizations which you expect to comment on these rules? Please provide their position (for or against) if known.

None known.

PLEASE ANSWER ALL QUESTIONS COMPLETELY

July 28, 1995

DEPARTMENT Department of Human Services
 DIVISION Division of Medical Services
 PERSON COMPLETING THIS STATEMENT Teresa Hursey
 TELEPHONE NO. 682-1734 FAX NO. 682-2263

FINANCIAL IMPACT STATEMENT

To comply with Act 884 of 1995, please complete the following Financial Impact statement and file with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE: Arkansas Medicaid State Plan Transmittal # 99-025 to implement the Working Disabled Program

1. Does this proposed, amended, or repealed rule or regulation have a financial impact?
 Yes X No
2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

Not Applicable

3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation.

<u>2001 Fiscal Year</u>	<u>2002 Fiscal Year</u>
General Revenue <u>\$ 6,043.66</u>	General Revenue <u>\$ 196,932.30</u>
Federal Funds <u>\$ 16,356.86</u>	Federal Funds <u>\$ 524,356.77</u>
Cash Funds _____	Cash Funds _____
Special Revenue _____	Special Revenue _____
Other _____	Other _____
Savings Total _____	Savings Total _____

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation?

<u>2001 Fiscal Year</u>	<u>2002 Fiscal Year</u>
None	None

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?

<u>2001 Fiscal Year</u>	<u>2002 Fiscal Year</u>
State \$ 6,043.66	State \$ 196,932.30
Federal \$ 16,356.86	Federal \$ 524,356.77
Total \$ 22,400.52	Total \$ 721,289.07*

* This is the projected cost of Medicaid benefits for the added group of eligibles.

NOTICE OF RULE MAKING

Pursuant to Arkansas Code Annotated 20-76-201 et Seq., Arkansas Code Annotated 20-15-201 et Seq., and Act 416 of 1977, Section 7 of Act 280 of 1939, the Balanced Budget Act of 1997, Public Law 105-33, and Act 1197 of 1999, Medicaid policy is being amended to redefine the definition of working and to add a two-step income eligibility determination to the Working Disabled Policy. This will better define the group of potential eligibles for this category. This change in policy is effective July 1, 2001.

Copies of the proposed change may be obtained by writing the Division of County Operations, P.O. Box 1436, Slot 1220, Little Rock, AR 72203, Attention: Office of Program Planning & Development. All comments must be submitted in writing to the address indicated above no later than 30 days from the date of this notice.

If you need this material in a different format, such as large print, contact our Americans with Disabilities Act Coordinator at 682-8920 (voice) or 682-8933 (TDD).

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to age, religion, disability, political affiliation, veteran status, age, race, color or national origin.

Ruth Whitney,
Director, Division of County Operations

Date: _____