

# ARKANSAS REGISTER

## Transmittal Sheet



Sharon Priest  
Secretary of State  
State Capitol Rm. 01  
Little Rock, Arkansas 72201-1094

For Office  
Use Only:

Effective Date \_\_\_\_\_

Code  
Number \_\_\_\_\_

Name of Agency \_\_\_\_\_ Arkansas Department of Human Services \_\_\_\_\_

Department \_\_\_\_\_ Division of County Operations \_\_\_\_\_

Contact Person \_\_\_\_\_ Sandra Miller \_\_\_\_\_ Phone \_\_\_\_\_ 682-8251 \_\_\_\_\_

Statutory Authority for Promulgating Rules \_\_\_\_\_ AR Code Annotated 20-76-201 et Seq., AR Code Annotated 20-15-201 et Seq., and Act 724 of 2001. \_\_\_\_\_

**MS Policy Directive MS 01-11, Coverage for Pregnant Women with Income up to 200% FPL**

Date

Intended Effective Date \_\_\_\_\_ Legal Notice Published ..... September 2-8, 2001 \_\_\_\_\_

Emergency Final Date for Public Comment ..... October 2, 2001 \_\_\_\_\_

10 Days After Filing Filed With Legislative Council ..... \_\_\_\_\_

Other Reviewed by Legislative Council ..... \_\_\_\_\_

November 1, 2001 Adopted by State Agency November 1, 2001 \_\_\_\_\_

### CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted  
In Compliance with Act 434 of 1967 As Amended.

\_\_\_\_\_  
Signature

Director, Division of County Operations

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**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?**  
Increasing Income Limit for Pregnant Women Medicaid to 200% FPL.
- 2. **What is the subject of the proposed rule?**  
The change will increase the income limit for Pregnant Women Medicaid in the SOBRA group from 133% of the Federal Poverty Level to 200% of the Federal Poverty Level..
- 3. **Is this rule required to comply with federal statute or regulations? Yes\_\_No\_X**  
**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.

Policy Directive MS 01-11 and revised Appendix F attached showing change.

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. and Act 1658 of 2001 of the 83<sup>rd</sup> General Assembly of the State of Arkansas.

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

To comply with Act 1658 of 2001..

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?

October 2, 2001

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

November 1, 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 State Plan Transmittal #2001-021 to increase the income eligibility limit for Pregnant Women from 133% to 200% of the Federal Poverty Level

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 \$ _____	General Revenue \$ _____
Federal Funds \$ _____	Federal Funds _____
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>
\$7,448,000.00	\$11,172,000.00

July 28, 1995

NOTICE OF RULE MAKING

Pursuant to Arkansas Code 20-76-201 et Seq. and Act 1658 of 2001, Medicaid policy is being amended to increase the income limit for Pregnant Women Medicaid from 133% of the Federal Poverty Level (FPL) to 200% FPL.

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. All comments must be submitted in writing to the above address no later than \_October 2, 2001.

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: \_\_\_\_\_

# MANUAL TRANSMITTAL

## Arkansas Department of Human Services Division of County Operations

Policy    Form    Policy Directive

Issuance Number: MS 01-11

Medical Services Policy Manual

Issuance Date: October 15, 2001

From: Ruth Whitney, Director

Expiration Date: Until Superseded

Subj: Coverage for Pregnant Women with Income up to 200% FPL

---

<u>Item to be Deleted</u>	<u>Dated</u>	<u>Item to be Added</u>	<u>Dated</u>
Appendix F	April 1, 2001	Appendix F	November 1, 2001

### Summary

Effective November 1, 2001 pregnant women with income up to 200% of the Federal Poverty Level can be covered in the SOBRA PW group. This change was authorized by Act 1658 of 2001 of the State of Arkansas 83<sup>rd</sup> General Assembly.

There will be no retroactive coverage for PWs over the 133% level until after November 1, 2001. Applicants with income between 133% FPL and 200% FPL making application before November 1, 2001 will not be eligible for SOBRA PW before November 1, 2001. Caseworkers should refer to the MS 7000 section of policy to determine possible spend down coverage for pregnant women in this group.

Appendix F, attached, has been revised to reflect the increase in the income limit for SOBRA PW.

Policy reflecting changes to the PW section will be issued in the near future.

Inquiries to: Jack Tiner, 501-682-8259  
Carmen Banks, 501-682-8258  
Diana Teal, 501-682-1562  
Cindy Gray, 501-682-8254

**2001 FEDERAL POVERTY LEVELS**  
**Monthly Levels**  
 (April 1, 2001 through March 31, 2002)

**FAMILY MEDICAID CATEGORIES**

<b>Family Size</b>	<b>ARKids A Children 6 &amp; Over Born After 9/30/82 &amp; AR Health Care Access 100%</b>	<b>ARKids A Children up to Age 6 &amp; Family Planning 133%</b>	<b>Transitional Medicaid 185%</b>	<b>SOBRA Pregnant Women &amp; ARKids First B 200%</b>
1	715.83	952.05	1,324.29	1,431.66
2	967.50	1,286.78	1,789.88	1,935.00
3	1,219.17	1,621.50	2,255.46	2,438.34
4	1,470.83	1,956.20	2,721.04	2,941.66
5	1,722.50	2,290.93	3,186.63	3,445.00
6	1,974.17	2,625.65	3,652.21	3,948.34
7	2,225.83	2,960.35	4,117.79	4,451.66
8	2,477.50	3,295.08	4,583.38	4,955.00
9	2,729.17	3,629.80	5,048.96	5,458.34
10	2,980.84	3,964.52	5,514.54	5,961.68
For each additional member add:	251.67	334.72	465.58	503.34

**AABD MEDICAID CATEGORIES**

	<b>QMB Equal To or Below 100%</b>	<b>SMB Between 100% &amp; 120%</b>	<b>QI-1 At least 120% but Less Than 135%</b>	<b>QI-2 At least 135% but Less Than 175%</b>	<b>QDWI Equal To or Below 200%</b>	<b>Working Disabled 250%</b>
Individual	715.83	859.00	966.37	1,252.70	1,431.67	1,789.57
Couple	967.50	1,161.00	1,306.13	1,693.13	1,935.00	2,418.75
For each additional family member in the Working Disabled category add:						629.18