

# Medicaid State Plan Eligibility

## Optional Eligibility Groups

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS0002O | AR-23-0015

### Package Header

<b>Package ID</b>	AR2023MS0002O	<b>SPA ID</b>	AR-23-0015
<b>Submission Type</b>	Official	<b>Initial Submission Date</b>	8/29/2023
<b>Approval Date</b>	11/22/2023	<b>Effective Date</b>	1/1/2024
<b>Superseded SPA ID</b>	New		
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### A. Options for Coverage

The state provides Medicaid to specified optional groups of individuals.

Yes  No

















The optional eligibility groups covered in the state plan are (elections made in this screen may not be comprehensive during the transition period from the paper-based state plan to MACPro):

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Optional Coverage of Parents and Other Caretaker Relatives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Reasonable Classifications of Individuals under Age 21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children with Non-IV-E Adoption Assistance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	CONVERTED
Independent Foster Care Adolescents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional Targeted Low Income Children		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals above 133% FPL under Age 65		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Needing Treatment for Breast or Cervical Cancer		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Eligible for Family Planning Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals with Tuberculosis		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Electing COBRA Continuation Coverage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Individuals Eligible for but Not Receiving Cash Assistance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

Eligibility Group Name		Covered In State Plan	Include RU In Package 	Included in Another Submission Package	Source Type 
Individuals Eligible for Cash Except for Institutionalization		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Home and Community-Based Waiver Services under Institutional Rules		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Optional State Supplement Beneficiaries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals in Institutions Eligible under a Special Income Level		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
PACE Participants		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving Hospice		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Children under Age 19 with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Age and Disability-Related Poverty Level		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Work Incentives		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Ticket to Work Basic		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="radio"/>	APPROVED
Ticket to Work Medical Improvements		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Family Opportunity Act Children with a Disability		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Individuals Receiving State Plan Home and Community-Based Services Who Are Otherwise Eligible for HCBS Waivers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

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## B. Medically Needy Options for Coverage

The state provides Medicaid to specified groups of individuals who are medically needy.

Yes  No

The medically needy eligibility groups covered in the state plan are:

### 1. Mandatory Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Pregnant Women		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Children under Age 18		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Protected Medically Needy Individuals Who Were Eligible in 1973		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

### 2. Optional Medically Needy:

#### Families and Adults

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Reasonable Classifications of Individuals under Age 21		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW
Medically Needy Parents and Other Caretaker Relatives		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

#### Aged, Blind and Disabled

Eligibility Group Name		Covered In State Plan	Include RU In Package	Included in Another Submission Package	Source Type
Medically Needy Populations Based on Age, Blindness or Disability		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	NEW

## Optional Eligibility Groups

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### C. Additional Information (optional)

#### Eligibility Groups Deselected from Coverage

The following eligibility groups were previously covered in the source approved version of the state plan and deselected from coverage as part of this submission package:

- N/A

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Individuals in Institutions Eligible under a Special Income Level

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS0002O | AR-23-0015

Individuals who are in medical institutions for at least 30 consecutive days who are eligible under a special income level.

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The state covers Individuals in Institutions Eligible under a Special Income Level in accordance with the following provisions:

#### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Have been in a medical institution for at least 30 consecutive days.
2. Have income at or below a standard described in section D.

# Individuals in Institutions Eligible under a Special Income Level

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## B. Individuals Covered

1. The state covers all individuals who meet the characteristics described in section A.

- Yes
- No

2. The state covers the following populations:

- a. Individuals age 65 or older
- b. Individuals who have blindness
- c. Individuals who have a disability
- d. Pregnant women
- e. All Individuals under age 21, or a lower age
- f. Reasonable classifications of children.

# Individuals in Institutions Eligible under a Special Income Level

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## C. Financial Methodologies

- In calculating household income, the methodologies of the most closely related cash assistance program are used, except that disregards are not applied.
- In calculating household resources, the methodologies of the most closely related cash assistance program are used. Please refer as necessary to Non-MAGI Methodologies, completed by the state.
- Less restrictive methodologies are used in calculating countable resources.

- Yes
- No

The less restrictive resource methodologies are:

- Real property not otherwise excluded is disregarded.

**Description of disregard:** For aged, blind and disabled individuals, Non-Home Income Producing Property, such as mineral and timber rights, rented farmland, and rented dwellings, will be disregarded if it meets the pre-5/1/90 SSI \$6000/6% rule, which was terminated by Section 8014 of OBRA, 1989.

- The state uses a less restrictive methodology with respect to the treatment of resources set aside in specified types of accounts.

- Resources set aside in Independence/Freedom accounts

**Description:** Independence Accounts established during an individual's eligibility in the eligibility group described in section 1902(a)(10)(A)(ii)(XV) of the Act, approved as an Independence Account by the state, and held separate from other resources, shall be disregarded. Accounts that may be designated as Independence Accounts include assets such as a savings accounts and retirement accounts (including retirement or pension accounts through an employer). Once approved by the state, an individual is permitted to fund their Independence Account with their earned income. An Independence Account may be the individual's retirement account through an employer.

The disregard shall apply only to amounts contributed to Independence Accounts during the individual's enrollment in the section 1902(a)(10)(A)(ii)(XV) eligibility group and any interest and earnings accrued by the account during and subsequent to such enrollment. No additional deposits into the accounts are permitted once the individual is no longer enrolled in the eligibility group described at section 1902(a)(10)(ii)(XV) of the Act. The individual must continue to allow the state regular monitoring of the account and/or reporting on deposits, withdrawals, and other information deemed necessary by the state for the proper administration of the disregard. Actions involving the accounts are subject to standard eligibility rules relating to resources (e. g., a transfer

from the account for less than fair market value would be subject to transfer-of-asset rules).

- A beneficiary of a "qualified state long-term care insurance partnership" policy (partnership policy), as defined in section 1917(b)(1)(C) of the Social Security Act and 45 CFR 144.200 et seq., is provided a resource disregard, equal to the amount of the insurance benefit payments made to or on behalf of the individual from the partnership policy.



## Individuals in Institutions Eligible under a Special Income Level

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### D. Income Standard Used

The income standard for this group is:

- 1. 300% of the SSI Federal Benefit Rate (FBR) for an individual
- 2. Other lower income level

## Individuals in Institutions Eligible under a Special Income Level

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### E.Resource Standard Used

The resource standard for this group is the one used for the most closely-related cash assistance program.

## Individuals in Institutions Eligible under a Special Income Level

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### F.Additional Information (optional)

# Medicaid State Plan Eligibility

## Eligibility Groups - Options for Coverage

### Ticket to Work Basic

MEDICAID | Medicaid State Plan | Eligibility | AR2023MS0002O | AR-23-0015

Individuals between ages 16 and 64 with a disability, who have earned income.

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The state covers the optional Ticket to Work basic eligibility group in accordance with the following provisions:

## Ticket to Work Basic

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### A. Characteristics

Individuals qualifying under this eligibility group must meet the following criteria:

1. Are at least age 16 but less than 65 years of age.
2. Have earned income.
3. But for earned income, meet the SSI definition of disability.
4. Have income and resources that do not exceed the standards established by the state.

## Ticket to Work Basic

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### B. Financial Methodologies

1. SSI methodologies are used in calculating household income and resources. Please refer as necessary to Non-MAGI Methodologies, completed by the state.

**2. Less restrictive methodologies are used in calculating countable income.**

- Yes
- No

**3. Less restrictive methodologies are used in calculating countable resources.**

- Yes
- No

## Ticket to Work Basic

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### C. Income Standard Used

The income standard for this group is:

- 1. No income standard
- 2. A percentage of the federal poverty level:
- 3. A percentage of the SSI Federal Benefit Rate:
- 4. A dollar amount
- 5. Other

## Ticket to Work Basic

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### D. Resource Standard Used

The resource standard for this group is:

- 1. No resource standard
- 2. SSI resource standard
- 4. A dollar amount higher than the SSI resource standard



## Ticket to Work Basic

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### E. Premiums and Cost Sharing

Requirements for premiums and cost sharing for this group are found in the premium and cost sharing sections of the state plan.

## Ticket to Work Basic

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### F. Additional Information (optional)

Individuals in the Ticket to Work group may establish "Independence Accounts" that the individual shall designate to the state Medicaid agency. These accounts must be held separate from other resources. Once approved by the state, an individual is permitted to fund their Independence Accounts with their earned income. An Independence Account may be the individual's retirement account through an employer. The owner will agree to regular monitoring and/ or reporting regarding deposits, withdrawals and other information deemed necessary by the Department for the proper administration of this provision.

There is no minimum or maximum limit to establish the account.

There is no minimum or maximum limit that can be deposited to the existing account.