
MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 14-01

Medical Services Policy Manual

Issuance Date: January 1, 2014

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Home Equity Limit and SSI and Quarters of Coverage Chart

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix R	04-01-13	Appendix R	01-01-14
Appendix S	01-01-13	Appendix S	01-01-14

Summary of Changes:

Appendix R, Transfer of Assets Divisor and Home Equity Limit and Appendix S (SSI and Quarters of Coverage Charts) have been updated for 2014. The changes are effective January 1, 2014.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 14-02

Medical Services Policy Manual

Issuance Date: January 6, 2014

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Medicare Savings Resource Limits

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS B-326	01-01-14	MS B-326	01-06-14
MS E-110	01-01-14	MS E-110	01-06-14

Summary of Changes:

MS B-326 and E-110 have been updated to reflect the new Medicare Savings resource limits for 2014. The change is effective January 1, 2014.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 14-03

Medical Services Policy Manual

Issuance Date: April 1, 2014

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Federal Poverty Levels and Transfer of Assets Divisor

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix F	10-01-13	Appendix F	04-01-14
Appendix P	04-01-13	Appendix P	04-01-14
Appendix R	01-01-14	Appendix R	04-01-14

Summary of Changes:

Appendix F, Federal Poverty Levels; Appendix P, TEFRA Premium Schedule; and Appendix R, Transfer of Assets Divisor, have been revised to provide the 2014 Federal Poverty Level income guidelines and the Transfer of Assets Divisor to be effective April 1, 2014.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services Division of County Operations

Policy

Issuance Number: MS 14-04

Medical Services Policy Manual

Issuance Date: 08-15-2014

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: General Program Information

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS A-100 – A-340	01-01-14	MS A-100 – A-340	01-01-14 08-15-14

Summary of Changes:

Medical Services policy section A has been revised to update policy sections with current eligibility information. There are no changes to the eligibility determination process.

The policy sections that have been updated are as follows:

A-105 – Added new section regarding nondiscrimination information.

A-115 – Added new section on cost sharing for Workers with Disabilities.

A-120 – Added descriptions of Part C and Part D Medicare plans.

A-190 – Changed the provider number for Medicaid claims to HP Customer Assistance Unit

A-200 – Added information for HCIP Medicaid end date for those turning 65 years old. Added clarification regarding ARKids continuation of coverage if individual is in hospital on 19th

birthday. Defined AABD groups Medicaid begin dates and begin date exceptions. Added additional information to #4 to define all Medically Needy categories.

A-210 – Added information identifying which groups are not eligible for retroactive Medicaid.

A-213 – Clarified when retroactive coverage may begin for QI-1. Added information about the begin date for QDWI retroactive coverage.

A-214 – Defined living in the household of someone else; how retro SSI will be authorized for a closed SSI case; changed “case file” to “electronic case file” and changed the application form from the DCO-777 to the DCO-95 for retro SSI.

A-215 – Added that deceased or denied SSI individuals would be approved in Aged, Blind or Disabled categories.

A-217 – Added new section regarding retroactive eligibility for pregnant woman.

A-230 - Added criteria for when an ARKids B child would lose eligibility; when the 12 months of continuous coverage for ARKids B would begin; and changed newborn coverage end date to the last day of the month of the child’s first birthday.

A-330 – Added information about the process of receiving traditional Medicaid through the Health Care Independence Program.

A-340 – Added contact information for individuals seeking information about their Qualified Health Plan.

In addition, all references to ICF/MR have been revised to ICF/IID, Individuals with Intellectual Disabilities. Policy references have been updated and minor spelling issues corrected.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 14-05

Medical Services Policy Manual

Issuance Date: 08-15-2014

From: Joni Jones, Director

Expiration Date: Until Superseded

Subj: Eligibility Groups

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS B-100 – B-500	01-01-14	MS B-100 – B-602	01-01-14 08-15-14

Summary of Changes:

Medical Services policy section B has been revised to update policy sections with current eligibility information. There are no changes to the eligibility determination process.

The policy sections that have been updated are as follows:

B-200 – Provided clarification regarding applicants enrolled or entitled to Medicare.

B-220 – Clarified that newborns born to pregnant women approved under the unborn child category are not eligible for the Newborn category.

B-230 - Children of Parent Caretaker Relative (PCR) recipients are enrolled in ARKids or a private insurance plan. Children are not enrolled in PCR.

B-250 – Added the information “income is at or below”.

B-270 – Changed “FFM” to “insureark.org”.

B-311 - Added the resource limits and reference for resources and spousal rules.

B-312 – Added physical to the requirement of having a disability.

B-313 – Added the available ElderChoices waiver services to policy.

B-314 – Added the information about Workers with Disabilities being able to access AAPD services. Also added the available AAPD waiver services. Added railroad disability as an acceptable disability determination.

B-318- Defined PACE.

B-321 – Added ARSeniors do not have to be entitled to Medicare, but if entitled must receive.

B-324 – Added the information that the individual eligible in QI-1 must be actually receiving Medicare Part A.

B-330 – Added the information about the \$20 general exclusion and recipients will be able to access services through AAPD waiver services.

B-340 - Added “entitlement to or”.

B-343 – Added COBRA to this title to distinguish from the other Widows and Widowers with Disabilities.

B-344 – Added OBRA ‘87 to this title to distinguish from the other Widows and Widowers with Disabilities.

B-345 – Added “resource eligible under AABD resource limits”.

B-346 – Added marriage of a DAC recipient will automatically terminate DAC protection unless the marriage is to a SSI recipient.

B- 500 – Added the request for the discharge summary to be sent to OPPD.

B-600-602 - New sections regarding Medically Needy categories.

In addition, all references to ICF/MR have been revised to ICF/IID, Individuals with Intellectual Disabilities. Policy references have been updated and minor spelling issues corrected.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-01

Medical Services Policy Manual

Issuance Date: January 1, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Home Equity Limit and SSI and Quarters of Coverage Chart

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix R	04-01-14	Appendix R	01-01-15
Appendix S	01-01-14	Appendix S	01-01-15

Summary of Changes:

Appendix R, Transfer of Assets Divisor and Home Equity Limit, and Appendix S, SSI and Quarters of Coverage Chart, have been updated for 2015. The changes are effective January 1, 2015.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-02

Medical Services Policy Manual

Issuance Date: January 1, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Medicare Savings Resource Limits

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS B-326	08-15-14	MS B-326	01-01-15
MS E-110	01-06-14	MS E-110	01-01-15

Summary of Changes:

MS B-326 and E-110 have been updated to reflect the new Medicare Savings resource limits for 2015. The change is effective January 1, 2015.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services Division of County Operations

Policy

Issuance Number: MS 15-03

Medical Services Policy Manual

Issuance Date: January 13, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Application Process

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS C-100 – C-300	01-01-14	MS C-100 – C-300	01-13-15

Summary of Changes:

Medical Services policy section C has been revised to update policy sections with current eligibility information. There are no changes to the eligibility determination process.

The policy sections that have been updated are as follows:

C-135 – Removed the procedure for notifying the applicant when application is delayed.

C-150 – Added a reference to the Health Care Needs questionnaire.

C-205 – A new section incorporating MS 12310 “Period of Eligibility”.

C-210 – Removed references to DCO-645 and incorporated newborn application process utilizing access.arkansas.gov or DCO-152.

C-211 – Removed reference to DCO-645.

C-230 – Added a statement clarifying respite care in TEFRA. Added DCO-108C to the required MRT forms.

C-234 – Deleted the information about scanning the DCO-2602 and DCO-2603 into the case file.

C-240 – Added the procedure for verifying physical disability for an applicant.

C-245 – Clarified that the eligibility start date on the waiver portion is the same as the keying date.

C-246 – Added note about eligibility date.

C-249 - Added “no review date” to the list of when to certify an ElderChoices or AAPD waiver case and when to open the waiver portion of an EC or AAPD waiver case.

C-251 – Clarified instructions regarding how to register an ALF or SSI ALF application.

C-256 – Clarified the vendor effective date after leaving LTC, ElderChoices or AAPD waiver.

C-280 – Added the information from old policy MS 2049.3 to clarify the SSA referral process.

C-281 – Added COLA 20— for clarification.

C-282-284 – DCO-95 will be used for SSI Groups instead of the DCO-777.

In addition, all references to ICF/MR have been revised to ICF/IID, Individuals with Intellectual Disabilities, and policy references have been updated.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services Division of County Operations

Policy

Issuance Number: MS 15-04

Medical Services Policy Manual

Issuance Date: January 30, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: General Eligibility Requirements

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS D-100 – D-540	01-01-14	MS D-100 – D-540	01-30-15

Summary of Changes:

Medical Services policy section D has been revised to update policy sections with current eligibility information. There are no changes to the eligibility determination process.

The policy sections that have been updated are as follows:

D-110 – Added the failure to apply for benefits information. (MS 3336.3)

D-201 – Removed the reference to the DCO-215 as it is no longer an application for Medicaid.

D-210 – Added under Note: including Palau and Micronesia.

D-224 – Added Iraqi and Afghan Special Immigrants under the “Aliens Exempt from Five-Year Bar”.

D-310 – Clarified residency status for non-institutionalized and institutionalized individuals.

D-380-381 – Added information about children entering custody of DYS and being released from DYS. (MS 16073-16073.1)

D-510 – Clarified where TPL information will be entered in the system.

In addition, policy references have been updated.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-05

Medical Services Policy Manual

Issuance Date: January 30, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Non-Financial Eligibility Requirements

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS F-100 – F-193	01-01-14	MS F-100 – F-193	01-30-15

Summary of Changes:

Medical Services policy section F has been revised to update policy sections with current eligibility information. There are no changes to the eligibility determination process.

The policy sections that have been updated are as follows:

F-120 – Added the disability criteria for the AFDC categories. Added Railroad Retirement (RR) to the verification of disability.

F-122 – Added 108C as the MRT form for children. Added NOTE that a recipient for a hardship will have a disability determination completed if not receiving SSA, SSI or RR disability.

F-123 – Added exception to a denied Medicaid application for ALF and PACE which must be approved for facility payment.

F-124 – Added DCO-108C as the MRT form for children.

F-125 – Added statement about MRT sending a notice of action regarding the use of specific medical records used for determination.

F-130 – Added when cooperation is strictly voluntary. Added good cause requirements.

F-150 – Removed reference to TEA Medicaid. Added that hospitalization will count towards meeting institutional status if the individual enters a facility on the date of discharge from the hospital.

F-151 – Incorporated information from MS 3620, Utilization Control; 3621, Changes in Classification; 3622, Continued Stay in a Facility Not Medically Necessary, and 3625, Continued Stay in a Facility Not Medically Necessary (PASARR).

F-152 – Added “likely to remain” as meeting the institutionalization requirement.

F-153 – Added the correct categories that require “appropriateness of care”.

F-156 – New section adding incapacitation information from MS 3330.2.

F-163 – Corrected the 1-800 number. Clarified who can key a PCP into the system.

F-171 – Updated the income to match Chart 1 on Appendix P (2013). Changed the word ANSWER to “the system”.

F-180 – Changed the waiting period from 3 months to 90 days based on information from Jean Hecker. Also, included TEFRA in the waiting period change.

F-191 – Changed “wives” to “spouses”.

In addition, all references to ICF/MR have been revised to ICF/IID, Individuals with Intellectual Disabilities, and policy references have been updated.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services Division of County Operations

Policy

Issuance Number: MS 15-06

Medical Services Policy Manual

Issuance Date: January 30, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Verification Standards

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS G-100 – G-180	01-01-14	MS G-100 – G-180	01-30-15

Summary of Changes:

Medical Services policy section G has been revised to update policy sections with current eligibility information. There are no changes to the eligibility determination process.

The policy sections that have been updated are as follows:

G-111 – Removed the word “policy” from the hyperlink MS E-110.

G-113 – Added “guardianship court order” for clarification of legal documents.

G-115 – Added the self-declaration information from MS 23115.

G-140 – Added the immigration field offices and the Arkansas counties they serve.

G-151 – Added “reported” and “verified” to clarify the income listed in the example.

G-160 – Removed the reference to Appendix C because the age/date of birth mismatch information is not listed in Appendix C.

In addition, policy references have been updated.

Inquiries to: Dave Mills, 501-682-8259, dave.mills@dhs.arkansas.gov
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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-07

Medical Services Policy Manual

Issuance Date: February 3, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Medicaid for IV-E Children Who Enters Arkansas from Other States

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS K-204-303	01-01-14	MS K-204-303	02-03-15

Summary of Changes:

Medical Services policy section K-300 has been revised to add “whether or not an interlocutory or judicial decree of adoption has been issued” that was inadvertently omitted when the policy manual was updated in 2014.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-08

Medical Services Policy Manual

Issuance Date: March 4, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Renewal and Changes

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS I-100-660	01-01-14	MS I-100-680	01-01-14 03-04-15

Summary of Changes:

Medical Services policy section I has been revised to update policy sections with current eligibility information. There are no changes to the eligibility determination process.

The policy sections that have been updated are as follows:

I-220 – Changed “from the date of the renewal form” to “of the coverage termination date”.

I-320 - Added Autism and MSP to the Alternate Renewal Processes.

I-324 – Changed “ANSWER” to “the system”.

I-325 – Changed old dates to current dates. Removed “and” from “a MRT and disability determination” in the example.

I-326 – Added the Autism renewal process (formerly MS 26440).

I-327 – Added the MSP renewal process (formerly MS 23160 and MD 11-16).

I-532 – Added the Simultaneous Coverage for MSP in the Categorical Change section (formerly MS 23120).

I-550 & I-551 – Changed ICF/MR to ICF/IID.

I-570 – Added Working Disabled Eligible to Receive AAPD services (formerly MS 09-08).

I-600 – Removed “online” from the list of how changes can be reported because the system is not ready to process online changes. Removed the paragraph that described steps to take to process online changes.

I-620 – Added Autism to the Alternative Change/Closure Processes list.

I-670 – Added Autism to the list of groups with specific change processes.

I-680 – Added the SSI related groups who became eligible for or entitled to Part A Medicare (formerly MS 2049.9).

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-09

Medical Services Policy Manual

Issuance Date: April 1, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Application Form Table

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix I	01-01-14	Appendix I	04-01-15

Summary of Changes:

Appendix I, Application Form Table, has been updated to include the Medically Needy groups and to remove Form DCO-215 and PUB-408 from the table. The changes are effective April 1, 2015.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-10

Medical Services Policy Manual

Issuance Date: April 1, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Federal Poverty Levels and Transfer of Assets Divisor

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix F	04-01-14	Appendix F	04-01-15
Appendix P	04-01-14	Appendix P	04-01-15
Appendix R	01-01-15	Appendix R	04-01-15

Summary of Changes:

Appendix F, Federal Poverty Levels; Appendix P, TEFRA Premium Schedule; and Appendix R, Transfer of Assets Divisor, have been revised to provide the 2015 Federal Poverty Level income guidelines and the Transfer of Assets Divisor effective April 1, 2015.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-11

Medical Services Policy Manual

Issuance Date: April 7, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Appendices

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix J	04-01-14	Appendix J	04-07-15
		Appendix W	04-07-15
		Appendix X	04-07-15

Summary of Changes:

Appendix J, Eligibility Table, has been revised to incorporate the Medically Needy groups. These groups were scheduled to be eliminated December 31, 2013 so they were not included in the January 2014 version of the appendix.

Appendix W, AAPD Waiting List Procedures, has been developed to provide guidance on the procedures for placing an individual on the AAPD waiting list.

Appendix X, Referrals for IndependentChoices, has been developed to describe the referral process for those individuals potentially eligible for the IndependentChoices program.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-12

Medical Services Policy Manual

Issuance Date: May 1, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Application Form Table

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix I	04-01-15	Appendix I	05-01-15

Summary of Changes:

Appendix I, Application Form Table, has been updated to replace the green dots with green "X's" to better accommodate those with color deficiency.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-13

Medical Services Policy Manual

Issuance Date: May 28, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Medical Services (MS) Glossary

Pages to be Deleted:	Date:	Pages to be Added:	Date:
		MS Glossary	05-28-15

Summary of Changes:

The Medical Services Glossary has been developed to clarify Medicaid terminology.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-14

Medical Services Policy Manual

Issuance Date: July 6, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Citizenship: Identity Verification

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS Appendix C	01-01-14	MS Appendix C	07-06-15
MS G-100-180	01-01-14	MS G-100-180	01-01-14
	01-30-15		01-30-15
			07-06-15

Summary of Changes:

MS Appendix C has been revised to incorporate acceptable documents that will prove identity.

MS G-111, G-131 and G-133 have been revised to clarify that identity must be verified if secondary or lower level documents are used to verify citizenship and that citizenship verified through the Federal Data Services Hub (FDSH) or State Verification and Exchange System (SVES) verifies identity.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-15

Medical Services Policy Manual

Issuance Date: July 13, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Long Term Services and Support

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS H-100 – 730	01-01-14	MS H-100 – 730	01-01-14 07-13-15

Summary of Changes:

Medical Services policy section H has been revised to update policy sections with current eligibility information. There are no changes to the eligibility determination process.

The policy sections that have been updated are as follows:

H-100 – Added Long Term Care Insurance Partnership Program, Estate Recovery and Undue Hardship Waiver to the list of sub-sections included in Section H.

H-111 – Added Assisted Living to the requirement of establishing an income trust if over income limit. Added a reference to #4. Deleted that payments must be made from the trust the first of the month.

H-112 – Added information about income received from a LTC insurance policy. Added the address for submission of income trusts.

H-114 – Changed “immediately” to 10 days.

H-115 – Clarified that narration is completed in the electronic record.

H-201 – Clarified when a change in marital status is applied.

H-202 – Added “continuous” to the period of institutionalization. Updated the example.

H-206 – Added “current” to the state standard. Added the 2014 resource standard to the example.

H-300 – Added the PACE exception to the transfer of resources.

H-303 – Clarified when the penalty will be applied to institutionalized individuals and how the transfer penalty will apply to waiver individuals. Removed the SSI transfer and the WRTR screen as it is no longer applicable.

H-304 – Corrected the number reference in 1.c. and changed “asset” to “resource”.

H-310 – Clarified when the penalty period begins for HCBWs.

H-311 – Clarified the procedure for notifying HCBW applicants of ineligibility for the program because an uncompensated transfer has occurred.

H-315 – Removed the “Note” as this procedure is no longer applicable.

H-400 – Added a statement regarding categories that use post eligibility rules.

H-402 – Added Veteran’s Benefit exception to 1.a.

H-410 – Added information in “Note” Added #4. Added policy reference to the “Glossary” at #5. Corrected the section number for the DCO-712 where the family member allowance will be entered. Added hospice individuals have limited prescriptions at #7. Added the system enters the \$50 plus additional non-covered medical expense. Clarified that vendor payment is also referenced as the cost of care.

H -412 – Added the procedures for the contribution to the cost of care for assisted living facilities and EC: Adult Family Home. Added the instructions for computing the cost of care for EC: Adult Family Home.

H-413 – Patient liability for PACE will be calculated using the DCO-712

H-416 – Described when the DCO-712 should be used for verification or refusal of contributions.

H-420 – Added information about the Personal Needs Allowance for SSI individuals applying for Long Term Care.

H-460 – Corrected the notice of action reference from DCO-700 to DCO-707.

H-481 – Corrected case adjustment for a non-income trust individual.

H-490 – Added policy from MS 3636, Absences from Long Term Care Facilities; MS 3637, County Office Responsibilities Following Report of Absence on Form DCO-702; MS 3637.1, Death or Discharge & MS 3637.2, Home Visits that was omitted in the January 2014 issuance.

H-491 – Added policy from MS 3637.3, Procedure for Reactivating a Suspension Case; MS 3637.4, Hospitalization; MS 3637.5, Hospitalization at the Arkansas State Hospital (Little Rock) or the George W. Jackson Center (Jonesboro); & MS 3637.6, Procedures for Suspension of Cases-State Hospital and George W. Jackson Center that was omitted in the January 2014 issuance.

H-492 - Added policy from MS 3637.7, Transfer & MS 3637.8, Transfer-Resident of Human Development Center that was omitted in the January 2014 issuance.

H-493 – Added policy from MS 3640, Operations Plan-Relocation of Recipients; MS 3641, Responsibility & MS 3642, Authority that was omitted in the January 2014 issuance.

H-494 – Added policy from MS 3643, Procedures, that was omitted in the January 2014 issuance.

H-510 – Added information that the resources will be disregarded for HCBWs also.

H-720 – Added waiver individuals to the list of who can ask for a hardship waiver.

In addition, ICF/MR was changed to ICF/IID, policy references were added and updated and addresses were updated throughout the policy section.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-16

Medical Services Policy Manual

Issuance Date: August 1, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Newborn Referral Process

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS C-210 – 300	01-13-15	MS C-210 – 300	01-13-15
	01-01-14		08-01-15
			01-01-14

Summary of Changes:

Medical Services policy section C has been revised to include the process that hospitals and physician providers will use to refer newborns for Medicaid coverage.

C-210 - The title of this section has been changed to “Newborn Referral Process”. The policy section describes the DCO-645 newborn referral process.

C-211 – The title of this section has been changed to “Newborn Referral Disposal Process” and the DCO-645 has been added to the process guidelines.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-17

Medical Services Policy Manual

Issuance Date: August 10, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Penalty Period

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS H-306-311	01-01-14	MS H-306-311	01-01-14
	07-13-15		07-13-15
MS H-322-325	07-13-15		08-10-15
	01-01-14	MS H-322-325	07-13-15
			01-01-14
			08-10-15

Summary of Changes:

MS H-308, H-310 and H-323 have been revised to clarify when the penalty period will begin for an uncompensated transfer.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-18

Medical Services Policy Manual

Issuance Date: August 24, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Glossary

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS Glossary (Pages 9 & 10)	05-28-15	MS Glossary (Pages 9 & 10)	05-28-15 08-24-15

Summary of Changes:

The MS Glossary has been revised to replace the term “husband and wife” in the definitions of “Living Arrangements and Marital Status” with “married couple”.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-19

Medical Services Policy Manual

Issuance Date: November 20, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Procedure for Inmates Being Released from Custody to Apply for Medicaid and Case Suspension While Incarcerated

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS Appendix C	07-01-15	MS Appendix C	08-01-15
MS D-350-381	01-01-14	MS D-350-381	01-01-14
	01-30-15		08-01-15
			01-30-15

Summary of Changes:

MS Appendix C has been revised to allow the use of a sentencing order as proof of identity.

MS D-370 has been revised to incorporate the policy reference regarding the exception for inmates to receive Medicaid.

MS D-371-D-373 have been developed to codify application procedures for an inmate being released from custody and the suspension of an inmate's case for up to a year while incarcerated.

The above changes were effective August 1, 2015.

Inquiries to:

Kristie Hayes, 501-682-8259, kristie.hayes@dhs.arkansas.gov

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-20

Medical Services Policy Manual

Issuance Date: September 29, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Autism Application Process

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS C-211-234	08-01-15	MS C-211-234	08-01-15
	01-01-14		09-22-15
	01-13-15		01-13-15
			01-01-14

Summary of Changes:

MS C-220 has been revised to incorporate the age limit and the minimum and maximum years of coverage for children who are applying for the Autism Waiver. This information was inadvertently omitted when the manual was rewritten in 2014.

Inquiries to:

Kristie Hayes, 501-682-8259, kristie.hayes@dhs.arkansas.gov

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-21

Medical Services Policy Manual

Issuance Date: October 5, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: New Services Added for ARKids B

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix D	01-01-14	Appendix D	10-05-15
Appendix G	01-01-14	Appendix G	10-05-15
MS A-165	08-15-14	MS A-165	08-15-14
	01-01-14		10-05-15
			01-01-14
MS H-491	07-13-15	MS H-491	10-05-15

Summary of Changes:

Appendices D and G have been revised to reflect four new services now covered under ARKids B effective August 1, 2015: Orthodontia, Inpatient Psychiatric Hospital/Psychiatric Residential Treatment Facility Services, Occupational and Physical Therapy Services. MS sections A-165 and H-491 have also been revised to reflect this change in coverage.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-22

Medical Services Policy Manual

Issuance Date: October 8, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: 90 Day MAGI Application Process

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS C-100- MS C-150	01-01-14 01-13-15	MS C-100 – MS C-150	01-01-14 01-13-15 10-08-15
MS C-200 – MS C-205	01-01-14 01-13-15	MS C-200 – MS C-205	01-01-14 01-13-15

Summary of Changes:

Medical Services Section C-141 is a new section that describes when a new application is not required for those applications denied due to failure to provide verification information within the 10 day notice period as long as the requested information is provided within 90 days of the application denial date.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-23

Medical Services Policy Manual

Issuance Date: October 9, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: QDWI, Workers with Disabilities and Income Changes for Pregnant Women

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS B-318-343	08-15-14	MS B-318-343	08-15-14
	01-01-14		01-01-14
	01-01-15		10-09-15
MS I-210-230	01-01-14	MS I-210-230	01-01-14
	03-04-15		10-09-15
MS I-600-630	03-04-15	MS I-600-630	03-04-15
	01-01-14		10-09-15
MS I-641-680	01-01-14		01-01-14
	03-04-15	MS I-641-690	01-01-14
			03-04-15
			10-09-15

Summary of Changes:

Medical Services policy sections B and I have been revised to update policy sections with current eligibility information. There are no changes to the eligibility determination process.

The policy sections that have been updated are as follows:

MS B-325 – Added the age limit for QDWI eligibility.

MS B-326 – Removed “aged” from the categorical column for QDWI.

MS B-330 – Added that Individuals applying for Workers with Disabilities Medicaid must be working at the time of application.

MS I-610 – Added references, MS C-205 and I-690.

MS I-620 – Added SSI Related and Pregnant Women groups to the list of alternative change/closure processes.

MS I-690 – Added a new section “Continuing Eligibility for all Pregnant Women Who Are Medicaid Certified and Who Lose Eligibility Due to Income Changes” which explains the process of category change due to a change in income.

This information was not included when the manual was rewritten in 2014.

Inquiries to:

Kristie Hayes, 501-682-8259, kristie.hayes@dhs.arkansas.gov

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-24

Medical Services Policy Manual

Issuance Date: October 27, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Financial Eligibility

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS E-100 – 530	01-01-14 01-01-15	MS E-100 – 542	01-01-14 10-26-15

Summary of Changes:

Medical Services policy section E has been revised to update policy sections with current eligibility information. There are no changes to the eligibility determination process.

The policy sections that have been updated are as follows:

E-100 – Added reference to cost sharing in the Workers with Disabilities category.

E-110 – Added a notation that the 5% disregard option may be used to establish eligibility and clarified the Workers with Disabilities unearned income eligibility criteria.

E-262 – Added contributions to the list of excluded income.

E-263 – Clarified when a child's income is counted in the Medicaid household.

E-268 – Added a clarification example to the lowest income level group.

E-280 – Moved information previously in E-280, Sponsor Affidavits of Support and Deeming, to E-300.

E-300 – Moved information previously in E-300-340, Financial Requirements for Spend Down and U-18 and Pregnant Woman to Section O.

E-400 – Added PACE, SSI/COLA and PACE and ElderChoices: Adult Family Home to this methodology.

E-410 – Removed from #4 “All recipient interest income will be reported by these facilities in their semi-annual cost reports, and the full amount will be deducted by Central Office at the time of retrospective cost settlement” because it is no longer applicable.

E-430 – Added NOTE about state and federal tax withholding.

E-431 – Added policy reference D-110. This information is being added to D-110.

E-432 – Added that reduction of SSA benefits for an overpayment is mandatory; changed the address for Railroad Retirement Board; removed clothing as in-kind support and added SSI/COLA, DAC and retro SSI determination to the groups that determine the valuation of in-kind income. Changed “wife” to spouse and added “widower”.

E-433 – Added the deeming requirement to “Widows and Widowers with a Disability (OBRA 1987)”.

E-440 – Added SSI/COLA groups (except DAC) to the deeming procedures.

E-441 – Added Medicare Savings Program Standard as this group uses the deeming procedures. Added the carry over process at #6. Added definition of married couple.

E-447- Defined which group using the deeming from a non-qualified alien spouse.

E-451 – Removed the outdated VA information. Added federal tax refunds and advance payments to the list of excluded assets disregarded as income.

E-501 – Updated process for submission of OCC opinion requests to include DAAS.

E-502 – Defined when the couple standard would apply.

E-512 – Added the word “tenant” to 2a. Changed husband and wife to couple.

E-514 – Added the word “home” to the definition of equity value and rebuttal information to #1.

E-516 – Added groups that can use the property producing exclusion.

E-517 – Added PACE to the programs that fall under the home equity limit criteria.

E-518 – Added the 2013 home equity limit and clarified examples.

E-522 – Updated savings bond value resource.

E-523 – Added information about interest earned on excluded burial funds and funeral home ownership of irrevocably assigned life insurance or annuities. Added information about federal tax refunds and advance payments excluded as a resource for 12 months after receipt. Updated the process used to determine the value of vehicles.

E-540-542 – Added information about deeming of resources as it was not included when updating policy in 2014.

In addition, ICF/MR was changed to ICF/IID and policy references were added and updated throughout the policy section.

Inquiries to: Kristie Hayes, 501-682-8259, kristie.hayes@dhs.arkansas.gov
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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-26

Medical Services Policy Manual

Issuance Date: October 30, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Pregnant Woman Period of Eligibility

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS C-145-C-205	01-01-14 01-13-15	MS C-145-C-205	01-01-14 01-13-15 10-30-15

Summary of Changes:

Medical Services Policy section C-205 has been revised to clarify that a woman who applies for coverage after the birth of a child and is found eligible in the birth month for Limited PW or Unborn Child will be given full postpartum coverage.

Inquiries to:

Kristie Hayes, 501-682-8259, Kristie.Hayes@dhs.arkansas.gov
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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-27

Medical Services Policy Manual

Issuance Date: November 23, 2015

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Income Verification Process for Applications and Renewals

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS G-113-131	01-30-15	MS G-113-131	11-18-15
	01-01-14		01-01-14
	07-06-15		01-30-15
			07-06-15
MS G-140-180	01-30-15	MS G-140-180	01-30-15
	01-01-14		11-18-15
			01-01-14
MS I-100-690	01-01-14	MS I-100-690	01-01-14
	10-09-15		11-18-15
	03-04-15		10-09-15
			03-04-15

Summary of Changes:

MS G-113 has been revised to include verified information in an individual's TEA case record as a source of verification.

MS G-150 has been revised to include new logic in the MAGI income verification process to help provide a greater number of no touch cases.

MS I-210 has been revised to incorporate the renewal steps pertaining to attested income and verified income through SNAP and/or TEA.

MS I-220 has been revised to incorporate the renewal step when the household attests to income that is over the MAGI limit.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 15-29

Medical Services Policy Manual

Issuance Date: January 1, 2016

From: Mary Franklin, Interim Director

Expiration Date: Until Superseded

Subj: ARChoices in Homecare

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Table of Contents	None	Table of Contents	None
MS A-200 – A-320	08-15-14 01-01-14	MS A-200 – A-320	01-01-16 01-01-14 08-15-14
MS B-300 – B-602	01-01-14 08-15-14 10-09-15	MS B-300 – B-602	01-01-14 08-15-14 01-01-16
MS C-145 – C-205	01-01-14 01-13-15 10-30-15	MS C-145 – C-205	01-01-14 01-13-15 01-01-16 10-30-15
MS C-235 – C-265	01-01-14 01-13-15	MS C-235 – C-265	01-01-14 01-13-15 01-01-16
MS E-100 – E-230	10-26-15 01-01-14	MS E-100 – E-230	10-26-15 01-01-16

MS E-400 – E-410	10-26-15 01-01-14	MS E-400 – E-410	01-01-14 01-01-16 01-01-14 10-26-15
MS E-425 – E-433	01-01-14 10-26-15	MS E-425 – E-433	01-01-14 01-01-16 10-26-15
MS E-434 – E-441	01-01-14 10-26-15	MS E-434 – E-441	01-01-14 01-01-16 10-26-15
MS F-121 – F-124	01-01-14 01-30-15	MS F-121 – F-124	01-01-14 01-01-16 01-30-15
MS F-140 – F-155	01-01-14 01-30-15	MS F-140 – F-155	01-01-14 01-30-15 01-01-16
MS H-114 – H-212	07-13-15 01-01-14	MS H-114 – H-212	07-13-15 01-01-16
MS H-310 – H-311	08-10-15 07-13-15	MS H-310 – H-311	01-01-16 07-13-15
MS H-410 – H-415	07-13-15 01-01-14	MS H-410 – H-415	01-01-16 07-13-15 01-01-14
MS I-320 – I-324	03-04-15 01-01-14 07-13-15	MS I-320 – I-324	01-01-16 01-01-14 03-04-15
MS I-532 – I-570	03-04-15 01-01-14	MS I-532 – I-570	03-04-15 01-01-16
MS I-600 – I-690	03-04-15 10-09-15	MS I-600 – I-690	03-04-15 10-09-15

Appendix D	01-01-14	Appendix D	01-01-16
Appendix I	10-05-15	Appendix I	01-01-16
Appendix J	05-15	Appendix J	01-16
Appendix O	04-15	Appendix O	01-16
	01-14		

Summary of Changes:

Medical Services Policy has been revised to merge the ElderChoices and Alternatives for Adults with Physical Disabilities (AAPD) waiver programs into one waiver called ARChoices in Homecare. This action will not result in any eligibility rule changes. The eligibility criteria for both the elderly and adults with physical disabilities will remain the same as in the two previous waivers, but both groups will now be served through one waiver program.

References to ElderChoices and AAPD have been changed to ARChoices in Homecare or ARChoices throughout the manual. In addition, specific changes are listed below:

A-200 – Deleted the ElderChoices waiver section. Added "unless a prior date is authorized by the DHS RN" to the statement of when eligibility will begin.

A-211 – Merged AAPD and ElderChoices sections and changed the name to ARChoices in Homecare. Clarified that the DHS RN determines the begin date of eligibility for Assisted Living.

B-313 – Merged B-313 and B-314 into one section called ARChoices in Homecare.

C-240 – Clarified individuals aged 21-64 must have a physical disability and removed reference to AAPD waiting list.

C-253 – Changed reference to "medical assessment" to "functional need assessment".

C-256 - Clarified that individuals entering an ALF from a LTCF or ARChoices must receive a new functional need assessment by the DAAS RN in order to determine the individual's tier level.

I-560 – Revised this section to incorporate ANSWER procedures for when an ARChoices recipient turns age 65.

I-570 - Changed "medical criteria" to "functional need criteria" and removed "AAPD counselor" from the referral process.

Appendix D – Added descriptions for the ARChoices in Homecare waiver program. Deleted sections for AAPD and ElderChoices.

Appendix I – Combined ElderChoices and AAPD rows and formed an ARChoices row. Removed and added various forms to the LTSS section that were in error.

Appendix J - Combined ElderChoices and AAPD rows and formed an ARChoices row.

Appendix O - Combined ElderChoices and AAPD rows and formed an ARChoices row. Removed and added various forms to the LTSS section that were in error.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 16-01

Medical Services Policy Manual

Issuance Date: January 1, 2016

From: Delia Anderson, Director

Expiration Date: Until Superseded

Subj: Home Equity Limit and SSI and Quarters of Coverage Chart

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix R	04-01-15	Appendix R	01-01-16
Appendix S	01-01-15	Appendix S	01-01-16

Summary of Changes:

Appendix R, Transfer of Assets Divisor and Home Equity Limit and Appendix S, SSI and Quarters of Coverage Chart, have been updated for 2016.

There was no change in the home equity limit on Appendix R. The quarters of coverage amount and the substantial gainful activity (SGA) amount were updated on Appendix S. The changes are effective January 1, 2016.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 16-02

Medical Services Policy Manual

Issuance Date: January 21, 2016

From: Mary Franklin, Interim Director

Expiration Date: Until Superseded

Subj: Begin Date for Autism Coverage Period

Pages to be Deleted:	Date:	Pages to be Added:	Date:
C-211-C-220	08-01-15 09-22-15	C-211-C-220	08-01-15 01-14-16

Summary of Changes:

MS C-220 has been updated to incorporate the coverage period start date for a child receiving Medicaid through the Autism waiver.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 16-03

Medical Services Policy Manual

Issuance Date: January 27, 2016

From: Mary Franklin, Interim Director

Expiration Date: Until Superseded

Subj: Medically Needy Program

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS O-100 – MS O-143	01-01-14	MS O-100 – MS O- 143	01-01-14 01-27-16
MS O-200 – MS O-230	01-01-14	MS O-200 – MS O-230	01-01-14 01-27-16
MS O-400 – MS O-451	01-01-14	MS O-400 – MS O-451	01-01-14 01-27-16
MS O-600 – MS O-620	01-01-14	MS O-600 – MS O-620	01-01-14 01-27-16
MS O-700 – MS O-730	01-01-14	MS O-700 – MS O-730	01-01-14 01-27-16

Summary of Changes:

MS Policy Section O has been revised to update policy references and to change references for TEA Medicaid to Parent Caretaker Relatives Medicaid.

Inquiries to:

Kristie Hayes, 501-682-8259, kristie.hayes@dhs.arkansas.gov

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 16-05

Medical Services Policy Manual

Issuance Date: January 27, 2016

From: Mary Franklin, Interim Director

Expiration Date: Until Superseded

Subj: Verification of Resources using the Asset Verification System

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS G-160 – MS G-180	01-30-15	MS G-160 – MS G-181	01-30-15
	01-01-14		01-01-14
			01-27-16

Summary of Changes:

Medical Services Policy Section G-181, Verification of Resources using the Asset Verification System, is a new section of policy providing information and instructions on using the Asset Verification System to locate and verify liquid resources for non-SSI AABD categories with a resource limit.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 16-06

Medical Services Policy Manual

Issuance Date: February 5, 2016

From: Mary Franklin, Interim Director

Expiration Date: Until Superseded

Subj: TEFRA Application Process

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS C-230 – MS C-234	01-13-15	MS C-230 – MS C-234	02-05-16
	01-01-14		01-01-14
			01-13-15

Summary of Changes:

Medical Services Section C-230, TEFRA Application Process, has been revised to remove a statement that is no longer applicable. Respite Services is no longer offered for TEFRA recipients.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 16-07

Medical Services Policy Manual

Issuance Date: February 24, 2016

From: Mary Franklin, Interim Director

Expiration Date: Until Superseded

Subj: MS Appendix N, Family Medically Needy Resource and Income Levels

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS Appendix N	01-01-14	MS Appendix N	02-24-16

Summary of Changes:

Medical Services Policy Appendix N has been revised to update processes and procedures regarding determining resource and income levels for the medically needy categories. There are no changes to the eligibility determination process.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 16-08

Medical Services Policy Manual

Issuance Date: March 7, 2016

From: Mary Franklin, Interim Director

Expiration Date: Until Superseded

Subj: MS Appendix W, ARChoices Waiver Application Tracking and Release Procedures

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS Appendix W	04-07-15	MS Appendix W	03-07-16

Summary of Changes:

Medical Services Policy Appendix W has been revised to update processes and procedures regarding the waiting list for ARChoices. Below are the specific changes:

- References to AAPD have been changed to ARChoices.
- “Waiting list” has been changed to “application tracking and release list”.
- Position titles have been bolded and underlined to easily identify the party responsible for each action.
- More detailed instructions have been added for DCO County Offices regarding entry of information in ANSWER when applications are received.
- References to “DCO worker” have been changed to “LTSS Program Eligibility Specialist”.

- Additional steps have been added for the LTSS Program Eligibility Specialist, DAAS RN and DAAS Central Office to add clarity. Some tasks that were previously the responsibility of the DAAS RN have been moved to the DAAS Central Office.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 16-09

Medical Services Policy Manual

Issuance Date: April 1, 2016

From: Mary Franklin, Interim Director

Expiration Date: Until Superseded

Subj: Federal Poverty Levels and Transfer of Assets Divisor

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix F	04-01-15	Appendix F	04-01-16
Appendix P	04-01-15	Appendix P	04-01-16
Appendix R	01-01-16	Appendix R	04-01-16

Summary of Changes:

Appendix F, Federal Poverty Levels; Appendix P, TEFRA Premium Schedule; and Appendix R, Transfer of Assets Divisor, have been revised to provide the 2016 Federal Poverty Level income guidelines and the Transfer of Assets Divisor effective April 1, 2016.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 16-10

Medical Services Policy Manual

Issuance Date: 04/29/2016

From: Mary Franklin, Interim Director

Expiration Date: Until Superseded

Subj: Procedures for Children in DYS Custody

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS D-350 – MS D-381	01/01/2014 08/01/2015 01/30/2015	MS D-350 – MS D-381	04/29/2016 08/01/2015

Summary of Changes:

Section D of the Medical Services Policy Manual is being updated to consolidate the policy regarding children in Division of Youth Services custody with the policy regarding incarcerated individuals in general. Children in DYS custody will now be able to utilize the coverage suspension procedures utilized for all other incarcerated individuals. Policy section D-360 is being removed as the procedures outlined in that section are no longer valid. Section D-380 and D-381 are being revised to update DYS and System procedures, and to remove the information regarding DCO procedures that are no longer valid.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 16-11

Medical Services Policy Manual

Issuance Date: May 5, 2016

From: Mary Franklin, Interim Director

Expiration Date: Until Superseded

Subj: Medicare Savings Program

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS E-434 – MS E-500	01-01-14	MS E-434 – MS E-500	01-01-14
	01-01-16		05-05-16
	10-26-15		01-01-16
			10-26-15

Summary of Changes:

MS E-435, Medicare Savings Income Calculation, is a new section of policy that describes how income eligibility will be determined for an individual applying for the Medicare Savings Program.

Inquiries to:

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MANUAL TRANSMITTAL

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Division of County Operations

Policy

Issuance Number: MS 16-12

Medical Services Policy Manual

Issuance Date: June 1, 2016

From: Mary Franklin, Interim Director

Expiration Date: Until Superseded

Subj: Program of All-Inclusive Care for the Elderly (PACE)

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS B-315 – MS B-321	08-15-14 01-01-14	MS B-315 – MS B-321	08-15-14 06-01-16 01-01-14
MS C-260 – MS C-262	01-13-15 01-01-16 01-01-14	MS C-260 – MS C-262	06-01-16 01-01-16 01-01-14
Appendix K	01-01-14	Appendix K	06-01-16

Summary of Changes:

A new PACE provider, Complete Health with PACE, will begin providing PACE services in counties in Central Arkansas. The Division of Aging and Adult Services (DAAS) will begin accepting applications for PACE in these new counties beginning June 1, 2016. The following changes have been made to the Medical Services Policy manual.

MS B-318 – Removed the word "northeast" as PACE services will no longer be limited to Northeast Counties of Arkansas.

MS C-260 – Note is added stating a new application is not needed if an individual moves from one PACE site to another.

Appendix K – Zip codes are added for those cities served by the new PACE provider in Central Arkansas.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 16-13

Medical Services Policy Manual

Issuance Date: June 8, 2016

From: Mary Franklin, Interim Director

Expiration Date: Until Superseded

Subj: Former Foster Care Adults

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS B-250 – MS B-270	08-15-14 01-01-14	MS B-250 – MS B-270	08-15-14 06-08-16

Summary of Changes:

Medical Services policy section MS B-260, Former Foster Care Adults, has been revised to incorporate the requirement that receiving Medicaid is an eligibility criteria for the former foster care adult category when the individual aged out of foster care.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 16-14

Medical Services Policy Manual

Issuance Date: July 8, 2016

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: ARKids Age and Specified Relative Requirement

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS B-100 – MS B-250	01-01-14 08-15-14 01-14-14	MS B-100 – MS B-250	01-01-14 08-15-14 07-08-16
MS F-100 – MS F-120	01-01-14 01-30-15	MS F-100 – MS F-120	01-01-14 07-08-16 01-30-15

Summary of Changes:

Medical Services Policy Sections B-210 and F-110 have been revised to clarify the age requirement and the specified relative requirements for ARKids A and B.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 16-15

Medical Services Policy Manual

Issuance Date: August 1, 2016

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Personal Property Exclusions

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS E-523 – MS E-542	10-26-15	MS E-523 – MS E-542	08-01-16
	01-01-14		01-01-14
			10-26-15

Summary of Changes:

Medical Services Policy Section E-523, Personal Property Exclusions, has been revised to allow the exclusion of one automobile regardless of the value during the resource assessment, to provide guidelines for determining the value of a vehicle, and to codify that the resource exclusion for household goods and personal effects no longer has a dollar limit amount.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 16-16

Medical Services Policy Manual

Issuance Date: October 2, 2016

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: TEFRA Revisions

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS B-315 – B-321	08-15-14	MS B-315 – B-321	10-02-16
	06-01-16		06-01-16
	01-01-14		01-01-14
MS F-180 – F-191	01-30-15	MS F-180 – F-191	10-02-16
	01-01-14		01-01-14
Appendix P	04-01-15	Appendix P	10-02-16

Summary of Changes:

Medical Services Policy section B-315, TEFRA, has been revised to replace “acute care facility” with “hospital”. “Alternative Home Placement” has been removed.

Medical Services Policy section F-180, Other Health Insurance Coverage, has been revised to remove the reference to TEFRA. TEFRA applicants with insurance coverage other than Medicaid are no longer assessed a 90 day waiting period preceding the date of application. This section has also been revised to change “3 months” to “90 days”.

Appendix P has been revised to change (round down) specific TEFRA premium amounts because the amounts were greater than the percentage of income indicated.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 16-17

Medical Services Policy Manual

Issuance Date: October 6, 2016

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Medically Needy Program

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS O-753 – MS O-800	01-01-14	MS O-753 – MS O-800	01-01-14
MS O-900 – MS O-950	01-01-14	MS O-900 – MS O-950	01-01-14
			10-06-16
MS Appendix O	01-01-16	MS Appendix O	10-06-16

Summary of Changes:

MS O-910, Time Schedule for Reevaluations of Eligibility for Exceptional Medically Needy Cases, is being updated to replace the designated renewal form, DCO-215, with the DCO-95, Application for Family Medicaid Assistance, as the form used for renewals for the aged medically needy category.

MS Appendix O, Renewal Forms Chart, was updated with the above information and the reference to Pub-408 was removed as this publication is no longer required at renewals.

NOTE: MS O-753, Nonspecific Assignable Payments, is being reprinted as part of the last sentence of the last paragraph was deleted in the first print.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 16-18

Medical Services Policy Manual

Issuance Date: October 21, 2016

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: MRT Docushare Process

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS F-127 – MS F-193	01-01-14 01-30-15	MS F-127 – MS F-193	01-01-14 10-21-16 01-30-15

Summary of Changes:

MS F-128, Substantial Gainful Activity (SGA), has been revised to reflect the current SGA amount.

MS F-129, Request for MRT Disability Determinations, is a new section of policy that establishes the process for a caseworker to send a request for a disability determination to the Medical Review Team (MRT) through Docushare.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 17-01

Medical Services Policy Manual

Issuance Date: January 1, 2017

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Cost of Living Adjustments (COLA) and Medicare Savings Programs (MSP) Resource Limits

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS Appendix R	04-01-16	MS Appendix R	01-01-17
MS Appendix S	01-01-16	MS Appendix S	01-01-17
MS B-321 – MS B-330	08-15-14	MS B-321 – MS B-330	08-15-14
	10-09-15		10-09-15
	01-01-16		01-01-17
			01-01-16
MS E-100 – MS E-110	10-26-15	MS E-100 – MS E-110	10-26-15
	01-01-16		01-01-17

Summary of Changes:

Medical Services Appendices R and S are being updated to reflect the new Cost Of Living Adjustment (COLA) amount for 2017.

Medical Services sections B-326, Medicare Savings Programs - Comparison Chart, and E-110, Income and Resource Limits for MAGI and Non-MAGI Groups, are being updated to reflect the MSP resource limits for 2017.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 17-03

Medical Services Policy Manual

Issuance Date: January 10, 2017

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Arkansas Works Program

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS A-100 – MS A-190	01-01-14	MS A-100 – MS A-190	01-01-17
	08-15-14		08-15-14
	10-05-15		01-01-14
MS A-200 – MS A-230	01-01-16	MS A-200 – MS A-230	01-01-17
	01-01-14		01-01-16
	08-15-14		01-01-14
			08-15-14
MS A-300 – MS A-340	01-01-14	MS A-300 – MS A-340	01-01-14
	08-15-14		01-01-17
MS B-100 – MS B-270	01-01-14	MS B-100 – MS B-270	01-01-14
	08-15-14		01-01-17
	07-08-16		07-08-16
	06-08-16		08-15-14
			06-08-16
MS B-500 – MS B-500	08-15-14	MS B-500 – MS B-500	01-01-17
MS C-141 – MS C-205	10-08-15	MS C-141 – MS C-205	10-08-15
	01-01-14		01-01-14
	01-13-15		01-01-17
	01-01-16		01-01-16

MS D-500 – MS D-530	10-30-15 01-01-14 01-30-15	MS D-500 – MS D-530	10-30-15 01-01-17 01-30-15 01-01-14
MS E-100 – MS E-230	10-26-15 01-01-17 01-01-14	MS E-100 – MS E-230	10-26-15 01-01-17 01-01-14
MS E-265 – MS E-270	01-01-14 10-26-15	MS E-265 – MS E-270	01-01-14 01-01-17
MS F-173 – MS F-180	01-01-14 10-02-16	MS F-173 – MS F-180	01-01-14 01-01-17
MS H-490 – MS H-500	07-13-15 10-05-15 01-01-16 01-01-14	MS H-490 – MS H-500	07-13-15 01-01-17 01-01-16 01-01-14
MS I-600 – MS I-630	03-04-15 10-09-15 01-01-16	MS I-570 – MS I-630	03-04-15 01-01-17 01-01-16
MS I-690 – MS I-690	10-09-15	MS I-690 – MS I-690	01-01-17
MS O-131 – MS O-143	01-01-14 01-27-16	MS O-131 – MS O-143	01-01-14 01-01-17
MS Appendix F	04-01-16	MS Appendix F	01-01-17
MS Appendix I	01-01-16	MS Appendix I	01-01-17
MS Appendix J	01-01-16	MS Appendix J	01-01-17
MS Appendix O	10-01-16	MS Appendix O	01-01-17
MS Appendix X	04-07-15	MS Appendix X	01-01-17

Summary of Changes:

The following sections of policy have revised to reflect the changes to the Health Care Independence Program which changed to the Arkansas Works Program effective January 1, 2017.

A-116 – “Premiums For The Adult Expansion Group” is a new section of policy that explains premiums being assessed to individuals whose income is at least 100% of the federal poverty level.

A-340 – Individuals in a QHP or employer sponsored insurance will contact their insurance provider for answers to plan questions.

B-270 – Individuals who are 21 years of age and working must enroll in employer health insurance coverage if the employer has elected to participate in the Arkansas Works Program.

C-150 – Explains the new process for enrollment in the Adult Expansion Group.

Throughout the policy manual, the Health Care Independence Program name has been replaced with the Adult Expansion Group. Employer Sponsored Insurance has been included as a private insurance plan.

Inquiries to:

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Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 17-04

Medical Services Policy Manual

Issuance Date: February 01, 2017

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Reasonable Opportunity Period for Immigration Status

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS G-131 – G-181	07-06-15	MS G-131 – MS G-181	07-06-15
	01-01-14		01-01-14
	01-30-15		02-01-17
	11-18-15		11-18-15
	01-27-16		01-30-15
			01-27-16

Summary of Changes:

The following sections of policy have revised to reflect the changes to the alien immigration status verification process.

G-140 – “Alien Status Verification Requirements” has been revised to change the time given for an alien to verify immigration status from a 10-day notice to a 90-day notice.

G-141 – “Reasonable Opportunity for Verifying Alien Status” – is a new section of policy which describes the 90-day reasonable opportunity period for an alien to verify immigration status if that status cannot be verified through FDSH, SAVES or if the individual does not have immigration documentation.

Inquiries to:

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Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 17-05

Medical Services Policy Manual

Issuance Date: February 16, 2017

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Resources-AABD

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS E-500 – MS E-542	10-26-15 01-01-14	MS E-500 – MS E-542	10-26-15 02-16-17 01-01-14

Summary of Changes:

The following sections of policy have been revised to clarify policy and procedures in determining resource eligibility for the aged, blind and disabled groups of Medicaid.

- MS E-501 #7- replaced “record” with “folder in eDoctus”.
- MS E-513 #2.c.4 - added spousal impoverishment guidelines from H-200 regarding separated couples living in the community when one is applying for ARChoices or PACE. Added clarification regarding good faith effort to obtain information from estranged spouses.
- MS E-513 #3 - deleted “Held in Non-home Property” as this determination also applies to home property. Added procedures for determining life estate value when there are joint life estate holders and provided an example.
- MS E-515 #2 - updated to bring in line with POMS regarding mineral rights on excess real property and added an example.
- MS E-515 #3 - added statement regarding rebuttal.

- MS E-516 #1 - added additional information regarding SSI recipients in a facility.
- MS E-516 #2 - added clarification to first paragraph that these exclusions apply to all AABD categories except QDWI.
- MS E-516 #2.a. - removed references to applicable categories; removed the statement “principal means of livelihood or support”; and added an example.
- MS E-516 #2.b. - removed references to “principal means of livelihood or support” and added IRS forms helpful to determine trade or business enterprise.
- MS E-517 - added more specific wording to clarify that if a HCBW/PACE applicant is over the home equity limit, their application will be denied.
- MS E-523 #2 – clarified that the disregard of the face value of life insurance policies owned by the individual is dependent on who the insured is; added 3 examples.
- MS E-530 #6 - added clarification regarding sale of a resource.
- MS E-540 – added “Note” regarding deeming in LTSS categories.

References to OPLS were replaced with Office of Chief Counsel (OCC) and references to PACE were added throughout policy E-500.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 17-06

Medical Services Policy Manual

Issuance Date: April 1, 2017

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Federal Poverty Levels and Transfer of Assets Divisor

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix F	01-01-17	Appendix F	04-01-17
Appendix P	10-01-16	Appendix P	04-01-17
Appendix R	01-01-17	Appendix R	04-01-17

Summary of Changes:

Appendix F, Federal Poverty Levels; Appendix P, TEFRA Premium Schedule; and Appendix R, Transfer of Assets Divisor, have been revised to provide the 2017 Federal Poverty Level income guidelines and the Transfer of Assets Divisor effective April 1, 2017.

Inquiries to:

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 17-07

Medical Services Policy Manual

Issuance Date: April 3, 2017

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Adult Expansion Group

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS I-500 – MS I-531	01-01-14	MS I-500 – MS I-531	01-01-14 04-03-17

Summary of Changes:

MS I-520 has been revised to change Healthcare Independence Program to the Adult Expansion Group.

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Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 17-08

Medical Services Policy Manual

Issuance Date: May 12, 2017

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: TEFRA Cost Effectiveness

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS C-232 – MS C-241	02-15-16	MS C-230 – MS C-241	02-15-16
	01-01-14		01-01-14
	01-13-15		05-12-17
	01-01-16		01-01-16
MS F-130 – MS F-150	01-30-15	MS F-130 – MS F-150	01-30-15
	01-01-14		05-12-17
MS F-152 – MS F-155	01-30-15	MS F-152 – MS F-155	01-30-15
	01-01-16		05-12-17
			01-01-16
MS I-324 – MS I- 327	03-04-15	MS I-324 – MS I-327	03-04-15
			05-12-17

Summary of Changes:

MS C-232, C-234, C-235, F-140, F-154 and I-325 have been revised to remove references to the Office of Long Term Care cost effectiveness determination. The cost effectiveness determination is completed on a yearly basis by the Division of Medical Services.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 17-09

Medical Services Policy Manual

Issuance Date: July 14, 2017

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Reasonable Opportunity for Verifying Citizenship & Alien Status

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS G-131 – MS G-141	07-06-15 01-01-14 02-01-17	MS G-131 – MS G-141	07-06-15 07-14-17 01-01-14

Summary of Changes:

Medical Services Policy sections G-132, G-140 and G-141 have been revised to provide details on what information is required to obtain verification from SAVE and to clarify that the reasonable opportunity period to supply verification of alien status will be provided for all Medicaid eligibility categories.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 18-01

Medical Services Policy Manual

Issuance Date: January 1, 2018

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Cost of Living Adjustments (COLA) and Medicare Savings Programs (MSP) Resource Limits

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS Appendix R	04-01-17	MS Appendix R	01-01-18
MS Appendix S	01-01-17	MS Appendix S	01-01-18
MS B-321 – MS B-330	08-15-14	MS B-321 – MS B-330	08-15-14
	10-09-15		10-09-15
	01-01-17		01-01-18
	01-01-16		01-01-16
MS E-100 – MS E-200	10-26-15	MS E-100 – MS E-200	10-26-15
	01-01-17		01-01-18
	01-01-14		01-01-14
			01-01-17

Summary of Changes:

Medical Services Appendices R, Transfer of Assets Divisor and Home Equity Limit, and S, SSI and Quarters of Coverage Chart, are being updated to reflect the new Cost Of Living Adjustment (COLA) amount for 2018.

Medical Services sections B-326, Medicare Savings Programs - Comparison Chart, and E-110, Income and Resource Limits for MAGI and Non-MAGI Groups, are being updated to reflect the MSP resource limits for 2018.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 18-02

Medical Services Policy Manual

Issuance Date: January 1, 2018

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: CHIPRA and 40 Qualifying Quarters

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix C	07-15	Appendix C	01-18
MS B-210 – MS B-270	07-08-16	MS B-210 – MS B-270	07-08-16
	08-15-14		08-15-14
	06-08-16		06-08-16
	01-01-17		01-01-18
MS D-200 – MS D-230	01-01-14	MS D-200 – MS D-230	01-01-14
	01-30-15		01-01-18
MS E-300 – MS E-300	10-26-15	MS E-300 – MS E-300	01-01-18
MS E-442 – MS E-450	10-26-15	MS E-442 – MS E-450	10-26-15
	01-01-14		01-01-14
			01-01-18

Summary of Changes:

Appendix C, Verification of Citizenship, Alien Status and SSN Enumeration, has been updated to make the following changes:

1. Replaced all references to Immigration and Naturalization Services (INS) with the United States Department of Homeland Security (USDHS).

2. Updated Section III – Alien Status Verification – Using Save. This is now an electronic process and no longer done by phone.
3. Added a table for immigration status of lawfully present alien children under age 19 and pregnant women who are exempt from the five year bar waiting period.

MS B-250 Unborn Child (Pregnant Woman) – Added a statement to clarify that lawfully admitted aliens who do not meet one of the conditions listed in D-224 can be included in this eligibility group.

MS D-210 – Citizenship – Added a note that Marshall Island pregnant women and children who are lawfully residing in the United States may be approved for Medicaid if they meet all other eligibility criteria for the category being applied for.

MS D-220- Alien Status – Added references to MS E-300.

MS D-221 – Alien Categories – Added definition of non-immigrant.

MS D-223 – Aliens Subject to Five-Year Bar – Removed references to 40 qualifying quarters. Added Aliens paroled into the U.S. as Central American Minors for a period of at least two years. Changed INS to USDHS. Added note stating that pregnant women and children who meet the conditions at D-224 may be eligible without meeting the five year bar.

MS D-224 – Aliens Exempt from Five-Year Bar – Added Cuban or Haitian entrants in the Haitian Family Reunification Program. Removed Aliens who can be credited with 40 qualifying quarters of coverage. Added Pregnant Women and Children who are lawfully present may also be eligible without meeting the five-year bar.

MS D-225 – Establishing Qualifying Quarters – Removed this section.

MS D-230 – Non-Citizens Not Eligible for Emergency Services – Changed section title to Non-Citizens Eligible for Emergency Services. Changed statement regarding residency requirements. Added note that this is not an all-inclusive list.

MS E-300 – Removed reference to 40 quarters of work credits.

MS E-445 – Exceptions to Deeming for Alien's Sponsor – Removed reference to 40 qualifying quarters. Added pregnant women and children who are exempt from the five-year bar.

Changed INS to United States Department of Homeland Security (USDHS) throughout policy.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 18-03

Medical Services Policy Manual

Issuance Date: February 1, 2018

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Assessment State for Federally Facilitated Marketplace Applications

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS A-166 – MS A-180	01-01-14	MS A-166 – MS A-180	01-01-14
	01-01-17		02-01-18
MS C-112 – MS C-200	01-01-14	MS C-112 – MS C-200	01-01-14
	01-13-15		02-01-18
	10-08-15		01-13-15
	01-01-17		10-08-15
	01-01-16		01-01-16
	10-30-15		10-30-15
MS E-263 – MS E-265	10-26-15	MS E-263 – MS E-265	10-26-15
	01-01-14		01-01-14
			02-01-18
MS E-268 – MS E-269	01-01-17	MS E-268 – MS E-269	01-01-17
	01-01-14		01-01-14

Summary of Changes:

Medical Services Policy sections A-180, C-120, C-130 and C-150 have been revised to change which entity will determine eligibility for Medicaid applications received through the Federally Facilitated Marketplace (FFM). Eligibility determinations for applications received through the FFM will now be processed by DHS.

Medical Services Policy section E-265 has been changed to remove the NOTE which referenced E-270. Medical Services Policy E-270 has been removed from policy because projected income will no longer be used to determine Medicaid eligibility.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 18-04

Medical Services Policy Manual

Issuance Date: March 16, 2018

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Life Expectancy Table

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS Appendix L	01-01-14	MS Appendix L	03-16-18

Summary of Changes:

Appendix L, Life Expectancy Table, has been updated for 2018.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 18-05

Medical Services Policy Manual

Issuance Date: April 1, 2018

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Federal Poverty Levels

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS Appendix F	04-01-17	MS Appendix F	04-01-18
MS Appendix P	04-01-17	MS Appendix P	04-01-18
MS Appendix R	01-01-18	MS Appendix R	04-01-18

Summary of Changes:

Appendix F, Federal Poverty Levels; Appendix P, TEFRA Premium Schedule; and Appendix R, Transfer of Assets Divisor and Home Equity Limit, have been revised to reflect the 2018 Federal Poverty Level income guidelines and the Transfer of Assets Divisor effective April 1, 2018.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 18-06

Medical Services Policy Manual

Issuance Date: April 1, 2018

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Autism

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS Appendix D	01-01-16	MS Appendix D	04-01-18
MS B-313 – MS B-321	01-01-16	MS B-313 – MS B-321	01-01-16
	10-02-16		10-02-16
	08-15-14		04-01-18
	06-01-16		08-15-14
	01-01-14		06-01-16
			01-01-14
MS C-211 – MS C-220	08-01-15	MS C-211 – MS C-220	08-01-15
	01-14-16		04-01-18
MS I-532 – MS I-551	03-04-15	MS I-532 – MS I-551	03-04-15
	01-01-14		01-01-14
	01-01-16		04-01-18
			01-01-16

Summary of Changes:

Medical Services Policy sections Appendix D, B-315, C-220 and I-541 have been revised. The changes are as follows:

- Appendix D – Autism services are available for children 18 months through seven (7) years with a diagnosis of autism.
- B-316 – A child will be eligible for autism services through the day before their 8th birthday.

- C-220 – A child 5 years old and 1 day is over the age limit for application because the minimum coverage is 2 years. Coverage will end the day before the child's eighth birthday.
- I-541 – Changed the maximum age to eight to receive services for autism.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 18-07

Medical Services Policy Manual

Issuance Date: April 6, 2018

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Appendix C, Verification of Citizenship, Alien Status, and SSN Enumeration

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS Appendix C	01-01-18	MS Appendix C	04-06-18

Summary of Changes:

Medical Services Appendix C, Verification of Citizenship, Alien Status, and SSN Enumeration has been updated to reflect the change in verifying alien status using SAVE.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 18-08

Medical Services Policy Manual

Issuance Date: April 16, 2018

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Advance Notice Update

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS J-100 – MS J-140	01-01-14	MS J-100 – MS J-140	01-01-14 04-16-18

Summary of Changes:

Medical Services Policy section J-130 #7 has been revised to add missing language that states a “special allowance by the Office of Chief Counsel (exclusion of assets, etc.).”

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 18-09

Medical Services Policy Manual

Issuance Date: April 27, 2018

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Arkansas Works Updates

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS A-100 – MS A-110	01-01-17 08-15-14	MS A-100 – MS A-110	05-01-18 08-15-14 01-01-17
MS A-200 – MS A-340	01-01-17 01-01-16 08-15-14 01-01-14	MS A-200 – MS A-340	01-01-17 01-01-16 08-15-14 01-01-14 05-01-18
MS B-250 – MS B-270	01-01-18 06-08-16 01-01-17	MS B-250 – MS B-270	01-01-18 06-08-16 05-01-18
MS B-500 – MS B-500	01-01-17	MS B-500 – MS B-500	05-01-18
MS D-370 – MS D-381	08-01-15 04-29-16	MS D-370 – MS D-381	08-01-15 05-01-18 04-29-16
MS D-500 – MS D-530	01-01-17 01-30-15 01-01-14	MS D-500 – MS D-530	05-01-18 01-30-15 01-01-14
MS E-265 – MS E-269	02-01-18 01-01-14	MS E-265 – MS E-269	02-01-18 01-01-14

MS G-181 – MS G-181	01-01-17	MS F-200 – MS F-201	05-01-18
			05-01-18
	01-27-16	MS G-181 – MS G-190	01-27-16
MS I-570 – MS I-690			05-01-18
	01-01-16	MS I-570 – MS I-690	01-01-16
	03-04-15		05-01-18
	01-01-17		01-01-14
	01-01-14		03-04-15
MS Appendix X			01-01-17
	01-01-17	MS Appendix X	05-01-18
		MS Appendix Y	05-01-18

Summary of Changes:

Medical Services Policy has been revised as follows:

Sections A-100, A-330, A-340, D-500, and Appendix X have been revised to remove references to Employer Sponsored Insurance (ESI).

A-210- If eligible, retroactive coverage for the Adult Expansion Group may start 30 days prior to the date of application.

B-270 has been revised to remove language referencing Employer Sponsored Insurance (ESI). Also, language was added to detail the Adult Expansion Group work and community engagement requirements.

B-500- If eligible, retroactive coverage for Emergency Medicaid may start 30 days prior to the date of application for individuals approved in the Adult Expansion Group. Removed example (e.g. the date of admission through the date of discharge from the hospital).

D-372- If eligible, retroactive coverage for incarcerated individuals who are eligible in the Adult Expansion Group may start 30 days prior to the date of application.

D-373- Changed Health Care Independence Program to Adult Expansion Group. Removed guidance that incarcerated individual cases should be closed due to incarceration status. Incarcerated individuals will now remain open with no Medicaid coverage, until coverage is requested for dates of treatment off the correctional facility grounds.

Sections E-268 and E-269 have been revised to clarify how income is calculated.

F-200 has been added to give details about the work and community engagement requirements for Arkansas Works.

F-201 has been added to define good cause and give details about good cause exemptions for months of non-compliance with the work and community engagement requirement for the Adult Expansion Program.

G-190 has been added to give verification requirements for the Adult Expansion Group work and community engagement requirements.

I-600 - Has been revised to add the citizen portal as a method of reporting a change.

I-610 – Has been revised to add changes in work and community engagement requirement activities as an eligibility factor that is required to be reported.

Appendix Y has been created to provide a chart to display how to manually compute work activity hours due to system malfunction.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 18-10

Medical Services Policy Manual

Issuance Date: June 26, 2018

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: TEFRA Renewal Updates

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS I-325	05-12-17	MS I-325	07-01-18

Summary of Changes:

Medical Services Policy I-325 has been revised to update the due date for the TEFRA renewal packet. Clarification has been added that a TEFRA recipients guardian or authorized representative will now have until the last day of the 10th month to return the TEFRA renewal packet.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 18-11

Medical Services Policy Manual

Issuance Date: 10-18-2018

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: MS Appendix W - ARChoices in Homecare and Living Choices Assisted Living Facility (ALF) Waiver Application Tracking and Release Procedures

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS Appendix W	03-07-16	MS Appendix W	10-18-18

Summary of Changes

Appendix W, ARChoices in Homecare and Living Choices Assisted Living Facility (ALF) Waiver Application Tracking and Release Procedures, has been revised to include the tracking and release procedures for Assisted Living Facilities, to update language from Division of Aging and Adult Services to Division of Aging, Adult and Behavioral Health Services (DAABH), and to update current procedures when notification has been received from DAABH that the tracking/release procedures have been implemented.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 18-12

Medical Services Policy Manual

Issuance Date: October 18, 2018

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: ARKids B Exceptions

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS F-173 – MS F-193	01-01-14	MS F-173 – MS F-193	01-01-14
	01-01-17		09-01-18
	01-30-15		01-30-15

Summary of Changes:

Medical Services Policy F-180 has been revised to add additional exceptions to the 90 day waiting period for the ARKids B program. Children who have health insurance or who have been covered by health insurance other than Medicaid in the 90 days preceding the date of application will not be eligible for ARKids B unless one of the exceptions listed at MSP F-180 is met.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 18-13

Medical Services Policy Manual

Issuance Date: October 18, 2018

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: ABLÉ Accounts

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix R	04-01-18	MS E-600	10- 01-17
		Appendix R	10-18-18

Summary of Changes:

Medical Services Policy E-600 has been added and Appendix R has been revised to provide information regarding Achieving a Better Life Experience (ABLE) accounts. Eligible individuals may open accounts in Arkansas beginning 10-25-18. Eligible individuals may begin opening accounts in Arkansas on **October 25, 2018**. Accounts can be opened by visiting ar.savewithable.com or by calling (888)-609-8874 Monday through Friday, 7:00 a.m. – 4:00 p.m. Accounts can be opened with as little as \$25.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 18-14

Medical Services Policy Manual

Issuance Date: December 21, 2018

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Appendix J - Eligibility Table

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix J	01-17	Appendix J	12-18

Summary of Changes:

Appendix J Eligibility Table has been updated to reflect current Child Support Referral and Long Term Services and Supports procedures.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 18-15

Medical Services Policy Manual

Issuance Date: December 28, 2018

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Continuing Eligibility of Foster Care Children Placed for Adoption

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS K-109 – MS K-111	01-01-14	MS K-109 – MS K-111	01-01-14
	01-01-14		01-01-14
	01-01-14		01-01-19

Summary of Changes:

Medical Services Policy K-111, Continuing Eligibility of Foster Children Placed for Adoptions, has been revised to state that Medicaid coverage for Title IV-E Foster Care children who are adopted or on a pre-adoptive placement may continue provided the child remains eligible for IV-E regardless of whether or not IV-E payments are actually made for the child. A child that has been approved for a deferred adoption subsidy payment will now qualify for Medicaid coverage.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 19-01

Medical Services Policy Manual

Issuance Date: January 1, 2019

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Cost of Living Adjustments (COLA)

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix R	10-18-18	Appendix R	01-01-19
Appendix S	01-01-18	Appendix S	01-01-19

Summary of Changes:

Medical Services Appendices R, Transfer of Assets Divisor and Home Equity Limit, and S, SSI and Quarters of Coverage Chart, are being updated to reflect the new Cost Of Living Adjustment (COLA) amount for 2018.

Inquiries to:

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Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 19-02

Medical Services Policy Manual

Issuance Date: January 10, 2019

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Home and Community Based Waiver Transfer of Resources Penalty
Special Needs Trust

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS H-300 – MS H-325	07-13-15	MS H-300 – MS H-325	01-01-19
	01-01-14		01-01-14
	08-10-15		07-13-15
	01-01-16		08-10-15

Summary of Changes:

Medical Services Policy H-300 Transfer of Resources has been revised due to new federal guidance regarding the treatment of the penalty period for transfer of resources made by Home and Community Based Services (HCBS) waiver applicants. This revision also aligns policy with the 21st Century Cures Act which allows individuals with disabilities to set up a special needs trust on their own behalf.

Previously, individuals who applied for HCBS waiver services who had transferred resources within the look back period of 60 months could not have a penalty period applied. With the new federal guidance a penalty period can be imposed at the time the HCBS waiver applicant would otherwise become eligible for Medicaid.

The Cures Act allows individuals with disabilities to set up a special needs trust on their own behalf, rather than relying on a third party to do so. In the past, a special needs trust was usually set up by a family member or guardian for the individual.

Throughout the section, business processes have been removed, terminology has been updated, and formatting corrections have been made.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 19-03

Medical Services Policy Manual

Issuance Date: January 18, 2019

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: MSP Resource Updates

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS B-321 – MS B-330	08-15-14	MS B-321 – MS B-330	08-15-14
	10-09-15		10-09-15
	01-01-18		01-01-19
	01-01-16		01-01-16
MS E-100 – MS E-230	10-26-15	MS E-100 – MS E-230	10-26-15
	01-01-18		01-01-19
	01-01-14		01-01-14
	01-01-17		01-01-17

Summary of Changes:

Medical Services Policy B-326 and E-110 have been revised to update the Medicare Savings Program (MSP) resource limits for 2019. Online policy will be updated and hard copies will be mailed as appropriate within the next two weeks.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 19-04

Medical Services Policy Manual

Issuance Date: February 01, 2019

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Removal of Domiciliary Care as a Covered Service

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix B	01-01-14	Appendix B	01-01-19
Appendix D	04-01-18	Appendix D	01-01-19
Appendix G		Appendix G	01-01-19

Summary of Changes

Medical Services Appendix B, Transportation Procedures, Appendix D, Benefits Available Under Medicaid and ARKids First, and Appendix G, ARKids Extent of Services, are being updated to remove Domiciliary Care as a covered service.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 19-05

Medical Services Policy Manual

Issuance Date: February 8, 2019

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Appendix Y, Work Activity Hours Chart

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix Y	05-01-18	Appendix Y	02-08-19

Summary of Changes

Medical Services Appendix Y, Work Activity Hours Chart has been updated. Going to school, job training, vocational, or other educational program hours will now count as 2.5 work activity hours for each 1 hour of instruction.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 19-06

Medical Services Policy Manual

Issuance Date: March 19, 2019

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Appendix K, PACE Service Counties

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix K	06-01-18	Appendix K	03-19-19

Summary of Changes

Medical Services Appendix K, PACE Service Counties has been updated. PACE of the Ozarks has been added as an additional PACE provider. PACE of the Ozarks is located in Springdale, Washington County. The provider service area includes specific zip codes in Benton, Madison, and Washington counties.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 19-07

Medical Services Policy Manual

Issuance Date: April 1, 2019

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Federal Poverty Levels

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS Appendix F	04-01-18	MS Appendix F	04-01-19
MS Appendix P	04-01-18	MS Appendix P	04-01-19
MS Appendix R	01-01-19	MS Appendix R	04-01-19

Summary of Changes:

Appendix F, Federal Poverty Levels; Appendix P, TEFRA Premium Schedule; and Appendix R, Transfer of Assets Divisor and Home Equity Limit, have been revised to reflect the 2019 Federal Poverty Level income guidelines and the Transfer of Assets Divisor effective April 1, 2019.

Inquiries to:

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Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 19-08

Medical Services Policy Manual

Issuance Date: April 11 , 2019

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Appendix I, Application Forms Chart

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix I	01-17	Appendix I	04-19

Summary of Changes:

Appendix I, Application Form Chart has been updated to agree with current processing standards. Please see below for a summary of changes:

Summary of Changes

- Added a column for DCO-0645 or DCO-0152 for Newborns
- Added a column for DCO-0090 and DCO-0105
- Added DCO-0701 with DCO-0107 for MRT
- Added DCO-0778 and DHS-0732 for LTSS Transfers
- Added DCO-0730 for LTSS MITs
- Deleted the DCO-0106 since it is no longer a valid form
- Deleted the DCO-0237, since the DCO-215 is no longer used for Medicaid applications
- Added a blue asterisk to signify forms that **may** be needed, depending on circumstances (e.g. DCO-0090)

- Formatted columns listed instead of colored rows
- Moved “Waivers” to second page
- Moved Workers with Disabilities under Miscellaneous

If you have any questions, please contact your Program Eligibility Analyst or the Medicaid Eligibility Unit.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 19-09

Medical Services Policy Manual

Issuance Date: November 22, 2019

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: ABLE Account Updates

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS E-600 – E-630	10-01-17	MS E-600 – MS E-630	12-01-19 10-01-17

Summary of Changes:

Medical Services policy manual Section E-600 has been updated to comply with Acts 2019, No. 59. Please see below for a summary of changes.

Summary of Changes

- E-600 – The statement referring to funds remaining in an ABLE account will be subject to estate recovery has been removed. In turn, a statement has been added to state that an ABLE account is not subject to estate recovery.
- E-630 – Removed the statement of the annual exclusion limit for contributions and the reference to Appendix R for the annual exclusion limit.

If you have any questions, please contact your Program Eligibility Analyst or the Medicaid Eligibility Unit.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 20-01

Medical Services Policy Manual

Issuance Date: January 2, 2020

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Cost of Living Adjustments (COLA)

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix R	04-01-19	Appendix R	01-01-20
Appendix S	01-01-19	Appendix S	01-01-20
Appendix Z	06-01-19	Appendix Z	01-01-20

Summary of Changes

Medical Services Appendices R, S, and Z are being updated to reflect the new Cost Of Living Adjustment (COLA) amount for 2020.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 20-02

Medical Services Policy Manual

Issuance Date: April 1, 2020

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Federal Poverty Levels

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS Appendix F	04-01-19	MS Appendix F	04-01-20
MS Appendix P	04-01-19	MS Appendix P	04-01-20
MS Appendix R	01-01-20	MS Appendix R	04-01-20

Summary of Changes:

Appendix F, Federal Poverty Levels; Appendix P, TEFRA Premium Schedule; and Appendix R, Transfer of Assets Divisor and Home Equity Limit, have been revised to reflect the 2020 Federal Poverty Level income guidelines and the Transfer of Assets Divisor effective April 1, 2020.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 20-03

Medical Services Policy Manual

Issuance Date: August 1, 2020

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Medicaid Income Offset

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS - A-100 - MS - A- 190	05-01-18 08-15-14 01-01-14	MS - A-100 - MS - A- 190	07-01-20
MS - B-300 - MS - B-341	01-01-14 08-15-14 10-09-15 01-01-16 06-01-16 04-01-18 01-01-19	MS - B-300 - MS - B-341	07-01-20
MS - C-200 - MS - C-286	01-01-16 10-30-15 08-01-15 04-01-18 02-05-16 01-01-14 05-12-17 01-13-15 06/01/16	MS - C-200 - MS - C-286	07-01-20
MS - E-400 - MS - E-450	01-01-16 01-01-14 01-26-15 10-26-15 05-05-16 01-01-18	MS - E-400 - MS - E-450	07-01-20
MS - F-120 - MS - F-193	01-30-15	MS - F-120 - MS - F-193	07-01-20

	01-01-14 01-01-16 10-21-16 05-12-17 09-01-18		
MS - H-400 - MS - H-493	07-13-15 01-01-14 01-01-16 01-01-17	MS - H-400 - MS - H-493	07-01-20
MS - I-300 - MS-I-327	01-01-14 03-04-15 07-01-18	MS - I-300 - MS-I-327	07-01-20
MS - I-500 - MS- I-570	01-01-14 04-03-17 03-04-15 04-01-18 01-01-16	MS - I-500 - MS- I-570	
MS - I-600 – MS - I-690	05-01-18 01-01-16 01-01-14 01-01-14 03-04-15 01-01-17	MS - I-600 – MS - I-690	07-01-20

Summary of Changes:

Medical Services Policy is being updated to reflect changes in coverage, service limits, and assessments due to Home and Community Based Waiver (HCBS) reforms. Although there is no change to Medicaid Eligibility, it has become necessary to update the business processes and information regarding coverage and service limits related to HCBS Waiver. Business processes are being removed throughout each section and will no longer reside in the Medical Services Policy Manual.

- Changes to the MS B-300 section include: Updated language for clarity, the removal of “Adult Family Home” references as a service available through ARChoices, the addition of prevocational services for persons with physical disabilities to services available through ARChoices, added references to a penalty imposition for a transfer of assets for Assisted Living Facilities and ARChoices, removed resource limits for the Medicare Savings Program;
- Changes to the MS C-200 section include: Updated language for clarity, removal of business processes to the BPM, and the addition of when a DCO-0152 is required for Newborn coverage;

- Changes to the MS E-400 section include: Updated language for clarity, references to Adult Family Home removed, and business processes moved to BPM;
- Changes to the MS F-100 section include: Updated language for clarity, updated division name changes (DAAS to DAABHS), etc., and removal of business processes to the BPM;
- Changes to the MS H-400 section include: the removal of “Adult Family Home” references and contribution to cost of care procedures, added 42 CFR § 435.725, Arkansas Act 892, and SPA language regarding reasonable limits to MS H-410 #7 Non-covered Medical Expenses, updated language/terminology for clarity, updated form number format, added already existing procedures to MS H-410 for clarity, updated division name changes (DAAS to DAABHS; DMS to DPSQA), etc., and removal of business processes to the BPM;
- Changes to the MS I-300 section include: Updated language for clarity, updated division name changes (DAAS to DAABHS), etc., removal of business processes to the BPM (including the changes in the MSP DCO-0811 process);
- Changes to the MS I-500 and MS I-600 sections include: Updated language for clarity, updated division name changes (DAAS to DAABHS), etc., removal of business processes to the BPM.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 20-04

Medical Services Policy Manual

Issuance Date: August 3, 2020

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Financial Eligibility Requirements

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS - E- 200 – MS - E-269	01-01-14 01-01-17 10-26-15 02-01-18 05-01-18	MS - E- 200 – MS - E-269	08-03-20

Summary of Changes:

Medicaid Service Policy is being updated in order to comply with the Tax Cuts and Jobs Act of 2017 (TCJA, P.L. 115-97), Helping Ensure Access for Little Ones, Toddlers, and Hopeful Youth by Keeping Insurance Delivery Stable Act (HEALTHY KIDS Act, P.L. 115-120), and the Bipartisan Budget Act of 2018 (BBA of 2018, P.L. 115-123).

- E-210: Clarified language and fixed grammatical errors
- E-220: Added Transitional Medicaid to the groups for which MAGI methodology is used to determine financial eligibility
- E-230: Removed example scenario
- E-240: Added clarifying language
- E-250: Removed example scenario
- E-251: Removed example scenario
- E-260: Added clarifying language
- E-261: Updated the section to comply with federal regulations
- E-262: Updated the section to comply with federal regulations
- E-263: Removed example scenarios
- E-264: Removed example scenario
- E-265: Added clarifying language and removed example scenario
- E-266: Changed caseworker to eligibility worker
- E-267: Added clarifying language

- E-268: Added clarifying language
- E-269: Changed section name from *Who is Eligible* to *Undue Hardship for Lottery/Gambling Winnings*. Deleted example scenario and updated the language in this section to cover *Undue Hardship for Lottery/Gambling Winnings*

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 20-05

Medical Services Policy Manual

Issuance Date: December 1, 2020

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Transitional Medicaid

Pages to be Deleted:	Date:	Pages to be Added:	Date:
		MS B-700 – MS B-765	12-01-20

Medical Services Policy Manual Section B-700 has been updated to include new Transitional Medicaid policy.

Summary of Changes

The Transitional Medicaid Assistance (TM) program provides an extension of Medicaid eligibility when a family was previously receiving Parent/Caretaker Relative Medicaid coverage and lost it due to increased wages or increased hours of employment.

B-700 has been created to update the TM Program procedure to follow Modified Adjusted Gross Income rules.

The B-700 section includes extent of services and eligibility, as well as residence, employment, income, and reporting requirements for the initial 6-month period and the extension of the additional 6-month period. This section replaces procedures in Appendix M that were not previously promulgated.

- If you have any questions, please contact your Program Eligibility Analyst or the Medicaid Eligibility Unit.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 21-01

Medical Services Policy Manual

Issuance Date: January 4, 2021

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Cost of Living Adjustments (COLA)

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix R	04-01-20	Appendix R	01-01-21
Appendix S	01-01-20	Appendix S	01-01-21
Appendix Z	06-01-20	Appendix Z	01-01-21

Summary of Changes

Medical Services Appendices R, S, and Z are being updated to reflect the new Cost Of Living Adjustment (COLA) amount for 2021.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 21-02

Medical Services Policy Manual

Issuance Date: March 2, 2021

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Free Associated States (Marshall Islands, Micronesia, and Palau)

Pages to be Deleted:	Date:	Pages to be Added:	Date:
MS D-210	01-01-18	MS D-210	03-02-21
MS D-224	01-01-18	MS D-224	03-02-21

Medical Services Policy Manual Sections D-210 and D-224 has been updated to reflect the Consolidated Appropriations Act of 2021 that was signed into law on December 27, 2020. This made lawful United States residents of Free Association States (Micronesia, Marshall Islands, and Palau) eligible for Medicaid. These individuals are now subject to all Medicaid eligibility determinations, rights and responsibilities, and subject to all Medicaid rules. Prior to the Consolidated appropriations Act, these individuals were not Medicaid eligible due to their citizenship status unless they were eligible under CHIPRA (Pregnant Women and Children). This enactment allows these individuals to be eligible for all Medicaid Categories.

Summary of Changes

The change to MS D-210 and 224 sections include:

- Removing the special note from policy D-210 regarding Marshall Islanders. Marshall Islanders have now been deemed qualified aliens, so the special rules do not apply.
- Adding information at D-224 aliens who are lawfully living in the United States in accordance with the Compacts of Free Association to be granted an exemption from the five-year bar.

If you have any questions, please contact your Program Eligibility Analyst or the Medicaid Eligibility Unit.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 22-01

Medical Services Policy Manual

Issuance Date: January 3, 2022

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subj: Cost of Living Adjustments (COLA)

Pages to be Deleted:	Date:	Pages to be Added:	Date:
Appendix R	04-01-21	Appendix R	01-01-22
Appendix S	01-01-21	Appendix S	01-01-22
Appendix Z	01-01-21	Appendix Z	01-01-22

Summary of Changes

Medical Services Appendices R, S, and Z are being updated to reflect the new Cost Of Living Adjustment (COLA) amount for 2022.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 23-01

Medical Services Policy Manual

Issuance Date: January 3, 2023

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subject: Cost of Living Adjustments (COLA)

Forms to be Deleted:	Date:	Forms to be Added:	Date:
Appendix Q	01-01-18	Appendix Q	01-01-23
Appendix R	04-01-22	Appendix R	01-01-23
Appendix S	01-01-22	Appendix S	01-01-23
Appendix Z	01-01-22	Appendix Z	01-01-23

Summary of Changes:

Medical Services Appendices Q, R, S, and Z are being updated to reflect the new Cost of Living Adjustment (COLA) amount for 2023.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 23-02

Medical Services Policy Manual

Issuance Date: January 1, 2023

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subject: Former Foster Care Adults Changes

Forms to be Deleted:	Date:	Forms to be Added:	Date:
MS B-260	01-01-22	MS B-260	01-01-23

Summary of Changes:

Due to recent changes in cost sharing and premium requirements, policy updates have been made to the Medical Services Policy sections. These changes go into effect 01/01/2023.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 23-02

Medical Services Policy Manual

Issuance Date: January 1, 2023

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subject: Removal of Limited Pregnant Woman Coverage

Forms to be Deleted:	Date:	Forms to be Added:	Date:
MS A-217	08-15-14	MS A-217	01-01-23
MS C-205	07-01-20	MS C-205	01-01-23
MS E-110	01-01-19	MS E-110	01-01-23
MS F-130	01-01-22	MS F-130	01-01-23
Appendix F	04-01-22	Appendix F	01-01-23

Summary of Changes:

To support Arkansas' maternal health initiative, DHS is raising the income limit of the Full Pregnant Woman Category to 209% and 214% (with a 5% disregard) of the federal poverty level and eliminating the Limited Pregnant Woman Category. This will go into effect 01/01/2023.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 23-03

Medical Services Policy Manual

Issuance Date: March 13, 2023

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subject: Office of Child Support Enforcement Reporting Changes

Forms to be Deleted:	Date:	Forms to be Added:	Date:
MS F-130	01/01/22	MS F-130	03/27/23
MS G-111	01/01/22	MS G-111	03/27/23

Summary of Changes:

To comply with current regulations, Health Care policy is being updated to reflect streamlining the process of providing information to the Office of Child Support Enforcement (OCSE). If an absent parent is determined to exist and a valid good cause reason is not verified or the caretaker relative voluntarily requests a referral to be made, they are to be referred to OCSE for child support services during initial approval. If the applicant or recipient refuses to comply during any case action, a non-compliance sanction can be applied by the eligibility worker.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 23-04

Medical Services Policy Manual

Issuance Date: March 27, 2023

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subject: Federal Poverty Levels

Forms to be Deleted:	Date:	Forms to be Added:	Date:
MS Appendix F	01-01-23	MS Appendix F	04-01-23
MS Appendix P	04-01-22	MS Appendix P	04-01-23
MS Appendix R	01-01-23	MS Appendix R	04-01-23

Summary of Changes:

Appendix F, Federal Poverty Levels, Appendix P, TEFRA Premium Schedule, and Appendix R, Transfer of Assets Divisor and Home Equity Limit, have been revised to reflect the 2023 Federal Poverty Level income guidelines and the Transfer of Assets Divisor effective April 1, 2023.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 23-05

Medical Services Policy Manual

Issuance Date: September 29, 2023

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subject: Cost Share Updates

Forms to be Deleted:	Date:	Forms to be Added:	Date:
MS A-100	07-01-20	MS A-100	01-01-23
MS A-110	01-01-17	MS A-110	01-01-23
MS A-115	07-01-20	MS A-115	01-01-23
MS A-116	08-29-22	MS A-163	01-01-23
MS A-163	07-01-20		

Summary of Changes:

Due to recent changes in cost sharing and premium requirements, policy updates have been made to the Medical Services Policy sections. These changes went into effect 01/01/2023.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 24-02

Medical Services Policy Manual

Issuance Date: January 1, 2024

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subject: ABLE Account

Forms to be Deleted:	Date:	Forms to be Added:	Date:
MS E-610	10-01-17	MS E-610	01-01-24
MS E-660	10-01-17	MS E-660	01-01-24
MS E-670	10-01-17	MS E-670	01-01-24

Summary of Changes:

Based on guidance issued by the CMS regarding ABLE accounts. The change will state that all funds in ABLE accounts will be excluded as a resource of the designated beneficiary.

Below are the list of changes to the policy manual:

- E-610 ABLE Account Application Process
 - Changed title to “ABLE Account Management”
 - Corrected information about the administrator and manager of the accounts.
- E-660 Income Exclusions
 - Format changes
- E-670 Resource Exclusions
 - Removed information referring to only excluding balances over \$100,000.

This policy will go into effect 01/01/24.

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MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

Policy

Issuance Number: MS 24-03

Medical Services Policy Manual

Issuance Date: January 01, 2024

From: Mary Franklin, Director

Expiration Date: Until Superseded

Subject: Twelve Months Continuous Coverage of Children Under Age Nineteen (19)

Forms to be Deleted:	Date:	Forms to be Added:	Date:
MS A-230	08-15-14	MS A-230	1-1-24
MS I-510	07-01-20	MS I-510	1-1-24

Summary of Changes:

With the new federal requirements from the Consolidated Appropriations Act of 2023, children under the age of 19 who are enrolled in Medicaid and CHIP categories are entitled to receive 12 months of continuous eligibility based on their last full determination of eligibility, unless an exception applies. This policy will go into effect 1/1/24.

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