

## DEPARTMENT OF HUMAN SERVICES, DIVISION OF COUNTY OPERATIONS

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**SUBJECT:** ABLE Act Section 103 & REPEALS: DCO Form – 808 – Medicare Beneficiaries Application; Social Services Block Grant Comprehensive Services Program Plan

**DESCRIPTION:** The Director of the Division of County Operations (DCO) amends Sections E-610, E-660, and E-670 of the Medical Services Policy Manual and Section 2272 of the TEA Manual to comply with the ABLE ACT, Pub. L. No 113-295 (as amended Pub. L No. 114-113), as detailed in guidance from the Centers for Medicare and Medicaid Services (CMS). All funds in ABLE accounts will be excluded as income and resources for the Supplemental Nutrition Assistance Program (SNAP). DCO also removed business processes, revised terminology, and updated formatting and date references in the above sections. The proposed rule has no estimated financial impact.

Pursuant to the Governor’s Executive Order 23-02, DHS repeals the following two rules as part of this promulgation:

- (1) DCO Form – 808 – Medicare Beneficiaries Application, and
- (2) Social Services Block Grant Comprehensive Services Program Plan.

**PUBLIC COMMENT:** No public hearing was held on this rule. The public comment period expired on September 25, 2023. The agency indicated that it received no public comments.

The proposed effective date is January 1, 2024.

**FINANCIAL IMPACT:** The agency indicated that this rule has no financial impact.

**LEGAL AUTHORIZATION:** The Department of Human Services has the responsibility to administer assigned forms of public assistance and is specifically authorized to maintain an indigent medical care program (Arkansas Medicaid). *See* Ark. Code Ann. §§ 20-76-201(1), 20-77-107(a)(1). The Department has the authority to make rules that are necessary or desirable to carry out its public assistance duties. Ark. Code Ann. § 20-76-201(12). The Department and its divisions also have the authority to promulgate rules as necessary to conform their programs to federal law and receive federal funding. Ark. Code Ann. § 25-10-129(b).

This rule implements the federal Stephen Beck, Jr. Achieving a Better Life Experience (ABLE) Act, as interpreted by the Centers for Medicare and Medicaid Services (CMS). *See* Ctrs. for Medicare and Medicaid Servs., SMD 17-002, *RE: Implications of the ABLE Act for State Medicaid Programs* (Sept. 7, 2017), <https://www.medicaid.gov/sites/default/files/federal-policy-guidance/downloads/smd17002.pdf>. Per the State Medicaid Director Letter, § 103 of the ABLE Act “requires that funds in an ABLE account, including earnings on the account (e.g., interest), be disregarded in determining eligibility for Medicaid and other federal need-based programs.” *See id.* at 2.

Section 103 of the ABLE Act, codified as a note to 26 U.S.C. § 529A, states,

Notwithstanding any other provision of Federal law that requires consideration of 1 or more financial circumstances of an individual, for the purpose of determining eligibility to receive, or the amount of, any assistance or benefit authorized by such provision to be provided to or for the benefit of such individual, any amount (including earnings thereon) in the ABLE account (within the meaning of section 529A of the Internal Revenue Code of 1986) of such individual, any contributions to the ABLE account of the individual, and any distribution for qualified disability expenses (as defined in subsection (e)(5) of such section) shall be disregarded for such purpose with respect to any period during which such individual maintains, makes contributions to, or receives distributions from such ABLE account, except that, in the case of the supplemental security income program under title XVI of the Social Security Act—

- (1) a distribution for housing expenses (within the meaning of such subsection) shall not be so disregarded, and
- (2) in the case of such program, any amount (including such earnings) in such ABLE account shall be considered a resource of the designated beneficiary to the extent that such amount exceeds \$100,000.

Stephen Beck, Jr. ABLE Act of 2014, Pub. L. 113-295, div. B, tit. I, § 103 (Dec. 19, 2014).



**SMD# 17-002**

**RE: Implications of the  
ABLE Act for State  
Medicaid Programs**

September 7, 2017

Dear State Medicaid Director:

The Stephen Beck, Jr., Achieving a Better Life Experience Act of 2014 (the ABLE Act), enacted as Division B of Pub. L. No. 113-295, and as amended by the Protecting America from Tax Hikes Act of 2015 (Pub. L. No. 114-113), enables individuals with disabilities to save money in tax-advantaged accounts which they can later use for meeting their disability-related needs, with limited impact on their eligibility for certain means-tested benefits.<sup>1</sup> The purpose of this letter is to provide guidance to states on the implications of the ABLE Act for state Medicaid programs.

**Background**

The ABLE Act amended the Internal Revenue Code of 1986 to create section 529A (“Qualified ABLE Programs”), permitting states to establish ABLE programs within which people with disabilities can open accounts that will generally be exempt from taxation. The purpose of the ABLE Act is to permit people with disabilities to save money in and withdraw funds from their ABLE accounts to pay for disability-related expenses, in support of their efforts to maintain health, independence and quality of life. The law states that ABLE accounts should “supplement, but not supplant” benefits available to ABLE account beneficiaries under Medicaid, the Supplemental Security Income program (SSI), and other programs.<sup>2</sup>

Section 103 of the ABLE Act (hereinafter referred to as “section 103”) provides that, for the purpose of determining an individual’s eligibility to receive, or the amount of, any assistance provided by a needs-based federal program (such as Medicaid), amounts in, contributions to, and certain distributions from, ABLE accounts shall be disregarded. This letter provides guidance to states on the treatment of funds in, contributions to, and distributions from an ABLE account, under section 103, for purposes of Medicaid eligibility. We also address the treatment of funds in an ABLE account for purposes of the post-eligibility treatment of income, and the disposition of amounts remaining in a Medicaid beneficiary’s ABLE account upon the death of the beneficiary.

**Eligibility to Participate in a Qualified ABLE Program**

<sup>1</sup> State agencies should apply the guidance set forth in this letter to the Children’s Health Insurance Program (CHIP) where applicable to determine the income of the family unit to which the applicant belongs.

<sup>2</sup> ABLE Act, section 101(2)

Section 103 applies to individuals who have an ABLÉ account in a *qualified* ABLÉ program. Eligibility for an ABLÉ account is open to an individual of any age who has blindness or a disability, provided, however, that the individual’s blindness or disability occurred before the age of 26. An individual is permitted to have only one ABLÉ account. The individual may open the account in the program of the state of which the individual is a resident, or in another state’s ABLÉ program. The determination of eligibility for an ABLÉ account is the responsibility of the ABLÉ program in which an individual seeks to establish the account.

Under section 102(a) of the ABLÉ Act (codified at 26 U.S.C. §529A(e)), an individual is eligible for an ABLÉ account if the individual is receiving SSI or Social Security Disability Insurance (SSDI) benefits based on a disability or blindness that occurred before age 26. Alternatively, an individual (or a parent or guardian acting on the individual’s behalf) may establish eligibility by filing a disability certification (and obtaining a signed physician’s diagnosis) with the qualified ABLÉ program indicating that the individual has a medically determinable impairment meeting certain criteria that occurred before age 26. However, while sufficient to establish eligibility to participate in an ABLÉ program, section 102(a) of the ABLÉ Act provides that “no inference” may be drawn from a disability certification for purposes of establishing eligibility for Medicaid.

Although the statute refers to “qualified” ABLÉ programs, the ABLÉ Act does not provide for formal federal certification of a state ABLÉ program as a “qualified” program. Moreover, the Department of Treasury and Internal Revenue Service (IRS) have not proposed to establish a formal certification process in a proposed rule that is designed to implement the ABLÉ act.<sup>3</sup> We have concluded that state Medicaid agencies should presume that an ABLÉ program established by a state is a qualified program in the absence of evidence to the contrary (CMS will issue additional guidance if a formal certification process for ABLÉ programs is established).

### **Treatment of Funds in an ABLÉ Account**

Generally, an account containing funds that a Medicaid applicant or beneficiary can access is considered a resource in determining Medicaid eligibility if a resource test is applied, as is generally the case in determining eligibility for individuals excepted from application of Modified Adjusted Gross Income (MAGI)-based methodologies. Section 103 requires that funds in an ABLÉ account, including earnings on the account (*e.g.*, interest), be disregarded in determining eligibility for Medicaid and other federal need-based programs.<sup>4</sup> We interpret section 103 to mean that state Medicaid agencies must disregard all funds in an ABLÉ account in determining the resource eligibility of Medicaid applicants and beneficiaries who are subject to a resource test.<sup>5</sup> Additionally, although earnings generated by funds in an account generally will

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<sup>3</sup> “Guidance Under Section 529A: Qualified ABLÉ Programs,” 80 F.R. 35602 (June 22, 2015). We note that a proposed rule does not have the force of law and is not legally effective. Moreover, an agency may make changes from a proposed rule based on the timely public comments and other factors. The Department of Treasury and IRS have not issued a final rule at this time.

<sup>4</sup> We interpret section 103 to apply to an individual’s ABLÉ account, regardless of whether the individual opens his or her ABLÉ account in the state of which the individual is a resident or in another state’s ABLÉ program.

<sup>5</sup> Section 103(a)(1) and (2) state that, “in the case of the supplemental security income program . . . , a distribution for housing expenses . . . shall not be so disregarded,” and “any amount . . . in [an] ABLÉ account shall be considered a resource to the designated beneficiary to the extent that such amount exceeds \$100,000.” However, while SSI methodologies are typically applied for non-MAGI eligibility determinations, these limitations on the

be countable income in determining eligibility for both MAGI and non-MAGI based eligibility groups, the disregard required under the ABLE Act applies “notwithstanding any other provision of Federal law,” which we interpret as including the general prohibition on application of disregards in determining income eligibility using MAGI-based methods under section 1902(e)(14)(B) of the Social Security Act (“the Act”). Accordingly, under section 103, earnings on the account should be excluded from income for both individuals subject to and those excepted from application of MAGI-based methodologies.<sup>6</sup>

## **Contributions to ABLE Accounts**

### Contributions by a Third Party

For MAGI and SSI-based eligibility determinations, under section 103, third party contributions to an ABLE account are disregarded in determining Medicaid eligibility. This is different than the treatment of such contributions in determining financial eligibility using SSI-based methodologies and, in narrow circumstances, different than the treatment of such contributions under MAGI-based methodologies.

Under SSI-based methodologies, applied to most non-MAGI eligibility groups, money contributed by a third party to an account which an individual can access generally is considered countable income in the month in which the contribution is received and, if not spent, a resource in the month following. Per section 103, however, third party contributions to an ABLE account are not counted either as income or included in total resources of the account beneficiary.

For MAGI-based individuals, a third-party contribution to an account that is accessible to the individual would generally qualify as a gift which usually is not taxable to the gift recipient. Even in the rare circumstance in which a gift could be subject to a gift tax lien against the recipient (e.g., where the donor does not pay a tax due on gifts), section 103 directs that its disregards apply “notwithstanding any other provision of Federal law,” which means the third party contribution must be disregarded in a MAGI-based income determination.<sup>7</sup>

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disregard of distributions from or funds in an ABLE account are expressly described as applying exclusively “in the case of the [SSI] program.” In fact, section 103(b)(2), entitled “No Impact on Medicaid Eligibility,” requires that SSI beneficiaries whose benefits are suspended on the basis of resources exceeding the \$100,000 limit shall be considered to be receiving SSI for purposes of Medicaid eligibility. Therefore, we interpret section 103 to require that states, in determining Medicaid eligibility of ABLE account beneficiaries, disregard distributions used for housing expenses (provided the expense is a qualified disability expense, as discussed below), and all funds in an ABLE account, regardless of the amount in the account.

<sup>6</sup> For SSI-based individuals, we also interpret the disregard to apply to the ABLE accounts of individuals whose income or resources are deemed available to a Medicaid applicant. Under the SSI program’s rules, which apply in most states to individuals who seek Medicaid on the basis of being 65 years old or older, or having blindness or a disability, the income and resources of a spouse or parent (a “deemor”) are generally disregarded in the applicant’s SSI eligibility determination where such income or resources would be disregarded if received or owned exclusively by the SSI applicant. We consider this to be the most reasonable approach, as we believe it would be inconsistent with the ABLE Act’s goals to count as available to a Medicaid applicant the ABLE account of the applicant’s deemor.

<sup>7</sup> Section 529A(b)(2)(B) of the Internal Revenue Code generally limits aggregate annual contributions to an individual’s ABLE account to the annual gift tax exclusion, which means a third-party’s accepted contribution to an ABLE account, when it is the third party’s only gift during the taxable year, will not be taxable to either the donor or ABLE account beneficiary.

Some ABLE account beneficiaries may also be a beneficiary of a special needs trust (SNT) or pooled trust, as described in section 1917(d)(4) of the Act. Distributions from such trusts made on behalf of the trust beneficiary to the beneficiary's ABLE account should be treated the same as contributions to ABLE accounts from any other third party. Thus, while disbursements from an SNT or pooled trust can be considered in some circumstances income to the trust beneficiary,<sup>8</sup> disbursements from an SNT or pooled trust to the ABLE account of the trust beneficiary are not counted as income under section 103. Therefore, states should disregard as income a distribution from an SNT or pooled trust that is deposited into the ABLE account of the SNT or pooled trust beneficiary.

#### Contributions by the ABLE Account Beneficiary

Designated beneficiaries of an ABLE account can contribute their own income or resources to their ABLE account. If an ABLE account beneficiary transfers some of his or her own (otherwise countable) resources to his or her ABLE account, the effect would be a corresponding reduction in total countable resources. By contrast, if a beneficiary of an ABLE account transfers some of his or her income in the month received to his or her ABLE account, the effect would *not* be a reduction in countable income. This is because how an individual uses income generally does not change its designation as income at the point of its receipt, and there is nothing in the ABLE Act which supersedes this general rule. Consistent with this interpretation, the Treasury's and IRS's NPRM does not propose that income contributed to an ABLE account by the designated beneficiary reduces the individual's taxable income. Similarly, SSA's Program Operations Manual System (POMS) directs that income contributed to an ABLE account by the account beneficiary is counted as available income.<sup>9</sup> Therefore, income contributed to an ABLE account by the applicant or beneficiary him- or herself is not disregarded from income, unless the state utilizes its authority under section 1902(r)(2) of the Act and 42 CFR §435.601(d) (regarding less restrictive methodologies), if available.<sup>10</sup>

#### Contributions by Third Parties who Apply for Medicaid

It is possible that a third party who has made a contribution to an ABLE account of someone else may apply for Medicaid and seek coverage of long-term services and supports (LTSS). Section 103 of the ABLE Act does not provide for any special treatment of contributions made to an ABLE account benefiting another person. Thus, for example, a contribution from a grandfather to the ABLE account of his grandchild, whether from the grandfather's income or resources, would constitute a transfer of assets from the grandfather to his grandchild's account which may need to be evaluated under the requirements in section 1917(c)(1) of the Act (depending on when the transfer occurred), if the grandfather subsequently seeks Medicaid coverage of LTSS. The

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<sup>8</sup> This determination is generally made under the rules of SI 01120.200 of the Social Security Administration's Program Operations Manual System (POMS) ("Trusts, General – Including Trusts Established Prior to 1/1/00, Trusts Established with the Asset of Third Parties and Trusts Not Subject to Section 1613(e) of the Social Security Act," available at <https://secure.ssa.gov/apps10/poms.nsf/lnx/0501120200> ).

<sup>9</sup> See "Achieving a Better Life Experience (ABLE) Accounts, Program Operations Manual Systems, SI 01130.740 available at <https://secure.ssa.gov/apps10/poms.nsf/lnx/0501130740>

<sup>10</sup> Per section 1902(e)(14)(B) of the Act, states cannot disregard in MAGI-based eligibility determinations income as a less restrictive methodology under the authority of section 1902(r)(2) of the Act and 42 CFR §435.601(d).

amount transferred by the grandfather to his grandchild’s ABLE account would not be an exempt transfer by virtue of section 103 in the determination of the grandfather’s eligibility for Medicaid coverage of LTSS.<sup>11</sup>

### **Distributions from ABLE Accounts**

Like *funds in* and *contributions to* ABLE accounts, *distributions from* ABLE accounts are not included in the beneficiary’s taxable income or counted as income in eligibility determinations for federal programs such as Medicaid as long as they are used for “qualified disability expenses” (QDEs). Section 529A(e)(5) of the Internal Revenue Code broadly defines QDEs as any expenses related to the eligible individual’s blindness or disability which may include, but are not limited to, expenses incurred for education, housing, transportation, employment training and support, and assistive technology. The Treasury’s and IRS’s NPRM explains that QDEs can include ones not identified in the statute, and that the term should be broadly construed “in order to implement the legislative purpose” of the ABLE Act.<sup>12</sup> As long as distributions from an ABLE account are used for QDEs of the designated beneficiary, they are not included as income for purposes of determining Medicaid eligibility for MAGI-based and non-MAGI eligibility categories.

In some cases, however, ABLE account beneficiaries may receive distributions that exceed their QDEs in a taxable year or are paid toward expenses that do not qualify as QDEs. Distributions from an ABLE account that are not for QDEs do not fall within the scope of the protection afforded by section 103, and may be countable as income under both MAGI-based and non-MAGI financial methodologies. The extent to which distributions exceeding total QDEs are countable as income for Medicaid eligibility purposes depends on whether the individual is being evaluated for eligibility under a MAGI-based or non-MAGI category.

### Treatment of Distributions Exceeding QDEs for Non-MAGI Determinations

For individuals whose financial eligibility is determined using SSI-based methodologies, receipt of cash from a resource, whether the resource itself is counted or excluded, generally is not considered to be income, but rather the conversion of a resource from one form to another. The protection afforded under section 103, however, does not require that distributions from an ABLE account be used within the month the distribution is made, or within any particular time frame. Accordingly, a distribution from an ABLE account may be countable as a resource only if (1) it is retained beyond the month in which the distribution is made and (2) it is used for something other than a QDE in that or a subsequent month. Thus, we interpret section 103 to mean that states should continue to disregard ABLE account distributions retained after the month of receipt unless used for a non-qualifying expense.

For example, if an SSI-based individual receives an ABLE account distribution in August, but does not spend the distribution until December (and uses the distribution for a QDE in that month), the amount of the distribution is not counted in any month. If the individual uses the

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<sup>11</sup> Section 1917(c) would not apply to a Medicaid applicant’s contribution of income or resources to his or her own ABLE account, as the individual retains the ability to use the funds for his or her own needs.

<sup>12</sup> 80 F.R. at 35608.

distribution in December for a non-QDE, the distribution would be counted as a resource in the month of December.

#### Treatment of Distributions Exceeding QDEs for MAGI-Based Eligibility

A portion of ABLÉ account distributions which exceed the QDEs incurred by the account beneficiary in a taxable year is taxable and therefore, per section 1902(e)(14)(A) of the Act and 42 CFR §435.603(e), included in determining MAGI-based income eligibility. The taxable portion will be determined based upon Department of Treasury and IRS rulemaking. Based on the formula proposed and preamble discussion in Treasury’s and IRS’s NPRM, we expect that, in nearly all circumstances, the taxable portion of such distributions will be *de minimus*;<sup>13</sup> nonetheless, however small, the taxable portion is included in an individual’s MAGI-based income. Under 42 CFR §435.945(a), states may accept self-attestation of income for which no electronic data for verification purposes is available. Because the amount of taxable income from ABLÉ account distributions exceeding QDEs is likely to be negligible, a state may want to consider exercising the option to take self-attestation. If additional verification is necessary, documentation should only be required in accordance with 42 CFR §435.952. Pursuant to 42 CFR §435.945(j), a state must update its verification plan to reflect its procedure for verifying taxable income from ABLÉ account distributions.

#### **Post-Eligibility Treatment of Income**

Under regulations at 42 CFR §435.700 *et. seq.* and §435.832, the extent of medical assistance provided to certain individuals receiving LTSS in institutions or through home and community-based services (HCBS) waivers under sections 1915(c) or (d) of the Act is reduced by the amount of the individual’s available income. Under these regulations, the Medicaid agency determines the beneficiary’s total income. After making certain deductions, the individual is required to apply the remaining income toward the cost of LTSS received. The requirement that affected individuals apply most of their total available income to the cost of LTSS before federal financial participation for medical assistance is available is referred to as post-eligibility treatment of income (PETI).

Under long-standing CMS policy, reflected in section 3701.2 of the State Medicaid Manual, all income is taken into account for purposes of PETI, including types or amounts of income that are not counted in making an initial eligibility determination. Consistent with this policy, distributions from an ABLÉ account, including earnings, typically would be counted. However, section 103 of the ABLÉ Act provides that its provisions apply “notwithstanding any other provision of Federal law.” Accordingly, for purposes of PETI, states should disregard from an individual’s total income any ABLÉ account distributions that are used for a QDE. To the extent that a distribution is counted as income in determining the individual’s eligibility for other Medicaid benefits, discussed above, the distribution also would be counted for purposes of PETI.

#### **Transfers of ABLÉ Account Funds to States and Estate Recovery**

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<sup>13</sup> See 80 Fed. Reg. at 35607.



Section 529A(f) requires that certain amounts remaining in an ABLE account upon the death of the account beneficiary, subject to any outstanding payments due for QDEs, shall be distributed to a state that provided medical assistance to the beneficiary after the establishment of the ABLE account upon the filing of a claim for payment by such state (“section 529A claim”). The amount that may be so distributed is limited to the excess of the total medical assistance paid for the account beneficiary after the establishment of the ABLE account over the amount of premiums paid from the ABLE account or paid by or on behalf of the beneficiary to a Medicaid “Buy-In program” under the state’s Medicaid plan.<sup>14</sup>

The Treasury’s and IRS’s NPRM does not propose mandating that states file section 529A claims. However, even in the absence of a Treasury and IRS mandate regarding claims against ABLE accounts, pursuant to section 1917(b) of the Act, states are required to seek recovery against the estates of certain deceased Medicaid beneficiaries.<sup>15</sup> Thus, consistent with section 1917(b) of the Act, states are required to seek recovery of funds in an ABLE account that have become part of an estate subject to recovery under the statute. If the estate of an ABLE account beneficiary is not subject to Medicaid estate recovery, states have discretion whether to file a section 529A claim against the ABLE account of a deceased individual who had been enrolled in a Medicaid Buy In program.

CMS is committed to realizing the goals of the ABLE program and facilitating the program’s implementation. If you have questions about this guidance, please contact Gene Coffey at 410-786-2234, or [gene.coffey@cms.hhs.gov](mailto:gene.coffey@cms.hhs.gov), or contact your SOTA team lead.

Sincerely,

/s/

Brian Neale  
Director

cc:

National Association of Medicaid Directors  
National Academy for State Health Policy  
National Governors Association  
American Public Human Services Association  
Association of State Territorial Health Officials  
Council of State Governments  
National Conference of State Legislatures  
Academy Health

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<sup>14</sup> Neither the ABLE Act nor the Treasury’s and IRS’s NPRM define a Medicaid “buy in” program. We are working with the Treasury and IRS to provide clarification to stakeholders on the scope of this language.

<sup>15</sup> The specific individuals whose estates state Medicaid agencies must seek recovery from are those who received Medicaid at the age of 55 or older, or who received coverage for certain LTSS and were subject to PETI rules.

## NOTICE OF RULE MAKING

The Department of Human Services (DHS) announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§20-76-201, 20-76-401, 20-77-107, and 25-10-129. The proposed effective date is January 1, 2024.

The Director of the Division of County Operations (DCO) amends Sections E-610, E-660, and E-670 of the Medical Services Policy Manual and Section 2272 of the TEA Manual to comply with the ABLE ACT, Pub. L. No 113-295 (as amended Pub. L No. 114-113), as detailed in guidance from the Centers for Medicare and Medicaid Services (CMS). All funds in ABLE accounts will be excluded as income and resources for the Supplemental Nutrition Assistance Program (SNAP). DCO also removed business processes, revised terminology, and updated formatting and date references in the above sections. The proposed rule has no estimated financial impact.

Pursuant to the Governor's Executive Order 23-02, DHS repeals the following two rules as part of this promulgation: (1) DCO Form - 808 - Medicare Beneficiaries Application, and (2) Social Services Block Grant Comprehensive Services Program Plan.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Rules Promulgation, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule at [ar.gov/dhs-proposed-rules](http://ar.gov/dhs-proposed-rules). Public comments must be submitted in writing at the above address or at the following email address: [ORP@dhs.arkansas.gov](mailto:ORP@dhs.arkansas.gov). All public comments must be received by DHS no later than September 25, 2023. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

If you need this material in a different format, such as large print, contact the Office of Rules Promulgation at (501) 320-6428.

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin. 4502100209

*Mary Franklin*

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Mary Franklin, Director  
Division of County Operations

2200 Eligibility Determination

2272 Resources to be Disregarded

2271.1 Verification of a Resource

12/01/97

The countable value of a resource which is not disregarded must be verified. See [TEA 2272](#) for disregarded resources.

2272 Resources to be Disregarded

~~12/01/97??/??/??~~

The following resources are not considered in determining the family's TEA eligibility:

1. The family's homestead. (See [TEA 2272.1](#) for more information regarding the homestead.);
2. One (1) motor vehicle;
3. Household and personal goods;
4. Income-producing real or personal property;
5. Earmarked resources, ~~including but not limited to~~ educational grants, loans, and settlement payments that are intended and used for purposes which preclude their use for current living costs, ~~etc.~~;
- ~~6.~~ Earned Income Credit (EIC) and other tax refunds;
- ~~7.~~
- ~~8.~~
- ~~9-6.~~
- ~~10-7.~~ Any type of life insurance policy, including the cash surrender value of the policy;
- ~~11-8.~~ One burial plot per TEA family member;
- ~~12-9.~~ Payments made under any federal, state, or local disaster assistance program;
- ~~13-10.~~ Any property or payment required to be disregarded for eligibility purposes according to federal or state statute. (~~See the Note on the following page~~);
- ~~14-11.~~ When the unit consists of a minor parent and his or her their child, the resources of the minor parent's parent(s) or stepparent;
- ~~15-12.~~ The resources of the spouse of a non-parent relative who is included in the TEA cash assistance unit;




**NOTE:** If jointly owned, the caretaker relative's pro rata share will be counted.

2200 Eligibility Determination

2272 Resources to be Disregarded

- ~~16-13.~~ Individual Development Accounts (IDA) (Refer to section 3445 of the [DWS TEA Case Management Manual](#));
- ~~17-14.~~ Funds up to ten-thousand dollars (\$10,000.00) placed in an escrow account by a TEA recipient who is engaged in a micro-enterprise work activity;
- ~~15.~~ Savings for Education, Entrepreneurship, and Down Payment (SEED) Accounts;
- ~~or-~~
- ~~18-16.~~ Achieving a Better Life Experience Accounts (ABLE).

 ~~**NOTE:** At any time, there is a question as to whether a particular type of property or payment may be disregarded under Item #10 above, the worker should submit the pertinent documents, or information concerning the property or payment, to the Office of Program Planning and Development, Slot S33, for a determination. This information should include the specific federal or state statute under which it is believed the disregarded treatment is required.~~

### 2272.1 The Homestead

07/01/97

A homestead is a house and tract of land which a person considers his home. A mobile home or trailer used as a home will be considered as a homestead, regardless of whether the person also owns the property on which the mobile home is situated.

Only one (1) such tract will be considered a homestead. However, there is no limit to the acreage or number of lots, so long as the property is contiguous. Any other dwelling units or apartments on the property will be considered a part of the homestead.

The family must be presently residing on the property or intend to move on to it within a period of six (6) months from the date of application or date of purchase, whichever is later.

If the family ceases to live on the property, it will continue to be regarded as a homestead for a period of six (6) months from the date they left the home or the date of application, whichever was later, provided they intend to return to it. A request to extend the period beyond six (6) months may be approved by the County Administrator, if it is determined that extenuating circumstances exist in the case.

**2200 Eligibility Determination**

**2272 Resources to be Disregarded**

Unless the period has been extended, the recipient will be advised that the homestead becomes excess property after six (6) months.

MARKKUP

# MEDICAL SERVICES POLICY MANUAL, SECTION E

## ~~E-600 Achieving a Better Life Experience (ABLE) Program~~

### ~~E-6010 ABLA Achieving Account a Better Life Application~~

#### **E-610 ABLA Account Application Process Program Trust and Account Management**

Refer to Health Care Procedures Manual for more information.

MS Manual ~~10/01/17??/??/??~~

~~The Office of the Arkansas State Treasurer-The Achieving a Better Life Experience (ABLE) Program Committee will administer the ABLA program for Arkansas residents and non-residents. The Committee is composed of the Secretary of the Department of Human Services, the Director of Arkansas Rehabilitation Services, the Treasurer of the State, or their designees. The Office of the Arkansas State Treasurer will manage the ABLA Program Trust for the Committee. The Office will:~~

- ~~• determine eligibility for ABLA accounts;~~
- ~~• process enrollments;~~
- ~~• process account maintenance transactions;~~
- ~~• maintain account payment and distribution history; and~~

# MEDICAL SERVICES POLICY MANUAL, SECTION E

## ~~E-600 Achieving a Better Life Experience (ABLE) Program~~

### ~~E-60060 Achieving a Better Life Experience (ABLE) Program Income~~


- ~~• provide eligibility reports for Medicaid renewals.~~

Questions regarding the establishment of an ABLE account will be directed to the Office of the Arkansas State Treasurer, ~~1401 West Capitol Ave., Suite 275, Little Rock, AR 72201.~~

## E-660 Income Exclusions

MS Manual ~~10/01/17~~ ~~??/??/??~~

Exclude all contributions to an ABLE account from the countable income of the designated beneficiary. (See ~~Re.~~ MS policy section [E-630](#)). This includes rollovers from another family member's ABLE account.


 **NOTE:** A rollover is the distribution of all or some of the funds from an initial one ABLE account to the ABLE account of a member of the designated beneficiary's family. For purposes of this type of rollover, a member of the designated beneficiary's family means: siblings, ~~step-siblings~~stepsiblings, and half siblings.

However, do not deduct contributions from the countable income of the individual who makes the contribution.

**EXAMPLE: Contribution:** Kristie Mae has one hundred dollars (\$100) automatically deducted from her paycheck and deposited into her daughter Sharon's ABLE account. The one hundred dollars (\$100) will not be considered income for Sharon but will still be included as a portion of Kristie Mae's income.

**EXAMPLE: Rollover:** Linda is determined to no longer be disabled so she transfers all of the funds in her ABLE account to her ~~step-brother~~stepbrother Scott's ABLE account. These funds will not be considered as income to Scott.

The funds in an ABLE account can accrue interest, earn dividends, and otherwise appreciate in value. Earnings increase the account's balance. Interest accrued or dividends earned on the money in an ABLE account are excluded from the income of the designated beneficiary.

 **NOTE:** ~~Long-Long~~-Term Supports and Services' transfer of resources rules apply to contributions made to an ABLE account (See MS policy section [H-300-325](#)).

# MEDICAL SERVICES POLICY MANUAL, SECTION E

## E-600 Achieving a Better Life Experience (ABLE) Program

### E-60070 Achieving a Better Life Experience (ABLE)

#### E-670 Resource Exclusions

MS Manual 10/01/17

The amount of funds in an ABLE account ~~that exceeds \$100,000~~ will not be counted as a resource ~~for Health Care eligibility. Only \$100,000 of the balance of funds in an ABLE account can be excluded from the resources of the designated beneficiary.~~

Any distribution for a non-housing related Qualified Disability Expense (QDE) that has been retained beyond the month it was received, will be excluded from the designated beneficiary's countable resources if:

- The designated beneficiary maintains, makes contributions to, or receives distributions from the ABLE account;
- The distribution is unspent;
- The distribution is identifiable (Excluded funds commingled with non-excluded funds must be identifiable); and
- The individual still intends to use the distribution for a non-housing related QDE.

**EXAMPLE: Excluded Distribution:** Eric takes a distribution of five hundred dollars (\$500) from his ABLE account in February 2017 to pay for a health related QDE. His health-related expense is not due until May, so Eric deposits the distribution into his checking account in February. The distribution is not income in February. Eric maintains his ABLE account at all relevant times and the ~~distribution of five hundred dollar~~five hundred dollars (\$500) ~~distribution~~ remains both unspent and identifiable until Eric pays his ~~health related~~health-related expense in May. Therefore, the ~~distribution of five hundred dollar~~five hundred dollars (\$500) ~~distribution~~ will be excluded from Eric's countable resources in March, April, and May.

**NOTE:** A distribution for a ~~housing-related~~housing related QDE, or for an expense that is not a QDE, will be counted as a resource if the beneficiary retains the distribution into the month following the month of receipt. Distributions for housing-related QDEs must be spent in the month of receipt. If the beneficiary spends the distribution within the month of receipt, there is no effect on eligibility.

If distribution for a non-housing-related QDE that was retained into the following month is actually used for a non-qualified purpose or a housing-related QDE, the amount of funds used for the non-qualified purpose or a housing-related QDE will be considered a resource on the first day of the month in which the funds were spent. The caseworker will assume that the individual's intent to use the funds for a QDE changed as of the first of the month that the individual spent the funds. If the individual's intent to use the funds for a QDE changes at any other time, but the individual has not spent the funds, the retained funds will be counted as a resource the first of the following month.



## MEDICAL SERVICES POLICY MANUAL, SECTION E

### E-600 Achieving a Better Life Experience (ABLE) Program

#### E-60070 Achieving a Better Life Experience (ABLE)

**EXAMPLE: Previously Excluded Distribution Used for a Non-QDE-:** Sam takes a distribution of twenty-five thousand dollars (\$25,000) from his ABLE account, with the intent to modify a specially equipped van in May. He pays a deposit of ten thousand dollars (\$10,000) ~~deposit~~ on the van modifications. While waiting for the delivery of the van, Sam takes a trip to a casino in July where he loses one thousand dollars (\$1,000) of his ABLE distribution while gambling. The one thousand dollars (\$1,000) he lost gambling is a countable resource in July. The other fourteen thousand dollars (\$14,000) ~~that~~ Sam retains continues to be an excluded resource as long as it meets the requirements in this section.

**EXAMPLE: Previously Excluded Distribution Used for a Housing Related QDE-:** Jennifer takes a distribution of seven thousand dollars (\$7,000) ~~distribution~~ from her ABLE account in June to pay her college tuition, a qualified disability expense (QDE). Her tuition payment is due in September. However, she has to make an advance rent payment of seven hundred fifty dollars (\$750) ~~advance rent payment~~ for her college apartment in August. She uses seven hundred and fifty dollars (\$750), of the distribution she took in June, to make the rent payment which is a housing related QDE. The seven hundred fifty dollars (\$750) is a countable resource in August. The remaining six thousand two hundred and fifty dollars (\$6,250) continues to be an excluded resource as long as it meets the requirements in this section.

**EXAMPLE: Change of Intent on the Use of a Distribution-:** Jennifer takes a distribution of seven thousand dollars (\$7,000) ~~distribution~~ from her ABLE account in June to pay her college tuition, a qualified disability expense (QDE). Her tuition payment is due in September. In August, Jennifer gets a job offer and decides not to return to school. Since she no longer intends to use it for tuition, the seven thousand dollars (\$7,000) becomes a countable resource in September, unless Jennifer redesignates it for another QDE or returns the funds to her ABLE account prior to September.

A special rule applies when the balance of an SSI recipient's ABLE account exceeds one hundred thousand dollars (\$100,000) by an amount that causes the individual to be over the resource limit, whether by those funds alone or with other resources. When this situation occurs, the Social Security Administration will place the recipient into a special SSI suspension period where:

- Social Security will suspend the recipient's SSI benefits without a time limit as long as the individual remains otherwise eligible;
- The individual retains continued eligibility for Medicaid Health Care; and
- The individual's eligibility does not terminate after twelve (12) continuous months of suspension.


During the period SSI benefits are suspended, the designated beneficiary will be treated as if the individual continued to be receiving payment of the SSI benefits. The individual's regular SSI eligibility will be reinstated for any month in which the individual's ABLE account balance no longer causes the recipient to exceed the resource limit and the individual is otherwise eligible.

## MEDICAL SERVICES POLICY MANUAL, SECTION E

### E-600 Achieving a Better Life Experience (ABLE) Program

#### E-60070 Achieving a Better Life Experience (ABLE)

**EXAMPLE: Excess Resources-Recipient is Suspended but Retains Medicaid Health Care Eligibility-:** Paul is the designated beneficiary of an ABLE account with a balance of one hundred and one thousand dollars (\$101,000) on the first of the month. Paul's only other countable resource is a checking account with a balance of one thousand five hundred dollars (\$1,500). Paul's countable resources are two thousand five hundred dollars (\$2,500) and therefore exceed the SSI resource limit. However, since Paul's ABLE account balance is causing him to exceed the resource limit (i.e. for example, his countable resources other than the ABLE account are less than two thousand dollars (\$2,000)), Social Security will suspend Paul's SSI eligibility and stop his cash benefits, but Paul will retain eligibility for Medicaid Health Care.

 **NOTE:** The special suspension rule does not apply when the balance of an SSI recipient's ABLE account exceeds one hundred thousand dollars (\$100,000) by an amount that causes the recipient to exceed the SSI resource limit but the resources other than the ABLE account alone would make the individual ineligible for SSI due to excess resources.

**EXAMPLE: Combination of Resources-Recipient Loses SSI Eligibility:** Christine is the designated beneficiary of an ABLE account with a balance of one hundred and one thousand dollars (\$101,000) on the first of the month. Christine also has a checking account with a balance of three thousand dollars (\$3,000). Christine's countable resources are four thousand dollars (\$4,000) and exceed the SSI resource limit. However, because her ABLE account balance is not the cause of her excess resources, the special rule does not apply, and Christine is no longer SSI eligible due to excess resources. The Social Security Administration will suspend her SSI benefits and her Medicaid Health Care benefits will end as well.

**EXAMPLE:** Sharon takes a distribution of five hundred dollars (\$500) from her ABLE account in May to pay for her rent for the month of June. She deposits the five hundred dollars (\$500) into her checking account in May and then withdraws five hundred dollars (\$500) in cash on June 3 and pays her landlord. This distribution is a housing-related QDE and a part of Sharon's checking account balance on June 1<sup>st</sup>, which makes it a countable resource for the month of June.

## **RULES SUBMITTED FOR REPEAL**

**Rule #1: DCO Form – 808 – Medicare Beneficiaries Application**

**Rule #2: Social Services Block Grant Comprehensive Services Program Plan**

# Application for Medicare Savings for Qualified Beneficiaries ARSeniors, QMB, SMB, QI-1

*Si necesita este formulario en Español, llame al 1-800-482-8988 y pida la versión en Español*

**If you need this material in a different format, such as large print, contact your DHS county office.**

Please answer all questions as completely and accurately as possible. If you do not have enough space for your answer, attach another sheet of paper to this application.

Last Name		First Name		MI	Social Security Number	
Medicare Number			Railroad Retirement Number		VA Claim Number	
Birth Date	Race	Sex	County of Residence		Telephone Number	
Street Address				City	State	Zip Code
Mailing Address (If Different)				City	State	Zip Code

Are you 65 years or older?     Yes     No

Are you:                             Blind     Disabled

Are you a U.S. Citizen?     Yes     No    Submit documentation of alien status.

Living arrangement: (check one)     Own Home     Renting     Other's Home     Assisted Living

Are you (check one):	
<input type="checkbox"/> Married	<input type="checkbox"/> Separated
<input type="checkbox"/> Widowed	<input type="checkbox"/> Divorced
<input type="checkbox"/> Single	

Please complete the following section for your spouse, if you live in the same household.

Last Name		First Name		MI	Social Security Number*		Date of Birth
Medicare Number			Railroad Retirement Number		VA Claim Number		

\* The Social Security Number is required if your spouse is applying for benefits.

Are you applying for your spouse also?     Yes     No    If yes, complete the following.

Is your spouse a U.S. Citizen?     Yes     No    Submit documentation of alien status.

Is your spouse 65 years or older?     Yes     No

Is your spouse:                             Blind     Disabled

Do you have children under 18 (or under 21 if attending school) living in the home?     Yes     No

If yes, please complete the following information on each child.

Child's Last Name	Child's First Name	MI	Date of Birth	Child's Income (Amount & Type)

**INCOME:** Do you or your spouse have income from the following?

Source of Income	Y	N	Source	Gross Pay (before deductions)	How often?	Who receives?
Retirement, Social Security, SSI, Veterans Benefits						
Employment, work, job, farming, self-employment (List all jobs for each person listed)						
Child support, alimony, unemployment benefits, worker's compensation, student loans, grants						
Miscellaneous income (part time work, babysitting, rental property, contributions from friends/relatives, roomers or boarders, insurance etc.)						

Is food, clothing, or shelter paid for or provided free of charge for you by someone else?  Yes  No

**REAL/PERSONAL PROPERTY:**

Do you own any real estate other than your home, including property that you own with others?  Yes  No

If yes, complete the following for each piece of real estate. Attach additional pages if necessary. **Do not list the house you live in.**

Address or Location	Value	Amount Owed

REPEAL

**VEHICLES:**

Do you or your spouse own a car, truck, motorcycle, boat, trailer, or other vehicle?  Yes  No

If yes, complete the following information about each vehicle (attach additional pages as needed)

Make	Model	Year	Value	Amount Owed	Owner(s)

**ASSETS:** Check all assets owned by you or your spouse. Include any accounts or properties on which your name(s) appear. Include verification of trust funds. Attach additional pages if necessary.

Type of Asset	Y	N	Where held (bank, insurance co., brokerage firm, etc.)?	Account/Policy #	\$ Value
Cash					
Checking Account					
Savings Account					
Certificates of Deposit					
Promissory Notes					

**ASSETS:** Continued

Type of Asset	Y	N	Where held (bank, insurance co., brokerage firm, etc.)?	Account/Policy #	\$ Value
Stocks					
Bonds					
IRA					
Owner of a Mortgage					
Burial Plot/Crypt					
Burial Funds/Insurance					
Life Insurance					
Trusts					
Other					

**HEALTH INSURANCE:**

- Do you have Medicare?  Yes  No
- Does your spouse have Medicare?  Yes  No
- Do you have other health insurance?  Yes  No
- Does your spouse have other health insurance?  Yes  No

If you or your spouse have other health insurance besides Medicare, please provide the following information and attach copies (front and back) of Medicare and insurance cards.

Health Insurance Company Name	Address	Who is Insured?	Type of Coverage	Effective Date	Policy or Claim #

Would you like for someone to contact you about applying for the Supplemental Nutrition Assistance Program?  
 Yes  No

**READ THE FOLLOWING INFORMATION CAREFULLY BEFORE YOU SIGN THIS APPLICATION**

- I understand that I must help establish my eligibility by providing as much of the requested information as I can.
- I authorize the Department of Human Services to make any inquiry concerning me and/or my spouse necessary to establish my eligibility for assistance.
- I authorize my employer(s), any banks, savings and loans, lending institutions or other financial institutions, etc., to release to DHS any information about myself or my spouse's circumstances as necessary to verify any information contained on this application.
- I authorize DHS to obtain information from any federal, other state agencies and other sources (including electronic databases) to confirm the accuracy of my statements.
- I understand that no person may be denied assistance on the grounds of race, color, sex, age, disability, religion, national origin, or political belief.
- I understand that I may request a hearing before the state agency representative if a decision is not reached on my case within the appropriate time limit or if I disagree with the decision reached.

- I agree to notify the Department of Human Services within 10 days if I or my spouse receive additional income, acquire or dispose of property or if any other changes occur in my circumstances.
- I authorize the Department of Human Services to examine all records of mine, or records of those receiving or having received Medicaid benefits through me, for the purpose of investigating whether or not any person may have committed Medicaid fraud, or for use in any legal, administrative, or judicial proceeding.
- I understand that I must provide my Social Security Number as a condition of my eligibility; and I understand that this number may be used by the Agency without my express permission in a computer match to obtain information relative to my eligibility for assistance from the Social Security Administration, Department of Workforce Services, Internal Revenue Service, or other agencies.
- **ASSIGNMENT OF MEDICAL SUPPORT.** I authorize any holder of medical or other information about me to release information needed for a Medicaid claim to DHS. I further authorize release of any information to other parties who may be liable for my medical expenses. As an eligibility condition I automatically assign my right to any settlement, judgment, or award which may be obtained against any third party to DHS to the full extent of any amount which is paid by DHS on my behalf. I authorize and request that funds, settlement or other payments made by or on behalf of third parties, including tortfeasors or insurers arising out of a Medicaid claim, be paid directly to DHS. My application for Medicaid benefits shall in itself constitute an assignment by operation of law and shall be considered a statutory lien of any settlement, judgment, or award received by me from a third party. A third party is any person, entity, institution, organization or other source which may be liable for injury, disease, disability or death sustained by me or others named herein, including estates of said individuals. I also assign all rights in any settlement made by me or on my behalf arising out of any claim to the extent of medical expenses paid by DHS, whether or not a portion of such settlement is designated for medical expenses. Any such funds received by me shall be paid to DHS. A copy of this authorization may be used in place of the original.
- **\*The PRIVACY ACT of 1974** requires the Department of Human Services (DHS) to tell you: 1. Whether disclosure is voluntary or mandatory 2. How DHS will use your SSN; and 3. The law or regulation that allows DHS to ask you for the SSN. We are authorized to collect from your household certain information including the social security number (SSN) of each eligible household member. For the Medicaid Program, this authority is granted under Federal laws codified at 42 U.S.C. §§ 1320b-7(a)(1) and 1320b-7(b)(2). This information may be verified through computer matching programs. We will use this information to determine Program eligibility, to monitor compliance with program rules, and for program management. This information may be disclosed to other Federal and State agencies and to law enforcement officials. If a claim arises against your household, the information on this application, including all SSNs, may be provided to Federal or State officials or to private agencies for collection purposes. **\*EXCEPTION:** In the Medicaid Program, information is disclosed without the individual's written consent only to: authorized employees of this Agency, the Social Security Administration, the U.S. Department of Health and Human Services, the individual's attorney, legal guardian, or someone with power of attorney; or an individual who the recipient has asked to serve as his representative AND who has supplied confidential information for the case record which helped to establish eligibility, or court of law when the case record is subpoenaed.

I have read the above statements, and I agree to the provisions. I understand that this form is signed subject to penalties for perjury. I understand that if I receive assistance to which I am not entitled as a result of withholding information or providing inaccurate information, such assistance will be subject to recovery by the Department of Human Services and I may be subject to prosecution for fraud and fined and/or imprisoned.

\_\_\_\_\_  
Signature of Applicant, Guardian, or Authorized Rep.

\_\_\_\_\_  
Signature of Applicant, Guardian, or Authorized Rep.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Guardian or Authorized Rep's Address

\_\_\_\_\_  
Witness (if signed by mark)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Witness/ Telephone Number

\_\_\_\_\_  
Signature of County Office Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person Who Helped Complete Form

\_\_\_\_\_  
Date

This completes the application process for the Medicare Savings Program. Federal law requires that each state provide the opportunity to register to vote with every application for public assistance. The remaining pages of this packet are the Arkansas Voter Registration Application. Please answer the following question regarding voter registration:

**Would you like to register to vote or change your voter registration address?**  Yes  No

If you marked **Yes**, please complete and sign the Voter Registration Application that is attached. If you marked **No**, submit your Medicare Savings Program application to the Access Arkansas Processing Center, 1095 White Drive, Batesville, AR 72501.

# ARKANSAS VOTER REGISTRATION APPLICATION

Check all that apply: <input type="checkbox"/> This is a new registration. <input type="checkbox"/> This is a name change. <input type="checkbox"/> This is an address change. <input type="checkbox"/> This is a party change.			Office Use Only		
			Assigned ID		
<b>1</b>	Mr. Mrs. Miss Ms.	Last Name	Jr. Sr. II. III. IV.	First Name	Middle Name
<b>2</b>	Address Where You Live (See Section "C" Below) (Rural addresses must draw map.)		Apt. or Lot #	City/Town	County
<b>3</b>	Address Where You Receive Mail If Different From Above		Apt. or Lot #	City/Town	County
<b>4</b>	Date of Birth _____ / _____ / _____ Month Day Year		<b>5</b>	Home & Work Phone Numbers (Optional) (H) (W)	
<b>7</b>	E-mail Address (Optional)			<b>8</b>	Party Affiliation (Optional)
<b>9</b>	ID Number - Check the applicable box and provide the appropriate number. <input type="checkbox"/> Arkansas Driver's license number _____ <input type="checkbox"/> <b>If you do not have a driver's license provide the last 4 digits of social security number</b> _____ <input type="checkbox"/> I have neither a driver's license nor social security number.			Have you ever voted in a federal election in this State? <input type="checkbox"/> Yes <input type="checkbox"/> No Signature of elector - Please sign full name or put mark.	
<b>10</b>	(A) Are you a citizen of the United States of America and an Arkansas resident? <input type="checkbox"/> Yes <input type="checkbox"/> No (B) Will you be eighteen (18) years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No (C) Are you presently adjudged mentally incompetent by a court of competent jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No (D) Have you ever been convicted of a felony without your sentence having been discharged or pardoned? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked <b>No</b> in response to either questions A or B, do not complete this form. If you checked <b>Yes</b> in response to either questions C or D, do not complete this form.			The information I have provided is true to the best of my knowledge. I do not claim the right to vote in another county or state. If I have provided false information, I may be subject to a fine of up to \$10,000 and/or imprisonment of up to 10 years under state and federal laws.	
			<b>11</b>	Date: _____ / _____ / _____ Month Day Year If applicant is <b>unable to sign his/her name</b> , provide name, address and phone number of the person providing assistance: Name: _____ Address: _____ City: _____ State: _____ Phone#: _____	

**Please complete the sections below if:** **MAIL REGISTRANTS: PLEASE SEE SECTION D.**

- You were previously registered in another county or state, or
- You wish to change the name or address on your current registration.

<b>A</b>	Mr. Mrs. Miss Ms.	Previous Last Name	Jr. Sr. II. III. IV.	First Name	Middle Name(s)
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Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

<b>B</b>	Previous House Number and Street Name	Apt. or Lot #	City or Town	State	Zip Code
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**If you live in a rural area but do not have a house or street number, or if you have no address, please show on the map where you live.**

<b>C</b>	<ul style="list-style-type: none"> <li>Write in the names of the crossroads (or streets) nearest where you live.</li> <li>Draw an "X" to show where you live.</li> <li>Use a dot to show any schools, churches, stores or other landmarks near where you live and write the name of the landmark.</li> </ul>
Example	North ↑
• Grocery Store	_____
• Public School	_____
X	_____

**IDENTIFICATION REQUIREMENTS**

**IMPORTANT:** If your voter registration application form is submitted by mail and you are registering for the first time, and you do not have a **valid Arkansas driver's license number** or **social security number**, in order to avoid the additional identification requirements upon voting for the first time you must submit with the mailed registration form: **(a)** a current and valid photo identification; or **(b)** a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.



Arkansas Secretary of State  
ATTN: Voter Registration  
P.O. Box 8111  
Little Rock, Arkansas 72203-8111

First  
Class  
Postage  
Required

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From:

REFPEAL

**Deadline Information**

To qualify to vote in the next election, you must apply to register to vote 30 days before the election. If you mail this form, it must be postmarked by that date. You may also present it to a voter registration agency representative by that date. If you miss the deadline you will not be registered in time to vote in that election. *Please don't delay. Make sure your vote counts.*

If you are qualified and the information on your form is complete, you will be notified of your voting precinct by your local County Clerk.

**To Mail**

Fold form on middle perforation, tape the form closed, stamp and mail.

Questions?

Call your local County Clerk

Or

Arkansas Secretary of State

Mark Martin

Elections Division – Voter Services

1-800-482-1127

Contact your County Clerk if you have not received confirmation of this application within two weeks.

## ARKANSAS VOTER REGISTRATION INFORMATION

Section 7 of the National Voter Registration Act (NVRA) of 1993 requires that each state provide the opportunity to register to vote with every application for public assistance and every recertification, renewal and change of address. This Voter Registration packet is an opportunity for you to register to vote or change your voter registration address. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application form in private.

No information relating to a declination to register to vote in connection with an application may be used for any purpose other than voter registration.

If you believe that someone has interfered with your right to: 1) Register to vote; 2) Decline to register to vote; 3) Privacy in deciding whether to register or in applying to register to vote; or 4) Choose your own political party or other political preference,

You may file a complaint with:

Secretary of State  
Room 256 State Capitol  
Little Rock, Arkansas 72201  
1-800-482-1127

### Mailing Instructions for Voter Registration

You have two options to submit your Voter Registration form.

1. You can submit the registration form in person or mail the registration form along with your SNAP or Medicaid application to your local county DHS office. The address for your county office can be found on the last page of this packet. Some applications (DCO-151 & DCO-152) must be mailed to the Jefferson County DHS office. If you are using one of these forms, you can mail the Voter Registration form with your application to that office. Upon receipt at any county office, that office will mail the form to the Secretary of State's office for you.
2. You may also mail the Voter Registration form directly to the Secretary of State's Office. To mail the form directly to the Secretary of State's office, separate the form from your application/renewal, fold the form along the middle perforation, seal the bottom with tape or staple, and mail to the address on the form. A stamp or stamped envelope is required for mailing.

### DHS County Office Mailing Addresses

County	Address	City	Zip	County	Address	City	Zip	County	Address	City	Zip
Arkansas	100 Court Square	DeWitt	72042	Grant	PO Box 158	Sheridan	72150	Ouachita	PO Box 718	Camden	71711
Arkansas	PO Box 1008	Stuttgart	72160	Greene	809 Goldsmith Rd	Paragould	72450	Perry	213 Houston Ave	Perryville	72126
Ashley	PO Box 190	Hamburg	71646	Hempstead	116 N. Laurel	Hope	71802	Phillips	PO Box 277	Helena	72342
Baxter	PO Box 408	Mt. Home	72654	Hot Spring	2505 Pine Bluff St	Malvern	72104	Pike	PO Box 200	Murfreesboro	71958
Benton	900 SE 13 <sup>th</sup> Court	Bentonville	72712	Howard	PO Box 1740	Nashville	71852	Poinsett	PO Box 526	Harrisburg	72432
Boone	PO Box 1096	Harrison	72602	Independence	100 Weaver Ave	Batesville	72501	Polk	PO Box 1808	Mena	71953
Bradley	PO Box 509	Warren	71671	Izard	PO Box 65	Melbourne	72556	Pope	701 N Denver	Russellville	72801
Calhoun	PO Box 1068	Hampton	71744	Jackson	PO Box 610	Newport	72112	Prairie	PO Box 356	DeValls Bluff	72041
Carroll	PO Box 425	Berryville	72616	Jefferson	PO Box 5670	Pine Bluff	71611	Pulaski East	PO Box 8083	Little Rock	72203
Chicot	PO Box 71	Lake Village	71653	Johnson	PO Box 1636	Clarksville	72830	Pulaski Jax.	PO Box 626	Jacksonville	72078
Clark	PO Box 969	Arkadelphia	71923	Lafayette	2612 Spruce St.	Lewisville	71845	Pulaski No.	PO Box 5791	N. Little Rock	72119
Clay	PO Box 366	Piggott	72454	Lawrence	PO Box 69	Walnut Ridge	72476	Pulaski So.	PO Box 2620	Little Rock	72203
Cleburne	PO Box 1140	Heber Springs.	72543	Lee	PO Box 309	Marianna	72360	Pulaski Sw.	PO Box 8916	Little Rock	72219
Cleveland	PO Box 465	Rison	71665	Lincoln	101 W. Wiley St.	Star City	71667	Randolph	1408 Pace Rd	Pocahontas	72455
Columbia	PO Box 1109	Magnolia	71754	Little River	90 Waddell St.	Ashdown	71822	Saline	PO Box 608	Benton	72018
Conway	PO Box 228	Morrilton	72110	Logan-1	#17 W. McKeen	Paris	72855	Scott	PO Box 840	Waldron	72958
Craighead	PO Box 16840	Jonesboro	72403	Logan-2	398 East 2 <sup>nd</sup> St.	Booneville	72927	Searcy	106 School St	Marshall	72650
Crawford	704 Cloverleaf Circle	Van Buren	72956	Lonoke	PO Box 260	Lonoke	72086	Sebastian	616 Garrison Ave	Ft. Smith	72901
Crittenden	401 S. College Blvd	W. Memphis	72301	Madison	PO Box 128	Huntsville	72740	Sevier	PO Box 670	DeQueen	71832
Cross	803 Hwy 64E	Wynne	72396	Marion	PO Box 447	Yellville	72687	Sharp	1467 Hwy 62/412 Ste. B	Cherokee Village	72529
Dallas	1202 W. 3 <sup>rd</sup> St.	Fordyce	71742	Miller	3809 Airport Plaza	Texarkana	71854	St Francis	PO Box 899	Forrest City	72336
Desha	PO Box 1009	McGehee	71654	Mississippi 1	1104 Byrum Rd.	Blytheville	72315	Stone	1821 E Main	Mountain View	72560
Drew	PO Box 1350	Monticello	71657	Mississippi 2	437 S Country Club	Osceola	72370	Union	123 W 18 <sup>th</sup> St.	El Dorado	71730
Faulkner	1000 East Siebenmorgan Road	Conway	72032	Monroe-1	PO Box 354	Clarendon	72029	Van Buren	449 Ingram Street	Clinton	72031
Franklin	800 W Commercial	Ozark	72949	Monroe-2	301½ N New Orleans	Brinkley	72021	Washington	4044 Frontage	Fayetteville	72703
Fulton	PO Box 650	Salem	72576	Montgomery	PO Box 445	Mount Ida	71957	White	608 Rodgers Drive	Searcy	72143
Garland	115 Stover Lane	Hot Springs	71913	Nevada	PO Box 292	Prescott	71857	Woodruff	PO Box 493	Augusta	72006
				Newton	PO Box 452	Jasper	72641	Yell	PO Box 277	Danville	72833

**\*If you live in Pulaski County please check the zip code listing below to ensure that you mail or return your application to the appropriate Pulaski County DHS Office.**

**Pulaski East:** 72016, 72053, 72126, 72135, 72201, 72202, 72203, 72205, 72207, 72212, 72223, 72227

**Pulaski North:** 72046 (England), 72113, 72114, 72115, 72117, 72118, 72119, 72142 (Scott), 72190, 72231

**Pulaski Jacksonville:** 72023 (Cabot), 72076, 72078, 72099, 72106, 72116, 72120, 72124

**Pulaski South:** 72204, 72206 (Shared with Southwest)

**Pulaski Southwest:** 72002, 72065, 72103, 72208, 72209, 72210, 72211, 72164, 72180, 72183, 72206 (Shared with South)

# DHS ADMINISTRATIVE PROCEDURES MANUAL

## Chapter 904

### Title: Social Services Block Grant Pre-expenditure Report

I. **PURPOSE:** To assure compliance with federal regulations for the Social Services Block Grant (SSBG) program relating to a required plan of service and expenditures.

II. **POLICY:**

- A. Before a State receives a SSBG allotment, it must submit an annual pre-expenditure report that describes how the State plans to administer its SSBG funds for the coming year. This report must be submitted 30 days prior to the start of the fiscal year (i.e., June 1). States must report on the intended use of SSBG funds, including the types of activities (or services) to be supported, and the categories and characteristics of individuals to be served (such as children, adults 59 and younger, adults 60 and older, and the disabled) (42 U.S.C. §1397c). While no specific format is required for the pre-expenditure report, States typically provide a narrative of the proposed activities and individuals to be served or a chart with this information by service area. States are also required to submit a revised pre-expenditure report if the planned uses of SSBG funds change during the year.
- B. If the deadline cannot be met, Office of Finance and Administration, Contract Support Section (CSS) must request and receive a waiver from the federal government for delayed submission.
- C. Reports and waiver requests shall be submitted to:

Social Services Block Grant Program  
U.S. Department of Health and Human Services  
Administration for Children and Families  
Office of Community Services  
370 L'Enfant Promenade, S.W. 5<sup>th</sup> Floor West  
Washington, DC 20447

III. **PROCEDURES:**

A. Coordination with Program Agencies

Upon notification of allocations made by the DHS Chief Fiscal Officer, CSS shall execute the following steps:

1. Discuss the changes with, and meet with as necessary, the representative(s) from each program division and outside agency receiving SSBG funds;
2. Incorporate changes as necessary, and prepare a draft revision to the

**Report**, tracking changes;

3. Compare the revision to the most recent **SSBG Post-expenditure Report** for significant discrepancies;
  4. Finalize the revision to the **Report**, tracking the changes.
- B. Promulgation
1. Upon completion of an annual or interim **Report**, CSS shall submit the draft to Policy and Administrative Program Management Unit (PAPM) for promulgation in accordance with DHS Policy 1052, Administrative Procedure, Rules Promulgation, to include Executive Staff review, a thirty day public review period and final review and approval by the Legislative Council, Administrative Rules and Regulations Subcommittee.
  2. CSS shall then forward a copy to the U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services, Washington D.C.

REPEAL