

DEPARTMENT OF HUMAN SERVICES, DIVISION OF COUNTY OPERATIONS

SUBJECT: ARHOME Integration

DESCRIPTION:

Statement of Necessity

With the implementation of Arkansas Health and Opportunity for Me (ARHOME) and the implementation of the new integrated system, it has become necessary to update the Medical Services Policy. The Medical Services Policy is being updated to reflect the replacement of ARWorks, the addition of new programs provided through ARHOME, and the removal of business processes. This will allow the business process to change independently of the Policy Manual.

Rule Summary

Policy section A-210 has been included to revise the date for retroactive coverage, change “Medicaid” to “Health Care” and “caseworker” to “eligibility worker”.

The following are changes to Policy B:

1. Global Change- “Medicaid” changed to “Health Care” Program. This has been changed throughout the entire document.
2. Global Change- “ARWorks” changed to “ARHome”.
3. Global Change- “Assisted Living” changed to “Living Choices”.
4. Global Change- Updated headers to singular header listing main Policy name.
5. Removal of MS Manual updated dates. Changed to 01/01/2022.
6. Removal of information out of Policy is reflected in the Business Process Manual.
7. Overall editing for grammar and style.
8. B-100 Eligibility Groups:
 - a. Changed “Medicaid” to “Health Care”.
9. B-200 Families and Individuals Group (MAGI):
 - a. Updated grammatical error for consistency throughout policy;
 - b. Removed “pin” bullet from “NOTE” to have consistency throughout policy; and
 - c. Changed “Medicaid” to “Health Care”.
10. B-220 Newborns:
 - a. Changed “Medicaid to “Health Care”.
11. B-230 Parents/Caretaker Relatives:
 - a. Removed “s” from Parents; and
 - b. Removed “pin” bullet from “NOTE” to have consistency throughout policy.
12. B-240 Pregnant Women:
 - a. Changed “Medicaid” to “Health Care”.
13. B-250 Unborn Child (Pregnant Woman):
 - a. Changed “Medicaid” to “Health Care”; and

- b. Corrected grammatical errors.
- 14. B-260 Former Foster Care Adults:
 - a. Changed “Medicaid” to “Health Care”.
- 15. B-270 Adult Expansion Group (Arkansas Works Program):
 - a. Title Changed to from (Arkansas Works Program) to (ARHOME);
 - b. Removed wording that explained ARWorks;
 - c. Added wording to explain ARWorks becoming ARHome;
 - d. Updated the date to reflect when ARHome will take effect;
 - e. Corrected grammatical errors for consistency throughout policy;
 - f. Changed “Arkansas Works” to “ARHome”;
 - g. Removed “pin” bullet from “NOTE” to have consistency throughout policy;
 - h. Removed language about requirements for ARWorks;
 - i. Added language about Medically Frail, American Indian (AI)/Alaskan Native (AN), and Mandatory enrollment in a PASSE;
 - j. Added language about QHP enrollees; and
 - k. Expanded acronym for ABP for easy reading.
- 16. B-310 Long Term Services and Supports:
 - a. Corrected grammatical errors to have consistency throughout policy.
- 17. B-311 Nursing Facility:
 - a. Added Note to refer to for Policy for spousal rules;
 - b. Added Note about uncompensated transfers; and
 - c. Changed “Medicaid” to “Health Care”.
- 18. B-312 Assisted Living Facilities:
 - a. Changed “Assisted Living Facilities” to “Living Choices”; and
 - b. Removed “ALF” from policy.
- 19. B-313 AR Choices in Homecare:
 - a. Removed business processes;
 - b. Added language “Refer to Health Care Procedures Manual for more information”; and
 - c. Updated “Medicaid” to “Health Care”.
- 20. B-315 TEFRA:
 - a. Updated “Medicaid” to “Health Care”.
- 21. B-316 Autism Waiver:
 - a. Updated “Medicaid” to “Health Care”.
- 22. B-318 PACE- Program of All Inclusive Care for the Elderly:
 - a. Updated grammatical error.
- 23. B-320 Medicare Savings Programs (MSP):
 - a. Updated “Medicaid” to “Health Care”.
- 24. B-321 ARSeniors:
 - a. Updated “Medicaid” to “Health Care”.
- 25. B-326 Medicare Savings Programs- Comparison Chart:
 - a. Removed business process ; and
 - b. Added “Refer to health Care Procedures Manual for more information”.
- 26. B-330 Workers with Disabilities:
 - a. Updated “Medicaid” to “Health Care”.
- 27. B-340 Supplemental Security Income (SSI)/SSI Related Groups:

- a. Corrected grammatical error.
- 28. B-341 Supplemental Security Income (SSI) Cash Eligibles:
 - a. Updated “Medicaid” to “Health Care”.
- 29. B-342 Eligible Due to Disregard of Social Security cost of Living Adjustment (COLA) Increases (Pickle):
 - a. Updated “Medicaid” to “Health Care”.
- 30. B-343 Medicaid for Widows and Widowers with Disabilities (COBRA):
 - a. Updated “Medicaid” to “Health Care”.
- 31. B-344 Widows and Widowers with Disabilities:
 - a. Updated “Medicaid” to “Health Care”.
- 32. B-345 Medicaid for Widows, Widowers with a Disability and Surviving Divorced Spouses with a Disability (OBRA 90):
 - a. Updated “Medicaid” to “Health Care”.
- 33. B-346 Disabled Adult Children (DAC):
 - a. Updated “Medicaid” to “Health Care”; and
 - b. Corrected grammatical error.
- 34. B-400 Foster Care Medicaid:
 - a. Updated “Medicaid” to “Health Care”.
- 35. B-500 Emergency Medicaid Services for Aliens:
 - a. Updated “Medicaid” to “Health Care”;
 - b. Added “Refer to Health Care Procedures Manual for more information”;
 - c. Removed “pin” bullet from “NOTE” to have consistency throughout policy; and
 - d. Removed business processes.

The following are changes to Policy G:

- 1. Global Change- “Medicaid” changed to “Health Care” Program. This has been changed throughout the entire document.
- 2. Global Change- “ARWorks” changed to “ARHome”.
- 3. Global Change- “Assisted Living” changed to “Living Choices”.
- 4. Global Change- Updated headers to singular header listing main Policy name.
- 5. Removal of MS Manual updated dates. Changed to 01/01/2022.
- 6. Removal of information out of Policy is reflected in the Business Process Manual.
- 7. Overall editing for grammar and style according to the Code of Arkansas Rules Style Guide.
- 8. G-100 Verification Standards:
 - a. Updated “Medicaid” to “Health Care”.
- 9. G-111 Eligibility Factors That Require Verification:
 - a. Updated “Medicaid” to “Health Care”; and
 - b. Removed “pin” bullet from “NOTE” to have consistency throughout policy.
- 10. G-113 Verification Sources:
 - a. Removed language about sunset systems.
- 11. G-114 Reasonable Opportunity for Providing Verification:
 - a. Corrected grammatical errors.
- 12. G-115 Self Declaration:

- a. Updated “caseworker” to “eligibility worker”.
- 13. G-120 Verifying the Social Security Number:
 - a. Removed language referring to business process from Sunset systems.
- 14. G-130 Verifying Citizenship:
 - a. Updated “Medicaid” to “Health Care”.
- 15. G-131 Methods of Citizenship Verification:
 - a. Condensed verbiage about citizenship verification; and
 - b. Removed “pin” bullet from “NOTE” to have consistency throughout policy.
- 16. G-132 Reasonable Opportunity for Verifying Citizenship:
 - a. Removed “pin” bullets from “NOTE” to have consistency throughout policy;
 - b. Corrected grammatical errors; and
 - c. Updated “caseworker” to “eligibility worker”.
- 17. G-134 subsequent Citizenship Verification:
 - a. Updated “Medicaid” to “Health Care”; and
 - b. Corrected grammatical errors.
- 18. G-140 Alien Status Verification Requirements:
 - a. Removed old business process from sunset systems;
 - b. Corrected pronoun and subject tense;
 - c. Corrected grammatical errors;
 - d. Removed information about USDHS and chart; and
 - e. Updated “Medicaid” to “Health Care”.
- 19. G-141 Reasonable Opportunity for Verifying Alien Status:
 - a. Corrected grammatical error;
 - b. Removed “pin” bullets from “NOTE” to have consistency throughout policy;
 - c. Updated “Medicaid” to “Health Care”; and
 - d. Updated “caseworker” to “eligibility worker”.
- 20. G-150 Income Verification:
 - a. Updated language to remove old business process regarding ARFind:
 - i. Updated to more general information (i.e. electronic verification, data matches).
- 21. G-151 Reasonable compatibility Standards for Electronic Data Sources:
 - a. Corrected grammatical errors.
- 22. G-152 Reasonable Compatibility of Income Does Not Exist:
 - a. Updated “caseworker” to “eligibility worker”; and
 - b. Updated grammatical errors.
- 23. G-160 Age/Date of Birth:
 - a. Updated “caseworker” to “eligibility worker”.
- 24. G-181 Verification of Resources using the Asset Verification System:
 - a. Changed “Long Term Care Aged, Blind Long Term Care, Long Term Care Disabled” to “Nursing Facility”;
 - b. Expanded and added acronyms for clarity;
 - c. Corrected grammatical errors;
 - d. Updated “Aged, QMB Blind, and QMB Disabled” to “Qualified Medicare Beneficiary”;
 - e. Removed some text about AVS to allow a briefer description of its purpose; and

- f. Language clarification for AVS process.
- 25. G-190 Verification of the Adult Expansion Group Work and Community Engagement Requirement:
 - a. Removed entire section:
 - i. Work requirement is no longer a requirement.

The following are changes to the F Policy:

1. Overall editing for grammar and style according to the Code of Arkansas Rules Style Guide.
2. F-110 Age and Relationship:
 - a. Updated “Medicaid” to “Health Care”.
3. F-120 Blindness and Disability:
 - a. Corrected grammatical errors; and
 - b. Updated “Medicaid” to “Health Care”.
4. F-121 Social Security Administration:
 - a. Corrected grammatical errors; and
 - b. Updated “Medicaid” to “Health Care”.
5. F-122 Medical Review Team (MRT):
 - a. Updated “Medicaid” to “Health Care”; and
 - b. Removed “pin” bullets from “NOTE” to have consistency throughout policy.
6. F-123 Dual Applications:
 - a. Updated “Medicaid” to “Health Care”; and
 - b. Corrected grammatical errors.
7. F-130 Child Support Enforcement Services:
 - a. Updated “Medicaid” to “Health Care”; and
 - b. Removed “pin” bullets from “NOTE” to have consistency throughout policy.
8. F-150 Establishing Categorical Eligibility for Long-Term Services and Supports (LTSS):
 - a. Corrected grammatical errors;
 - b. Removed hyphen out of the title to be consistent throughout policy;
 - c. Updated “Medicaid” to “Health Care”; and
 - d. Removed “pin” bullets from “NOTE” to have consistency throughout policy.
9. F-155 Functional Need Criteria:
 - a. Corrected grammatical errors; and
 - b. Updated “ALF” to “Living Choices”.
10. F-160 Primary Care Physician Requirements:
 - a. Updated “Medicaid” to “Health Care”.
11. F-161 Primary Care Physician Managed Care Program:
 - a. Updated “Medicaid” to “Health Care”.
12. F-171 Determining Monthly Premiums:
 - a. Removal of date from Policy to prevent updating this date every change; and
 - b. Removed “pin” bullets from “NOTE” to have consistency throughout policy.
13. F-180 Other Health Insurance Coverage:
 - a. Updated “Medicaid” to “Health Care”; and
 - b. Corrected grammatical errors; and

- c. Removed “pin” bullets from “NOTE” to have consistency throughout policy.
- 14. F-190 Medicare Entitlement Requirements for Medicare Savings Programs (MSP) Eligibility Groups:
 - a. Updated “Medicaid” to “Health Care”; and
 - b. Expanded acronyms for clarity.
- 15. F-191 Medicare Part A Entitlement:
 - a. Corrected grammatical errors; and
 - b. Updated “Medicaid” to “Health Care”.
- 16. F-193 Initial Enrollment Period and General Enrollment Period for Medicare Part A:
 - a. Corrected grammatical errors.

PUBLIC COMMENT: No public hearing was held on this rule. The public comment period expired on November 11, 2021. The agency indicated that it received no public comments.

The proposed effective date is January 1, 2022.

FINANCIAL IMPACT: The agency indicated that this rule has a financial impact.

Per the agency, the total additional cost of this rule is estimated at \$1,133,055 for the current fiscal year (\$113,306 in general revenue and \$1,019,750 in federal funds) and \$0 for the next fiscal year. The total estimated cost by fiscal year to state, county, and municipal government to implement this rule is \$113,306 for the current fiscal year and \$0 for the next fiscal year.

The agency indicated that there is a new or increased cost or obligation of at least \$100,000 per year to a private individual, private entity, private business, state government, county government, local government, or to two or more of those entities combined. Accordingly, the agency provided the following written findings:

(1) a statement of the rule’s basis and purpose;

With the implementation of Arkansas Health and Opportunity for Me (ARHOME) and the implementation of the new integrated system it has become necessary to update the Medical Services Policy. The Medical Services Policy is being updated to reflect the replacement of ARWorks, the addition of new programs provided through ARHOME, and the removal of business processes. This will allow the business process to change independently of the Policy Manual. The Director of the Division of County Operations (DCO) amends the Medical Services Policy Manual, Sections A-210, B, G, & F. The implementation of ARHome as well as a new integrated system necessitates the changes.

DCO also makes technical and grammatical corrections and removes business processes that do not meet the statutory definition of a rule. DCO changes income verification concerning information received from the Asset Verification System.

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

With the implementation of Arkansas Health and Opportunity for Me (ARHOME) and the implementation of the new integrated system it has become necessary to update the Medical Services Policy. The Medical Services Policy is being updated to reflect the replacement of ARWorks, the addition of new programs provided through ARHOME, and the removal of business processes. This will allow the business process to change independently of the Policy Manual. The Director of the Division of County Operations (DCO) amends the Medical Services Policy Manual, Sections A-210, B, G, & F. The implementation of ARHome as well as a new integrated system necessitates the changes. DCO also makes technical and grammatical corrections and removes business processes that do not meet the statutory definition of a rule. DCO changes income verification concerning information received from the Asset Verification System.

This is required by statute.

*(3) a description of the factual evidence that:
(a) justifies the agency's need for the proposed rule; and*

This system change is required for the implementation of AR Home.

(b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;

This system change is required for the implementation of AR Home.

(4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

None

(5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

None

(6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and

N/A

(7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:

(a) the rule is achieving the statutory objectives;

(b) the benefits of the rule continue to justify its costs; and

(c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

1115 Waivers require renewal and review every five years.

LEGAL AUTHORIZATION: This rule implements Act 530 of 2021, sponsored by Senator Missy Irvin. The Act created the Arkansas Health and Opportunity for Me Act of 2021 and the Arkansas Health and Opportunity for Me Program, effective January 1, 2022. *See Act 530, § 9.* “The Department of Human Services shall adopt rules necessary to implement” the Health and Opportunity for Me Act. *See Ark. Code Ann. § 23-61-1012, as created by Act 530.*

**QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS
WITH THE ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT/AGENCY Department of Human Services
DIVISION Division of County Operations
DIVISION DIRECTOR Mary Franklin
CONTACT PERSON Mac Golden
ADDRESS P. O. Box 1437, Slot S295 Little Rock, AR 72203-1437
PHONE NO. 501-320-6383 FAX NO. 501-404-4619 E-MAIL Mac.E.Golden@dhs.arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING Mary Franklin
PRESENTER E-MAIL Mary.Franklin@dhs.arkansas.gov

INSTRUCTIONS

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

Jessica C. Whittaker
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201

1. What is the short title of this rule? AR Home Integration

2. What is the subject of the proposed rule? See Attached.

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes No
If yes, please provide the federal rule, regulation, and/or statute citation. _____

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?
Yes No
If yes, what is the effective date of the emergency rule? _____

When does the emergency rule expire? _____

- Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act?
Yes No

5. Is this a new rule? Yes No
If yes, please provide a brief summary explaining the regulation. _____

Does this repeal an existing rule? Yes No
If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does. _____

Is this an amendment to an existing rule? Yes No
If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."**

See attached.

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. Arkansas Code §§ 20-76-201, 20-77-107, and 25-10-129

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

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

<https://humanservices.arkansas.gov/do-business-with-dhs/proposed-rules/>

9. Will a public hearing be held on this proposed rule? Yes No
If yes, please complete the following:

Date: _____

Time: _____

Place: _____

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

November 11, 2021

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

January 1, 2022

12. Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of the publication of said notice. See Attached.

13. Please provide proof of filing the rule with the Secretary of State as required pursuant to Ark. Code Ann. § 25-15-204(e). See Attached.

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

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of County Operations

PERSON COMPLETING THIS STATEMENT Jason Callan

TELEPHONE 501-320-6540 **FAX** _____ **EMAIL:** Jason.Callan@dhs.arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE AR Home Integration

1. Does this proposed, amended, or repealed rule have a financial impact? Yes No
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes No
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No

If an agency is proposing a more costly rule, please state the following:

- (a) How the additional benefits of the more costly rule justify its additional cost;

- (b) The reason for adoption of the more costly rule;

- (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;

- (d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

- (a) What is the cost to implement the federal rule or regulation?

<u>Current Fiscal Year</u>		<u>Next Fiscal Year</u>	
General Revenue	\$ _____	General Revenue	\$ _____
Federal Funds	\$ _____	Federal Funds	\$ _____
Cash Funds	_____	Cash Funds	_____
Special Revenue	_____	Special Revenue	_____

Other (Identify) _____
 Total \$0 _____

Other (Identify) _____
 Total \$0 _____

(b) What is the additional cost of the state rule?

Current Fiscal Year

Next Fiscal Year

General Revenue \$113,306
 Federal Funds \$1,019,750
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____
 Total \$ 1,133,055 _____

General Revenue \$0
 Federal Funds \$0
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____
 Total \$ 0 _____

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

\$ _____

\$ _____

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

Next Fiscal Year

\$ \$113,306 _____

\$ \$0 _____

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes No

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose;

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DCO also makes technical and grammatical corrections and removes business processes that do not meet the statutory definition of a rule. DCO changes income verification concerning information received from the Asset Verification System.

- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

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- (3) a description of the factual evidence that:
(a) justifies the agency's need for the proposed rule; and

This system change is required for the implementation of AR Home.

- (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs; **This system change is required for the implementation of AR Home.**

- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule; **None**
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule; **None**
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and **N/A**
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
(a) the rule is achieving the statutory objectives;
(b) the benefits of the rule continue to justify its costs; and
(c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives. **1115 Waivers require renewal and review every five years.**

Medical Services Policy Sections A-210, B, G, and F

Why is this change necessary? Please provide the circumstances that necessitate the change.

With the implementation of Arkansas Health and Opportunity for Me (ARHOME) and the implementation of the new integrated system, it has become necessary to update the Medical Services Policy. The Medical Services Policy is being updated to reflect the replacement of ARWorks, the addition of new programs provided through ARHOME, and the removal of business processes. This will allow the business process to change independently of the Policy Manual.

What is the change?

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 - b. Removed "pin" bullet from "NOTE" to have consistency throughout policy; and
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 - a. Removed "s" from Parents; and
 - b. Removed "pin" bullet from "NOTE" to have consistency throughout policy.
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 - b. Removed wording that explained ARWorks;
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 - d. Updated the date to reflect when ARHome will take effect;
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 24. B-321 ARSeniors:
 - a. Updated "Medicaid" to "Health Care".
 25. B-326 Medicare Savings Programs- Comparison Chart:
 - a. Removed business process ; and
 - b. Added "Refer to health Care Procedures Manual for more information".
 26. B-330 Workers with Disabilities:
 - a. Updated "Medicaid" to "Health Care".
 27. B-340 Supplemental Security Income (SSI)/SSI Related Groups:
 - a. Corrected grammatical error.
 28. B-341 Supplemental Security Income (SSI) Cash Eligibles:
 - a. Updated "Medicaid" to "Health Care".
 29. B-342 Eligible Due to Disregard of Social Security cost of Living Adjustment (COLA) Increases (Pickle):
 - a. Updated "Medicaid" to "Health Care".
 30. B-343 Medicaid for Widows and Widowers with Disabilities (COBRA):
 - a. Updated "Medicaid" to "Health Care".
 31. B-344 Widows and Widowers with Disabilities:
 - a. Updated "Medicaid" to "Health Care".
 32. B-345 Medicaid for Widows, Widowers with a Disability and Surviving Divorced Spouses with a Disability (OBRA 90):
 - a. Updated "Medicaid" to "Health Care".
 33. B-346 Disabled Adult Children (DAC):
 - a. Updated "Medicaid" to "Health Care"; and
 - b. Corrected grammatical error.

34. B-400 Foster Care Medicaid:
 - a. Updated "Medicaid" to "Health Care".
35. B-500 Emergency Medicaid Services for Aliens:
 - a. Updated "Medicaid" to "Health Care";
 - b. Added "Refer to Health Care Procedures Manual for more information";
 - c. Removed "pin" bullet from "NOTE" to have consistency throughout policy; and
 - d. Removed business processes.

The following are changes to Policy G:

1. Global Change- "Medicaid" changed to "Health Care" Program. This has been changed throughout the entire document.
2. Global Change- "ARWorks" changed to "ARHome".
3. Global Change- "Assisted Living" changed to "Living Choices".
4. Global Change- Updated headers to singular header listing main Policy name.
5. Removal of MS Manual updated dates. Changed to 01/01/2022.
6. Removal of information out of Policy is reflected in the Business Process Manual.
7. Overall editing for grammar and style according to the Code of Arkansas Rules Style Guide.
8. G-100 Verification Standards:
 - a. Updated "Medicaid" to "Health Care".
9. G-111 Eligibility Factors That Require Verification:
 - a. Updated "Medicaid" to "Health Care"; and
 - b. Removed "pin" bullet from "NOTE" to have consistency throughout policy.
10. G-113 Verification Sources:
 - a. Removed language about sunset systems.
11. G-114 Reasonable Opportunity for Providing Verification:
 - a. Corrected grammatical errors.
12. G-115 Self Declaration:
 - a. Updated "caseworker" to "eligibility worker".
13. G-120 Verifying the Social Security Number:
 - a. Removed language referring to business process from Sunset systems.
14. G-130 Verifying Citizenship:
 - a. Updated "Medicaid" to "Health Care".
15. G-131 Methods of Citizenship Verification:
 - a. Condensed verbiage about citizenship verification; and
 - b. Removed "pin" bullet from "NOTE" to have consistency throughout policy.
16. G-132 Reasonable Opportunity for Verifying Citizenship:
 - a. Removed "pin" bullets from "NOTE" to have consistency throughout policy;
 - b. Corrected grammatical errors; and
 - c. Updated "caseworker" to "eligibility worker".
17. G-134 subsequent Citizenship Verification:
 - a. Updated "Medicaid" to "Health Care"; and
 - b. Corrected grammatical errors.
18. G-140 Alien Status Verification Requirements:
 - a. Removed old business process from sunset systems;
 - b. Corrected pronoun and subject tense;
 - c. Corrected grammatical errors;
 - d. Removed information about USDHS and chart; and
 - e. Updated "Medicaid" to "Health Care".
19. G-141 Reasonable Opportunity for Verifying Alien Status:
 - a. Corrected grammatical error;
 - b. Removed "pin" bullets from "NOTE" to have consistency throughout policy;

- c. Updated "Medicaid" to "Health Care"; and
 - d. Updated "caseworker" to "eligibility worker".
20. G-150 Income Verification:
 - a. Updated language to remove old business process regarding ARFinds:
 - i. Updated to more general information (i.e. electronic verification, data matches).
 21. G-151 Reasonable compatibility Standards for Electronic Data Sources:
 - a. Corrected grammatical errors.
 22. G-152 Reasonable Compatibility of Income Does Not Exist:
 - a. Updated "caseworker" to "eligibility worker"; and
 - b. Updated grammatical errors.
 23. G-160 Age/Date of Birth:
 - a. Updated "caseworker" to "eligibility worker".
 24. G-181 Verification of Resources using the Asset Verification System:
 - a. Changed "Long Term Care Aged, Blind Long Term Care, Long Term Care Disabled" to "Nursing Facility";
 - b. Expanded and added acronyms for clarity;
 - c. Corrected grammatical errors;
 - d. Updated "Aged, QMB Blind, and QMB Disabled" to "Qualified Medicare Beneficiary";
 - e. Removed some text about AVS to allow a briefer description of its purpose; and
 - f. Language clarification for AVS process.
 25. G-190 Verification of the Adult Expansion Group Work and Community Engagement Requirement:
 - a. Removed entire section:
 - i. Work requirement is no longer a requirement.

The following are changes to the F Policy:

1. Overall editing for grammar and style according to the Code of Arkansas Rules Style Guide.
2. F-110 Age and Relationship:
 - a. Updated "Medicaid" to "Health Care".
3. F-120 Blindness and Disability:
 - a. Corrected grammatical errors; and
 - b. Updated "Medicaid" to "Health Care".
4. F-121 Social Security Administration:
 - a. Corrected grammatical errors; and
 - b. Updated "Medicaid" to "Health Care".
5. F-122 Medical Review Team (MRT):
 - a. Updated "Medicaid" to "Health Care"; and
 - b. Removed "pin" bullets from "NOTE" to have consistency throughout policy.
6. F-123 Dual Applications:
 - a. Updated "Medicaid" to "Health Care"; and
 - b. Corrected grammatical errors.
7. F-130 Child Support Enforcement Services:
 - a. Updated "Medicaid" to "Health Care"; and
 - b. Removed "pin" bullets from "NOTE" to have consistency throughout policy.
8. F-150 Establishing Categorical Eligibility for Long-Term Services and Supports (LTSS):
 - a. Corrected grammatical errors;
 - b. Removed hyphen out of the title to be consistent throughout policy;
 - c. Updated "Medicaid" to "Health Care"; and
 - d. Removed "pin" bullets from "NOTE" to have consistency throughout policy.
9. F-155 Functional Need Criteria:
 - a. Corrected grammatical errors; and

- b. Updated "ALF" to "Living Choices".
- 10. F-160 Primary Care Physician Requirements:
 - a. Updated "Medicaid" to "Health Care".
- 11. F-161 Primary Care Physician Managed Care Program:
 - a. Updated "Medicaid" to "Health Care".
- 12. F-171 Determining Monthly Premiums:
 - a. Removal of date from Policy to prevent updating this date every change; and
 - b. Removed "pin" bullets from "NOTE" to have consistency throughout policy.
- 13. F-180 Other Health Insurance Coverage:
 - a. Updated "Medicaid" to "Health Care";
 - b. Corrected grammatical errors; and
 - c. Removed "pin" bullets from "NOTE" to have consistency throughout policy.
- 14. F-190 Medicare Entitlement Requirements for Medicare Savings Programs (MSP) Eligibility Groups:
 - a. Updated "Medicaid" to "Health Care"; and
 - b. Expanded acronyms for clarity.
- 15. F-191 Medicare Part A Entitlement:
 - a. Corrected grammatical errors; and
 - b. Updated "Medicaid" to "Health Care".
- 16. F-193 Initial Enrollment Period and General Enrollment Period for Medicare Part A:
 - a. Corrected grammatical errors.

NOTICE OF RULE MAKING

The Director of the Division of County Operations of the Department of Human Services 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: §25-17-307.

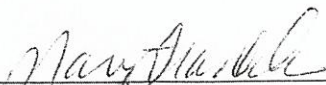
Effective January 1, 2022:

The Director of the Division of County Operations (DCO) amends the Medical Services Policy Manual, Sections A-210, B, G, & F. The implementation of ARHome as well as a new integrated system necessitates the changes. DCO also makes technical and grammatical corrections and removes business processes that do not meet the statutory definition of a rule. DCO changes income verification concerning information received from the Asset Verification System. Information received after the eligibility period or after the processing of the re-evaluation will no longer be handled at the next re-evaluation but will instead be considered known to the agency and require appropriate case action. The adult expansion group work and community engagement requirements are rescinded. Individuals eligible in the adult expansion group will be enrolled in a qualified health plan except the Medically Frail or, American Indian/Alaska Native population, or those for whom PASSE enrollment is mandatory. These groups are provided other health care options including Alternative Benefit Plan and PASSE enrollment. PASSE enrollment is mandatory for the adult expansion group that have been identified as in need of Tier 2 or Tier 3 behavioral health services.

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 <https://humanservices.arkansas.gov/do-business-with-dhs/proposed-rules/>. Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov. All public comments must be received by DHS no later than November 11, 2021. 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 501-396-6428.

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. 4502035775



Mary Franklin, Director
Division of County Operations