EXHIBIT E

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY	Department of Hum	an Services		
DIVISION	Division of Medical Services			
DIVISION DIRECTOR	RECTOR Andrew Allison, PhD			
CONTACT PERSON	Glenda Higgs			
ADDRESS	P.O. Box 1437, Slot	S295, Little Rock, AR 7220	3-1437	
PHONE NO. 501-320-64 NAME OF PRESENTER A MEETING		501-682-2480 MAIL Marilyn Strickland	glenda.higgs@arkansas.gov	
PRESENTER E-MAIL _m	arilyn.strickland@ark	ansas.gov		
	INST	RUCTIONS		
Donna K. Da Administrativ Arkansas Leg Bureau of Le	ndexing your rules, this questionnaire a cosed rule and requive ris re Rules Review Sec rislative Council gislative Research Mall, 5 th Floor	please give the proposed cit nd financial impact stateme ired documents. Mail or del	ation after "Short Title of nt attached to the front of	
*******		********	******	
1. What is the short title of the rule?	iis <u>Eligibility</u>			
2. What is the subject of the rule?	certai the M proposed metho	corporate into the Medicaid Stance and new edicaid Modified Adjusted Godology effective January 1, 2 nandatory group in accordance	group of eligibles using ross Income (MAGI) 014. Also, establishes the	
3. Is this rule required to con If we please provide the f	•	42 Se	s No	
•	If yes, please provide the federal rule, regulation, and/or statute citation. and 42 CFR 435.603			
Procedure Act?	Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes No October 1, 2013. It is necessary to expedite the			
If yes, what is the effective rule?	e date of the emergen	cy filing of these rules to Facilitated Marketplace	ensure that the Federally e can meet the federal	

obligation of performing certain functions necessary to make correct eligibility determinations starting October 1, 2013 for individuals eligible for coverage beginning January 1, 2014 as required by Federal law.

e	When does the emergency rule xpire? January 24, 2014
	Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes No No No ■
5.	Is this a new rule? Yes No \(\sum \) No \(\sum \) If yes, please provide a brief summary explaining the regulation. \(\sum \)
	Does this repeal an existing rule? Yes No No No If yes, a copy of the repealed rule is to be included with your completed questionnaire.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.
ru	Is this an amendment to an existing le? Yes No No 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."
6.	Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation. <u>Arkansas Statute 20-76-401</u>
an M	What is the purpose of this proposed rule? Why is it necessary? To develop the Medicaid State Plan nendment for determining eligibility for certain existing categories and new group of eligibles using the edicaid Modified Adjusted Gross Income (MAGI) methodology effective January 1, 2014. Also tablishing the new mandatory groups in accordance with Federal law.
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://www.medicaid.state.ar.us/InternetSolution/general/comment/comment.aspx
9.	Will a public hearing be held on this proposed rule? Yes No I If yes, please complete the following: Date: TBD Time: TBD Place: TBD

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

November 5, 2014					
11. What is the propose The rules will be imple January 1, 2014.	What is the proposed effective date of this proposed rule? (Must provide a date.) ne rules will be implemented on October 1, 2013 to make eligibility determinations that will be effective January 1, 2014.				
12. Do you expect this if yes, please explain.	rule to be controversial? Yes No These rules are being implemented as required by Federal law which has been the subject of much debate.				
13. Please give the nam Please provide their	es of persons, groups, or organizations that you expect to comment on these rules? position (for or against) if known.				

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT		MENT	Department	<u>of Human Servic</u>	es		
DIV	/ISIO	N	Division of I	Medical Services			· · · · · · · · · · · · · · · · · · ·
PE	RSON	COMPLE	TING THIS	STATEMENT	Thomas Carlisle		
TE	LEPH	IONE NO.	682-0422	FAX NO. <u>(50</u>	01)682-2480 EMAIL: thou	mas.carlisle@)arkansas.gov
To Sta	comp itemer	ly with Ark it and file tv	. Code Ann. § vo copies with	25-15-204(e), pl the questionnair	lease complete the following and proposed rules.	ng Financial	Impact
SH	ORT	TITLE OF	THIS RULI	E Eligibility			
1.	Does	this propos	ed, amended,	or repealed rule l	have a financial impact?	Yes 🔀	No 🗌
2.	econ	omic, or oth	er evidence ar		ble scientific, technical, vailable concerning the ne rule?	Yes 🖂	No 🗌
3.				ives to this rule, ostly rule conside	was this rule determined cred?	Yes 🔀	No 🗌
	If an	agency is p	roposing a mo	re costly rule, ple	ease state the following:		
	(a)	How the ac	lditional bene	fits of the more co	ostly rule justify its addition	onal cost;	
	(b)	The reason	for adoption	of the more costly	y rule;	·.	<u>.</u>
	(c)		e more costly e explain; and		the interests of public heal	th, safety, or	welfare, and
	(d)	Whether th explain.	e reason is wi	thin the scope of	the agency's statutory aut	hority; and if	so, please
4.	If the	purpose of	his rule is to ir	mplement a federa	l rule or regulation, please s	tate the follow	ving:
	(a)	What is the	cost to imple	ment the federal	rule or regulation?		
	<u>Cur</u>	rent Fiscal	Year		Next Fiscal Year		•
	Fed Cas Spe	neral Revenu eral Funds h Funds cial Revenu er (Identify)	\$8,440,00 e		General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)	\$11,217,00 \$37,505,00	

Total	\$11,060,000	Total	\$48,722,000
(b) What is	the additional cost of the stat	e rule?	
Current Fi	scal Year	Next Fiscal Year	
General Rev Federal Fun Cash Funds Special Rev Other (Iden	ds	General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)	
Total		Total	
the proposed	otal estimated cost by fiscal y , amended, or repealed rule? they are affected.	vear to any private individual, entite Identify the entity(ies) subject to	ry and business subject to the proposed rule and
Current Fiscal	Year	Next Fiscal Y	ear
\$ 0 Implementation	of new mandatory group in	\$ <u>0</u> accordance with Federal law will b	ave a positive impact on
the State's Medi	caid providers through additi	ional medical services payments for	or covered beneficiaries.
6. What is the implement t affected. Current Fiscal \$ 2,620,000	his rule? Is this the cost of the	year to state, county, and municip ne program or grant? Please expla Next Fiscal Yourself States of the states of	in how the government is 'ear
or obligation private entit	n of at least one hundred thou	Questions #5 and #6 above, is there as and dollars (\$100,000) per year the terment, county government, munded?	o a private individual,
		Yes 🛛 No 🗌	
time of filin	g the financial impact statem	ode Ann. § 25-15-204(e)(4) to file ent. The written findings shall be hall include, without limitation, th	filed simultaneously
(1) a statem	ent of the rule's basis and pur	rpose;	
` '	lem the agency seeks to addre required by statute;	ess with the proposed rule, includi	ng a statement of whether
(3) a descriț	otion of the factual evidence t	hat:	

- (a) justifies the agency's need for the proposed rule; and
- (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs:
- (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;
- (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;
- (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
- (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.

Summary of Changes

The Medicaid State Plan has been revised for determining eligibility for certain existing categories and new group of eligibles using the Medicaid Modified Adjusted Gross Income (MAGI) methodology effective January 1, 2014. Also establishes the new mandatory groups in accordance with Federal law.