

ARKANSAS REGISTER

Transmittal Sheet



Sharon Priest
Secretary of State
State Capitol Room 017
Little Rock, AR 72201-1094

For Office
Use Only:

Effective Date 12/23/97 Code Number 016.20.97--033

Name of Agency Department of Human Services

Department Division of County Operations

Contact Person Joie Wallis 682-8253

Statutory Authority for Promulgating Rules Ark. Code Ann. 20-76-201 et Seq., and
Ark. Code Ann. 25-15-201 et Seq.

Intended Effective Date	Date
<input checked="" type="checkbox"/> Emergency	Legal Notice Published
<input type="checkbox"/> 20 Days After Filing	Final Date for Public Comment
<input type="checkbox"/> Other	Filed With Legislative Council
	Reviewed by Legislative Council
	Adopted by State Agency <u>01/01/98</u>

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with Act 434 of 1967 As Amended.

Ray Hart II
Signature

Director, Division of County Operations
Title

12-22-97
Date

FILED
97 DEC 23 AM 11:03
SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS



Arkansas Department of Human Services

Division of County Operations

Donaghey Plaza South
P.O. Box 1437
Little Rock, Arkansas 72203-1437
TDD (501) 682-8275

December 22, 1997

The Honorable Sharon Priest
Secretary of State
State Capitol Room 017
Little Rock, AR 72201-1094

Re: Emergency Promulgation - MS 98-1, 1998 Cost of Living Increase

Dear Ms. Priest:

Pursuant to Ark. Code Ann. 25-15-201, et Seq., we are requesting an emergency promulgation of the attached rule that will inform the county offices of the income eligibility limits for Long Term Care, TEFRA, Home and Community Based Waiver programs and other Medicaid program changes, effective January 1, 1998, resulting from the 2.1 percent cost of living increase.

An emergency exists because failure to notify the county offices of this rule will result in lost Medicaid benefits to needy Arkansans and put us at risk of losing federal dollars for the Medicaid program for non-compliance with federal law.

Sincerely,

Roy Hart Jr

Roy Hart, Director

RH:RK:JCW/tsw

Attachments

cc: Files

MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

☐ Policy ☐ Form ☒ Policy Directive

Issuance Number MS 98-1

Medical Services Policy Manual

Issuance Date 01-01-98

From: Roy Hart, Director

Expiration Date Until
Superseded

Subj: 1998 Cost of Living Increase

The Cost of Living Increase for Social Security recipients in 1998 is 2.1 percent.

The following amounts are effective January 1, 1998 based on this increase:

1. The Long Term Care (LTC), TEFR, and Home and Community Based Waiver income limit is \$1482.00.
2. The SSI/SPA full benefit level for an individual is \$494.00 and for a couple, \$741.00.
3. The 1/3 reduction for living in the household of another is \$329.34 for an individual and \$494.00 for a couple.
4. The living allowance for an ineligible spouse or an ineligible child in the deeming procedures is raised to \$247.00.
5. The presumed value of in-kind support and maintenance is \$184.66 for an individual and \$267.00 for a couple.
6. The Minimum Monthly Maintenance Needs Allowance on the DCO-712 is increased to \$2019.00.
7. The Spousal Minimum Resource Standard on the DCO-713 is increased to \$16,152.00 and the Maximum Resource Standard is increased to \$80,760.00.

The January 1998 revised DCO-712 and DCO-713 should be available in Central Supply by mid-December.

The memorandum of instructions for processing these changes for Long Term Care and other Medicaid applicants/recipients will be issued in December.

Inquiries to: Terri Wright, 682-8258
Ann Dawson, 682-8254
Boyce Lovett, 682-1562

DEPARTMENT Department of Human Services
DIVISION County Operations
PERSON COMPLETING THIS STATEMENT Joie Wallis
TELEPHONE NO. 682-8253 FAX NO. 682-1597

FINANCIAL IMPACT STATEMENT

To comply with Act 884 of 1995, please complete the following Financial Impact Statement and file with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE MS PD 98-1 1998 Cost of Living Increase

1. Does this proposed, amended, or repealed rule or regulation have a financial impact? Yes _____ No X
2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.
3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation.

1997-98 Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other _____
Total None

1998-99 Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other _____
Total None

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation?

1997-98 Fiscal Year

None

1998-99 Fiscal Year

None

5. What is the total estimated cost by fiscal year to agency to implement this regulation?

1997-98 Fiscal Year

None

1998-99 Fiscal Year

None

July 28, 1995

BY _____
SECRETARY OF STATE
STATE OF ARKANSAS

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AM. REGISTER DIV.

FILED