



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 10, 1998

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

Re: Emergency Promulgation - MS 99-1, 1999 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 county offices of the increase in the cost of living by 1.3 percent. This will increase the income eligibility limits for Arkansas' Long Term Care, TEFRA, Home and Community Based Waiver programs and other Medicaid program changes. The increase is federally mandated and is effective January 1, 1999.

An emergency exists because failure to notify the county offices of this rule prior to January 1, 1999 will result in an incorrect determination of Medicaid eligibility and a loss of Medicaid benefits to needy Arkansans. This will put Arkansas at risk of losing federal dollars for the Medicaid program for non-compliance with federal law.

Sincerely,

A handwritten signature in black ink, appearing to read "Ruth Whitney".

Ruth Whitney, Director

RW:RK:LG:JT/tsw

Attachments

cc: Files

FILED

DEC 22 1998

SHARON PRIEST
SECRETARY OF STATE

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ARKANSAS REGISTER

Transmittal Sheet



Sharon Priest
Secretary of State
State Capitol Rm. 026
Little Rock, Arkansas 72201-1094

For Office Use Only: Effective Date 12/22/98 Code Number 016.20.98--039

Name of Agency Department of Human Services

Department County Operations

Contact Person Roy Kindle, 682-8251

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

Date

Intended Effective Date

☒ Emergency

Legal Notice Published

☐ 10 Days After Filing

Final Date for Public Comment

☐ Other

Reviewed by Legislative Council

Adopted by State Agency 01/01/99

CERTIFICATION OF AUTHORIZED OFFICER

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

Signature

682-8375

Phone Number

Director, Division of County Operations

Title

12/21/98

Date

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BY
SECRETARY OF STATE
STATE OF ARKANSAS

MANUAL TRANSMITTAL

Arkansas Department of Human Services

Division of County Operations

☐ Policy ☐ Form ☒ Policy Directive Issuance Number MS 99-1
Medical Services Policy Manual Issuance Date 12-21-98
From: Ruth Whitney, Director Expiration Date Until
Subj: 1999 Cost of Living Increase Superseded

The Cost of Living Adjustment for Social Security recipients in 1999 is 1.3 percent.

The following amounts are effective January 1, 1999 based on this increase:

1. The Long Term Care (LTC), TEFRA, and Home and Community Based Waiver income limit is \$1500.00.
2. The SSI/SPA full benefit level for an individual is \$500.00 and for a couple, \$751.00.
3. The 1/3 reduction for living in the household of another is \$333.34 for an individual and \$500.67 for a couple.
4. The living allowance for an ineligible spouse or an ineligible child in the deeming procedures is raised to \$251.00.
5. The presumed value of in-kind support and maintenance is \$186.66 for an individual and \$270.00 for a couple.
6. The Minimum Monthly Maintenance Needs Allowance on the DCO-712 is increased to \$2049.00.
7. The Spousal Minimum Resource Standard on the DCO-713 is increased to \$16,392.00 and the Maximum Resource Standard is increased to \$81,960.00.

The January 1999 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 was issued to County offices on December 8, 1998.

Inquiries to: Jack Tiner, 682-8259
Terri Wright, 682-8258
Ann Dawson, 682-8254
Boyce Lovett, 682-1562

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STATE OF ARKANSAS

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

DEPARTMENT/AGENCY Department of Human Services
DIVISION Division of County Operations
DIVISION DIRECTOR Ruth Whitney
CONTACT PERSON Roy Kindle
ADDRESS P.O. Box 1437, Slot 1220, Little Rock, AR 72203
PHONE NO. 682-8251 **FAX NO.** 682-1597

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 attached to the front of two (2) copies of your proposed rule and mail or deliver to:

Donna K. Davis
Subcommittee on Administrative Rules and Regulations
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

1. **What is the short title of this rule?**
MS PD 99-1, 1999 Cost of Living Increase

2. **What is the subject of the proposed rule?**

This proposed rule incorporates income limits and other adjusted figures resulting from the 1999 1.3% cost of living increase.

3. **Is this rule required to comply with federal statute or regulations?**
Yes X No

If yes, please provide the federal regulation and/or statute citation.

42 CFR 535.231; 42 CFR.1005; 42 CFR 435.225; and 42 CFR 435.217.

4. **Was this rule filed under the emergency provisions of the Administrative Procedure Act?** Yes X No

If yes, what is the effective date of the emergency rule? January 1, 1999.

When does the emergency rule expire? 120 days after filing.

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

5. Is this a new rule? Yes No X

Does this repeal an existing rule? Yes X No

If yes, please provide a copy of the repealed rule.

Is this an amendment to an existing rule? Yes X No If yes, please attach a markup showing the changes in the existing rule and a summary of the substantive changes.

6. What state law grants the authority for this proposed rule? If codified, please give Arkansas Code citation. Not applicable

7. What is the purpose of this proposed rule? Why is it necessary? To comply with Federal Regulations.

8. Will a public hearing be held on this proposed rule? Yes No X
If yes, please give the date, time, and place of the public hearing.

9. When does the public comment period expire?
Emergency Filing.

10. What is the proposed effective date of this proposed rule?
January 1, 1999

11. Do you expect this rule to be controversial? Yes No X If yes, please explain.

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

None

DEPARTMENT Department of Human Services
DIVISION Division of County Operations
PERSON COMPLETING THIS STATEMENT Roy Kindle
TELEPHONE NO. 682-8251 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 99-1 1999 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.

Not Applicable

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.

1998-99 Fiscal Year

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

1999-00 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?

1998-99 Fiscal Year

None

1999-00 Fiscal Year

None

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

1998-99 Fiscal Year

None

1999-00 Fiscal Year

None

SECRETARY OF STATE
STATE OF MISSISSIPPI
BY _____

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FILED