

ARKANSAS REGISTER

Transmittal Sheet



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

For Office Use Only:	Effective Date <u>4/1/99</u>	Code Number <u>016.20.99.005</u>
Name of Agency	<u>Department of Human Services</u>	
Department	<u>Division of County Operations</u>	
Contact Person	<u>Roy Kindle (501) 682-8251</u>	
Ark. Code Ann. 25-15-201; P.L. 100-360; OBRA of 1990; P.L. 100-485; Statutory Authority for Promulgating Rules <u>P.L. 105-33; Act 407 of 1997; P.L. 101</u>		

Intended Effective Date		Section 1115(a) of SSA	Date <u>239</u>
<input checked="" type="checkbox"/> Emergency	Legal Notice Published		
<input type="checkbox"/> 10 Days After Filing	Final Date for Public Comment		
<input type="checkbox"/> Other	Reviewed by Legislative Council		
		Adopted by State Agency	<u>04/01/99</u>

CERTIFICATION OF AUTHORIZED OFFICER

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

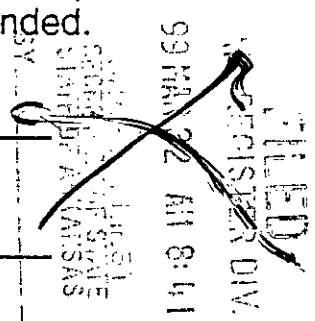
[Signature]
Signature

(501) 682-8375

Phone Number

Director, Division of County Operations
Title

3-30-99
Date



DEPARTMENT of Human Services

DIVISION of County Operations

PERSON COMPLETING THIS STATEMENT Roy Kindle, Assistant Director

Office of Program Planning & Development

TELEPHONE: 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 99-7, 1999 Federal Poverty Levels

1. Does this proposed, amended, or repealed rule or regulation have a financial impact? Yes X No
The financial impact is not known at this time. Policy is being filed under the emergency APA promulgation. Financial impact will be provided when the policy is filed regular APA.
2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.
N/A
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.

1998-1999 Fiscal Year

1999-2000 Fiscal Year

General Revenue
Federal Funds
Cash Funds
Special Revenue
Other
Total

General Revenue
Federal Funds
Cash Funds
Special Revenue
Other
Total

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

1999-2000 Fiscal Year

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

1998-99 Fiscal Year

1999-2000 Fiscal Year

FILED
AR. REGISTER DIV.
99 APR - 1 AM 10:30
CLERK OF STATE
STATE OF ARKANSAS

FILED
AR. REGISTER DIV.
99 MAR - 2 AM 8:41
CLERK OF STATE
STATE OF ARKANSAS

MANUAL TRANSMITTAL

Arkansas Department of Human Services Division of County Operations

FILED
ARK. REGISTER DIV.
99 APR -1 AM 10:31

THE COMMISSIONER
SECRETARY OF STATE
STATE OF ARKANSAS

BY _____

☐ Policy ☐ Form ☒ Policy Directive

Issuance Number: MS 99-7

Medical Services Policy Manual

Issuance Date: April 1, 1999

From: Ruth Whitney
Director

Expiration Date: Until Superseded

Subj: New Federal Poverty Levels

The attached chart provides the 1999 Federal Poverty Level income guidelines to be effective April 1, 1999, for the following categories:

- (a) Qualified Medicare Beneficiary (QMB) – MS 2047.2 #7
- (b) Qualified Disabled and Working Individuals (QDWI) – MS 2048.3 #4
- (c) Specified Low Income Medicare Beneficiaries (SMB) – MS 2051.3 #7
- (d) Transitional Medicaid (TM) – MS 2062.3
- (e) Qualifying Individuals – 1 (QI-1) – MS 2073.3 #7
- (f) Qualifying Individuals – 2 (QI-2) – MS 2074.3 #7
- (g) ARKids First – MS 2330 #8
- (h) SOBRA Pregnant Women, Infants and Children (SOBRA) – MS 5730
- (i) Family Planning Demonstration Waiver – MS 5914 #1

These income guidelines will supersede the 1998 figures currently in policy at the above policy references. The 1998 guidelines will be deleted at a later date.

Instructions for processing SSA COLA changes for QMB, SMB, QI-1 and QI-2 cases are being issued to county offices under separate cover.

Inquiries to: Jack Tiner, 501-682-8259
Ann Dawson, 501-682-8254
Boyce Lovett, 501-682-1562

1999 FEDERAL POVERTY LEVELS

Monthly Levels

(April 1, 1999 through March 31, 2000)

FAMILY MEDICAID CATEGORIES

Family Size	SOBRA Children 6 & Over Born After 9/30/82 & AR Health Care Access 100%	SOBRA Pregnant Women, Infants and Children up to Age 6 & Family Planning 133%	Transitional Medicaid 185%	ARKids First 200%
1	686.67	913.27	1,270.34	1,373.34
2	921.67	1,225.82	1,705.09	1,843.34
3	1,156.67	1,538.37	2,139.84	2,313.34
4	1,391.67	1,850.92	2,574.59	2,783.34
5	1,626.67	2,163.47	3,009.34	3,253.34
6	1,861.67	2,476.02	3,444.09	3,723.34
7	2,096.67	2,788.57	3,878.84	4,193.34
8	2,331.67	3,101.12	4,313.59	4,663.34
9	2,566.67	3,413.67	4,748.34	5,133.34
10	2,801.67	3,726.22	5,183.09	5,603.34
For each additional member add:	235.00	312.55	434.75	470.00

AABD MEDICAID CATEGORIES

	QMB Equal To or Below 100%	SMB Between 100% & 120%	QI-1 At least 120% but Less Than 135%	QI-2 At least 135% but Less Than 175%	QDWI Equal To or Below 200%
Individual	686.67	824.00	927.00	1,201.67	1,373.34
Couple	921.67	1,106.00	1,244.25	1612.92	1,843.34