

# **Keeping Medicaid/ARHome in 2023**

# Don't risk losing your healthcare coverage!

#### What is Medicaid?

Medicaid is a program that helps you by paying for the covered medical care you need. In Arkansas, the term "Medicaid" can refer to many types of health care coverage like:

- ARHome coverage for to 19- to 64-year-olds with income below 138% of the Federal Poverty Level. In the past, this has been called Obamacare, the Healthcare Independence Program, and Arkansas Works. If you have insurance through Blue Cross Blue Shield or Ambetter and pay a copay of \$4.70 or \$9.40, you likely have ARHome.
- Traditional Medicaid coverage for medically frail persons and who would otherwise qualify for ARHome. Also provides coverage to people determined blind or disabled based on Social Security Administration criteria who meet income, resource, and other requirements.
- **Dental** for eligible adults and children.
- Pregnancy & Newborn Medicaid coverage for women who are pregnant or have recently given birth, as well as their newborns.
- ARKids First coverage for children up to age
- **First Connections** coverage to support infants and toddlers with developmental delays.
- TEFRA provides care to children with a disability in their homes.
- Autism Waiver treatment for children ages 18 months to 7 years with an autism spectrum disorder.
- Long-term care coverage for people who need long-term disability services, in-home personal assistance, assisted living, or nursing home services (AR Choices).
- And many more

## Who is covered by Medicaid?

It depends on how much money you make, how much property you own, your age, and your situation. Most people who get Medicaid are in one of these groups:

- · Age 65 and older
- Under age 19

- Blind
- Disabled, including working disabled
- Pregnant
- The parent or the relative who is caretaker of a child with an absent, disabled, or unemployed parent
- Those living in a nursing home
- Under age 21 and in foster care
- In medical need of certain home and communitybased services
- Workers with disabilities
- Under age 26 and were formerly in foster care
- Age 19-64 with low income when participating in the ARHOME program

### Could I lose my coverage?

YES! During COVID, the government stopped some Medicaid requirements and conditions to help keep people on Medicaid during the pandemic. That has now stopped. To keep your coverage, you have to renew your eligibility.

# How do I update my contact information with DHS?

- 1. Call the **Renew Arkansas** hotline at 1-844-872-2660
- 2. Go online at access.arkansas.gov
- 3. Visit your **local DHS county office** to update your information

# How do I know if I need to renew my Medicaid eligibility?

If you need to renew your Medicaid eligibility, you should receive a letter from DHS. Everything you need to know about how and when to send the packet back will be in that letter.

# How long do I have to return my renewal paperwork?

Make sure you return your paperwork by the due date listed on the letter. This is usually between 30 and 60 days



from the date on the letter. You can go online to www.access.arkansas.gov and create an account to renew your eligibility. You can also mail the forms to DHS or drop them off at your local DHS office. If you do not return the information, your case will be closed, and you will receive a letter explaining that your coverage ended. Your coverage will usually end on the date the information was due.

### I missed the renewal deadline, now what?

If you lost coverage because you failed to provide requested information, you still can provide that information and have your coverage re-opened. You have 30 days to do so after your closing date if you qualified for Medicaid under Long-Term Services and Supports eligibility rules. You have 90 days after your closing date if you qualified for Medicaid under Modified Adjusted Gross Income (MAGI) eligibility rules.

## DHS decided I am not eligible for Medicaid benefits and I don't agree. What do I do?

You should have gotten a letter called a Notice of Action that told you about this decision. If you disagree, you will need to ask for an appeal hearing. The hearing will give you the chance to explain why you think there was a wrong decision made about your case and give the hearing officer a chance to review the decision. These hearings are usually done over the phone.

### How do I request a hearing?

To appeal by requesting an administrative hearing, you must:

- Complete and return the back side of the Notice of Action or
- Write a letter or email to the address on the front of the Notice of Action or to Appeals and Hearings. Your request must be in writing.
  - Include your name, case number (if you have one), the program and action that you want to request a hearing for, and a copy of the front of the Notice of Action.

A request for an appeal must be received by the DHS Appeals and Hearings section no later than 30 days from the date listed on the Notice of Action. If you want to continue to receive healthcare benefits at your current level between now and your appeal decision, you must appeal within 10 days of the date on the Notice of Action AND you must ask for your benefits to continue.

- You email your request may to DHS.Appeals@dhs.arkansas.gov or
  - You may send your request by mail to:

### **Arkansas Department of Health and Human Services**

Appeals and Hearings Section P.O. Box 1437, Slot N401 Little Rock, Arkansas 72203

You may also complete an Appeal for a Hearing Form. This form is located at your local DHS county office.

#### **SAMPLE APPEAL LETTER:**

My name is	Please accept this as		
notice that I am	appealing the	termination	of my
	[Insert the na	ame of the	program
ARKids, ARHome, M	edicaid, etc.]. 7	Γhis appeal r	equest is
filed within 10 days o	of receipt of the	notice of ac	tion, and
specifically reques	t that my bene	efits be cont	inued at
the pre-reduction le	evel pending	the outcom	e of the
appeal. [You can del	ete this part if y	ou don't wan	it to have
your benefits continu	ed while you w	ait for the he	aring].
If you have any	questions, ple	ase contact	: me at
(XXX)XXX-XXXX.			
Sincerely,			
Officerety,			
[Your Name]			
[Your Address]			

## What are my rights at the hearing?

If you request a hearing, you have the right to appear in person and to be represented by a lawyer or another person you select.

Prior to the hearing, you and your representative have the right to review your record and any other evidence that will be presented at the hearing. You have the right to present evidence on your own behalf, bring witnesses, and question any person who is presented as a witness against you.

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