

DEPARTMENT OF HUMAN SERVICES, DIVISION OF COUNTY OPERATIONS

SUBJECT: Fictive Kin Addition and Act 875 ABLE Account Age (20 CAR pt. 500)

DESCRIPTION:

Statement of Necessity

The Division of County Operations (DCO) promulgates this update to the Department of Human Services (DHS) Medical Services Policy Manual for two reasons. The first update aligns the rule manual with rules of the Division of Children and Family Services (DCFS) so as to provide ARKids eligibility for foster children in a Fictive Kin placement pursuant to Arkansas Code § 9-28-108. The second update complies with Act 875 of 2025 by raising the disability onset age for ABLE accountholders from twenty-six (26) to forty-six (46).

Summary

What is the Change?

- Updated Header section to include policy title
- F-110-Age and Relationship: Added reference to new relationship status of Fictive Kin, that this will be assigned by DCFS, and reference to glossary for definition of this relationship type.
- MS Glossary: Added definition of Fictive Kin “an individual who is not related by birth, adoption, or marriage to a child, but who has an emotionally significant relationship with the child”

The following changes were made:

- MS E-600 Achieving a Better Life Experience (ABLE) Program: Updated 1st paragraph to change age of disability onset from “26th” birthday to “forty-sixth (46th)” birthday.
- MS E-620 Eligibility Factors: Section “a., b., and c.” updated “26” to “forty-six (46)”

PUBLIC COMMENT: No public hearing was held on this rule. The public comment period expired on April 12, 2026. The agency indicated that it received no public comments.

The proposed effective date is pending legislative review and approval.

FINANCIAL IMPACT: The agency indicated that this rule has a financial impact.

Per the agency, the total estimated cost to implement this rule is \$346,275 for the current fiscal year (\$106,549 in general revenue and \$239,726 in federal funds) and \$0 for the next fiscal year. The total estimated cost by fiscal year to a state, county, or municipal government to implement this rule is \$106,549 for the current fiscal year and \$0 for the next fiscal year. The agency indicated that this cost is a one-time implementation cost.

LEGAL AUTHORIZATION: The Department of Human Services has the responsibility to administer assigned forms of public assistance and is specifically authorized to maintain an indigent medical care program (Arkansas Medicaid). *See* Ark. Code Ann. §§ 20-76-201(1), 20-77-107(a)(1). The Department has the authority to make rules that are necessary or desirable to carry out its public assistance duties. Ark. Code Ann. § 20-76-201(12). The Department and its divisions also have the authority to promulgate rules as necessary to conform their programs to federal law and receive federal funding. Ark. Code Ann. § 25-10-129(b).

This rule implements Act 875 of 2025. The Act, sponsored by Representative Julie Mayberry, amended the Achieving a Better Life Experience Program Act and amended the definitions of “disability certification” and “eligible individual” to change the disability onset age from twenty-six to forty-six.



ARKANSAS
DEPARTMENT OF
**HUMAN
SERVICES**

Office of Policy and Rules

P.O. Box 1437, Slot S295, Little Rock, AR 72203-1437

P: 501.320.6383 F: 501.404.4619

March 13, 2026

Mrs. Rebecca Miller-Rice
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
#1 Capitol, 5th Floor
Little Rock, AR 72201

Dear Mrs. Rebecca Miller-Rice:

Re: Fictive Kin Addition and Act 875 ABLE Account Age

Please arrange for this rule to be reviewed by the ALC-Administrative Rules Subcommittee. If you have any questions or need additional information, please contact me at 501-320-6383 or by emailing Mac.E.Golden@dhs.arkansas.gov.

Sincerely,

Mac Golden

Mac Golden
Attorney III
Office of Policy and Rules

Attachments

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH
THE ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT _____
 BOARD/COMMISSION _____
 BOARD/COMMISSION DIRECTOR _____
 CONTACT PERSON _____
 ADDRESS _____
 PHONE NO. _____ EMAIL _____
 NAME OF PRESENTER(S) AT SUBCOMMITTEE MEETING _____
 PRESENTER EMAIL(S) _____

INSTRUCTIONS

In order to file a proposed rule for legislative review and approval, please submit this Legislative Questionnaire and Financial Impact Statement, and attach (1) a summary of the rule, describing what the rule does, the rule changes being proposed, and the reason for those changes; (2) both a markup and clean copy of the rule; and (3) all documents required by the Questionnaire.

If the rule is being filed for permanent promulgation, please email these items to the attention of Rebecca Miller-Rice, miller-ricer@blr.arkansas.gov, for submission to the Administrative Rules Subcommittee.

If the rule is being filed for emergency promulgation, please email these items to the attention of Director Marty Garrity, garritym@blr.arkansas.gov, for submission to the Executive Subcommittee.

Please answer each question completely using layman terms.

1. What is the official title of this rule?

2. What is the subject of the proposed rule? _____
3. Is this rule being filed under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No

If yes, please attach the statement required by Ark. Code Ann. § 25-15-204(c)(1).

If yes, will this emergency rule be promulgated under the permanent provisions of the Arkansas Administrative Procedure Act? Yes No

4. Is this rule being filed for permanent promulgation? Yes No

If yes, was this rule previously reviewed and approved under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No

If yes, what was the effective date of the emergency rule? _____

On what date does the emergency rule expire? _____

5. Is this rule required to comply with a *federal* statute, rule, or regulation? Yes No

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

6. Is this rule required to comply with a *state* statute or rule? Yes No

If yes, please provide the state statute and/or rule citation.

7. Are two (2) rules being repealed in accord with Executive Order 23-02? Yes No

If yes, please list the rules being repealed.

If no, please explain.

8. Is this a new rule? Yes No

Does this repeal an existing rule? Yes No

If yes, the proposed repeal should be designated by strikethrough. If it is being replaced with a new rule, please attach both the proposed rule to be repealed and the replacement rule.

Is this an amendment to an existing rule? Yes No

If yes, all changes should be indicated by strikethrough and underline. In addition, please be sure to label the markup copy clearly as the markup.

9. What is the state law that grants the agency its rulemaking authority for the proposed rule, outside of the Arkansas Administrative Procedure Act? Please provide the specific Arkansas Code citation(s), including subsection(s).

10. Is the proposed rule the result of any recent legislation by the Arkansas General Assembly?
Yes No

If yes, please provide the year of the act(s) and act number(s).

11. What is the reason for this proposed rule? Why is it necessary?

12. Please provide the web address by which the proposed rule can be accessed by the public as provided in Ark. Code Ann. § 25-19-108(b)(1).

13. Will a public hearing be held on this proposed rule? Yes No

If yes, please complete the following:

Date: _____

Time: _____

Place: _____

Please be sure to advise Bureau Staff if this information changes for any reason.

14. On what date does the public comment period expire for the permanent promulgation of the rule? Please provide the specific date. _____

15. What is the proposed effective date for this rule? _____

16. Please attach (1) a copy of the notice required under Ark. Code Ann. § 25-15-204(a)(1) and (2) proof of the publication of that notice.

17. Please attach proof of filing the rule with the Secretary of State, as required by Ark. Code Ann. § 25-15-204(e)(1)(A).

18. Please give the names of persons, groups, or organizations that you anticipate will comment on these rules. Please also provide their position (for or against), if known.

19. Is the rule expected to be controversial? Yes No

If yes, please explain.

NOTICE OF RULE MAKING

The Department of Human Services (DHS) announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§20-76-201, 20 77-107, and 25-10-129. The proposed effective date of the rule is June 1, 2026.

The Director of the Division of County Operations (DCO) promulgates an update to DHS Medical Services Policy Manual. The update aligns the manual with rules of the Division of Children and Family Services (DCFS) to provide ARKids eligibility for foster children in a Fictive Kin placement pursuant to Arkansas Code § 9-28-108. The update also brings DHS in compliance with Act 875 of 2025 by raising the disability onset age for ABLE account holders from twenty-six (26) to forty-six (46). The proposed rule estimates a one-time implementation cost of \$346,275.00 (\$106,549.00 State; \$239,726.00 Federal) for State Fiscal Year (SFY) 2026.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Policy and Rules, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule at ar.gov/dhs-proposed-rules.

Public comments can be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov. All public comments must be received by DHS no later than April 12, 2026. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

If you need this material in a different format, such as large print, contact the Office of Policy and Rules at 501-320-6428.

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and operates, manages and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin. **4502292178**

Mary Franklin, Director
Division of County Operations

From: [Legal Ads](#)
To: [Renita Jones](#)
Cc: [Mac Golden](#); [Jack Tiner](#); [Lakeya Gipson](#); [Elaine Stafford](#)
Subject: Re: Full Run AD (Rule#319) - Fictive Kin Addition and Act 875 ABLE Account Age
Date: Thursday, March 12, 2026 2:51:57 PM
Attachments: [image001.png](#)

EXTERNAL SENDER: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Scheduled for Sat 3/14, Sun 3/15, and Mon 3/16. Thanks.

Gregg Sterne, Legal Advertising
Arkansas Democrat-Gazette
legalads@arkansasonline.com

From: "Renita Jones" <Renita.Jones@dhs.arkansas.gov>
To: "Legal Ads" <legalads@arkansasonline.com>
Cc: "Renita Jones" <Renita.Jones@dhs.arkansas.gov>, "Mac Golden" <Mac.E.Golden@dhs.arkansas.gov>, "Jack Tiner" <jack.tiner@dhs.arkansas.gov>, "Lakeya Gipson" <Lakeya.Gipson@dhs.arkansas.gov>, "Elaine Stafford" <elaine.stafford@dhs.arkansas.gov>
Sent: Wednesday, March 11, 2026 9:22:52 AM
Subject: Full Run AD (Rule#319) - Fictive Kin Addition and Act 875 ABLE Account Age

Good morning,

Please Reply to this email using REPLY ALL.

Please run the attached ad in the Arkansas Democrat-Gazette on the following days:

- Saturday March 14, 2026
- Sunday March 15, 2026
- Monday March 16, 2026

I am aware that the print version will only be provided to all counties on Sundays.

Invoice to: **AR Dept of Human Services**

OPR, ATTN: Lakeya Gipson

P.O. Box 1437, Slot S295

Little Rock, AR 72203-8068

Lakeya.Gipson@dhs.arkansas.gov

Thank you,



Renita Jones

Rules and Regulations Coordinator

Arkansas Department of Human Services

Office of Policy and Rules

P: 501.320.3949

Renita.Jones@dhs.arkansas.gov

humanservices.arkansas.gov

Privacy Notice: This email may contain confidential information protected by state/federal laws. If you are not the intended recipient, please let the sender know, and delete the

From: [Renita Jones](#)
To: register@sos.arkansas.gov
Cc: [Renita Jones](#); [Mac Golden](#); [Jack Tiner](#); [Lakeya Gipson](#); [JAMIE EWING](#)
Subject: DHS/DCO - Proposed Filing - Fictive Kin Addition and Act 875 ABLE Account Age (Rule #319)
Date: Friday, March 13, 2026 8:38:00 AM
Attachments: [Initial Filing - Sec of State - Rule # 319 -Fictive Kin ABLE.pdf](#)
[image001.png](#)

Good morning,

Please see attached for initial filing. The public notice will run:

Saturday, March 14th

Sunday, March 15th

Monday, March 16th

The public comment period will end on April 12th.

Thank you,



Renita Jones

Rules and Regulations Coordinator
Arkansas Department of Human Services
Office of Policy and Rules

P: 501.320.3949

Renita.Jones@dhs.arkansas.gov

humanservices.arkansas.gov

Privacy Notice: This email may contain confidential information protected by state/federal laws. If you are not the intended recipient, please let the sender know, and delete the message/attachment(s) from your system.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

DEPARTMENT _____
BOARD/COMMISSION _____
PERSON COMPLETING THIS STATEMENT _____
TELEPHONE NO. _____ **EMAIL** _____

To comply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and email it with the questionnaire, summary, markup and clean copy of the rule, and other documents. Please attach additional pages, if necessary.

TITLE OF THIS RULE _____

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes No

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?
Yes No

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No

If no, please explain:

(a) how the additional benefits of the more costly rule justify its additional cost;

(b) the reason for adoption of the more costly rule;

(c) whether the reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and

(d) whether the reason for adoption of the more costly rule is within the scope of the agency's statutory authority, and if so, how.

4. If the purpose of this rule is to implement a *federal* rule or regulation, please state the following:
 - (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

(b) What is the additional cost of the state rule?

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

5. What is the total estimated cost by fiscal year to any private individual, private entity, or private business subject to the proposed, amended, or repealed rule? Please identify those subject to the rule, and explain how they are affected.

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____

6. What is the total estimated cost by fiscal year to a state, county, or municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes No

If yes, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (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.

Fictive Kin Relationship Placement Eligibility for Health Care, and Act 875 ABLE Account Onset Age

Statement of Necessity

The Division of County Operations (DCO) promulgates this update to the Department of Human Services (DHS) Medical Services Policy Manual for two reasons. The first update aligns the rule manual with rules of the Division of Children and Family Services (DCFS) so as to provide ARKids eligibility for foster children in a Fictive Kin placement pursuant to Arkansas Code § 9-28-108. The second update complies with Act 875 of 2025 by raising the disability onset age for ABLE account holders from twenty-six (26) to forty-six (46).

Summary

What is the Change?

- Updated Header section to include policy title
- F-110-Age and Relationship
 - Added reference to new relationship status of Fictive Kin, that this will be assigned by DCFS, and reference to glossary for definition of this relationship type.
- MS Glossary
 - Added definition of Fictive Kin “an individual who is not related by birth, adoption, or marriage to a child, but who has an emotionally significant relationship with the child”

The following changes were made:

MS E-600 Achieving a Better Life Experience (ABLE) Program

1. Updated 1st paragraph to change age of disability onset from “26th” birthday to “forty-sixth (46th)” birthday.

MS E-620 Eligibility Factors

1. Section “a., b., and c.” updated “26” to “forty-six (46)”

E-600 Achieving a Better Life Experience (ABLE) Program

MS Manual ~~12/01/19~~06/01/2026

POMS SI 01130.740

An Achieving a Better Life Experience (ABLE) account is a tax-advantaged account that an eligible individual can use to save funds for the disability-related expenses of the account's designated beneficiary. The designated beneficiary must be blind or disabled by a condition that began before the individual's ~~26th~~ forty-sixth (46th) birthday.

An ABLE program can be established and maintained by a State or a State agency directly or by the State contracting with a private company. An eligible individual can open an ABLE account through the ABLE program in any State. The Arkansas ABLE program is established and maintained through a collaboration of the Department of Human Services, Arkansas Rehabilitative Services and the State Treasurer.

An eligible individual can be the designated beneficiary of only one ABLE account, which must be administered by a qualified ABLE program. A person with signature authority can establish and control an ABLE account for a designated beneficiary who is a minor child or is otherwise incapable of managing the account. The person with signature authority must be the designated beneficiary's parent, legal guardian, or agent acting under power of attorney. The designated beneficiary is considered to be the owner of the ABLE account regardless of whether someone else has signature authority over it.

Upon the death of the designated beneficiary, funds remaining in the ABLE account, after payment of any outstanding, qualified disability expense, may be transferred to the estate of the designated beneficiary, or an account for another eligible individual specified by the designated beneficiary. An ABLE account is not subject to estate recovery upon the death of the designated beneficiary.

E-620 Eligibility Factors

MS Manual ~~10/01/17~~06/01/2026

The designated beneficiary is the eligible individual who established and owns the ABLE account.

To be an eligible individual, the individual must be:

- a. eligible for Supplemental Security Income (SSI) based on either disability or blindness that began before age ~~26~~forty-six (46); or
- b. entitled to disability insurance benefits, childhood disability benefits, or disabled widow's or widower's benefits based on either disability or blindness that began before age ~~26~~forty-six (46); or
- c. someone who has certified, or whose parent or guardian has certified, that he or she:
 - has a medically determinable physical or mental impairment meeting certain statutorily specified criteria; or,
 - is blind; and,
 - the disability or blindness occurred before age ~~26~~forty-six (46).

Those applicants applying for benefits under option C above must provide with their ABLE application packet a copy of a statement signed by a physician that includes the individual's diagnosis relating to the individual's relevant physical or mental impairment/s.

F-110 Age and Relationship

MS Manual ~~06/01/2026~~01/01/22

Most Health Care eligibility groups have an age range in which the individual must fall to become eligible for coverage in that particular group. ARKids A and ARKids B also require a relationship and living with a specified relative requirement. To be eligible for ARKids A or B, a child must be living with a relative who is within the following degrees of relationship to the child:

1. A blood or adoptive relative who is within the fifth degree of kinship. Such relatives by degree of kinship are as follows:

First degree – Parent;

Second degree – Grandparent, sibling;

Third degree – Great-grandparent, uncle, aunt, nephew, niece;

Fourth degree – Great-great grandparent, great-uncle, great-aunt, first cousin; and

Fifth degree – Great-great-great grandparent, great-great uncle, great-great aunt, first cousin once removed (that being, the children of one's first cousin).

NOTE: Half-relationships will be considered the same as full relationships.

2. Stepfather, stepmother, stepbrother, stepsister.
3. Spouses of any persons named in the above groups. Such relatives may be considered within the scope of this provision though the marriage is terminated by death or divorce.

3.4. Fictive Kin relationship placements as established by the Division of Children and Family Services (DCFS). Please see MS Glossary for definition DCFS will use to apply Fictive Kin status. Relationship and living with the specified relative apply, unless the individual has been removed from the custody of their parents or other relative by court order, has been court ordered to an institution, has been emancipated, has reached eighteen (18) years of age, or legal custody has been given to someone else. (For ARKids, See [MS C-115](#), [E-240](#) for procedures on who can apply in these situations.)

The particular age requirements for each eligibility group are listed in [MS Section B](#).

Medical Services – Glossary

MS Manual 06/01/2026~~01/01/24~~

Fictive Kin –

Relationship assignment given by the Division of Children and Family Services (DCFS) when there is an individual who is not related by birth, adoption, or marriage to a child, but who has an emotionally significant relationship with the child.

E-600 Achieving a Better Life Experience (ABLE) Program

MS Manual 06/01/2026

POMS SI 01130.740

An Achieving a Better Life Experience (ABLE) account is a tax-advantaged account that an eligible individual can use to save funds for the disability-related expenses of the account's designated beneficiary. The designated beneficiary must be blind or disabled by a condition that began before the individual's forty-sixth (46th) birthday.

An ABLE program can be established and maintained by a State or a State agency directly or by the State contracting with a private company. An eligible individual can open an ABLE account through the ABLE program in any State. The Arkansas ABLE program is established and maintained through a collaboration of the Department of Human Services, Arkansas Rehabilitative Services and the State Treasurer.

An eligible individual can be the designated beneficiary of only one ABLE account, which must be administered by a qualified ABLE program. A person with signature authority can establish and control an ABLE account for a designated beneficiary who is a minor child or is otherwise incapable of managing the account. The person with signature authority must be the designated beneficiary's parent, legal guardian, or agent acting under power of attorney. The designated beneficiary is considered to be the owner of the ABLE account regardless of whether someone else has signature authority over it.

Upon the death of the designated beneficiary, funds remaining in the ABLE account, after payment of any outstanding, qualified disability expense, may be transferred to the estate of the designated beneficiary, or an account for another eligible individual specified by the designated beneficiary. An ABLE account is not subject to estate recovery upon the death of the designated beneficiary.

E-620 Eligibility Factors

MS Manual 06/01/2026

The designated beneficiary is the eligible individual who established and owns the ABLE account.

To be an eligible individual, the individual must be:

- a. eligible for Supplemental Security Income (SSI) based on either disability or blindness that began before age forty-six (46); or
- b. entitled to disability insurance benefits, childhood disability benefits, or disabled widow's or widower's benefits based on either disability or blindness that began before age forty-six (46); or
- c. someone who has certified, or whose parent or guardian has certified, that he or she:
 - has a medically determinable physical or mental impairment meeting certain statutorily specified criteria; or,
 - is blind; and,
 - the disability or blindness occurred before age forty-six (46).

Those applicants applying for benefits under option C above must provide with their ABLE application packet a copy of a statement signed by a physician that includes the individual's diagnosis relating to the individual's relevant physical or mental impairment/s.

F-110 Age and Relationship

MS Manual 06/01/2026

Most Health Care eligibility groups have an age range in which the individual must fall to become eligible for coverage in that particular group. ARKids A and ARKids B also require a relationship and living with a specified relative requirement. To be eligible for ARKids A or B, a child must be living with a relative who is within the following degrees of relationship to the child:

1. A blood or adoptive relative who is within the fifth degree of kinship. Such relatives by degree of kinship are as follows:

First degree – Parent;

Second degree – Grandparent, sibling;

Third degree – Great-grandparent, uncle, aunt, nephew, niece;

Fourth degree – Great-great grandparent, great-uncle, great-aunt, first cousin; and

Fifth degree – Great-great-great grandparent, great-great uncle, great-great aunt, first cousin once removed (that being, the children of one's first cousin).

NOTE: Half-relationships will be considered the same as full relationships.

2. Stepfather, stepmother, stepbrother, stepsister.
3. Spouses of any persons named in the above groups. Such relatives may be considered within the scope of this provision though the marriage is terminated by death or divorce.
4. Fictive Kin relationship placements as established by the Division of Children and Family Services (DCFS). Please see MS Glossary for definition DCFS will use to apply Fictive Kin status. Relationship and living with the specified relative apply, unless the individual has been removed from the custody of their parents or other relative by court order, has been court ordered to an institution, has been emancipated, has reached eighteen (18) years of age, or legal custody has been given to someone else. (For ARKids, See [MS C-115](#), [E-240](#) for procedures on who can apply in these situations.)

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MS Manual 06/01/2026

Fictive Kin –

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PROPOSED