

MINUTES

HOUSE & SENATE INTERIM COMMITTEES ON PUBLIC HEALTH, WELFARE AND LABOR

December 8, 2015

The House and Senate Interim Committees on Public Health, Welfare and Labor met Tuesday, December 8, 2015 at 10:00 a.m. in Committee Room A of the Big MAC Building, Little Rock, Arkansas.

Public Health Senate Members Attending Were: Senators Cecile Bledsoe, Chair; Stephanie Flowers, Vice Chair; and Missy Irvin.

Public Health House Members Attending Were: Representatives Kelley Linck, Chair; Mary Bentley, Ken Bragg, David Branscum, Charlene Fite, Kim Hammer, Fredrick Love, Stephen Magie, David Meeks, Josh Miller, Betty Overbey, John Payton, Dan Sullivan, and Jeff Wardlaw.

Other Legislators Attending Were: Senators Ronald Caldwell, Jonathan Dismang, Bobby Pierce, and Eddie Joe Williams. Representatives Bob Ballinger, Scott Baltz, Nate Bell, Bruce Cozart, Jim Dotson, Trevor Drown, Jon Eubanks, Kenneth Ferguson, David Fielding, Lanny Fite, Jeremy Gillam, Mary "Prissy" Hickerson, David Hillman, Joe Jett, Mark McElroy, George McGill, Stephen Meeks, Reginald Murdock, James Ratliff, John Vines, and Marshall Wright.

Comments by the Chairs

Senator Cecile Bledsoe called the meeting to order.

New Work Requirements for Supplemental Nutrition Assistance Program (SNAP) Recipients Who Are Able-Bodied Adults Without Dependents

This is "Item C", on the agenda, and it will not be heard today, but it will be on a future Public Health meeting agenda.

Arkansas Department of Health, Center for Public Health Practice, Review of Rules and Regulations to Amend the Reporting Requirements on Induced Abortions (EXHIBIT D)

Robert Brech, Chief Financial Officer, Arkansas Department of Health, stated the proposed changes are necessary to ensure this rule is consistent with the requirement changes that became law in Acts 1086 and 934, both of 2015.

The committees heard testimony from Robert Brech, Chief Financial Officer, The Arkansas Department of Health. Following committee discussion, the committees recommended review of the rule.

Department of Human Services, Division of Medical Services, Review of Rules and Regulations to Add Hospital Inpatient Reimbursement After the First 24 Inpatient Days (EXHIBIT E)

And

Department of Human Services, Division of Medical Services, Review of Rules and Regulations Regarding State Plan Amendment 2015-006 and Hospital 9-15 Which Amends the Cost Reimbursement Rules for Hospital Access Payment and Assessment Fees (EXHIBIT F)

And

Department of Human Services, Division of Medical Services, Review of Rules and Regulations Regarding a Change in Medicaid Reimbursement for Inpatient Hospital Services Covered by the Medicare Part A Program (Medicare Crossover Claim) State Plan Amendment 2015-008 (EXHIBIT K)

Tami Harlan, Chief Operating Officer, Division of Medical Services, Department of Human Services, will present Items E, F, and K together.

This proposed change will allow Arkansas Medicaid to remove the 24-day limit on all acute care, critical access acute care, and rehabilitative hospital inpatient stays; thereby ensuring access for eligible beneficiaries (Item E).

Due to the amendment of Arkansas Code §20-77-1902(b), the Medical Assistance Program Cost Reimbursement Rules for hospital access payments and assessments are being amended. This is federally mandated, and it was effective August 1, 2015. It will generate an estimated savings of \$46,038,398 (Item F).

Effective January 1, 2016, regarding dually eligible Medicare and Medicaid beneficiaries, Arkansas Medicaid will change reimbursement for Medicare Part A on all claims and adjustments. The estimated annual savings for Arkansas is \$24,962,108 (Item K).

The committees heard testimony from Tami Harlan, Chief Operating Officer, Division of Medical Services, Department of Human Services. Following committee discussion, the committees recommended review of these rules.

Department of Human Services, Division of Medical Services, Review of Rules and Regulations Which Deals with Therapy 3-15 and Changes the List of Accepted Therapy Tests (EXHIBIT G)

Tami Harlan, Chief Operating Officer, Division of Medical Services, Department of Human Services, presented this proposed rule change. Effective January 1, 2016, the Occupational, Physical and Speech Therapy Services Manual will be updated to include:

- ◆ The Brighton Scale of Joint Mobility Test
- ◆ The Test of Expressive Language
- ◆ The Test for Auditory Comprehension of Language,
- ◆ The Woodcock-Johnson Test Cognitive Ability, 4th Edition

This rule is necessary to ensure the list of accepted tests provide accurate diagnosis of the Medicaid beneficiary. There is no financial impact.

Senator Stephanie Flowers wanted to know how the federal government tracks Medicaid payments made to schools for tests performed on children, who are referred for testing by the children's primary care physician. Senator Bledsoe moved 'Item G' to the bottom of today's agenda to allow for further discussion and clarification.

Department of Human Services, Division of Medical Services, Review of Rules and Regulations Regarding Rural Health 4-15 Which Eliminates the Requirement That a Physician Be Present at Least Once in Every Two-Week Period at Rural Health Centers (EXHIBIT H)

Tami Harlan, Chief Operating Officer, Division of Medical Services, Department of Human Service, presented this proposed rule change.

To ensure compliance with federal regulation 43 CFR491.8, as of January 1, 2016, it will no longer be required for a physician to be present at least once every two weeks at Rural Health Clinics. This does not remove the requirement for a practitioner, whether a physician or non-physician, to be present at all times when the Rural Health Clinic operates.

After much discussion, David Wroten, Executive Director, Arkansas Medical Society, testified this proposed change does not conflict with any state rules. In addition, Mr. Wroten explained where the responsibilities and liabilities of Advanced Practice Nurses, Physician Assistants, and Physicians lay.

The committees heard testimony from Tami Harlan, Chief Operating Officer, Division of Medical Services, Department of Human Services. Following committee discussion, the committees recommended review of this rule.

Department of Human Services, Division of Medical Services, Review of Rules and Regulations Regarding Informing Providers of Coverage of the CPT Procedure Code 90651, Under the Vaccines for Children and the State Children's Health Insurance Program (EXHIBIT I)

Tami Harlan, Chief Operating Officer, Division of Medical Services, Department of Human Services, presented this proposed rule change.

Effective October 1, 2015, Arkansas Medicaid will implement a new Human Papillomavirus Vaccine 9 (HPV) for Arkansas Medicaid children, covered under the Vaccines for Children Program (VFC) and the State Children's Health Insurance Program (SCHIP) Program. No public hearing was held, no comments were received, and there is no financial impact.

The committees heard testimony from Tami Harlan, Chief Operating Officer, Division of Medical Services, Department of Human Services. Following committee discussion, the committees recommended review of this rule.

Department of Human Services, Division of Medical Services, Review of Rules and Regulations Regarding the Renewal of the ElderChoices Waiver, Now Referred to As ARChoices-State Plan Amendment 2015-004 and State Plan Amendment 2015-007 (EXHIBIT J)

Tami Harlan, Chief Operating Officer, Division of Medical Services, Department of Human Services, presented this proposed rule change.

These changes are needed to renew the ElderChoices 1915(c) HomeCare Based Services (HCBS) Waiver. The renewal combines the ElderChoices and Alternatives for Adults with Physical Disabilities (AAPD) waivers into one waiver called the ARChoices in Homecare Waiver; which covers participants 21 and older with a physical disability, and individuals aged 65 and older. The proposed change also increases the State Plan Personal Care rate from \$16.76 an hour to \$18 an hour.

Craig Cloud, Director, Division of Aging and Adult Services (DAAS), Department of Human Services, gave the following explanation to the committees as to why no public hearing was held on this proposed change.

Mr. Cloud explained that these waivers have been on an extension for a very lengthy period of time, while the DAAS collaborated with providers and other stakeholders. After many lengthy discussions during the collaboration, these two waivers were combined into one waiver that worked well for all concerned (this waiver should line up with the new health care program that the Health Reform Legislative Task Force will create—any necessary changes can be easily amended to fit in seamlessly with the new health care program). The new waiver, known as ARChoices in Homecare Waiver, has been submitted to The Centers for Medicare and Medicaid Services (CMS) for their approval, and DHS has already negotiated with CMS on approval of this waiver.

Ms. Harlan stated that the Division of Medical Services will provide the committees with the date of when the last DAAS waiting list turned over and there was no one on it.

The committees heard testimony from Tami Harlan, Chief Operating Officer, Division of Medical Services, Department of Human Services. Following committee discussion, the committees recommended review of this rule.

Item G Resumed: Review of Rules and Regulations Which Deals with Therapy 3-15 and Changes the List of Accepted Therapy Tests

Mark Story, Chief Financial Officer, Medical Services Division, Department of Human Services, answered questions that committee members had asked earlier in the meeting.

After much discussion with some questions still being unresolved, Senator Bledsoe stated this proposed rule change will not be recommended for review at this time. It will be placed on the January, 2016 Public Health Committee meeting agenda for further discussion and clarification.

Item F Resumed: State Plan Amendment 2015-006 and Hospital 9-15

Mark Story, Chief Financial Officer, Medical Services Division, Department of Human Services, added clarity and detail to the information presented earlier in the meeting.

The meeting adjourned at 11:25 a.m.