	Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly. Act 435 of the Regular Session
1	State of Arkansas
2	87th General Assembly A Bill
3	Regular Session, 2009 HOUSE BILL 1700
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5	By: Representatives Moore, T. Baker, Allen, Betts, Blount, T. Bradford, Breedlove, J. Brown, M. Burris,
6	Carnine, Carroll, Cash, Cheatham, Cook, Cooper, Davenport, Davis, Dunn, J. Edwards, Hall, Hardy,
7	Harrelson, Hawkins, House, Hoyt, Lindsey, Lovell, Maxwell, McCrary, Pennartz, Perry, Pierce, Powers,
8	Rainey, Reep, J. Roebuck, Saunders, G. Smith, Stewart, Tyler, Wagner, Webb, Williams
9	By: Senators Elliott, Bryles, Glover, J. Jeffress, D. Johnson, P. Malone, Salmon, H. Wilkins
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12	For An Act To Be Entitled
13	AN ACT TO CREATE THE ARKIDS FIRST IMPROVEMENT
14	ACT; TO EXPAND COVERAGE UNDER THE ARKIDS FIRST
15	PROGRAM; AND FOR OTHER PURPOSES.
16	
17	Subtitle
18	THE ARKIDS FIRST IMPROVEMENT ACT.
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21	BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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23	SECTION 1. Arkansas Code § 20-77-1104 is amended to read as follows:
24	20-77-1104. Waiver — Rules.
25	(a)(1) The Department of Human Services has obtained a waiver from the
26	Centers for Medicare & Medicaid Services to create and administer the ARKids
27	First Program as set forth in subdivision (b)(l)(A)(i) of this section.
28	(2)(A) The Department of Human Services shall use its best efforts to
29	obtain any necessary waivers from the Centers for Medicare & Medicaid
30	Services to create and administer the ARKids First Program as set forth in
31	subdivisions (b)(1)(A)(ii) and (iii) of this section.
32	(B) To the extent the Department of Human Services is
33	unable to obtain a Medicaid waiver or waivers from the Centers for Medicare $\&$
34	Medicaid Services necessary to allow the use of matching federal funds, the
35	Department of Human Services shall have no obligation to allow enrollment as



1	required by either subdivision (b)(1)(A)(ii) or (iii) of this section.
2	(a) As used in this section:
3	(1)(A) "Health care coverage" means health care insurance
4	regulated by the State Insurance Department, including without limitation
5	group and employer-sponsored health insurance plans.
6	(B) The Department of Human Services may by rule exclude
7	other plans or coverage from the definition of health care coverage;
8	(2) "Parity for mental health care" means coverage for the
9	diagnosis and mental health treatment of mental illnesses and the mental
10	health treatment of individuals with developmental disabilities under the
11	same terms and conditions as provided for covered benefits offered under the
12	program for the treatment of other medical illnesses or conditions and with
13	no differences in the program in regard to any of the following:
14	(A) The duration or frequency of coverage;
15	(B) The dollar amount of coverage; or
16	(C) Financial requirements.
17	(3) "Program" means the ARKids First Program.
18	(b) The Department of Human Services shall administer the program.
19	(c)(1) The Department of Human Services shall not enroll any
20	population defined in this section until the Department of Human Services has
21	sought and obtained approval from the Centers for Medicare & Medicaid
22	Services necessary to allow the use of matching federal funds to provide
23	program services to that population.
24	(2) The Department of Human Services shall apply to the Centers
25	for Medicare and Medicaid Services for approval to enroll the populations
26	defined in subdivisions (d)(4)(B) and (C) of this section.
27	(b)(d) The Department of Human Services shall administer and
28	promulgate rules for the program in conformity with a Medicaid waiver or
29	waivers and in a manner that:
30	(1) Provides for the automatic assignment of medical payments
31	due under §§ 20-77-302 and 20-77-307 as a condition of eligibility for
32	benefits under the uninsured children's program;
33	(2) Defines the services to be covered under the program,
34	including without limitation parity for outpatient mental health care;
35	(3) Establishes a copayment for services received in the program
36	as determined through rules adopted by the Department of Human Services;

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1 (1)(A)(4) Defines the population which may receive services 2 provided or reimbursed through this program by limiting the program to 3 program within the following limitations: 4 (i)(A) Children eighteen (18) years of age or younger 5 without health care coverage who are members of a family with a gross family 6 income not exceeding two hundred percent (200%) two hundred fifty percent 7 (250%) of the federal poverty guidelines; 8 (ii)(B) Persons nineteen (19) years of age or older but 9 less than twenty-one (21) years of age who: 10 (a)(i) Are without health care coverage; 11 (b)(ii) Are members of a family with a gross family 12 income not exceeding two hundred percent (200%) two hundred fifty percent (250%) of the federal poverty guidelines; 13 14 (c)(iii) Are enrolled as full-time students in a 15 public or private college, university, technical institute, technical 16 college, or other institution of higher education located in the state; and 17 (d)(iv) Are covered under the ARKids First Program 18 program as set forth in under subdivision $\frac{(b)(1)(A)(i)}{(d)(4)}(A)$ on the day 19 prior to before becoming age nineteen (19); or 20 (iii)(C) Persons twenty-one (21) years of age or older but 21 less than twenty-five (25) years of age who: 22 (a)(i) Are without health care coverage; (b)(ii) Are members of a family with a gross family 23 24 income not exceeding two hundred percent (200%) two hundred fifty percent 25 (250%) of the federal poverty guidelines; 26 (c)(iii) Are enrolled as full-time students in a 27 public or private college, university, technical institute, technical 28 college, or other institution of higher education located in the state; and 29 (d)(iv) Are covered under the ARKids First Program 30 program as set forth in under subdivision (b)(1)(A)(i)(d)(4)(A) of this section on the day prior to before becoming age twenty-one (21). 31 32 (B)(e) No A person enrolled in the full Medicaid program may shall not 33 be concurrently enrolled in the ARKids First Program program except as 34 required by federal law;. 35 (C)(i)(f)(1) Subdivisions (b)(1)(A)(ii) and (iii) of this section 36 shall Subdivisions (d)(4)(B) and (C) of this section apply only to students

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who enroll as students in a public or private college, university, technical institute, technical college, or other institution of higher education no less than six (6) months after graduation from high school and who maintain a continuous enrollment each consecutive semester thereafter with no periods of time in which the person is not enrolled as a student, excluding regularly scheduled summer breaks.

7 (ii)(2) If a person who has enrolled in the program under 8 subsection (d)(4)(B) or (C) is not enrolled as a student as set forth in 9 subdivision (b)(1)(C)(i) subdivision (f)(1) of this section, the person shall 10 not be entitled to health care coverage under the ARKids First Program 11 program and shall not be entitled to later resume coverage following a break 12 in eligibility;.

13 (2) Defines health care coverage as health care insurance
14 regulated by the State Insurance Department, specifically including group and
15 employer-sponsored health insurance plans. The Department of Human Services
16 may by rule exclude other plans or coverage from the definition of health
17 care coverage;

18 (3) Provides for the automatic assignment of medical payments 19 due as set out in §§ 20-77-302 and 20-77-307 as a condition of eligibility 20 for benefits under the uninsured children's program;

21 (4)(A) Defines the services to be covered under the program,22 which shall include parity for outpatient mental health care.

23 (B) As used in subdivision (4)(A) of this section, "parity 24 for mental health care" means coverage for the diagnosis and mental health 25 treatment of mental illnesses and the mental health treatment of those with 26 developmental disorders under the same terms and conditions as provided for 27 covered benefits offered under the program for the treatment of other medical 28 illnesses or conditions and with no differences in the program in regard to 29 any of the following: 30 (i) The duration or frequency of coverage; 31 (ii) The dollar amount of coverage; or 32 (iii) Financial requirements. 33 (C)(g) Providers of covered services shall be those providers shall be 34 enrolled as Medicaid providers, and reimbursement shall be at the rates

35 established by the program; and.

36 (5) Establishes a copayment for services received in the program

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1	as permitted by Medicaid waiver and as determined through promulgated rules.
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