

**ADMINISTRATIVE RULES SUBCOMMITTEE
OF THE
ARKANSAS LEGISLATIVE COUNCIL**

Thursday, June 18, 2026

10:00 a.m.

Room A, MAC

Little Rock, Arkansas

- A. Call to Order**
- B. Report from the Executive Subcommittee Concerning Emergency Rules**
- C. Reports from ALC Subcommittees Concerning the Review of Rules**
- D. Reports on Administrative Directives Pursuant to Act 1258 of 2015, for Quarter Ending March 31, 2026**
 - 1. Department of Corrections (Wade Hodge)**
 - 2. Post-Prison Transfer Board (Kevin Smith)**
- E. Rules Filed Pursuant to Arkansas Code § 10-3-309**
 - 1. Department of Agriculture, Arkansas Board of Animal Health (Andrew Fidler, Matthew Ford)**
 - a. REPEAL Criteria for Persons Engaged in the Voluntary Embedding of Identification Chips for Equine Monitoring, 2 CAR pt. 154**

DESCRIPTION: Act 703 repealed Arkansas Code § 2-32-301, Equine monitoring by identification chips. The act requires the repeal of 2 CAR pt. 154, Criteria for Persons Engaged in the Voluntary Embedding of Identification Chips for Equine Monitoring.

PUBLIC COMMENT: No public hearing was held on this rule. The public comment period expired on May 5, 2026. The board indicated there were no public comments.

The proposed effective date for this rule is pending legislative review and approval.

FINANCIAL IMPACT: The board indicated the repeal of this rule has no financial impact.

LEGAL AUTHORIZATION: The rulemaking authority for these rules existed in Arkansas Code § 2-32-301, which provided that the board “shall promulgate rules setting forth training requirements for the voluntary embedding or injecting a chip for purpose of animal identification.” Acts 2025, No. 703, sponsored by Senator Ricky Hill, repealed Arkansas Code § 2-32-301.

2. **Department of Agriculture, Arkansas Natural Resources Commission (Chris Colclasure, Matthew Ford)**

a. **Financial Assistance, 15 CAR pt. 2 & REPEALS: Rules Governing Loans from the Safe Drinking Water Fund, 15 CAR pt. 25; Rules Governing the Arkansas Clean Water Revolving Loan Fund Program, 15 CAR pt. 26**

SUBJECT: Financial Assistance, 15 CAR pt. 2 & REPEALS: Rules Governing Loans from the Safe Drinking Water Fund, 15 CAR pt. 25; Rules Governing the Arkansas Clean Water Revolving Loan Fund Program, 15 CAR pt. 26

DESCRIPTION: Act 812 created the Water and Sewer Treatment Facilities Grant Program Fund and the Water and Sewer Treatment Facilities Grant Program, codified at Arkansas Code §§ 19-5-1288 and 25-43-203, respectively, to be administered by the Arkansas Natural Resources Commission. Amendments to the Financial Assistance rules, 15 CAR pt. 2, are made to add the Water and Sewer Treatment Facilities Grant Program, remove discontinued financial assistance programs, adjust for inflation, and streamline the financial assistance application process.

Act 1017, Section 4, allocated a maximum of twenty-five million dollars (\$25,000,000) of surplus funds annually to the Water and Sewer Treatment Facilities Grant Program Fund in state fiscal years 2026, 2027, and 2028.

In addition, the rule incorporates 15 CAR pt. 25, Drinking Water State Revolving Fund rules, and 15 CAR pt. 26, Clean Water State Revolving Fund rules, to create a single, streamlined financial assistance rule. 15 CAR parts 25 and 26 are being repealed in accord with Executive Order 23-02.

PUBLIC COMMENT: No public hearing was held on this rule. The public comment period expired on May 5, 2026.

Due to its length, the public comment summary can be found on the “docs” tab for this meeting.

Isaac Linam, an attorney with the Bureau of Legislative Research, asked the following questions and received the following responses:

QUESTION 1: Concerning 15 CAR § 2-305, there is no conjunction between list item (1) and (2), which makes it unclear whether it is the commission’s intent to require both items (1) and (2) in the application or only one of items (1) and (2). Can you clarify? **RESPONSE:** Yes, there should be a conjunction between 15 CAR § 2-305(a)(1)(B) and (A). At the end of (a)(1)(B), we replaced “.” with “; and”.

QUESTION 2: Concerning 15 CAR § 2-401(1), the commission struck the word “must”, resulting in the new language reading “The applicant and proposed project comply with all applicable”. Is it intentional for the rule

to read this way? **RESPONSE:** 15 CAR § 2-401(1) should read “The applicant and proposed project must comply...”.

QUESTION 3: Concerning 15 CAR § 2-401(3)(B)(iii), the rule cites to “15 CAR § 2-410(b)(1)”. However, that citation does not exist. Can you clarify? **RESPONSE:** In 15 CAR § 2-401(3)(B)(iii), the citation should be 15 CAR § 2-1301(b).

QUESTION 4: Concerning the introductory language of 15 CAR § 2-401(3)(C), it appears that this is not a complete sentence and a subject is missing in the sentence that begins, “The following special actions for specific project types:”. Can you clarify? **RESPONSE:** In 15 CAR § 2-401(3)(C), we removed the lead in language, “The following special actions for specific project types:” It now reads “(C)(i) Flood control, levee, and drainage projects...”.

QUESTION 5: Concerning 15 CAR § 2-401(4), the commission added an additional list item and deleted the conjunction “and” that had been placed between the then next-to-last and last list item. However, when adding the additional list item, the commission did not include a conjunction between the now next-to-last and last list item, causing a grammatical issue and making it unclear whether the list items should be read to be cumulative. Can you clarify? **RESPONSE:** Yes, there should be a conjunction between 15 CAR § 2-401(4)(C) and (D). At the end of (4)(C), we added “and”.

QUESTION 6: Concerning 15 CAR § 2-1001, which is styled as a list and contains introductory language that says, “in any of the following ways:”, the commission deleted the conjunction “or” between the list items when it added a subdivision to the list item “Grant in-aid”. The list now contains no conjunctions between the list item, causing a grammatical issue. Was it intentional to omit a conjunction altogether in this list? **RESPONSE:** Yes, there should be a conjunction between 15 CAR § 2-1001(b) and (c). At the end of (b)(3), we replaced “.” with “; or”.

QUESTION 7: Concerning 15 CAR § 2-1404(b)(2) and (3) and (d)(2)(B) and (3), the rule references “section 319 of the Clean Water Act”, “section 320 of the Clean Water Act”, “section 602(b)(6) of the Clean Water Act”, and “section 602 of the Clean Water Act”, respectively. However, “Clean Water Act” is defined in your rule as “33 U.S.C. § 1251 – 1389”. Sections 319, 320, and 602 do not appear to be sections in the Clean Water Act as codified in the U.S.C. and as defined in your rule, but rather sections from one of the public laws that enacted or amended the Clean Water Act. Did the commission intend to cite to a public law rather than a statute in the U.S.C., even though the citation refers to “Clean Water Act”, which is defined in your rule as statutes in the U.S.C.? If so, why did the commission omit the public law number?

RESPONSE:

15 CAR § 2-1404(b)(2) – we replaced “section 319 of the Clean Water Act” with “33 U.S.C. § 1329”

15 CAR § 2-1404(b)(3) – we replaced “section 320 of the Clean Water Act” with “33 U.S.C. § 1330”

15 CAR § 2-1404(d)(2)(B) – we replaced “section 602(b)(6) of the Clean Water Act” with “33 U.S.C. § 1382(b)(6)”

15 CAR § 2-1404(d)(3) – we replaced “section 602 of the Clean Water Act” with “33 U.S.C. § 1382”

QUESTION 8: Concerning 15 CAR § 2-1404(c)(3)(B)(vii), the commission uses “and/or”, even though in other places in the rule the commission changes uses of “and/or” in old language to either “and” or “or” only. In *Boren v. Qualls*, 284 Ark. 65 (1984) and *Cox v. Caddo Valley*, 305 Ark. 155, 806 S.W.2d 6 (1991), the Arkansas Supreme Court provided that the use of “and/or” can be ambiguous and that it is “an imprecise term”. With this in mind, is the commission comfortable using this term in the rule? **RESPONSE:** The use of “and/or” in 15 CAR § 2-1404(c)(3)(B)(vii) was an oversight. We will remove “and/or” and replace with “or”. We will make the same change in the list under 15 CAR § 2-404(a)(1).

The proposed effective date is pending legislative review and approval.

FINANCIAL IMPACT: The commission indicated that the rule has a financial impact. The commission states that the total estimated cost by fiscal year to a state, county, or municipal government to implement the rule is no cost for the current fiscal year and a cost of \$25,000,000 for the next fiscal year. The commission stated: “Amendments to the Financial Assistance rules, 15 CAR Pt. 2, are made to implement the new Water and Sewer Treatment Facilities Grant Program, which was created by Act 812 of 2025. Act 1017, Section 4, allocated a maximum of twenty-five million dollars (\$25,000,000) of surplus funds annually to the Water and Sewer Treatment Facilities Grant Program Fund in state fiscal years 2026, 2027, and 2028.”

Although the commission states “the total estimated cost by fiscal year to a state, county, or municipal government to implement this rule” is twenty-five million dollars (\$25,000,000) next fiscal year, the commission answered that there was no “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” and provided no written findings, stating: “The Water and Sewer Treatment Facilities Grant Program Fund is funded solely by surplus funds under Act 1017 of 2025. There is no new or increased cost or obligation to the state to implement the grant because of the rule.”

LEGAL AUTHORIZATION: Arkansas Code § 15-20-206 provides that the Arkansas Natural Resources Commission may “make and amend and enforce all necessary or desirable rules and orders not inconsistent with law.” Arkansas Code § 15-22-1103 provides the commission may “establish procedures and adopt rules as may be required to administer the” Safe Drinking Water Fund and “programs financed in whole or in part with moneys in the fund in accordance with federal or state law providing for water systems, including particularly, without limitation, the Safe Drinking Water Act.” Arkansas Code § 15-5-902(a)(2) provides the commission “may establish procedures and adopt rules required to administer” the Construction Assistance Revolving Loan Fund and “programs financed” by the fund. Arkansas Code § 25-43-203, created by Acts 2025, No. 812, requires the commission to promulgate rules to implement the Water and Sewer Treatment Facilities Grant Program.

This rule implements Acts 2025, No. 812, sponsored by Representative DeAnn Vought. Act 812 established the Water and Sewer Treatment Facilities Grant Program and created the Water and Sewer Treatment Facilities Grant Program Fund.

This rule also implements Acts 2025, No. 1017, § 4, sponsored by Senator Jonathan Dismang. Act 1017, § 4, provides that a maximum of \$25,000,000 of excess funds from the Securities Reserve Fund be directed to the Water and Sewer Treatment Facilities Grant Program Fund for fiscal years 2026, 2027, and 2028.

3. Department of Agriculture, State Plant Board (Corey Seats, Matthew Ford)

a. Arkansas Rules on Pesticide Use, 2 CAR pt. 70

DESCRIPTION: Under the authority of Ark. Code § 20-20-206, Arkansas Rules on Pesticide Use, 2 CAR pt. 70, are amended to create a new classification of pesticide, Class J, to include all pesticides containing warfarin (Kapat) when used as a feral hog (*Sus scrofa*) toxicant. The newly added 2 CAR § 70-115 sets forth requirements for dealers, applicators, training, and record keeping related to the sale and use of Class J pesticides.

PUBLIC COMMENT: A public hearing was held on this rule on January 14, 2026. The public comment period expired on January 13, 2026.

Due to its length, the public comment summary can be found on the “docs” tab for this meeting.

Isaac Linam, an attorney with the Bureau of Legislative Research, asked the following questions:

(1) Why is the board lowering the record retention requirements in the rule from three years to two years? RESPONSE: For consistency throughout our Plant Board Rules, we changed the retention period to two years. The Department is attempting to streamline various record-keeping requirements.

(2) Concerning, the repeal of Attachment 1, Quinclorac Use Restrictions, and the insertion of the exact same provisions of Attachment 1 into the text of the rule, why did the board repeal Attachment 1, which currently exists in the CAR as a PDF at 2 CAR pt. 70, only to rewrite the same content of Attachment 1 into the rule? Is it the board's intention to move the Attachment from acting as an appendix into a code section of the CAR? **RESPONSE:** Regarding the attachment, the Department felt that the information in the attachment fits better within the body of the Rule itself. This is a format change for readability.

FOLLOW-UP QUESTION: Just to be clear, you want to add the material that was previously in Attachment 1 to 2 CAR § 70-114?

RESPONSE: That is correct.

The proposed effective date for this rule is pending legislative review and approval.

FINANCIAL IMPACT: The board indicated this rule has no financial impact.

LEGAL AUTHORIZATION: Arkansas Code § 20-20-206(a) provides that the State Plant Board may promulgate rules to carry out the provisions of the Arkansas Pesticide Use and Application Act, Arkansas Code § 20-20-201 et seq. Arkansas Code § 20-20-206(a) further provides that “rules may relate to the time, place, manner, amount, concentration, or other conditions under which pesticides may be distributed or applied and may restrict or prohibit use of pesticides in designated areas during specified periods of time”. Arkansas Code § 20-20-206(b)(1) provides that the State Plant Board “may declare certain pesticides or pesticide uses as state restricted-use pesticides when after investigation it finds and determines the pesticides or pesticide uses to be injurious to humans, animals, or vegetation other than the pest or vegetation which it is intended to destroy or otherwise requires additional restrictions”.

Arkansas Code § 2-16-406(c) provides that the board may promulgate rules “necessary for the enforcement and administration of” the Arkansas Pesticide Control Act, Arkansas Code § 2-16-401 et seq. Arkansas Code § 2-16-406(d) provides that “the board may declare certain pesticides or pesticide uses as state-restricted pesticides when, after investigation and public hearing, it finds and determines the pesticide to be injurious to persons, animals, or vegetation other than the pest or vegetation which it is intended to destroy, or otherwise requires additional restrictions”.

Arkansas Code § 2-16-406(d)(1) further provides that the “rules and regulations may include rules and regulations prescribing the time when and the conditions under which the materials may be used in different areas in the state.”

4. **Department of Commerce, State Insurance Department (Amanda Gibson)**
a. **Arkansas Workers' Compensation Insurance Plan, 23 CAR pt. 203**

DESCRIPTION:

BACKGROUND

In Arkansas there are two separate markets for workers' compensation insurance, the voluntary market and the residual market. The voluntary market consists of those employers who are able to find workers' compensation coverage through normal channels. The residual market consists of those employers who are eligible for workers' compensation coverage, but who are unable to find coverage. Those employers in the residual market are guaranteed to find coverage through the Workers' Compensation Insurance Plan ("WCIP" or "plan"). The plan assigns workers' compensation carriers ("servicing carriers") to employers who are unable to procure workers' compensation coverage through normal channels.

Arkansas Code Ann. § 23-67-303 authorizes the Commissioner to operate and regulate the WCIP. As authorized by that statute, the Commissioner has appointed the National Council on Compensation Insurance ("NCCI") as the plan administrator. The NCCI is a licensed rating and advisory organization, and it has been the plan administrator in Arkansas for over thirty years.

RULE AMENDMENTS

23 CAR pt 203, previously Department Rule 54, was adopted in 1994, and it was last amended in 1997. In 2021, the NCCI rewrote its Basic Manual to be consistent with Department Rule 54.

As part of that process, NCCI's rules governing the administration of the Arkansas' Workers' Compensation Insurance Plan were removed from the Basic Manual, and the Residual Market Manual for Arkansas was created which contains NCCI's rules governing administration of the plan. Nearly all of the provisions in 23 CAR pt 203 are included in NCCI's Residual Market Manual for Arkansas. Because those provisions in the current rule are contained in NCCI's Residual Market Manual for Arkansas, the Department proposes that the duplicative provisions be removed from 23 CAR pt 203.

During the rulemaking process the Department recognized that Ark. Code Ann. §§ 23-67-304(k)(1) requires the Commissioner to adopt rules which establish performance standards for servicing carriers. Because this requirement is statutory, the Department revised the markup to keep these provisions in the rule.

The Department further revised the markup to retain the definitions of the terms that are used throughout the rule.

Finally, Section 1 of Act 349 of 2025 amended Ark. Code Ann. § 23-67-

304(e)(5)(A) to remove the requirement that the plan administrator have a physical office in Arkansas. That requirement correlates to 23 CAR § 203-106(b), which is one of the provisions being removed from 23 CAR pt 203.

PUBLIC COMMENT: A public hearing was held on this rule on April 17, 2026. The department indicated it received no public comments.

Isaac Linam, an attorney with the Bureau of Legislative Research, asked the following questions and received the following responses:

QUESTION 1: Can you explain what is contained in the Basic Manual and the Residual Market Manual for Arkansas, respectively?

RESPONSE: There are two markets for workers' compensation insurance, the voluntary market and the residual market. The voluntary market consists of those employers who are able to obtain workers' compensation insurance through normal channels. The residual market consists of those employers who are unable to obtain workers' compensation insurance through normal channels. Those employers are guaranteed to find coverage in the residual market, and the Arkansas Workers' Compensation Insurance Plan is the statutory framework for that insurance to be put into place for those employers. Under the plan, carriers are assigned to those employers who are unable to find coverage in the voluntary market.

An insurer who offers workers' compensation coverage can offer that coverage in one or both markets. NCCI's Basic Manual contains the rules that apply to insurers who provide workers' compensation insurance in the voluntary market. NCCI's Residual Market Manual contains the rules that apply to those insurers who offer workers' compensation insurance in the residual market. Those insurers who offer coverage in both markets follow the Basic Manual for those coverages they place in the voluntary market, and they follow the Residual Market Manual for those coverages they are assigned to place in the residual market.

QUESTION 2: Under 23 CAR § 203-202(a)(3), a "third party designated by the commissioner to develop and administer the plan" must submit the plan and any amendments "to the commissioner for approval." In addition, it appears that details of the Arkansas Workers' Compensation Insurance plan will now be published in NCCI manuals rather than in rule. Does it follow that details of the Arkansas Workers' Compensation Insurance Plan and amendments thereto will no longer be promulgated by the department and subject to public comment under the Arkansas Administrative Procedure Act? **RESPONSE:** The Commissioner has not, and will not, cede rulemaking authority to the NCCI. The Commissioner has authority to appoint a plan administrator, and since the 1990s, the appointed plan administrator in Arkansas has been the NCCI. NCCI's manuals containing those rules have been approved by the Commissioner and have been in place for many years.

Every insurer has rules it uses to determine how it applies its rates to its insureds. Those rates and rules are filed with the Department and approved by the Commissioner. These rules are not administrative rules, but rather they are rating rules and are required to be filed with the Department. The NCCI is licensed by the Department as an advisory organization, and as such, it can make filings with the Department. Insurers who are members or subscribers of such advisory organizations, when filing their own rates and rules with the Department, are able to incorporate by reference the rates and rules filed by the advisory organization they are a member or subscriber of. Therefore, the workers' compensation carriers who are members of NCCI, in addition to making their own rate and rule filings, are allowed to incorporate by reference, the rate and rule filings filed by the NCCI.

QUESTION 3: Arkansas Code § 23-67-304(k)(1) provides that the “commissioner shall by rule establish a performance plan related to the aforementioned service or performance standards and others to be promulgated with incentives and penalties to improve servicing carrier performance.” Are the rules required by § 23-67-304(k)(1) being repealed here? **RESPONSE:** We are adding the provisions back into the amended markup that relate to performance standards since the statute requires the Commissioner to adopt a rule establishing a performance plan.

QUESTION 4: Arkansas Code § 23-67-306(a)(1) provides that certain employers are entitled to insurance under the plan if the “employer pays his or her premium based upon the premium payment rules approved by the Insurance Commissioner.” Are those premium payment rules referenced in this statute being repealed here? **RESPONSE:** The phrase “premium payment rules approved by the Insurance Commissioner” does not relate to administrative rules adopted by the Commissioner. As explained above, this provision relates to an insurer’s or advisory organization’s own rating rules that are required to be filed with the Department.

The proposed effective date for this rule is pending legislative review and approval.

FINANCIAL IMPACT: The department indicated this rule has no financial impact.

LEGAL AUTHORIZATION: Arkansas Code § 23-67-310 provides that the Insurance Commissioner may promulgate rules to implement the Arkansas Workers’ Compensation Insurance Plan, Arkansas Code § 23-67-301 et seq. Arkansas Code § 23-67-304(k)(1) provides that the commissioner “shall by rule establish a performance plan related to the aforementioned service or performance standards and others to be promulgated with incentives and penalties to improve servicing carrier performance.” Arkansas Code § 23-67-306(a)(1) provides that an “employer required to secure the payment of compensation under the

provisions of § 11-9-404(a)(1) or any similar federal law shall be entitled to insurance” under the Arkansas Workers’ Compensation Insurance Plan if the “employer pays his or her premium based upon the premium payment rules approved by the Insurance Commissioner”.

The department indicated that amendments to this rule are consistent with Acts 2025, Acts 349, § 1, which was sponsored by Representative Trey Steimel. Act 349 enacted the State Insurance Department’s general omnibus amendment of the Arkansas Insurance Code, and § 1 amended the Arkansas Workers’ Compensation Insurance Plan.

5. Department of Corrections (Wade Hodge)

a. Department of Corrections Rules, Visitation, 12 CAR § 60-117 & REPEALS: Visitation, 12 CAR § 70-108; Resident Visitation, 16 CAR § 30-204

DESCRIPTION: The Protect Arkansas Act requires the Secretary of Corrections to promulgate a rule on visitation of minor children with offenders housed in a facility operated or contracted by a division of the Department of Corrections. This administrative rule sets out procedures for visitation approval, conditions and limitations on visitations, and instances in which there are exceptions to ordinary visitation rules.

PUBLIC COMMENT: A public hearing was not held on this matter. The public comment period expired March 9, 2026. The agency has indicated that it received no public comments.

Grant Wise, an attorney with the Bureau of Legislative Research, asked the following questions and was provided with the following agency responses:

1. Arkansas Code § 12-29-802(b)(3) states the Secretary of the Department of Corrections shall adopt rules authorizing the visitation of an inmate who has a low or minimum-security classification with his or her minor children subject to minimum requirements, including authorizing “contact visits for an inmate who is a parent of one (1) or more minor children unless the department has a reasonable belief that contact visitation poses a risk to the safety of the minor child or the security and good order of the facility.” Does such a provision appear in this rule or in another of the department’s rules? Are contact visits and in-person visits the same thing? **RESPONSE:** Yes. For purposes of the proposed rule, contact visits and in-person visits are intended to refer to the same type of face-to-face visitation, meaning visits that are not conducted through glass separation or by video. This is also addressed in AD 2024-11, Inmate Visitation.
2. 12 CAR § 60-117(c)(1)(A)(ii) – This subdivision states that attorneys and spiritual advisors wishing to visit an inmate will not be required to submit to a full approval inquiry but will be required to provide information regarding their identity as required by administrative

directive published by the Secretary of the Department of Corrections. Is the administrative directive referenced already in effect? If so, can the department provide a copy? If not, when does the department anticipate the directive will be in effect? **RESPONSE:** Yes. Existing Department visitation guidance is already in effect. A copy of AD 2024-11, Inmate Visitation is attached. If helpful, the Department can also provide additional related guidance referenced in that directive. [A copy of AD 2024-11, Inmate Visitation was provided to Bureau Staff.]

3. 12 CAR § 60-117(c)(9) – This subdivision states that division directors shall publish directives providing additional guidance regarding visitation, and they shall be posted on the department’s public website. What additional guidance regarding visitation, if any, does the department contemplate providing? When would this additional guidance be published? **RESPONSE:** The Department contemplates additional guidance regarding visitation through division public website guidance, including ADC and DCC visitation pages and visitation updates pages, which provide operational information for the public. That guidance is already available on the Department’s public website and will continue to be updated there as needed.

The proposed effective date is pending legislative review and approval.

FINANCIAL IMPACT: The agency indicated that this rule has no financial impact.

LEGAL AUTHORIZATION: Arkansas Code Annotated § 12-29-802(b) provides that the Secretary of the Department of Corrections shall adopt rules authorizing the visitation of an inmate who is a parent of one (1) or more minor children and who has a low or minimum-security classification with his or her minor children under the following minimum statutory requirements: (1) Ensure opportunities for the minor children to attend in-person visitation with their incarcerated parent at least one (1) time per week unless the department has a reasonable belief that the visitation poses a risk to the safety of the minor child or the security and good order of the facility; (2) Eliminate any restrictions on the number of minor children that are permitted visitation privileges with an inmate; (3) Authorize contact visits for an inmate who is a parent of one (1) or more minor children unless the department has a reasonable belief that contact visitation poses a risk to the safety of the minor child or the security and good order of the facility; (4) Eliminate any restrictions on the number of days on which an inmate may conduct video visitation with a minor child unless restrictions are necessary to maintain the security and good order of the facility; and (5) Require restrictions on an inmate’s visitation with his or her minor children as a disciplinary measure to be subject to a higher level of review than restrictions on visitation with other individuals.

The proposed rule implements Act 659 of 2023, sponsored by Senator Ben Gilmore, which created the Protect Arkansas Act, amended Arkansas law concerning sentencing and parole, amended Arkansas law concerning certain criminal offenses, amended Arkansas law concerning the Parole Board, and created the Legislative Recidivism Reduction Task Force.

~~6. Department of Finance and Administration, Alcoholic Beverage Control Division, Medical Marijuana Commission~~

~~a. Rules Governing the Application for, Issuance, and Renewal of Licenses for Medical Marijuana Cultivation Facilities, Dispensaries, and Processors in Arkansas, 20 CAR pt. 800~~

7. Department of Human Services (Paula Stone)

a. Marketing Activities by Managed Care Network Providers (Concerning 20 CAR pt. 707) & REPEALS: APM 905 – Social Services Block Grant Program Manual, 25 CAR pt. 32; PUB-408 – Notice of Privacy Practices, 25 CAR pt 33

DESCRIPTION:

Statement of Necessity

Act 301 of 2025 (the Act) amends the Medicaid Provider-Led Organized Care Act to clarify marketing by direct service providers. The Act seeks to ensure that potential and actual enrollees in a risk-based provider organization have the right to know whether a direct service provider is or will be in-network and the consequences of choosing a risk-based provider organization in which that direct service provider is not participating as a network direct service provider. The Act requires the Department of Human Services (DHS) to issue marketing rules in compliance with the directives in the Act, in conjunction with direct service provider compliance with applicable provisions in the federal managed care rule on marketing activities.

Rule Summary

DHS issues a new marketing rule at 20 Code of Arkansas Rules part 707. The rule mirrors the directives of the Act, specifically:

(a) A direct service provider shall comply with provisions in 42 C.F.R. § 438.104 as existing on January 1, 2025;

(b) It is not a marketing violation for a direct service provider to inform an existing or potential Medicaid enrollee in a risk-based provider organization of its network status with a particular risk-based provider organization;

(c) A direct service provider is not prohibited from responding to an individual's questions about open enrollment or network status if the direct service provider does not attempt to influence that individual's choice of risk-based provider organization or respond in any manner that

is inaccurate or misleading; and

(d) A direct service provider is not required to separate communications about its network status from communications about open enrollment if the direct service provider informs the existing or potential enrollee that the enrollee has freedom of choice among risk-based provider organization and network providers.

Post Public Comment Revisions

In direct response to the public comments, clarification was added to fully mirror Act 301 by adding:

(e) A direct service provider may inform a potential or actual enrollee in a risk-based provider organization whether a direct service provider is or will be in-network with a particular risk-based provider organization and the consequences of choosing a risk-based provider organization in which the direct service provider is not participating as a network direct service provider.

The public comments also necessitated inclusion of details on how the rule applies to Provider-Led Arkansas Shared Savings Entities:

20 CAR § 707-202. Provider-Led Arkansas Shared Savings Entities

(a) A PASSE may only distribute information to a current member of their PASSE.

(b) Other than the welcome information if a member transitions to their PASSE, a PASSE cannot provide any information to a Medicaid member that is a member of another PASSE.

(c) Participating providers and direct service providers may inform potential members and members that they are in-network with a PASSE and the consequences of choosing a PASSE in which a provider is not an in-network provider.

(d) Participating providers and direct services providers cannot distribute information to a Medicaid member about enrolling in a specific PASSE.

Repeals

Pursuant to the Governor's Executive Order 23-02, DHS repeals the following rules:

1. APM 905 – Social Services Block Grant Program Manual (25 CAR pt. 32); and

2. PUB 408 – Notice of Privacy Practices (25 CAR pt. 33).

PUBLIC COMMENT: A public hearing was held on this rule on March 25, 2026. The public comment period expired on April 12, 2026. The agency provided the following public comment summary:

Commenter's Name: David Ivers, VP of External Affairs & General Counsel, Easterseals Ark

COMMENT: We appreciate the work of you and your staff on this proposed rule. We believe it tracks Act 301 of 2025, except in one respect. Act 301 states that providers may inform an existing or potential enrollee of “the consequences of choosing a risk-based provider organization in which that direct service provider is not participating as a network service provider.” Ark. Code Ann. 20-77-2709(2)(2). That language is not in the proposed rule. The most significant aspect of choosing a risk-based provider organization in which your provider is not participating is that your services will not be covered. Given its significance, it seems the quoted language should be included. This is further substantiated by informal emails among other IDD providers saying the meaning of the rule was vague and unclear to them.

The last item is just a typo: There is an “s” missing at the end of “organization” in the last line of the proposed rule. Thank you for your consideration of these comments. **RESPONSE:** Thank you for your comment. DHS revised the rule in 20 CAR § 707-201 by adding “(e) A direct service provider may inform a potential or actual enrollee in a risk-based provider organization whether a direct service provider is or will be in-network with a particular risk-based provider organization and the consequences of choosing a risk-based provider organization in which the direct service provider is not participating as a network direct service provider.” Also, 20 CAR § 707-202 was added to clarify in more detail how the rule applies to Provider-Led Arkansas Shared Savings Entities.

Commenter's Name: Yukiko Taylor, DDPA Executive Director, Developmental Disabilities Provider Association

COMMENT: Marketing Activities by Managed Care Network Providers. The Developmental Disabilities Provider Association (DDPA) represents 78 community-based providers serving individuals with intellectual and developmental disabilities (IDD) across Arkansas. Collectively, our members support over 13,000 individuals, employ more than 14,000 dedicated staff, and positively impact the lives of more than 27,000 Arkansans through essential services and support.

The proposed rules for marketing activities by managed care network providers that came from a bill passed in the last legislative session are overly vague and lack enforceable standards. Key terms are undefined, and no practical guidance is provided, leaving affected parties uncertain about compliance expectations. As written, the rules do not effectively advance their stated purpose and would benefit from further clarification and revision. **RESPONSE:** Thank you for your comment. The rule mirrors Act 301 of 2025. The rule has been revised in response to the comments received.

The proposed effective date is July 1, 2026.

FINANCIAL IMPACT: The agency indicated that this rule has no financial impact.

LEGAL AUTHORIZATION: This rule implements Act 301 of 2025. The Act, sponsored by Senator Breanne Davis, amended the Medicaid Provider-Led Organized Care Act and clarified marketing by providers under the Medicaid Provider-Led Organized Care Act. Act 301 required the Department of Human Services to revise its marketing rules to comply with changes to Arkansas Code § 20-77-2709. *See* Act 301, § 1.

8. Department of Human Services, Division of Children and Family Services (Tiffany Wright, Amber Sartain)

a. Policy and Procedure Manual, 9 CAR pt. 40

DESCRIPTION: The Division of Children and Family Services (DCFS) issues an updated and reorganized DCFS Policy and Procedures Manual. The revision reflects changes resulting from legislative Acts and better aligns the manual with the Division’s practice model and focus on permanency. The rule aligns with Code of Arkansas Rules (CAR) format standards while ensuring compliance with plain language standards and updated terminology. Finally, DCFS removes all internal processes and procedures from the rule manual.

PUBLIC COMMENT: No public hearing was held on this rule. The public comment period expired on May 2, 2026. The agency indicated that it received no comments.

The proposed effective date is July 1, 2026.

FINANCIAL IMPACT: The agency indicated that this rule has no financial impact.

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 Acts 139, 499, 744, and 824 of 2025.

Act 139, sponsored by Representative Mary Bentley, amended the residency requirements for the adoption of a minor.

Act 499, sponsored by Senator Breanne Davis, amended Arkansas law concerning the classification and compensation of state employees.

Act 744, sponsored by Senator Clarke Tucker, eliminated interlocutory decrees of adoption and amended the Revised Uniform Adoption Act.

Act 824, sponsored by Representative Randy Torres, amended the Child Welfare Agency Licensing Act, amended the training and certification process for foster parents, and streamlined the process of training and certifying relatives as foster parents. The Act required the Division of Children and Family Services to promulgate rules streamlining the training process for a provisional foster home. *See Ark. Code Ann. § 9-28-419(b), as created by Act 824.*

9. Department of Human Services, Division of County Operations (Mary Franklin)

a. Fictive Kin Addition and Act 875 ABLE Account Age (Concerning 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.

b. Updates to Presumptive Eligibility (Concerning 20 CAR pt. 500)

DESCRIPTION:

Statement of Necessity

The Department of Humans Services (DHS) seeks to update the presumptive eligibility rules for pregnant women as a Medicaid Service category. The rules were promulgated effective July 1, 2025, pursuant to Acts 124 and 140 of 2025. Following promulgation, CMS requested revisions to ensure the rules aligned with federal regulations regarding the beginning and ending dates of coverage.

Summary

If determined presumptively eligible, an individual will have temporary coverage that begins on the day the determination is made. Coverage will end on the date DHS makes the final determination for full Health Care coverage. The individual must be pregnant at the time of the coverage being determined and cannot currently be receiving Health Care coverage through Medicaid or the Children’s Health Insurance Program.

Medical Services Policy B-280 has been revised to clarify the coverage period such that the start date for coverage shall be the date that a Qualified Entity or DHS determines a member eligible. The end date shall be the date that the Health Care application determination for full

coverage is made. Other clarifications include the provision that individuals must be pregnant and cannot be active on Health Care under Medicaid or CHIP coverage at the time of the determination, and that coverage is temporary and does not require advance notice of closure. DHS removed a duplicate statement of items that may be self-attested and location of income limits and updated a statement on covered services under the program.

PUBLIC COMMENT: No public hearing was held on this rule. The public comment period expired on April 27, 2026. The agency provided the following public comment summary:

Commenters' Names: Camille Richoux, Health Policy Director; Christin Harper, Policy Director; and Keesa Smith-Brantley, Executive Director, on behalf of Arkansas Advocates for Children and Families

COMMENT: Arkansas Advocates for Children and Families (AACF) appreciates the opportunity to submit comments on the proposed updates to the Presumptive Eligibility for Pregnant Women (PE-PW) rules. We were enthusiastic to see this policy adopted in the Healthy Moms, Healthy Babies Act and want to support effective implementation to ensure women in Arkansas can access timely prenatal care. We appreciate the Department's goal of aligning state policy with federal requirements. However, we are concerned that the proposed revision does not fully align with federal regulation. Our reading of 42 CFR 435.1101 is that the presumptive eligibility period ends with the earlier of : (1) in the case of a child on whose behalf a Medicaid application has been filed, the date on which a determination is made on that Medicaid application, or (2) for individuals who have not filed an application, the last day of the month following the month in which presumptive eligibility was determined.

Under the proposed changes, the rule is updated to include the first condition but removes the second. While this addresses one gap in the current policy, it appears to create a new inconsistency with federal requirements by omitting the time-limited backstop described in the regulation. As written, the revised rule could create ambiguity regarding the duration of coverage for individuals who do not submit a full application.

To ensure clarity and full compliance with federal regulations, we recommend that the final rule explicitly include both conditions for ending a presumptive eligibility period with the acknowledgement that the presumptive eligibility period ends with the earlier of the two dates, consistent with 42 CFR 435.1101. Thank you again for the opportunity to comment on these proposed changes. We appreciate your consideration of this feedback.

RESPONSE: Arkansas thanks you for your concerns around the rules for the presumptive eligibility period. Arkansas did adopt only the one condition of eligibility ending once the Medicaid application

determination has been made as the presumptive eligibility request is completed on the full Medicaid application and is not requested on a separate form. Due to this, it means we will always have the full Medicaid application at the time of determining the presumptive eligibility, and the second presumptive end date condition would never be an option.

The proposed effective date is July 1, 2026.

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

Per the agency, the total estimated cost to implement this rule is a one-time cost of \$96,800 (\$29,785 in general revenue and \$67,015 in federal funds) for the current fiscal year. The total estimated cost by fiscal year to a state, county, or municipal government to implement this rule is \$29,785 for the current fiscal year and \$0 for the next fiscal year.

The agency indicated that this is a one-time system update cost.

LEGAL AUTHORIZATION: This rule implements identical Acts 124 and 140 of 2025, sponsored by Representative Aaron Pilkington and Senator Missy Irvin, respectively. The Acts created the Healthy Moms, Healthy Babies Act and amended Arkansas law to improve maternal health outcomes in this state. The Acts required the Department of Human Services to adopt rules implementing Title 20, Chapter 77, Subchapter 29 of the Arkansas Code, regarding maternal health. *See Act 124, § 3; Act 140, § 3.*

c. **SNAP, TEA, and Work Pays Program Updates (Concerning 20 CAR pt. 501, 20 CAR § 502-201 et seq., 20 CAR § 502-901 et seq., 20 CAR § 503-1501 et seq.)**

DESCRIPTION: The Department of Human Services (DHS) implements rule changes to the Supplemental Nutrition Assistance Program (SNAP) Certification Manual, Transitional Employment Assistance Policy Manual, and Transitional Employment Assistance and Work Pays Policy Manual. The updates implement numerous changes resulting from Federal and State legislation. These changes involve work requirements, mandatory employment and training, job search activities, alien eligibility, and allowable medical deductions across the SNAP, TEA and Work Pays programs.

PUBLIC COMMENT: No public hearing was held on this rule. The public comment period expired on May 4, 2026. The agency indicated that it received no comments.

Lacey Johnson, an attorney with the Bureau of Legislative Research, asked the following questions and received the following responses:

1. Section 502-205, Personal Responsibility Agreement: Does the added language in (b)(5) apply to all applicants/individuals or only those determined to be job-ready? **RESPONSE:** All adult

applicants/individuals will be assessed for job readiness. If they are determined to not have a barrier from being job-ready then they will need to comply with job search activities.

2. Section 502-916, Applicant Job Search: This section imposes a 25% noncompliance sanction on a recipient who fails to provide the appropriate job search documentation. Is this sanction set out in statute or federal regulation, or does it come from somewhere else? **RESPONSE:** The sanction being applied was due to the law indicating this new rule being an application requirement and not an eligibility requirement along with federal rules that indicate application activity requirements are subject to sanction versus eligibility requirements allowing denial or closure.

FINANCIAL IMPACT: The agency indicated that this rule has a financial impact and provided a breakdown of the financial impact of this rule based on federal law changes and state law changes.

Per the agency, the total estimated cost to implement the rule changes based on federal law is \$16,995 for the current fiscal year (\$5,046.14 in general revenue and \$11,908.86 in federal funds) and \$0 for the next fiscal year. The total estimated cost to implement the rule changes based on state law is \$190,000 for the current fiscal year and \$0 for the next fiscal year.

The agency indicated that the total estimated cost by fiscal year to a state, county, or municipal government to implement this rule is \$195,046.14 for the current fiscal year and \$0 for the next fiscal year.

Per the agency, the total financial impact of this rule is \$206,995. This amount represents a one-time implementation cost.

LEGAL AUTHORIZATION: The Department of Human Services has the responsibility to administer assigned forms of public assistance. *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 Acts 631 and 640 of 2025.

Act 631, sponsored by Representative Kendon Underwood, amended the law concerning public assistance and established the Workforce Experience Opportunities Act of 2025.

Act 640, also sponsored by Representative Underwood, amended the law concerning public assistance and required an applicant for Temporary Assistance for Needy Families Program benefits to engage in job search activities while the application is being processed.

10. Department of Human Services, Division of County Operations and Division of Medical Services (Mary Franklin, Elizabeth Pitman)

a. Health Care Coverage for Incarcerated Eligible Individuals (Concerning 20 CAR pts. 500, 570, 571, 600, 652)

DESCRIPTION:

Statement of Necessity

The Consolidated Appropriations Act (CAA) of 2023 mandates coverage requirements by all states to allow greater coverage to be offered to incarcerated youth. The Centers for Medicare and Medicaid (CMS) issued guidance following passage of the Act. To comply with the Act and CMS guidance, the Department of Human Services (DHS) will cover care coordination services for incarcerated youth under Medicaid.

The target group includes eligible juveniles transitioning to a community setting. Case management services will be available thirty (30) days prior to release and for at least thirty (30) days following release. Medicaid will reimburse targeted case management services, including referrals to care and services, available in the geographic region of the home or residence of the eligible juvenile. These updates are a joint endeavor between the Division of County Operations (DCO) and the Division of Medical Services (DMS).

Summary of Changes

DCO updates various sections of the Medical Services Policy Manual and creates a new section to implement the requirements contained in the CAA of 2023. DCO revises Sections D-350 Juveniles in the Custody of Division of Youth Services (DYS) and D-380 Juveniles Entering Custody of Division of Youth Services (DYS) to distinguish between Medicaid and CHIP categories of Health Care. DCO adds new language to Section D-371 Inmates Being Released from Custody to provide guidance regarding Health Care coverage for individuals of a certain age and eligibility status during a specific period of time surrounding their release from incarceration. Similarly, DCO adds new language to Section D-381 Juveniles Released from DYS to provide guidance regarding Health Care coverage for eligible juveniles during a specific period of time surrounding their release from the custody of DYS and to describe the method and timeframe in which DYS will determine Health Care coverage eligibility of juveniles in its custody.

DCO creates Section D-374 Juveniles Entering Public Institutions to provide guidance for those beneficiaries entering a public institution. The guidance addresses eligibility, minimum required services and other possible services, and coverage terms when moving between an institution and a home.

DCO makes global changes to the above sections, and for consistency sections 370, 372, and 373, to update terminology, including

standardization of references to children as “juvenile(s).” DCO removes references to outdated forms or practices and corrects grammatical, spelling, or formatting errors or inconsistencies. Finally, a technical correction is made to Medical Services Policy Section D-500.

DMS updates Section I of the Arkansas Medicaid Provider Manuals to establish juvenile re-entry services that assist with the transition of juveniles who are leaving a carceral setting. The services may be activated for up to thirty (30) days prior to discharge and provide active Medicaid coverage for developmental assessments, case planning, and case management to assist with necessary referrals for treatment and accessing resources to support the individual. The services are furnished by providers who meet the participation requirements and enroll in Arkansas Medicaid. Services for juveniles preparing for re-entry to community settings will be coordinated by the court-ordered guardian or custodian of the juvenile.

DMS also promulgates a new Targeted Case Management for Incarcerated Juveniles Provider Manual (to be designated 20 Code of Arkansas Rule Part 652). The manual defines scope and rules for coverage and reimbursement of required services.

Finally, DMS shall submit amendments to the Arkansas Medicaid State Plan and Children’s Health Insurance Program (CHIP) State Plan. A Targeted Case Management state plan amendment (SPA) for Medicaid and for CHIP defines the specified population, qualified providers, and available coverage under targeted case management, and sets methods and standards for establishing payment rates. DMS also submits a template Attestation SPA under guidance from CMS regarding the mandatory coverage for eligible juveniles. The Centers for Medicare & Medicaid (CMS) created a CHIP Eligibility template for all states which also is part of this rule. CMS utilized its regulatory flexibility under 42 CFR 430.20(b)(3) to issue guidance stating that SPAs implementing Section 5121 of CAA will be approved effective January 1, 2025, regardless of when the SPA is submitted for review.

PUBLIC COMMENT: A public hearing was held on this rule on January 7, 2026. The public comment period expired on January 19, 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 \$79,848 for the current fiscal year (\$23,044 in general revenue and \$56,804 in federal funds) and \$159,696 for the next fiscal year (\$48,376 in general revenue and \$111,320 in federal funds). The total estimated cost by fiscal year to a state, county, or municipal government to implement this rule is

\$23,044 for the current fiscal year and \$48,376 for the next fiscal year.

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 the federal Consolidated Appropriations Act of 2023 (CAA), Pub. L. 117-328. Sections 5121 and 5122 of the CAA addressed Medicaid and CHIP requirements for health screenings, referrals, and case management services for eligible juveniles in public institutions and removed certain limitations on federal financial participation for inmates who are eligible juveniles pending disposition of charges. *See, e.g.* 42 U.S.C. §§ 1396a(a)(84)(D), 1396d(a)(31)(A), 1397bb(d).

11. Department of Human Services, Division of Medical Services (Elizabeth Pitman)

a. ~~Continuous Glucose Monitors Billing Amendment (Concerning 20 CAR pts. 570, 641)~~

b. Adverse Decisions (Concerning 20 CAR pts. 570, 600, 642)

DESCRIPTION:

Statement of Necessity

This rule results from changes in the Medicaid Fairness Act, Arkansas Code § 20-77-1701 et seq., as amended by Acts 515 and 635 of 2025, and to comply with Act 772 of 2025. Act 515 extends the provider appeal period in the Arkansas Medicaid Program, and institutes new requirements regarding adverse decisions and the basis for them. Act 635 modifies the definition of adverse decision and provides for administrative reconsideration. This rule implements the requirements of both Acts by revising the Arkansas Medicaid General Policy Provider Manual (General Policy), the Provider-Led Arkansas Shared Savings Entity (PASSE) Program Provider Manual, and by requesting an amendment to the Arkansas Medicaid State Plan (state plan). Act 772 prohibits coverage of certain human organ transplants or post-transplant care by the Arkansas Medicaid program and Arkansas Health and Opportunity for Me program. Additional updates are made to align a statutory definition and to update references and terminology.

Summary

This rule amends the manuals and state plan to reflect changes in the Medicaid Fairness Act made during the 2025 session of the General

Assembly. This rule implements the new time limits allowed for reconsiderations and appeals in the General Policy manual and the state plan. It adds a new section to the General Policy manual to describe how a managed care organization must develop a grievance and appeals process, and how a member of a managed care organization can utilize the grievance and appeals process and request a fair hearing. It revises the PASSE manual to align the definition of Risk Based Provider Organization with Arkansas Code § 20-77-2703 and references the new section being added to the General Policy manual. Section I of the Medical General Policy Manual is updated to comply with new requirements regarding human organ transplants. Numerous grammatical, punctuation, and stylistic changes were made to both manuals to improve language, consistency, and references. Similar language and punctuation updates were made to the state plan. The specific substantive changes are detailed below.

Medicaid General Policy Provider Manual

Section 100.100: Removed language regarding a 30-day time limit for requesting administrative reconsideration or appeals for providers or beneficiaries. Added a description of the Managed Care due process subsection.

Section 106.000: The Arkansas Medicaid Program will comply with Ark. Code Ann. § 23-79-169 in providing coverage for human organ transplants.

Section 110.700: Changed time allowed from thirty-five (35) days to sixty-five (65) days for a provider to request administrative reconsideration or appeal.

Section 161.200: Changed the time limit for requesting an administrative reconsideration from thirty (30) days to sixty-five (65) days.

Section 161.300: Changed the time limit for administrative appeals from thirty (30) to sixty-five (65) days.

Section 161.400: Changed the time limit for sanction appeals from thirty (30) to sixty-five (65) days.

Section 162.000: Corrected the name of the Office of Appeals and Hearings to refer to the Office of Medicaid Provider Appeals of the Department of Health. Removed reference to DHS Policy 1098.

Section 169.100: Removed outdated language.

Section 190.001: Edited citation to Medicaid Fairness Act to cite to the entire subchapter.

Section 190.002: Edited definition of “adverse decision or adverse action”.

Section 190.003: Edits to clean up language, style, and punctuation only.

Section 191.001: Edited definition of “adverse decision or adverse action”

to more closely mirror 42 CFR 431.201, which applies to beneficiaries.

Sections 191.002, 191.003, 191.004, 191.005: Edits to clean up language, style, and punctuation, including updating the citation to the Arkansas Administrative Procedure Act.

Section 192.000 (192.001–192.010): This new section describes how a managed care organization must develop a grievance and appeals process and how a member of a managed care organization can utilize the grievance and appeals process and request a state fair hearing.

Provider-Led Arkansas Shared Savings Entity (PASSE) Program Provider Manual

Section 200.000: Changed Adverse Decision/Adverse Action to Adverse Benefit Determination to mirror federal managed care rules. Changed the definition of Risk Based Provider Organization to align with the definition in Arkansas Code § 20-77-2703.

Section 247.200: Removed language regarding appeals processes and replaced with a reference to the new Section 192.000 in the Medicaid General Policy Provider Manual.

Arkansas Medicaid State Plan: Amendment needed to change the time limit for administrative appeals from thirty calendar days to sixty-five (65) calendar days.

PUBLIC COMMENT: A public hearing was held on this rule on March 25, 2026. The public comment period expired on April 12, 2026. The agency provided the following public comment summary:

Commenter's Name: Derek Henderson

COMMENT: On March 12, 2026, the Department released proposed rule changes for public comment. References to the proposed rules will cite to the actual page number in the PDF document where the content is found.

1. Page 5: It is laudable that the Department seeks to define and describe managed care due process as a unique process that implicates beneficiaries' due process rights. The process is markedly different than other adjudicative functions the Department handles because the first instance of appeal involves a private company operating as a state actor.

RESPONSE: This process is taken directly from 42 C.F.R. Part 438, Subpart F, Grievance and Appeal System. These rules apply to PASSEs as managed care organizations and is the process required by the PASSE Agreements executed between each PASSE and DHS.

2. Pages 8, 9, 11: There are two separate definitions of “adverse decision or adverse action.” Both definitions reference both providers and beneficiaries, so there is no apparent reason to separate these definitions.

RESPONSE: Two separate definitions are included because state and federal statutes use different terminology. The Arkansas Medicaid Fairness Act defines the term “adverse decision” at Ark. Code Ann. § 20-

77-1702(2). Federal law defines “action” at 42 C.F.R. § 431.201. Arkansas Medicaid providers must comply with both state and federal law and both definitions are included in this manual.

3. Page 14: Adding “failure to provide services in a timely manner” to the explicit definition of PASSE adverse benefit determination is an important safeguard for beneficiaries’ rights. Whether it is explicitly stated or not, timely provision of services is required by 42 U.S.C. § 1396a’s “reasonable promptness” provision, and it is also supported by care coordination regulations that require “delivery” of “appropriate” services. Even so, beneficiaries, PASSEs, and providers all benefit from having a provision in state regulations to firmly codify timeliness requirements.

RESPONSE: This phrase is included in the definition of “adverse benefit determination” found in Section 192.002. This is taken directly from the definition of “adverse benefit determination” that is found in 42 C.F.R. § 438.400(b).

4. Page 16: The proposed rules would require PASSEs to process expedited requests for prior authorization within 72 hours. This may be in direct violation of the Prior Authorization Transparency Act (PATA). Ark. Code Ann. § 20-99-1101 et seq. The PASSE Contract requires PASSEs to comply with the PATA, and this rule potentially supplants that. The PATA requires nonurgent requests to be processed within 2 business days and urgent requests within 1 business day. The 72 hour requirement could be added as a maximum that can never be exceeded due to weekends or holidays, but it cannot be the standard by itself without violating existing laws and contract provisions. **RESPONSE:** DHS agrees with the comment; the language of Section 192.003(C) has been amended in response to this comment.

5. Page 17: Federal regulations require an appeal to be in writing unless it is an expedited appeal. An oral request for appeal can always be made and then followed by a written confirmation, but an oral request alone for non-expedited appeals may fail to meet federal requirements for the managed care appeal system. I appreciate any effort to make appeals more accessible, but this may present a compliance issue for the state. I absolutely support any requirement for PASSEs to assist members with memorializing an appeal in writing. **RESPONSE:** This is incorrect. 42 C.F.R. § 438.402(c)(3) allows a managed care enrollee to file both a grievance and an appeal either orally or in writing.

6. Page 18: The proposal would require the representative of a deceased PASSE member’s estate to be party to an appeal. I am very concerned this may allow PASSEs to assert failure to exhaust administrative remedies as a defense to tort cases. If that is not the intent, the rule should clarify the circumstances to which it is referring.

RESPONSE: 42 CFR § 438.406(b)(6) provides that parties to the appeal include (i) the enrollee and his or her representative; or (ii) the legal

representative of a deceased enrollee's estate. This is also consistent with Ark. Code Ann. § 16-62-101(a)(1) which states that action may be brought by the person injured or, after his or her death, by his or her executor or administrator against the wrongdoer. The deceased beneficiary's estate would be the necessary legal entity / party to the action in accordance with the state law and federal regulation.

7. Pages 19-20: I strongly object to the intervention process as described. The proposed process allows the Department complete discretion to enter a case and purports to give the Department immunity from judicial review when they do not choose to intervene. To start, the Department should never intervene to oppose the position of a beneficiary without legal counsel unless the Department also proposes to provide counsel for the beneficiary free of charge. This should apply at administrative hearings and judicial reviews. Without such a safeguard, the Department is proposing a process that is patently unfair to beneficiaries and potentially violates due process. Second, the Department cannot change or limit how the Administrative Procedure Act defines "agency." If a beneficiary can make a good faith claim that both the Department and a PASSE are agencies under that definition and have harmed the beneficiary through their actions, the Department cannot simply grant itself immunity from suit through regulatory means. **RESPONSE:** Pursuant to 42 CFR § 438.408(f)(3), the parties to the State fair hearing include the MCO, PIHP, or PAHP (PASSE) as well as the enrollee and his or her representative or the representative of a deceased enrollee's estate. The agency (Department) is not included as required party under the relevant federal regulations. If there is adverse action by the Department, a beneficiary's appeal rights and the procedures for such appeals are elsewhere defined in the relevant rules and regulations. However, where the Department has taken no action and is not involved as a party at the State fair hearing, it would not be a necessary party in Judicial Review proceedings under the APA; the Department Office of Appeals and Hearings would be the underlying quasi-judicial body and would have possession of the administrative record, but would not respond to any Judicial Review proceedings other than to file the record as required. If the Department felt some need to intervene as the State Medicaid agency to address what it believes to be a broader Medicaid policy issue, it will do so. Again, this language in no way impacts a beneficiary's appeal rights when the Department has taken some action that the beneficiary believes to be adverse; those appeals rights are simply defined elsewhere --these provisions specifically relate to the PASSE grievance and appeal processes.

Commenter's Name: David Ivers, VP of External Affairs & General Counsel Easterseals Ark

COMMENT: Easterseals Arkansas appreciates the work that has gone into drafting new rules to implement Act 515 and Act 635 of 2025. We

submit the following comments on the promulgation rule issued March 12, 2026, “Adverse Decisions.”

1. Section 161.400 Sanction Appeals. This section should reference the ability to file an appeal not only after an adverse decision but also after a previous administrative reconsideration. To be consistent with 161.300, this would mean adding: “sixty-five (65) calendar days of receiving an administrative reconsideration decision that upholds all or part of any adverse decision or action, whichever is later.” **RESPONSE:** DHS agrees. In response to this comment, and in compliance with Act 515 of 2025, Section 161.400 has been amended.

2. Section 190.002 [Corrective Action Plans]. Act 635 requires “imposition of corrective action plans” be added to the list of items that can constitute “adverse decisions.” As it is written here, it is a subpart of gain sharing, risk sharing, etc. This does not appear to meet the intent of the Act. Corrective Action Plans appear in many other contexts as well. **RESPONSE:** DHS agrees; there appears to be a formatting error for the list under this definition. What is currently (2) should be subpart (j) and (2)(a) should be subpart (k). This will be corrected in the final rule and parts (3) and (4) will be renumbered accordingly.

3. PART 192 [PASSEs]. As it is written, this section only addresses beneficiary appeals under federal rules. This section should also reference the fact that the PASSEs are subject to the Medicaid Fairness Act with regard to providers. See, e.g.:

Medicaid Fairness Act, 20-77-1702

(2)(A) “Adverse decision” means any decision by the Department of Human Services or its reviewers or contractors that adversely affects a Medicaid provider or recipient in regard to...

(7) “Department” means:

(A) The Department of Human Services;

(B) All the divisions and programs of the department, including the Arkansas Medicaid Program; and

(C) All the department’s contractors, fiscal agents, and other designees and agents;

(11) “Medicaid” means the medical assistance program under Title XIX of the Social Security Act, 42 U.S.C. § 1396 et seq., and Title XXI of the Social Security Act, 42 U.S.C. § 1397aa et seq., that is operated by the department, including contractors, fiscal agents, and all other designees and agents;

RESPONSE: DHS will amend Section 192.001 to clarify that section applies to beneficiary appeals to managed care organizations (MCOs) and the role of MCOs in provider appeals. Providers are enrolled directly with MCOs and governed by provider agreements with the MCOs. The MCOs

must comply with all applicable federal and state laws, as well as any agreements with the state, such as a PASSE agreement.

4. Publication of protocols. Where are the proposed rules related to Act 515, Section 5, Publication of protocols, procedures, and requirements? Will this be in a separate rule? **RESPONSE:** DHS does not intend to publish a rule related to that portion of Act 515. That portion of the Act compels action by DHS and its contractors, not Arkansas Medicaid providers. Because it is a clear requirement by the legislature, DHS does not need to interpret the statute or establish procedures through rulemaking.

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 \$500,000 for the current fiscal year (\$151,450 in general revenue and \$348,550 in federal funds) and \$500,000 for the next fiscal year (\$153,850 in general revenue and \$346,150 in federal funds). The total estimated cost by fiscal year to a state, county, or municipal government to implement this rule is \$151,450 for the current fiscal year and \$153,850 for the next fiscal year.

The agency indicated that there is a new or increased cost or obligation of at least \$100,000 per year to a private individual, private entity, private business, state government, county government, municipal government, or to two or more of those entities combined. Accordingly, the agency provided the following written findings:

(1) a statement of the rule's basis and purpose;

This change amends portions of the Medicaid General Policy Provider Manual to reflect changes in the Medicaid Fairness Act made during the 2025 session of the General Assembly, including extending the appeal period for providers in the Arkansas Medicaid Program.

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

This change is necessary to comply with changes in the Medicaid Fairness Act, Arkansas Code § 20-77-701 et seq., that were made by Acts 2025, Nos. 515 and 635.

(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;

N/A

(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;

N/A

(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;

N/A

(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

N/A

(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.

N/A

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 Acts 515, 635, and 772 of 2026.

Act 515, sponsored by Senator Clint Penzo, amended the Medicaid Fairness Act, extended the appeal period for providers in the Arkansas Medicaid Program, required comprehensive information in notices of adverse decisions, and mandated publication of all policies, protocols, and requirements used in making an adverse decision.

Act 635, sponsored by Representative Zack Gramlich, amended the Medicaid Fairness Act, modified the definition of “adverse decision” under the Medicaid Fairness Act, and provided for administrative reconsideration under the Medicaid Fairness Act.

Act 772, also sponsored by Senator Penzo, created the End Organ and Genomic Harvesting Act, prohibited coverage of certain human organ transplant or post-transplant care, and prohibited certain genetic sequencers and genetic analysis technologies.

c. **RSV Administration Fee for Children (Concerning 20 CAR pt. 570)**

DESCRIPTION:

Statement of Necessity

The proposed rule increases the Vaccines for Children (VFC) administration fee rate to comply with Act 634 of 2025. VFC administration fees are paid to providers who administer certain immunizations or monoclonal antibodies to help prevent Respiratory Syncytial Virus (RSV) disease in children. The VFC program is a joint Federal and State program that supplies vaccines recommended by the Advisory Committee on Immunization Practices to enrolled providers. Providers bill Medicaid for administering VFC-eligible vaccines to children. The Act sets the rate at 100% of the maximum administration fee of the VFC Program regardless of the eligibility category in which the beneficiary receiving the immunization or antibody is enrolled.

Summary of Changes

This rule updates the administration fee rate paid to VFC providers through a proposed amendment to the Arkansas Medicaid State Plan that mirrors the Act. If approved, the administration fee increases from the current rate of \$13.14 to a new rate of \$19.54.

PUBLIC COMMENT: A public hearing was held on this rule on March 25, 2026. 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 \$3,876 for the current fiscal year (\$1,193 in general revenue and \$2,683 in federal funds) and \$46,514 for the next fiscal year (\$13,945 in general revenue and \$32,569 in federal funds). The total estimated cost by fiscal year to a state, county, or municipal government to implement this rule is \$1,193 for the current fiscal year and \$13,945 for the next fiscal year.

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 634 of 2025. The Act, sponsored by Representative Zack Gramlich, set administration fees under the Arkansas Medicaid Program for immunizations and monoclonal antibodies for respiratory syncytial virus disease and provided civil immunity for administration of immunizations and monoclonal antibodies for respiratory syncytial virus disease.

d. Telemedicine Exemption for Triage, Treat, and Transport Services (Concerning 20 CAR pt. 648)

DESCRIPTION:

Statement of Necessity

The Division of Medical Services (DMS) implements Act 856 of 2025. The Act provides an exemption for ambulance providers to triage, treat, and transport a patient to an alternative destination without consulting a physician or behavioral health practitioner through telemedicine consultation. The exemption must be established through adoption of an approved protocol established by the Emergency Medical Services Council as approved by the medical director of the ambulance service.

Summary of Changes

DMS amends sections 214.100 and 214.110 of the Arkansas Medicaid Transportation Manual. The revisions provide that an ambulance service may adopt an exception to coordinating the care of the beneficiary through telemedicine by adopting one or more protocols developed by the Emergency Medical Services Advisory Council for 9-1-1 emergency medical situations, with the approval of the medical director of the ambulance service. An allowable encounter between an ambulance service and a beneficiary that results in no transport of the enrollee or triage and transport to an alternative destination may occur without a telehealth consultation if the ambulance service has adopted an exception to the coordination of a medical-based complaint through telemedicine.

PUBLIC COMMENT: A public hearing was held on this rule on March 25, 2026. 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 no financial impact.

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 856 of 2025. The Act, sponsored by Representative Lee Johnson, established an exemption program for ambulance service's operators for certain healthcare services.

e. **Maternal Health Providers and Remote Monitoring (Concerning 20 CAR pts. 570, 641, 652)**

DESCRIPTION:

Statement of Necessity

The Division of Medical Services (DMS) implements Acts 124, 140, 627, and 965 of 2025. These Acts mandate the Arkansas Medicaid Program to provide coverage and reimbursement for purchase of self-measurement blood pressure monitoring services for pregnant women and postpartum women, and establish coverage for two new provider types, doulas and lactation consultants. Acts 124 and 140 also require Medicaid coverage of continuous glucose monitoring (CGM). This requirement does not require a change to the Medicaid provider manuals or a State Plan Amendment as CGMs are already covered by Medicaid.

Summary

To comply with the Acts, DMS creates a new Nonclinical Maternal Care Medicaid Provider manual providing rules for doulas and lactation consultants and updates the Prosthetics Provider Manual to cover the purchase of blood pressure monitors. DMS will submit to the Centers for Medicare & Medicaid an amendment to the Arkansas Medicaid State Plan for the new provider types.

Changes Made after Public Comments and Based on CMS Requests

1. In response to comments, the title of the new manual changed to Supportive Maternal Care (SMC) Provider Manual.
2. Updated SMC throughout to address the concern that lactation counselors should not be required to perform clinical services; changed language around the documentation of treatment plans to clarify that these are service delivery plans and are non-clinical in nature.
3. Updated manuals to increase the length of time for which beneficiaries may receive lactation services to twelve (12) months postpartum.
4. Revised doula services to allow the PASSEs the option of covering doula services for their members.
5. Based on feedback, revised provisions to allow doulas who are also lactation consultants or counselors to bill for both service types; but

providers may not double bill (or bill for providing both services at the same time) and records must reflect the times that each service was provided.

6. Removed referral provision for doula services and instead will issue a standing recommendation from our medical director to allow all pregnant women to access doula services.
7. Updated doula to a total of six visits without additional restrictions on when the visits can be used, plus attendance at delivery, but note that beneficiaries who need additional services may request an extension of benefits.
8. Clarified that remote monitoring applies to all pregnant women (updated billing for providers in the Certified Nurse Midwife, Nurse Practitioner, and Physician manuals).
9. Eliminated limits on ultrasounds and fetal non-stress tests to expand access to fetal monitoring, particularly for women in rural areas. This required adding the following manual revisions to the rule to implement and allow the testing – Ambulatory Surgical Center, Chiropractic, Certified Nurse Midwife, Hospital, Nurse Practitioner, Physician, and Podiatrist.
10. Added coverage of replacement cuffs with A4663 as a covered code with a reimbursement rate of \$25.93.
11. Prosthetics Manual section 212.204 updated to include replacement cuffs.
12. Added clarifying language to State Plan Amendment to address and conform to all of the above and based upon CMS guidance.

PUBLIC COMMENT: A public hearing was held on this rule on February 25, 2026. The public comment period expired on March 9, 2026. The agency provided a public comment summary which, due to its length, can be found on the “docs” tab for this meeting.

Lacey Johnson, an attorney with the Bureau of Legislative Research, asked the following questions and received the following responses:

1. Ark. Code Ann. § 17-108-301 states that a certified community-based doula shall perform only certain listed services. Section 210.000 of the Nonclinical Maternal Care manual also lists services a doula may provide, but it includes additional items. Specifically, the manual lists “pregnancy, childbirth, and parenting education” rather than “childbirth education” and includes “assessment for health-related social needs” and “development of a birth plan”, which are not listed in the statute. Where do these additional items come from? (I see that these items are also included in the lists in the SPA.) **RESPONSE:** We have reviewed the language and have adjusted to ensure the provider manual mirrors the language in the Act.
2. Section 220.000 of the manual limits breastfeeding and lactation

consultant coverage to beneficiaries who are pregnant or within 6 months postpartum, or infants up to six months of age. Is there a specific source for the six-month timeframe? **RESPONSE:** Other states that offer Medicaid coverage for lactation support extend coverage to 90 days (Kansas) and six months (Colorado). We originally selected the six-month timeframe and planned to allow additional services when medically necessary through an extension of benefit. Based on concerns expressed during public comment, we reconsidered this limit and opted to extend the limit to 12 months to provide the requested accommodation.

3. The SPA refers to a “Certified Lactation Counselor” while the definitions section of the manual refers to a “Certified Breastfeeding Counselor”. Are these two terms referring to the same thing?

RESPONSE: Yes. The Act specifies a “certified lactation counselor” but doesn’t specify the certifying body. We selected the International Breastfeeding Institute, which certifies “breastfeeding counselors”. One commenter said the most used certifying body is the Academy of Lactation Policy and Practice (ALPP), which certifies “lactation counselors.” We have added this certifying body as acceptable certification to enroll as a Medicaid provider. We will include both breastfeeding counselors, as certified by the International Breastfeeding Institute, and lactation counselors, as certified by ALPP.

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 \$8,793,641 for the current fiscal year (\$2,705,803 in general revenue and \$6,087,838 in federal funds) and \$26,380,923 for the next fiscal year (\$7,961,515 in general revenue and \$18,519,408 in federal funds). The total estimated cost by fiscal year to a state, county, or municipal government to implement this rule is \$2,705,803 for the current fiscal year and \$7,861,515 for the next fiscal year.

The agency indicated that there is a new or increased cost or obligation of at least \$100,000 per year to a private individual, private entity, private business, state government, county government, municipal government, or to two or more of those entities combined. Accordingly, the agency provided the following written findings:

(1) a statement of the rule’s basis and purpose;

Establish Medicaid coverage for two new provider types, doulas and lactation consultants, to improve maternal and infant health in Arkansas.

Provide new coverage for the purchase of blood pressure monitors for women with high-risk pregnancies, along with continuous glucose monitoring.

(2) the problem the agency seeks to address with the proposed rule,

including a statement of whether a rule is required by statute;

Arkansas has a high rate of maternal mortality and poor infant health outcomes, including low birthweight, preterm birth, and infant mortality.

(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;

The Arkansas General Assembly passed Acts 140, 627, 965, requiring Medicaid coverage for doula and lactation consultants. Acts 124 and 140 also require Medicaid coverage of remote monitoring and continuous glucose monitoring. The coverage is part of a multi-pronged strategy to improve maternal and infant health in Arkansas. Doula and lactation consultants will provide critical support to pregnant and postpartum women and their babies through pregnancy, delivery and infancy.

(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;

N/A

(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;

N/A

(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

While existing rules did not create the problem, they did not adequately address it.

(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.

The Department of Human Services will monitor results of the Medicaid Core Set and other health outcome measures to identify the impact the new provider types and remote monitoring of pregnancy has on health outcomes. DHS will also monitor spending to ensure funding is properly

spent and warrants continuation. This monitoring work will be done in coordination with federal funding DHS is receiving through the 10-year, \$17 million Transforming Maternal Health grant.

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 Acts 124, 140, 627, and 965 of 2025.

Identical Acts 124 and 140 were sponsored by Representative Aaron Pilkington and Senator Missy Irvin, respectively. The Acts created the Healthy Moms, Healthy Babies Act and amended Arkansas law to improve maternal health outcomes in this state. The Acts required the Department of Human Services to adopt rules implementing Title 20, Chapter 77, Subchapter 29 of the Arkansas Code, regarding maternal health. *See* Act 124, § 3; Act 140, § 3.

Act 627, sponsored by Representative Ashley Hudson, mandated coverage for breastfeeding and lactation consultant services. The Act permitted the Department of Human Services to develop and promulgate rules implementing the Act that may apply to the Arkansas Medicaid Program.

Act 965, sponsored by Representative Lee Johnson, established the Certified Community-Based Doula Certification Act and certified birth and postpartum doulas in this state to improve maternal and infant outcomes. Act 965 required the Department of Human Services to promulgate rules relating to the reimbursement of doulas under the Arkansas Medicaid Program.

f. Arkansas Medicaid Reimbursement for Physical and Occupational Therapy in Clinic-Based Settings (Concerning 20 CAR pts. 631, 636, 656)

DESCRIPTION:

Statement of Necessity

This rule implements Act 103 of 2025, which requires Arkansas Medicaid to cover rehabilitative physical therapy in a clinic setting. As stated in the Act, “[r]esearch has found that access to rehabilitative physical therapy in clinic-based settings leads to lower total costs of care over time, decreases the need for surgical interventions, and reduces the need for long-term use of opioids and other pain medications.” DHS conducted additional research into occupational therapy offerings and believes that expanding coverage for rehabilitative occupational and physical therapy in clinic-

based settings under the program will result in improved outcomes and potential cost savings for the Arkansas Medicaid Program.

Summary

This rule allows adult Medicaid Beneficiaries, twenty-one (21) years of age and older, to receive rehabilitative occupational and physical therapy in clinic settings. A new provider manual, Rehabilitative Occupational Therapy and Physical Therapy Services, explains coverage and reimbursement rules. Corresponding revisions are needed to the Nurse Practitioner and Physician provider manuals. (Note: The provider manual changes in this rule also will be included in the new Physician Assistant provider manual and Clinical Nurse Specialists provider manual being promulgated separately in the Community Health Worker rule).

Revisions to Rule Post Public Comment and CMS Guidance

CMS advised a SPA is not necessary. SPA is removed from the rule and removed from the Summary above.

In response to the Public Comments, the following updates were made to the Rehabilitative Occupational Therapy and Physical Therapy Services manual:

- Section 200.100: Reference to Hospice Manual added.
- “Physical therapy assistant” changed throughout manual to “physical therapist assistant”.
- Section 201.400: Revised to reflect current state regulations in PT and OT Practice Acts, and the ten-day timeframe was changed to ten visits for progress reports, which must follow Medicare requirements.
- Section 201.700: DMS-640 – Clarified intent and corrected the time element from twelve months to three months based on the scope of work for rehabilitation therapy.
- Section 201.700, 5c: The phrase, “which includes the goal(s) or objective(s) the specific service or activity is designed to address” is removed from the requirement to describe specific services and activities provided during each therapy session.
- Section 201.700, 5e and 6: Requirements removed and note added clarifying the supervising therapist’s progress report assessing improvements at least every 10 visits is a documentation requirement. Requirement 6 modified to specify “other” reports, notes, and correspondence to ensure any misinterpretation regarding duplication of documentation is removed.
- Section 210.500, B1: Requirement is revised to require beneficiary’s name, and age or date of birth.
- Section 210.600: Section is rewritten to clarify the intent is beneficiaries who are currently admitted as an inpatient in the hospital

or are currently residing in a nursing care facility are not eligible for occupational or physical therapy under the rules and regulations of this manual. A second sentence is added to clarify services provided under this manual and under the Home Health manual that are duplicative in nature are not allowed for the same time period. A third sentence is added to explain what is allowed.

- Section 210.700, D: Clarifying language added to the reference, because specific coverage rules are set forth in the Home Health program manual and are referred to within the Hospice manual. Rather than provide a hyperlink to the Hospice manual which would then provide a hyperlink to the Home Health manual, DMS provided the direct hyperlink to the Home Health manual instead.
- Section 210.900, D: The section has been changed to remove “in combination with outpatient hospital and rehabilitative hospital services”. The referenced section number is incorrect and will be changed.
- Section 220.100: To be able to accommodate a 12-visit limit for Adult Rehabilitative Therapy clinic services, the state will instead count the 12 visits against a clinic services benefit limit. The references to outpatient hospital services have been removed.
- Section 220.100, 3: No longer applies and has been removed.
- Section 220.100, E: The referenced section number was incorrect and has been changed.

PUBLIC COMMENT: A public hearing was held on this rule on March 25, 2026. The public comment period expired on April 12, 2026. The agency provided a public comment summary which, due to its length, can be found on the “docs” tab for this meeting.

The proposed effective date is July 1, 2026.

FINANCIAL IMPACT: The agency indicated that this rule has no financial impact.

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 103 of 2025. The Act, sponsored by Senator Mark Johnson, required the Arkansas Medicaid Program to reimburse for physical therapy provided in a clinic-based setting.

g. Dental Rates Increase (Concerning 20 CAR pts. 570)

DESCRIPTION:

Statement of Necessity

Act 1025 of 2025 requires the Division of Medical Services (DMS) to increase Medicaid reimbursement rates for oral and maxillofacial surgeons' dental services and anesthesia, pediatric dental services and anesthesia, and dental services for adults with special needs. These increases begin September 1, 2025.

Summary of Changes

Pursuant to Act 1025, DMS revises the Medicaid Dental Provider manual to reflect the rate increases. DMS also submits a corresponding Medicaid State Plan Amendment reflecting the changes.

PUBLIC COMMENT: A public hearing was held on this rule on October 15, 2025. The public comment period expired on November 1, 2025. The agency provided a public comment summary which, due to its length, can be found on the "docs" tab for this meeting.

The proposed effective date is July 1, 2026.

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

Per the agency, the total estimated cost to implement the rule is \$29,470,264 for the current fiscal year (\$8,413,830 in general revenue and \$21,056,434 in federal funds) and \$39,293,685 for the next fiscal year (\$11,352,000 in general revenue and \$27,941,685 in federal funds). The total estimated cost by fiscal year to a state, county, or municipal government to implement this rule is \$8,413,830 for the current fiscal year and \$11,352,000 for the next fiscal year.

The agency indicated that there is a new or increased cost or obligation of at least \$100,000 per year to a private individual, private entity, private business, state government, county government, municipal government, or to two or more of those entities combined. Accordingly, the agency provided the following written findings:

(1) a statement of the rule's basis and purpose;

Act 1025 of 2025 requires the Division of Medical Services (DMS) to increase Medicaid reimbursement rates for oral and maxillofacial surgeons' dental services and anesthesia, pediatric dental services and anesthesia, and dental services for adults with special needs.

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

Comply with Act 1025 of 2025.

(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;*

The rule mirrors the requirements of Act 1025 of 2025.

- (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;*

Not applicable.

- (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;*

Not applicable.

- (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*

Existing limits and rates were considered too low by the provider community.

- (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.*

The Agency monitors State and Federal rules and policies for opportunities to reduce and control costs.

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 1025 of 2025. The Act, sponsored by Senator Clint Penzo, required the Arkansas Medicaid Program to increase reimbursement rates for certain dental services and to set an annual

reimbursement cap for adult dental services.

12. Department of Human Services, Division of Provider Services and Quality Assurance, Office of Long-Term Care (Martina Smith)

- a. Rules for the Arkansas Long-Term Care Facility Nursing Assistant Training Program, 20 CAR pt. 403 & REPEAL Rules for Conducting Criminal Records Checks for Employees of Long-Term Care Facilities, 20 CAR pt. 404**

DESCRIPTION:

Statement of Necessity

The Division of Provider Services & Quality Assurance (DPSQA) promulgates rules to implement Act 105 of 2025. The Act adds a definition of “General Nursing Experience”, amends the time period from five (5) years to ten (10) years in which a registered nurse must possess one year of long-term care nursing experience in a nursing facility in order to qualify as a primary instructor for the Nursing Assistant Training Program, and now requires primary instructors to attend an eight-hour class authorized by the Department of Human Services that updates attendees on applicable laws and rules, best practices, and common issues encountered in long-term care facilities. The rule also updates required training hours to reflect clock hours of training required by 42 C.F.R. § 483.152.

Summary

To implement the Act, DPSQA amends 20 CAR part 404, Rules for the Arkansas Long-Term Care Facility Nursing Assistant Training Program. The new definition for “General Nursing Experience” it added to 20 CAR § 403-102. The definition for “Primary Care Instructor” is updated to reflect the time period change and the eight-hour class training requirement, with identical updates made to the Primary Care Instruction subpart 20 CAR § 403-401.

Required training hours were updated to match 42 C.F.R. § 483.152, which now requires seventy-five (75) clock hours of training, previously seventy-four (74). The additional hour led to a corresponding change of total training hours from ninety (90) hours to ninety-one (91) hours. Where needed, grammar and typographic improvements were made within the rule. All links and emails contacts were made current as well.

Repeals pursuant to the Governor’s Executive Order 23-02:

1. 20 CAR part 404: “Rules for Conducting Criminal Records Checks for Employees of Long-Term Care Facilities”; and
2. N/A

PUBLIC COMMENT: No public hearing was held on this rule. The public comment period expired on April 27, 2026. The agency indicated

that it received no comments.

Lacey Johnson, an attorney with the Bureau of Legislative Research, made the following observation and received the following response:

Section 403-102(11), the definition of general nursing experience, includes language indicating that “general nursing experience” is not limited to the items listed. Section 403-401 also lists items that constitute general nursing experience but does not include the “without limitation”/”not limited to” language. **RESPONSE:** We corrected those two sections to match exactly.

The proposed effective date is July 1, 2026.

FINANCIAL IMPACT: The agency indicated that this rule has no financial impact.

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 105 of 2025. The Act, sponsored by Senator Missy Irvin, amended the definition of primary instructor within the Long-Term Care Aide Training Act.

13. Department of Shared Administrative Services, Office of Property Risk (Jessica Patterson, Grant Wallace)

a. Building Maintenance Schedules for Arkansas School Districts Participating in the State Property Insurance Program, 6 CAR pt. 640

DESCRIPTION: These rules implement Act 560 of 2025, which requires the Office of Property Risk to promulgate rules regarding the requirements associated with public school district schedules for maintenance, repair, and renovation activities in public school academic and nonacademic facilities, that shall be included in the Public School Facilities Custodial, Maintenance, Repair, and Renovation Manual required by § 6-21-808; insurance coverage requirements, including without limitation insurance coverage amounts and types of insurance coverage; preventive maintenance work requirements for each public school academic and nonacademic facility; projected replacement schedule requirements for major building systems in each public school academic and nonacademic facility; and a depreciation schedule for roofs and heating, ventilation, and air conditioning systems.

PUBLIC COMMENT: A public hearing was held on March 20, 2026.

The public comment period expired on April 7, 2026. The agency indicated it received no public comments.

Camille Fleming, an attorney with the Bureau of Legislative Research, asked the following questions:

1. **QUESTION.** 6 CAR § 21-103(b)(2). This subsection mentions that each school district shall have a school safety expert review and advise on architectural plans for a public school facility before new construction of the facility. Does the safety school expert need to be vetted or otherwise certified by the Office of Property Risk or any other state entity?

RESPONSE: No. 6 CAR § 321-106(g)(1)-(2) sets out the requirements for an individual to be considered a school safety expert.

2. **QUESTION.** 6 CAR § 21-104. This section states that “each school district shall provide a self-assessment to rate major building systems for each building system.” Are the districts meant to provide this assessment to the Office of Property Risk or any other state entity? **RESPONSE:** The self-assessment would be provided to the Division of Public School Academic Facilities and Transportation.

3. **QUESTION.** 6 CAR § 21-107(b). This subsection states that “each school district shall provide its current Statement of Value for each property within thirty (30) days of the effective date of this rule.” Who are the school districts meant to provide this statement to? **RESPONSE:** This language was written under the emergency guidelines when these rules were previously promulgated as an emergency. It was to be provided to the Office of Property Risk and the Division of Public School Academic Facilities and Transportation.

4. **QUESTION.** 6 CAR § 21-107(b). This subsection states that “each school district shall provide its current Statement of Value for each property within thirty (30) days of the effective date of this rule.” What consequences will occur, if any, should a school district fail to provide this statement within the stated time frame? **RESPONSE:** There aren’t necessarily consequences that will occur if not provided within the time frame. The master plan is due February 1st every even year; the statement of values are supposed to be done under that master plan. The exception to this is if it is a new facility, then it needs to be done immediately. The entities that do not provide these timely have to reach out to be able to provide them.

5. **QUESTION.** 6 CAR § 21-107. How often are the school districts required to update the Statement of Value, if at all? **RESPONSE:** At the Division of Public School Academic Facilities and Transportation, they are required by February 1st every even year—the same time the Master Plans are due—or whenever a school district adds a new facility.

6. **QUESTION:** If a district obtains new property or otherwise needs to update the statement, by when should they send the statement?

RESPONSE: For the purposes of the Division of Public School Academic Facilities and Transportation, see above. For OPR, if a district obtains a new property, the statement of value should be provided as soon as possible, otherwise the new property is at risk of not being covered.

7. **QUESTION:** Arkansas Code § 6-21-806(f) requires five topics to be promulgated by the department, in consultation with the Division of Public School Academic Facilities and Transportation. It appears that the following sections within the rule could correspond to these requirements. For my understanding, can you please confirm this?

6 CAR § 21-103(a) is promulgated pursuant to (f)(1)

6 CAR § 21-105 is promulgated pursuant to (f)(2)

6 CAR § 21-103(b) is promulgated pursuant to (f)(3)

6 CAR § 21-104 is promulgated pursuant to (f)(4)

6 CAR § 21-106 is promulgated pursuant to (f)(5)

If I am incorrect in these assumptions, can you please let me know where the rules are found that should be promulgated pursuant to (f)?

RESPONSE: Confirmed.

8. **QUESTION:** If the sections of 6 CAR pt. 21 that I mentioned above are being promulgated in response to Arkansas Code § 6-21-806(f), can you confirm or deny whether they were promulgated in consultation with the Division of Public School Academic Facilities and Transportation?

RESPONSE: Confirmed.

9. **QUESTION.** 6 CAR § 21-106. Just so I'm understanding this properly, is 6 CAR § 21-106 saying that the public school districts shall create the depreciation schedules for their own property, rather than the department creating the schedules for the school districts? **RESPONSE:** Yes.

10. **QUESTION.** 6 CAR § 21-104. Is this section on self-assessment replacement schedules being promulgated in response to the requirement in Arkansas Code § 6-21-806(b)(5), which states that a facilities master plan shall include “[a] projected replacement schedule for major building systems in each public school facility, that shall be based on the rules promulgated by the department”? **RESPONSE:** Yes.

11. **QUESTION.** Arkansas Code § 6-21-806(b)(7)(A) requires a facilities master plan to include “Identification of committed projects within the school district that includes, as applicable, a breakdown of the portion of each project into maintenance, repair, and renovation activities and new construction activities, that shall be based on the rules promulgated by the department.” Are the rules mentioned here that shall be promulgated found in 6 CAR pt. 21 or will they be part of another rule? If they are in 6 CAR pt. 21, can you please direct me to where they are found?

RESPONSE: They are located in 6 CAR § 21-103(b), as well as 6 CAR § 322-103.

The proposed effective date is pending legislative review and approval.

FINANCIAL IMPACT: The agency indicated that there is no financial impact.

LEGAL AUTHORIZATION: The Office of Property Risk shall administer the State Captive Insurance Program, and the program shall be administered by the Secretary of the Department of Shared Administrative Services. *See* Arkansas Code § 25-45-105(a) and (b). The secretary is delegated the day-to-day operations and responsibilities of the captive insurance company and promulgation of rules to implement Arkansas Code § 19-3-506, which created the authority to establish and maintain a captive insurance company. *See* Arkansas Code § 19-3-506(5)(A). The secretary shall ensure the captive insurance company's compliance with applicable laws and rules and perform other duties or actions necessary for the effective implementation, operation, and administration of the captive insurance company. *See* Arkansas Code § 25-45-104(a)(7) and (8).

According to Arkansas Code § 6-21-806(a)(2)(D), the Academic Facilities Master Plan Program shall require each school district to base its facilities master plan on rules promulgated by the Department of Shared Administrative Services as they relate to requirements associated with public school district schedules for maintenance, repair, and renovation activities in public school academic facilities and nonacademic facilities.

Arkansas Code § 6-21-806(a) and (b) state that school districts are required to develop a facilities master plan, which shall include, at a minimum, requirements based on rules promulgated by the department. The requirements based on rules promulgated by the department shall include a schedule of maintenance, repair, and renovation activities for each public school facility used by a school district, documentation that describes preventive maintenance work for each public school facility as required by rules promulgated by the department, a projected replacement schedule for major building systems in each public school facility, and identification of committed projects within the school district that includes, as applicable, a breakdown of the portion of each project into maintenance, repair, and renovation activities and new construction activities. *See* Arkansas Code § 6-21-806(b)(2)(A), (3)(A), (5), and (7)(A).

The department, in consultation with the Division of Public School Academic Facilities and Transportation, shall promulgate rules regarding, without limitation, the requirements associated with public school district schedules for maintenance, repair, and renovation activities in public school academic facilities and nonacademic facilities, that shall be included in the Public School Facilities Custodial, Maintenance, Repair, and Renovation Manual required by Arkansas Code § 6-21-808, insurance coverage requirements, including without limitation, insurance coverage amounts and types of insurance coverage, preventive maintenance work requirements for each public school academic facility and nonacademic

facility, projected replacement schedule requirements for major building systems in each public school academic facility and nonacademic facility, and a depreciation schedule for roofs and heating, ventilation, and air conditioning systems. *See* Arkansas Code § 6-21-806(f).

This act implements Acts 2025, No. 560, sponsored by Representative Jeff Wardlaw, and Acts 2025, No. 779, sponsored by Senator Ben Gilmore, which created a more sustainable system of property insurance for public schools, state-supported institutions of higher education, and state-owned property, created the Office of Property Risk within the Department of Transformation and Shared Services, amended the Public Elementary and Secondary School Insurance Act, revised the Employee Benefits Division Oversight Committee, amended the Arkansas Multi-agency Insurance Trust Fund Act, combined public elementary and secondary schools with state-owned property under a single program to ensure proper valuation for property insurance purposes, created the State Captive Insurance Program Act, prohibited the use of public adjusting in property insurance claims, and allowed for the creation of a captive insurance company by the State of Arkansas.

b. Rules Governing the Submission of Claims under the State Captive Insurance Program and the Purchase of Mitigation Services for Covered Losses, 25 CAR pt. 44

DESCRIPTION: These rules implement Act 560 of 2025, which requires the Office of Property Risk to promulgate rules regarding the filing dates for a property claim that is incurred but not reported and the date that a property claim must be adjusted and paid under the Public Elementary and Secondary School Insurance Act, § 6-20-1501 et seq., or the Arkansas Multi-Agency Insurance Trust Fund Act, § 25-35-101 et seq.

PUBLIC COMMENT: A public hearing was held on March 20, 2026. The public comment period expired on April 7, 2026. The agency indicated it received no public comments.

Camille Fleming, an attorney with the Bureau of Legislative Research, asked the following questions:

1. **QUESTION:** 25 CAR § 44-111(d) and 112(d). Both sections 44-111(d) and 44-112(d) state the requirements necessary for a claim to be timely submitted to the Office of Property Risk. If a claim is submitted to the office and it is found to not be timely, will that alone be a sufficient basis for the office to reject the claim? **RESPONSE:** Correct. The rule also follows the statute Ark. Code Ann. § 25-45-111, which states that a claim made under the State Captive Insurance Program is required to be filed no later than one year after the loss is incurred.

2. **QUESTION:** 25 CAR § 44-112(d). The title of this section references the submissions of claims “incurred but not reported before July 1, 2025”. Subsection (d) of this section states that to be timely, a notice of the claim

must be submitted to the Office of Property Risk “by September 30, 2025, or one year from the date of occurrence of loss, whichever is later.” Is it possible for the date of occurrence of loss to be a different date than the date the claim was incurred? **RESPONSE:** If I am understanding the question correctly, the answer is no, the date of the occurrence of loss is the date the loss occurred, which would also be the date provided to OPR on the notice for the claim.

3. **QUESTION:** 25 CAR § 44-112(d). This subsection states that in order to be timely, “a notice of claim must be submitted in writing to the Office by September 30, 2025, or one year from the date of the occurrence of loss, whichever is later.” For what reason has the agency decided to include the September 30, 2025, deadline when that period has passed? **RESPONSE:** This rule was a part of the emergency rulemaking; the non-codified section 26(a) of Act 560/779 required a date to be established by which claims would be paid under either the Public Elementary and Secondary School Insurance Act/Arkansas Multi-Agency Insurance Trust Fund Act. Since the September 30, 2025 date has passed, the outstanding claims under the two above-referenced Acts must be submitted within one-year from the date of the occurrence of loss — if any remain.

4. **QUESTION:** 25 CAR § 44-112(d)(2). In the subsection (a) of the Do Not Codify section of Act 560/779, it states that the department “shall promulgate rules to address the filing dates for a property claim that is incurred by not reported under the Public Elementary and Secondary School Insurance Act, § 6-20-1501 et seq., or the Arkansas Multi-Agency Insurance Trust Fund Act, § 25-35-101 et seq., once the State Captive Insurance Program is operational.” Are the filing dates mentioned in the Acts the same as the dates mentioned 25 CAR § 44-112(d)(2), which states that a claim should be submitted by “September 30, 2025, or one year from the date of occurrence of loss, whichever is later”? **RESPONSE:** Yes.

5. **QUESTION.** In the subsection (b) of the Do Not Codify section of Act 560/779, it states that there shall be “a date to be determined by the secretary by rule” in which a claim shall be adjusted and paid under the Public Elementary and Secondary School Insurance Act or the Arkansas Multi-Agency Insurance Trust Fund Act. Is this the July 1, 2025, date found in 25 CAR § 44-112? **RESPONSE:** Yes.

6. **QUESTION.** Arkansas Code § 19-3-506(c)(5)(A) states that the State Board of Finance shall delegate to the Secretary of the Department of Shared Services the promulgation of rules to implement Arkansas Code § 19-3-506, which is the authority to establish and maintain captive insurance program. Does the department have plans to promulgate any other future rules to implement Arkansas Code § 19-3-506 other than this rule, 25 CAR pt. 44, Rules Governing the Submission of Claims Under the State Captive Insurance Program and the Purchase of Mitigation Services for Covered Losses? **RESPONSE:** Not at this time. The Captive program

is a brand-new entity, and the Office of Property Risk is a new division; depending on how the implementation of the program progresses, it may be determined that additional rules need to be promulgated in the future.

The proposed effective date is pending legislative review and approval.

FINANCIAL IMPACT: The agency indicated that there is no financial impact.

LEGAL AUTHORIZATION: The Office of Property Risk shall administer the State Captive Insurance Program, and the program shall be administered by the Secretary of the Department of Shared Administrative Services. *See* Arkansas Code § 25-45-105(a) and (b). The secretary is delegated the day-to-day operations and responsibilities of the captive insurance company and promulgation of rules to implement Arkansas Code § 19-3-506, which created the authority to establish and maintain a captive insurance company. *See* Arkansas Code § 19-3-506(5)(A). The secretary shall ensure the captive insurance company's compliance with applicable laws and rules and perform other duties or actions necessary for the effective implementation, operation, and administration of the captive insurance company. *See* Arkansas Code § 25-45-104(a)(7) and (8).

The secretary shall promulgate rules to address the filing dates for a property claim that is incurred but not reported under the Public Elementary and Secondary School Insurance Act, Arkansas Code § 6-20-1501 et seq., or the Arkansas Multi-Agency Insurance Trust Fund Act, § 25-35-101 et seq., once the State Captive Insurance Program is operational. *See* Acts 2025, No. 560 and 779, § 26.

This act implements Acts 2025, No. 560, sponsored by Representative Jeff Wardlaw, and Acts 2025, No. 779, sponsored by Senator Ben Gilmore, which created a more sustainable system of property insurance for public schools, state-supported institutions of higher education, and state-owned property, created the Office of Property Risk within the Department of Transformation and Shared Services, amended the Public Elementary and Secondary School Insurance Act, revised the Employee Benefits Division Oversight Committee, amended the Arkansas Multi-agency Insurance Trust Fund Act, combined public elementary and secondary schools with state-owned property under a single program to ensure proper valuation for property insurance purposes, created the State Captive Insurance Program Act, prohibited the use of public adjusting in property insurance claims, and allowed for the creation of a captive insurance company by the State of Arkansas.

14. Department of Shared Administrative Services, Office of State Procurement (Jessica Patterson, items a-b; Courtney Traylor, item b)

a. Procurement Rules, 19 CAR pt. 1

DESCRIPTION:

Summary: The proposed rule amendments to the Arkansas Procurement

Rules are being promulgated to align the rules with recent legislation, specifically those introduced through Acts 782 and 207. These rules are necessary to explain the state's procurement processes, standards, and requirements for the acquisition of commodities or services.

Proposed Rule Changes: The proposed changes are comprehensive and impact several key areas of the procurement process. The most significant revisions as follows:

- 1) Updates all Arkansas Code citations to conform to the Title 19 recodification.
- 2) 19 CAR § 1-117. Reporting of technical and general services contracts.
 - Provides clarification on what constitutes a maintenance contract.
- 3) 19 CAR § 1-508. Proprietary or sole source procurements — Generally.
 - Defines sole source by law procurements.
- 4) 19 CAR § 1-517. Bid evaluation.
 - Updates the process for choosing the awardee when bids are tied.
- 5) 19 CAR § 1-518. Rejection.
 - Defines an unrealistic and unreasonable price.
- 6) 19 CAR § 1-519. Correction or withdrawal.
 - Explains of process when a mistake is made in a bid.
- 7) 19 CAR § 1-522. Negotiations.
 - Includes the requirement for training procurement officials.
- 8) 19 CAR § 1-528. Rejection of proposals.
 - Defines an unrealistic and unreasonable price and process for assessing price unrealism and unreasonableness.
- 9) 19 CAR § 1-530. Discussions.
 - Explains how to use the competitive range to enter discussions with offerors who are reasonably susceptible of being awarded a contract.
 - Explains how clarifications may be used during a “Best and Final Offer” negotiation.
- 10) 19 CAR § 1-702. Protest requirements.
 - Revises protest requirements to include that a protestor must provide notice of the protest to the anticipated awardee by sending a copy of the protest by electronic mail and regular mail.
- 11) 19 CAR § 1-704. Stay of procurements during protest.
 - Revises to include that an award does not have to be stayed during a protest if the State Procurement Director determines that it is in

the best interest of the State.

12) 19 CAR § 1-707. Suspension and 19 CAR § 1-708. Debarment.

- Revises to require that suspensions and debarments are done in consultation with the Office of State Procurement.

Reason for Changes: The proposed rule changes are necessary to comply with the legal mandate of Act 782 of 2025. These revisions ensure that the State's procurement rules are in full compliance with current law.

PUBLIC COMMENT: A public hearing was held on February 13, 2026. The public comment period expired on March 03, 2026. The agency provided the following public comment summary:

Name: Noel Johnson, Procurement Manager, University of Arkansas at Little Rock on behalf of the Agency Procurement Officials for Higher Education throughout Arkansas, in collaboration with their respective institution's general counsel representatives.

Comment: 19 CAR 1-101(a)

Higher Education requests the current language remains the same, in which this applies to professional consultant services where the dollar value is greater than twenty-five thousand dollars (\$25,000).

Department Response: Comment considered; no revision made.

Comment: 19 CAR § 1-103(a)(1)

Higher Education requests "for services" be added to 19 CAR § 1-103 (a)(1) after the first appearance of the words "a contract" since the duty not to renew a public contract with a contractor who employs or contracts with illegal immigrants only applies to service contracts. See Ark. Code Ann. § 19-60-105(b).

Department Response: Revised.

Comment: 19 CAR § 1-104(e)(2)(B)

We recommend that the language of the rule be modified to reflect that the governing boards of exempt higher education institutions have clear statutory authority to set procurement policy architectural, engineering, land surveying, and construction management professional consultant services without any regard to a \$75,000 threshold.

Department Response: Revised.

Comment: 19 CAR 1-537(c)

Recommend removing "for legislative review" to avoid confusing the

reporting obligation with the obligation to submit contracts for review.

Department Response: Revised.

Comment: 19 CAR 1-702

We recommend that the language of the rule be realigned to match that of the statute, which contemplates APOs or chief executive officers of procurement agencies can determine a protest.

Department Response: Revised.

Camille Fleming, an attorney with the Bureau of Legislative Research, asked the following questions:

1. QUESTION: 19 CAR § 1-101(a). This subsection states that equal opportunity policies are required from vendors who submit responses to state agencies or the OSP for procurements other than small procurements. As used here, does “small procurements” mean the same as the definition found in Arkansas Code § 19-61-501(13)? **RESPONSE:** Yes. The term “small procurements” in 19 CAR § 1-101(a) refers to the definition found in Arkansas Code Annotated § 19-61-501(13), which encompasses procurements with a purchase price of \$20,000.00 or less. Thus, vendors participating in procurements exceeding this amount are required to submit equal opportunity policies as part of their response.

2. QUESTION: 19 CAR § 1-203. This section originally contained a subsection (d) which was about recommended vendors. This subsection is marked for deletion. What was the reason for removing this subsection? **RESPONSE:** OSP does not maintain a recommended vendors list. The deletion of 19 CAR § 1-203(d) is necessary to ensure the rules reflect actual procurement operations.

3. QUESTION: 19 CAR § 1-404. This section, originally titled “reporting of vendor performance” is marked for deletion. What was the reasoning behind removing this section? **RESPONSE:** Removal of 19 CAR § 1-404 was required to maintain alignment with Arkansas Code Annotated § 19-61-406 (previously Ark. Code Ann. §19-11-268): Vendor performance reporting. Because the mandatory reporting for all contracts of \$25,000 or more no longer has a statutory basis after Act 418 of 2019, it was necessary to remove from OSP rules.

4. QUESTION: 19 CAR § 1-522(a)(2)(A). Subdivision (a)(2) of this section states, “Procurement officials who conduct negotiations must be trained and certified in negotiation and Arkansas Procurement Law.” The following subdivision, (a)(2)(A), then defines the term, “trained and certified in negotiation and procurement process”. Is there a reason this defined term is different from how it’s used in subdivision (a)(2) and throughout this rule? **RESPONSE:** Per Ark. Code Ann. § 19-61-101,

“This chapter shall be known and may be referred to as the “Arkansas Procurement Law”. The variation in terminology between 19 CAR § 1-522(a)(2) and its definition in (a)(2)(A) is intended to ensure comprehensive compliance with Ark. Code Ann. § 19-61-505.

Ark. Code Ann. § 19-61-505(C)(i) explicitly states that negotiations “shall be conducted by a person who is trained and certified in negotiation and procurement processes.” By using this exact phrase in the definition, the rule remains in alignment with the statutory text. The reference to “Arkansas Procurement Law” in the preceding subdivision of the rule serves as a broad descriptor of the legal requirement and the entirety of Ark. Code Ann. § 19-61-101 et. seq, while the definition ensures that the certification program specifically covers both the statutory law and the administrative processes of “negotiation and procurement processes” cited in Ark. Code Ann. §19-61-505(C)(i).

The use of both phrases is to ensure that training covers both the legal framework (Arkansas law) and the practical application (negotiation and procurement processes). Ark. Code Ann. § 19-61-505(c)(i-ii) states:

(C)(i) Negotiations under this subsection shall be conducted by a person who is **trained and certified in negotiation and procurement processes**.

(ii)(a) The Office of State Procurement shall provide for the training and certification required under this subsection.

(b) The training provided by the office shall be specific to **Arkansas law**.

5. QUESTION: 19 CAR § 1-530(c)(2)(A). This subdivision states, “If the procurement agency receives multiple proposals, it may shorten the list of offerors to negotiate with to a ‘competitive range.’” Is there a minimum number of offerors the procurement agency must include in its shortened list if it chooses to shorten the list of offerors? **RESPONSE:** No. There is no fixed minimum number of offerors that must be included in the “competitive range” under Arkansas Procurement Law.

6. QUESTION: 19 CAR § 1-530(c)(2)(A). Can any procurement agency that receives multiple offers choose to shorten the list of offerors or are agencies only eligible after they receive a certain amount of offers? **RESPONSE:** Any procurement agency that receives two or more proposals is eligible to shorten the list of offerors to a competitive range under 19 CAR § 1-530(c)(2)(A). The intent of the rule is to allow agencies to narrow their negotiation to offerors who are “reasonably susceptible of being awarded a contract.” 19 CAR § 1-530(c)(2)(A).

7. QUESTION: 19 CAR §§ 1-805 and 905. Both sections are marked for deletion. They are both concerning procedures for approval of information technology products or services. What was the reasoning behind removing these sections? **RESPONSE:** The repeal of both sections was necessary

due to Act 412 of 2025. The Office of State Technology (OST) within the Department of Shared Administrative Services now oversees these processes.

8. QUESTION: 19 CAR § 1-709(e). There is a discrepancy between Act 782 Section 11(e) and 19 CAR 1-709(e) concerning the debarment and suspension, where Act 782 states that there is a five day period in which the decision will be furnished and the rule states fourteen days. Does the agency have any plans to update the rule from 14 days to 5 calendar days or are these two separate written decisions with different timeframes?

RESPONSE: Revised to state that a copy of the decision shall be mailed or otherwise furnished to the debarred or suspended person within five (5) calendar days after it is written.

9. QUESTION: Regarding the appeals process mentioned in Act 782, codified in Arkansas Code § 19-61-702(f). Arkansas Code § 19-61-702(f) was amended to state that a decision under Arkansas Code § 19-61-702(d) shall be final and conclusive and not an order as defined in the Arkansas Administrative Procedure Act, but may be appealed to the Secretary of the Department of Shared Administrative Services in accordance with rules promulgated by the director. Is this appeal process found in this rule?

RESPONSE: The appeal process is not found in the rule.

FOLLOW-UP QUESTION: Since the Act states that decisions may be appealed in accordance with the rules promulgated by State Procurement Director, does the agency have plans to promulgate the appeals process in another rule or to a future update to this Procurement Rule? If not, can the agency help explain as to why? **RESPONSE:** OSP intends to promulgate in a future update.

The proposed effective date is pending legislative review and approval.

FINANCIAL IMPACT: The agency indicated that there is no financial impact.

LEGAL AUTHORIZATION: The State Procurement Director has authority to promulgate rules consistent with Arkansas Procurement Law. *See* Arkansas Code § 19-61-203(b).

This rule implements Acts 2025, No. 782, sponsored by Senator Ben Gilmore, which amended the Arkansas Procurement Law.

This rule implements Acts 2025, No. 207, sponsored by Senator Jim Dotson, which amended the law concerning emergency procurements and included a state of disaster emergency in the definition of “critical emergency” for purposes of an emergency procurement.

This rule implements Acts 2025, No. 412, sponsored by Representative Stephen Meeks, which amended the law concerning the Division of Information Systems and changed the name of the Division of Information Systems.

b. Procurement Rules, Commodity Management, 19 CAR § 1-601 et seq.

DESCRIPTION: The proposed amendments to the Rules serve to align state procedures with the legislative changes enacted by Act 778 of 2025.

19 CAR § 1-601: Updated to include definitions necessary to the administration of commodity management.

19 CAR § 1-603: Revised to implement the new revenue distribution model for the sale of surplus electronics.

Statutory alignment and revenue distribution: In accordance with Act 778 of 2025, which dissolved the state's electronic recycling fund and repealed Arkansas Code Annotated § 19-5-1217, revenues from the sale of electronics are now distributed in the following tiers:

- Internal sales: 60% of proceeds are retained by the agency and 40% is allocated to Marketing and Redistribution (M&R).
- External sales: 50% of proceeds are retained by the agency, and 50% is allocated to M&R.

Additional amendments were made to streamline existing procedures and to provide greater clarity to the rules.

PUBLIC COMMENT: The public comment period expired on April 28, 2026. A public hearing was held on April 15, 2026. The agency indicated that no public comments were received.

Camille Fleming, an attorney with the Bureau of Legislative Research, asked the following questions:

1. QUESTION. 19 CAR § 1-605. This amendment changes the holding period of commodities that another agency may be interested in using before being made available to the general public from twenty-five days to five days. Why did the agency change this holding period from twenty-five days to five? **RESPONSE:** The reduction from twenty-five (25) days to five (5) days was made to maximize recovery value and to ensure timely sales of property. This change will also minimize storage and overhead costs associated with keeping unsold property.

2. QUESTION. 19 CAR § 1-605(d)(2). Before this amendment, this subdivision stated that in no event should more than ninety days lapse between the authorization of cannibalization of property and the processing of the carcass by the Marketing and Redistribution Section. This amendment removes that language. Is there no longer a time limit that the section must abide by for cannibalization, and if so, why? **RESPONSE:** No, there is no longer a regulatory deadline. The removal of the 90-day regulatory deadline provides internal administrative flexibility.

3. QUESTION. 19 CAR § 1-607(a). Before this amendment, this subdivision stated that allocations of proceeds will be made at the sooner

of when the agency's account balance has reached at least \$50 or the end of each fiscal year. This amendment removes that language. When will an agency receive disbursements after property has been sold?

RESPONSE: The goal is to remit funds the month after payment is received for the sale.

The proposed effective date is pending legislative review and approval.

FINANCIAL IMPACT: The agency indicated that this amendment has no financial impact.

LEGAL AUTHORIZATION: The State Procurement Director has authority to promulgate rules consistent with Arkansas Procurement Law. *See* Arkansas Code § 19-61-203(b). Furthermore, the director shall promulgate rules governing the sale, lease, or disposal of surplus commodities by public auction, competitive sealed bidding, or other appropriate method designated by rule, the transfer of excess commodities within the state, and the sale, lease, or disposal of surplus commodities to not-for-profit organizations under Arkansas Code § 22-1-101, this code section being the definitions for the sale of surplus commodities to not-for-profit organizations before offer for sale to public. *See* Arkansas Code § 19-61-602. The director shall also promulgate rules for the allocation of proceeds from the sale, lease, or disposal of surplus commodities, to the extent practicable, to the using agency that had possession of the surplus commodities. *See* Arkansas Code § 19-61-603.

This rule implements Acts 2025, No. 778, sponsored by Senator Missy Irvin, which repealed the computer and electronic recycling grants, repealed the Computer and Electronic Recycling Fund, and modified the disbursement of revenues generated from the sale of agency surplus computer and electronic equipment.

- F. Agency Requests to Be Excluded from Reporting Requirements of Act 595 of 2021**
 - 1. Department of Commerce, State Insurance Department (Act 772 of 2025) (Sara Farris)**
 - 2. Department of Commerce, State Insurance Department (Act 859 of 2025) (Sara Farris)**
- G. Evaluation of Rule Review Group 3 Agencies Pursuant to Act 781 of 2017 and Act 65 of 2021**
 - 1. Department of Education, Division of Career and Technical Education (Courtney Salas-Ford, Daniel Shults)**
- H. Agency Updates on the Status of Outstanding Rulemaking from the 2023 Regular Session Pursuant to Act 595 of 2021 (April 1, 2026, and May 1, 2026 updates are**

retained in the file)¹

1. Department of Corrections, Secretary of Corrections (Wade Hodge)

Rules Outstanding as of June 1, 2026, as Reported and Updated by the Agency

- *Visitation (Act 659 of 2023, § 112)
 - This rule will be promulgated by the Secretary of Corrections. The rule has been reviewed and approved by the Secretary and the executive. On December 19, 2025, the rule received final approval from the Board of Corrections to be set for public comment. The public comment period has concluded with no comments. The proposed rule is expected to be ready for review at the ALC Rules committee's next available agenda.

2. Department of Education (Courtney Salas-Ford, Daniel Shults)

Rules Outstanding as of June 1, 2026, as Reported and Updated by the Agency

Arkansas State Library

- Rules Governing the Standards for State Aid to Public Libraries (Act 566 of 2023, § 11)
 - Rulemaking regarding Act 566 of 2023 was temporarily suspended due to the passage of Act 903 of 2025. The State Library Board has released a draft of this rule which is currently in a public comment period ending June 15, 2026.

Division of Career and Technical Education

- Rules Governing the Approval of Computer Science-Related Career and Technical Education Courses (Act 654 of 2025, § 4)
 - Prior reports indicated that rulemaking for Act 654 §4 would be addressed in a new rule; however, this rulemaking requirement has instead been incorporated into the Grading and Course Credit Rule. The State Board of Education has released a draft of this rule which is currently in a public comment period ending June 15, 2026.

Division of Elementary and Secondary Education

- Rules Governing School District Waivers (Act 347 of 2023, § 1)
 - The agency is redrafting this rule due to the enactment of Act 304 of 2025. The rule will be a top priority for the current round of rulemaking. It is anticipated that the final rule will be submitted to ALC for review in August.
- Rules Governing Grading and Course Credit (Act 654 of 2023,

¹ Outstanding rules that are on the current agenda for legislative review and approval are designated by an asterisk (*). Outstanding rules that are on the Monday, June 15, 2026 agenda of the Administrative Rules Subcommittee for legislative review and approval are designated by an obelisk (†).

§§ 2, 4)

- The State Board of Education has released a draft of this rule which is currently in a public comment period ending June 15, 2026.

State Board of Education

- Rules Governing the Course Choice Program (Act 237 of 2023, § 20)
 - The State Board of Education has released a draft of this rule which is currently in a public comment period ending June 15, 2026.
- Rules Governing Public Charter Schools (Act 237 of 2023, § 49)
 - The agency is redrafting this rule due to the enactment of Act 800 of 2025. The rule will be a top priority for the current round of rulemaking. It is anticipated that the final rule will be submitted to ALC for review in August.

Division of Higher Education

- †Rules Governing Universal Academic Credit (Act 237 of 2023, § 54)
 - This rule was given final approval by the Higher Education Coordinating Board on April 24, 2026. The rule is on the agenda of the ALC Rules Subcommittee in June.

I. Agency Monthly Written Updates Pursuant to Act 595 of 2021 Concerning Rulemaking from the 2025 Regular Session for June 1, 2026 (April 1, 2026, and May 1, 2026 updates are retained in the file)

J. Adjournment