

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

1 State of Arkansas  
2 84th General Assembly  
3 Regular Session, 2003

# A Bill

HOUSE BILL 2820

4  
5 By: Representatives Medley, Berry, Biggs, Bradford, Creekmore, Dees, D. Evans, Harris, J. Johnson,  
6 Key, Lendall, Martin, Pace, S. Prater, Roebuck, Scrimshire, Sumpter, Eason, Wood  
7 By: Senators Critcher, Faris, Womack

## For An Act To Be Entitled

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9  
10 AN ACT TO IMPROVE ACCESS TO COMMUNITY-BASED CARE;  
11 TO SEEK A MEDICAID WAIVER FOR ELIGIBILITY FOR  
12 COMMUNITY-BASED CARE; TO PROVIDE OVERSIGHT; AND  
13 FOR OTHER PURPOSES.  
14

## Subtitle

15  
16 AN ACT TO INCREASE ELIGIBILITY FOR  
17 COMMUNITY-BASED CARE; AND TO PROVIDE  
18 OVERSIGHT.  
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22 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

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24 SECTION 1. Arkansas Code Title 20, Chapter 77, Subchapter 1 is amended  
25 to add an additional section to read as follows:

26 20-77-120. Medicaid waiver for home and community based care.

27 (a) In determining Medicaid eligibility for and providing Medicaid  
28 benefits to persons eligible for services through a home or community-based  
29 waiver pursuant to section 1915C of the federal Social Security Act, as in  
30 effect January 1, 2003, the Department of Human Services, subject to the  
31 availability of funds for the purpose, and to the extent not prohibited by  
32 federal law or regulation, shall use the same age restrictions, division of  
33 assets, and income allowances that are used in determining Medicaid  
34 eligibility for and providing Medicaid benefits to persons requiring  
35 institutional care.

36 (b)(1) The department shall apply to the Centers for Medicare and



1 Medicaid Services for an amendment to the Medicaid waiver for home and  
2 community-based waivers if an amendment is necessary to implement the  
3 provisions of this section.

4 (2) The amended waiver shall be limited to a maximum of either  
5 five hundred (500) clients per year or five hundred thousand dollars  
6 (\$500,000) per year in state matching funds, whichever threshold is reached  
7 first.

8 (3)(A)(i) The amended waiver shall be funded by savings to the  
9 Medicaid program as a result of Act 136 of 2003.

10 (ii) The department may set aside sufficient funds  
11 to pay administrative costs of implementing the program created by Act 136 of  
12 2003.

13 (B) If the eligibility requirements established under Act  
14 136 of 2003 are approved by the Centers for Medicare and Medicaid Services,  
15 the department shall project the savings to the Medicaid program that will  
16 result from Act 136 of 2003.

17 (C) The department shall implement the amended waiver  
18 using the savings projected in subdivision (b)(3)(B) of this section to the  
19 extent allowed under subdivision (b)(2) of this section.

20 (c) The department shall promulgate rules to:

21 (1) Establish a mechanism to track separately from exiting  
22 services those clients served and costs incurred by the waiver program  
23 established by this section; and

24 (2) Report the progress of the program at least quarterly to the  
25 House and Senate Interim Committees on Public Health, Welfare, and Labor.

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