

1 State of Arkansas
2 88th General Assembly
3 Regular Session, 2011
4

A Bill

SENATE BILL 341

5 By: Senators Lavery, D. Johnson
6

For An Act To Be Entitled

8 AN ACT TO ESTABLISH A MEDICAID PROVIDER FEE FOR
9 SERVICES PROVIDED UNDER THE ALTERNATIVE COMMUNITY
10 SERVICES WAIVER ADMINISTERED BY THE DIVISION OF
11 DEVELOPMENTAL DISABILITIES SERVICES OF THE DEPARTMENT
12 OF HUMAN SERVICES; AND FOR OTHER PURPOSES.
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Subtitle

15 TO ESTABLISH A MEDICAID PROVIDER FEE FOR
16 SERVICES PROVIDED UNDER THE ALTERNATIVE
17 COMMUNITY SERVICES WAIVER ADMINISTERED BY
18 DDS.
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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 48, is amended to add an
25 additional subchapter to read as follows:

26 Subchapter 10 – Provider Fee on Alternative Community Services
27 Waiver
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29 20-48-1001. Definitions.

30 As used in this subchapter:

31 (1) “Alternative Community Services Waiver” means the home and
32 community-based waiver program authorized by the Centers for Medicare and
33 Medicaid Services under § 1915(c) of the Social Security Act, 42 U.S.C. §
34 1396 et seq., as it existed on January 1, 2011, and administered by the
35 Division of Developmental Disabilities of the Department of Human Services;
36 and



1 (2) "Medicaid" means the medical assistance program established
2 by Title XIX of the Social Security Act, 42 U.S.C. § 1396 et seq., as it
3 existed on January 1, 2011, and administered by the Division of Medical
4 Services of the Department of Human Services.

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6 20-48-1002. Provider fee.

7 (a) There is levied a provider fee on services provided under the
8 Alternative Community Services Waiver to be calculated in accordance with
9 this section.

10 (b)(1) The Division of Medical Services of the Department of Human
11 Services shall ensure that the rate of assessment of the provider fee
12 established in this section does not exceed the maximum rate of assessment
13 established under federal law and rule for healthcare-related provider fees
14 without reduction in federal financial participation.

15 (2) If the division determines that the rate of assessment of
16 the provider fee established in this section exceeds the maximum rate of
17 assessment that federal law and rule allow without reduction in federal
18 financial participation, the division shall lower the rate of assessment of
19 the provider fee to a rate that is equal to the maximum rate that federal law
20 and rule allow without reduction in federal financial participation.

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22 20-49-1003. Reporting.

23 (a) The payment of the provider fee by a provider of services under
24 the Alternative Community Services Waiver shall be reported as an allowable
25 cost for Medicaid reimbursement purposes.

26 (b) A provider of services under the Alternative Community Services
27 Waiver shall not be guaranteed, expressly or otherwise, that any additional
28 moneys paid to the provider for services under the Alternative Community
29 Services Waiver will equal or exceed the amount of its provider fee.

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31 20-48-1004. Administration.

32 (a) The administration of this subchapter shall be exercised by the
33 Director of the Division of Medical Services of the Department of Human
34 Services and shall be subject to the Arkansas Administrative Procedure Act, §
35 25-15-201 et seq.

36 (b)(1) Under the Arkansas Administrative Procedure Act, § 25-15-201 et

1 seq., the Division of Medical Services of the Department of Health and Human
2 Services shall adopt rules and prescribe forms for:

3 (A) The proper imposition and collection of the provider
4 fee;

5 (B) The enforcement of this subchapter;

6 (C) The format for reporting gross receipts; and

7 (D) The administration of this subchapter.

8 (2) The rules shall not grant any exceptions to or exceptions
9 from the provider fee.

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11 SECTION 2. Arkansas Code Title 19, Chapter 6, Subchapter 8 is amended
12 to read as follows:

13 19-6-819. Alternative Community Services Waiver Provider Fee Fund.

14 (a)(1) There is created on the books of the Treasurer of State, the
15 Auditor of State, and the Chief Fiscal Officer of the State a special revenue
16 fund to be known as the "Alternative Community Services Waiver Provider Fee
17 Fund".

18 (2)(A) The Alternative Community Services Waiver Provider Fee
19 Fund shall consist of revenues obtained under § 20-48-1001 et seq. and any
20 other revenue as may be provided by law.

21 (B) Moneys from the Alternative Community Services Waiver
22 Provider Fee Fund shall not supplant other local, state, or federal funds.

23 (3) All provider fees assessed and collected under this
24 subchapter shall be deposited into the State Treasury as special revenue and
25 credited to the Alternative Community Services Waiver Provider Fee Fund,
26 there to be used for the support of services to persons with developmental
27 disabilities.

28 (4)(A) Funds in the Alternative Community Services Waiver
29 Provider Fee Fund shall be placed in an interest bearing account.

30 (B) Earnings on funds in the Alternative Community
31 Services Waiver Provider Fee Fund shall remain a part of the Alternative
32 Community Services Waiver Provider Fee Fund and shall not be deposited into
33 the General Revenue Fund Account of the State Apportionment Fund.

34 (b) The special revenues in the Alternative Community Services Waiver
35 Provider Fee Fund unused at the end of a fiscal year shall be carried
36 forward.

1 (c) The Alternative Community Services Waiver Provider Fee Fund shall
2 be exempt from budgetary cuts, reductions, or eliminations caused by a
3 deficiency of general revenues.

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