1	State of	Arkansas		• 1 1	
2	89th Ge	neral Ass	sembly AB	1ll	
3	Fiscal S	ession, 20	014		HOUSE BILL 1151
4					
5	By: Rep	resentativ	ves Ballinger, Farrer, Harris, Cozart, A	lexander, Hobbs, C. Do	ouglas, Payton, Womack,
6	Jean				
7	By: Sen	ators J. H	Iendren, Bledsoe, G. Stubblefield, Hest	ter, Irvin, A. Clark, B. k	King, J. Cooper
8					
9			For An Act To	Be Entitled	
10		A	AN ACT TO MAKE AN APPROPRIATI	ION FOR PERSONAL S	ERVICES
11		A	AND OPERATING EXPENSES FOR TH	IE DEPARTMENT OF H	IUMAN
12		S	SERVICES - DIVISION OF MEDICA	AL SERVICES FOR TH	ΙE
13		F	FISCAL YEAR ENDING JUNE 30, 2	2015; AND FOR OTHE	R
14		I	PURPOSES.		
15					
16					
17			Subti	tle	
18	AN ACT FOR THE DEPARTMENT OF HUMAN				
19	SERVICES - DIVISION OF MEDICAL SERVICES				
20			APPROPRIATION FOR THE 20	014-2015 FISCAL	
21			YEAR.		
22					
23					
24	BE IT	ENACTEI	O BY THE GENERAL ASSEMBLY OF	THE STATE OF ARKA	NSAS:
25					
26		SECTION	N 1. REGULAR SALARIES - OPERA	ATIONS. There is	hereby established
27	for th	.e Depai	rtment of Human Services – Di	ivision of Medical	Services for the
28	2014-2	015 fis	scal year, the following maxi	imum number of reg	ular employees.
29				-	
30					Maximum Annual
31				Maximum	Salary Rate
32	Item	Class		No. of	Fiscal Year
33	No.	Code	Title	Employees	2014-2015
34	(1)	L008N	PHYSICIAN SPECIALIST	2	GRADE N917
35	(2)	N181N	DIRECTOR OF MEDICAL SERVICE	ES 1	GRADE N915
36	(3)	L016N	REGISTERED PHARMACIST	6	GRADE N911



.

1	(4)	NO80N	DHS/DMS ASSISTANT DIRECTOR - FISCAL	2	GRADE N907
2	(5)	N099N	DHS/DMS ADD - LONG TERM CARE	1	GRADE N906
3	(6)	N100N	DHS/DMS ADD - MEDICAL SERVICES	2	GRADE N906
4	(7)	N110N	DHS ASST DIR CONTRACT MONITORING UNIT	1	GRADE N905
5	(8)	N111N	DHS ASST DEP DIR FOR MGR ACCOUNTING	1	GRADE N905
6	(9)	A010C	AGENCY CONTROLLER II	1	GRADE C128
7	(10)	D007C	INFORMATION SYSTEMS MANAGER	2	GRADE C128
8	(11)	A016C	DHS DMS BUSINESS OPERATIONS MANAGER	8	GRADE C127
9	(12)	L003C	PSYCHOLOGIST	5	GRADE C127
10	(13)	L010C	DHS DMS MEDICAL ASSISTANCE MANAGER	8	GRADE C125
11	(14)	L009C	NURSE MANAGER	4	GRADE C125
12	(15)	A031C	ASSISTANT CONTROLLER	1	GRADE C124
13	(16)	L015C	CLINICAL SPEECH PATHOLOGIST	2	GRADE C124
14	(17)	B023C	ENGINEER, P.E.	1	GRADE C124
15	(18)	D030C	INFORMATION SYSTEMS COORDINATOR	1	GRADE C124
16	(19)	L021C	NURSING HOME ASSISTANT ADMINISTRATOR	1	GRADE C123
17	(20)	L020C	NURSING SERVICES UNIT MANAGER	2	GRADE C123
18	(21)	L019C	REGISTERED NURSE COORDINATOR	5	GRADE C123
19	(22)	A044C	AUDIT COORDINATOR	3	GRADE C122
20	(23)	G099C	DHS PROGRAM ADMINISTRATOR	14	GRADE C122
21	(24)	L027C	REGISTERED NURSE SUPERVISOR	11	GRADE C122
22	(25)	A052C	ACCOUNTING COORDINATOR	1	GRADE C121
23	(26)	M011C	FAMILY SERVICE WORKER COUNTY SUP	1	GRADE C121
24	(27)	A047C	FINANCIAL ANALYST II	1	GRADE C121
25	(28)	A056C	DHS FINANCIAL SECTION MANAGER	2	GRADE C120
26	(29)	L040C	DIETARY SERVICES DIRECTOR	1	GRADE C120
27	(30)	L038C	REGISTERED NURSE	68	GRADE C120
28	(31)	E023C	TRAINING PROJECT MANAGER	1	GRADE C120
29	(32)	D063C	COMPUTER SUPPORT SPECIALIST	2	GRADE C119
30	(33)	D062C	DATABASE ANALYST	1	GRADE C119
31	(34)	G152C	DHS PROGRAM MANAGER	14	GRADE C119
32	(35)	G147C	GRANTS COORDINATOR	2	GRADE C119
33	(36)	X067C	HEALTH FACILITIES SURVEYOR	21	GRADE C119
34	(37)	D061C	INFORMATION SYSTEMS COORD SPECIALIST	1	GRADE C119
35	(38)	X062C	QUALITY ASSURANCE COORDINATOR	2	GRADE C119
36	(39)	A060C	SENIOR AUDITOR	10	GRADE C119

1	(40)	A075C	FINANCIAL ANALYST I	1	GRADE C118
2	(41)	A081C	AUDITOR	2	GRADE C117
3	(42)	R027C	BUDGET SPECIALIST	2	GRADE C117
4	(43)	G183C	DHS PROGRAM COORDINATOR	10	GRADE C117
5	(44)	L055C	DIETICIAN	1	GRADE C117
6	(45)	D068C	INFORMATION SYSTEMS ANALYST	2	GRADE C117
7	(46)	D067C	INFORMATION SYSTEMS SECURITY ANALYST	2	GRADE C117
8	(47)	G179C	LEGAL SERVICES SPECIALIST	1	GRADE C117
9	(48)	M039C	MEDICAID SERVICES SUPERVISOR	2	GRADE C117
10	(49)	G178C	POLICY DEVELOPMENT COORDINATOR	3	GRADE C117
11	(50)	B076C	RESEARCH PROJECT ANALYST	2	GRADE C117
12	(51)	E044C	CERTIFIED BACHELORS TEACHER	1	GRADE C117
13	(52)	A089C	ACCOUNTANT I	1	GRADE C116
14	(53)	A088C	ASSETS COORDINATOR	1	GRADE C116
15	(54)	X124C	HEALTH FACILITY REVIEWER	1	GRADE C116
16	(55)	C037C	ADMINISTRATIVE ANALYST	7	GRADE C115
17	(56)	A091C	FISCAL SUPPORT ANALYST	3	GRADE C115
18	(57)	C050C	ADMINISTRATIVE SUPPORT SUPERVISOR	1	GRADE C113
19	(58)	L070C	HEALTH CARE ANALYST	18	GRADE C113
20	(59)	C056C	ADMINISTRATIVE SPECIALIST III	28	GRADE C112
21	(60)	A098C	FISCAL SUPPORT SPECIALIST	2	GRADE C112
22	(61)	A101C	ACCOUNTING TECHNICIAN	1	GRADE C109
23	(62)	C073C	ADMINISTRATIVE SPECIALIST II	12	GRADE C109
24	(63)	C087C	ADMINISTRATIVE SPECIALIST I	10	GRADE C106
25		MAX. N	O. OF EMPLOYEES	327	

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27 SECTION 2. EXTRA HELP - OPERATIONS. There is hereby authorized, for 28 the Department of Human Services - Division of Medical Services for the 2014-29 2015 fiscal year, the following maximum number of part-time or temporary 30 employees, to be known as "Extra Help", payable from funds appropriated 31 herein for such purposes: seven (7) temporary or part-time employees, when 32 needed, at rates of pay not to exceed those provided in the Uniform 33 Classification and Compensation Act, or its successor, or this act for the 34 appropriate classification.

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SECTION 3. APPROPRIATION - OPERATIONS. There is hereby appropriated,

to the Department of Human Services - Division of Medical Services, to be payable from the paying account as determined by the Chief Fiscal Officer of the State, for personal services and operating expenses of the Department of Human Services - Division of Medical Services - Operations for the fiscal year ending June 30, 2015, the following:

- 6 7 ITEM FISCAL YEAR 8 NO. 2014-2015 9 (01) REGULAR SALARIES \$16,445,333 10 (02) EXTRA HELP 201,892 11 (03) PERSONAL SERVICES MATCHING 5,528,850 12 (04) OVERTIME 5,000 (05) MAINT. & GEN. OPERATION 13 (A) OPER. EXPENSE 14 3,541,565 15 (B) CONF. & TRAVEL 233,728 16 (C) PROF. FEES 555,132 17 (D) CAP. OUTLAY 144,388 18 (E) DATA PROC. 0 19 (06) DATA PROCESSING SERVICES 299,600 TOTAL AMOUNT APPROPRIATED 20 \$26,955,488
- 21

SECTION 4. APPROPRIATION - GRANTS. There is hereby appropriated, to the Department of Human Services - Division of Medical Services, to be payable from the paying account as determined by the Chief Fiscal Officer of the State, for grant payments of the Department of Human Services - Division of Medical Services - Grants for the fiscal year ending June 30, 2015, the following:

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29	ITEM		FISCAL YEAR
30	NO.		2014-2015
31	(01)	PRIVATE NURSING HOME CARE	\$716,865,047
32	(02)	INFANT INFIRMARY	27,555,873
33	(03)	PUBLIC NURSING HOME CARE	223,528,121
34	(04)	PRESCRIPTION DRUGS	385,783,553
35	(05)	HOSPITAL AND MEDICAL SERVICES	5,066,397,953
36	(06)	CHILD AND FAMILY LIFE INSTITUTE	2,100,000

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ITEM

NO.

(01)

ITEM

NO.

(01)

EXPENSES

EXPENSES

(07) ARKIDS B PROGRAM 148,436,682 TOTAL AMOUNT APPROPRIATED \$6,570,667,229 SECTION 5. APPROPRIATION - NURSING HOME CLOSURE COSTS. There is hereby appropriated, to the Department of Human Services - Division of Medical Services, to be payable from the Long-Term Care Trust Fund, for the payment of relocation costs of residents in long-term care facilities, maintenance and operation of a facility pending correction of deficiencies or closure, and reimbursement of residents for personal funds lost for the fiscal year ending June 30, 2015, the following: FISCAL YEAR 2014-2015 \$50,000 SECTION 6. APPROPRIATION - LONG-TERM CARE FACILITY RECEIVERSHIP. There is hereby appropriated, to the Department of Human Services - Division of Medical Services, to be payable from the Long Term Care Facility Receivership Fund Account, for the payment of expenses of long-term care facility receivers as authorized by law of the Department of Human Services - Division of Medical Services - Long-Term Care Facility Receivership for the fiscal year ending June 30, 2015, the following: FISCAL YEAR 2014-2015 \$100,000 SECTION 7. APPROPRIATION - NURSING HOME QUALITY GRANTS. There is hereby appropriated, to the Department of Human Services - Division of Medical Services, to be payable from the Long-Term Care Trust Fund, for

31 Nursing Home Quality Grants of the Department of Human Services - Division of 32 Medical Services - Nursing Home Quality Grants for the fiscal year ending June 30, 2015, the following: 33 34

35 ITEM FISCAL YEAR 36 2014-2015 NO.

HB1151

1 (01) NURSING HOME QUALITY GRANTS AND AID \$1,500,000 2 SECTION 8. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS 3 4 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. DEPARTMENT OF HUMAN SERVICES GRANTS FUND ACCOUNT. The Department of Human 5 6 Services Grants Fund Account shall be used for the following grant programs 7 to consist of general revenues and any other nonfederal funds, as may be 8 appropriated by the General Assembly: 9 (i) Children's Medical Services; 10 (ii) Food Stamp Employment and Training Program; 11 (iii) Aid to the Aged, Blind, and Disabled; 12 (iv) Transitional Employment Assistance Program; 13 (v) Private nursing home care; 14 (vi) Infant Infirmary - nursing home care; 15 (vii) Public Nursing Home Care; 16 (viii) Prescription Drugs; 17 (ix) Hospital and Medical Services; 18 (x) Child and Family Life Institute; 19 (xi) Community Services Block Grant; 20 (xii) ARKIDSFIRST; 21 (xiii) Child Health Management Services; and 22 (xiv) Child Care Grant 23 SECTION 9. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS 24 25 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. MEDICAL 26 SERVICES - CHILD AND FAMILY LIFE INSTITUTE. The Child Health and Family Life 27 Institute shall be administered under the direction of Arkansas Children's 28 Hospital. Arkansas Children's Hospital shall enter into a cooperative 29 agreement and/or contract with the University of Arkansas for Medical 30 Sciences - Department of Pediatrics for services required in delivering the 31 programs of the Child Health and Family Life Institute. Utilizing a 32 multidisciplinary collaboration of professionals, the Child Health and Family 33 Life Institute shall provide a statewide effort to explore, develop and

evaluate new and better ways to address medically, socially and economically interrelated health and developmental needs of children with special health care needs and their families. The Child Health and Family Life Institute's

1 priorities shall include, but are not limited to, wellness and prevention,

2 screen and diagnosis, treatment and intervention, training and education and 3 research and evaluation.

Arkansas Children's Hospital and the University of Arkansas for Medical
Sciences - Department of Pediatrics shall make annual reports to the Arkansas
Legislative Council on all matters of funding, existing programs and services
offered through the Child Health and Family Life Institute.

8 The provisions of this section shall be in effect only from July 1, 2013
9 2014 through June 30, 2014 2015.

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11 SECTION 10. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS 12 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. MEDICAL SERVICES - PHARMACEUTICAL DISPENSING FEE SURVEY. No more than two years prior 13 14 to making any changes to the current pharmaceutical dispensing fee, the State 15 shall conduct an independent survey utilizing generally accepted accounting 16 principles, to determine the cost of dispensing a prescription by pharmacists 17 in Arkansas. Only factors relative to the cost of dispensing shall be 18 surveyed. These factors shall not include actual acquisition costs or average 19 profit or any combination of actual acquisition costs or average profit. The 20 survey results shall be the basis for establishing the dispensing fee paid to 21 participating pharmacies in the Medicaid prescription drug program in 22 accordance with Federal requirements. The dispensing fee shall be no lower 23 than the cost of dispensing as determined by the survey. Nothing in this 24 section shall be construed to prohibit the State from increasing the 25 dispensing fee at any time.

26 The provisions of this section shall be in effect only from July 1, 2013
27 <u>2014</u> through June 30, 2014 <u>2015</u>.

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SECTION 11. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. MEDICAL
 SERVICES - GENERAL MEDICAID RATE METHODOLOGY PROVISIONS.

(a) Rates established by the Division of Medical Services for the services
or programs covered by this Act shall be calculated by the methodologies
approved by the Centers for Medicare and Medicaid Services (CMS). The
Division of Medical Services shall have the authority to reduce or increase
rates based on the approved methodology. Further, the Division of Medical

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Services shall have the authority to increase or decrease rates for good cause including, but not limited to: (1) Identification of provider(s) who can render needed services of equal quality at rates less than traditionally charged and who meet the applicable federal and state laws, rules and regulations pertaining to the provision of a particular service; (2) Identification that a provider or group of providers has consistently charged rates to the Arkansas Medicaid Program greater than to other purchasers of medical services of similar size; (3) The Division determines that there has been significant changes in the

10 technology or process by which services are provided by a provider or group 11 of providers which has affected the costs of providing services, or; 12 (4) A severe economic downturn in the Arkansas economy which has affected the 13 overall state budget of the Division of Medical Services.

The Division of Medical Services shall make available to requesting providers, the CMS's inflationary forecasts (CMS Market Basket Index). Rates established with cost of living increases based on the CMS Market Basket Index or other indices will be adjusted annually except when the state budget does not provide sufficient appropriation and funding to affect the change or portion thereof.

(b) Any rate methodology changes proposed by the Division of Medical
Services both of a general and specific nature, shall be subject to prior
approval by the Legislative Council or Joint Budget Committee.

23 Determining the maximum number of employees and the maximum amount of 24 appropriation and general revenue funding for a state agency each fiscal year 25 is the prerogative of the General Assembly. This is usually accomplished by 26 delineating such maximums in the appropriation act(s) for a state agency and 27 the general revenue allocations authorized for each fund and fund account by 28 amendment to the Revenue Stabilization law. Further, the General Assembly has 29 determined that the Department of Human Services - Division of Medical Services may operate more efficiently if some flexibility is provided to the 30 31 Department of Human Services - Division of Medical Services authorizing broad 32 powers under this section. Therefore, it is both necessary and appropriate 33 that the General Assembly maintain oversight by requiring prior approval of 34 the Legislative Council or Joint Budget Committee as provided by this 35 section. The requirement of approval by the Legislative Council or Joint 36 Budget Committee is not a severable part of this section. If the requirement

of approval by the Legislative Council or Joint Budget Committee is ruled
 unconstitutional by a court of competent jurisdiction, this entire section is
 void.

4 The provisions of this section shall be in effect only from July 1, 2013
5 <u>2014</u> through June 30, 2014 <u>2015</u>.

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SECTION 12. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS 7 8 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. FUND 9 USAGE AUTHORIZED. The Arkansas Children's Hospital may request the Department 10 of Human Services - Division of Medical Services to retain in the Department 11 of Human Services Grant Fund account an amount not to exceed \$2,100,000 from 12 funds made available by this Act for the Child and Family Life Institute, Section 4, item number 06 to be used to match federal funds used for 13 14 supplemental Medicaid payments to Arkansas Children's Hospital. These 15 retained funds shall not be recovered to transfer to the General Revenue 16 Allotment Reserve Fund.

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SECTION 13. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS 18 19 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. STATE 20 PLAN. The State Plan must include the provision of EPSDT services as those 21 services are defined in §1396d(r). See §§ 1396a(a)(10)(A), 1396d(a)(4)(B); 22 see also 1396a(a)(43). Section 1396d(r) lists in detail the screening 23 services, vision services, dental services, and hearing services that the 24 State Plan must expressly include, but with regard to treatment services, it 25 states that EPSDT means "[s]uch other necessary health care, diagnostic 26 services, treatment, and other measures described in subsection (a) of this 27 section to correct or ameliorate defects and physical and mental illnesses 28 and conditions discovered by the screening services, whether or not such 29 services are covered under the State plan." 42 U.S.C. § 1396d(r)(5) (emphasis added). Reading §1396a, § 1396d(a), and § 1396d(r) together, we believe that 30 31 the State Plan need not specifically list every treatment service conceivably 32 available under the EPSDT mandate.

The State Plan, however, must pay part or all of the cost of treatments to ameliorate conditions discovered by the screening process when those treatments meet the definitions set forth in § 1396a. See §1396d(r)(5); see also §§1396a(a)(10), 1396a (a)(43), and 1396d(a)(4)(B). The Arkansas State

HB1151

Plan states that the "State will provide other health care described in [42
 U.S.C. 1396d(a)] that is found to be medically necessary to correct or
 ameliorate defects and physical and mental illnesses and conditions
 discovered by the screening services, even when such health care is not
 otherwise covered under the State Plan." See State Plan Under Title XIX of
 the Social Security Act Medical Assistance Program, State Of Arkansas at
 §4.b. This provision Meets the EPSDT mandate of the Medicaid Act.

8 We affirm the district court's decision to the extent that it holds that a 9 Medicaid-Eligible individual has a federal right to early intervention day 10 treatment when a physician recommends such treatment. Section 1396d(r)(5) 11 states that EPSDT includes any treatments or measures outlined in §1396d(a). 12 There are twenty-seven sub-parts to §1396d(a), and we find that sub-part 13 (a)(13), in particular, when read with the other sections of the Medicaid Act 14 listed above, mandates that early intervention day treatment be provided when 15 it is prescribed by a physician. See 42 U.S.C. §1396d(a)(13) (defining 16 medical assistance reimbursable by Medicaid as "other diagnostic, screening, 17 preventive, and rehabilitative services, including any medical or remedial 18 services recommended by a physician...for the maximum reduction of physical 19 and mental disability and restoration of an individual to the best possible 20 functional level"). Therefore, after CHMS clinic staff perform a diagnostic 21 evaluation of an eligible child, if the CHMS physician prescribes early 22 intervention day treatment as a service that would lead to the maximum 23 reduction of medical and physical disabilities and restoration of the child 24 to his or her best possible functional level, the Arkansas State Plan must 25 reimburse the treatment. Because CHMS clinics are the only providers of early intervention day treatment, Arkansas must reimburse those clinics. 26

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28 SECTION 14. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
29 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. MEDICAL
30 SERVICES - STATE MEDICAID PROGRAM/PERSONAL CARE PROGRAM.

(a) It is the legislative intent that the Department of Human Services in its administration of the Arkansas Medicaid Program set forth Medicaid provider participation requirements for "personal care providers" that will insure sufficient available providers to meet the required needs of all eligible recipients, to include insuring available in home services twentyfour (24) hours a day and seven (7) days a week for personal care.

1 (b) For the purposes of this section, "private care agencies" are defined 2 as those providers licensed by the Department of Labor, certified as 3 ElderChoices Providers and who furnish in home staffing services for respite, 4 chore services, and homemaker services, and are covered by liability 5 insurance of not less than one million dollars (\$1,000,000) covering their 6 employees and independent contractors while they are engaged in providing 7 services, such as personal care, respite, chore services, and homemaker 8 services.

9 (c) The purpose of this section is to allow the private care agencies 10 defined herein to be eligible to provide Medicaid reimbursed personal care 11 services seven (7) days a week, and does not supercede Department of Human 12 Services rules establishing monthly benefit limits and prior authorization 13 requirements.

14 (d) The availability of providers shall not require the Department of
15 Human Services to reimburse for twenty-four (24) hours per day of personal
16 care services.

(e) The Arkansas Department of Human Services, Medical Services Division
shall take such action as required by the Centers for Medicare and Medicaid
Services to amend the Arkansas Medicaid manual to include, private care
agencies, as qualified entities to provide Medicaid reimbursed personal care
services.

(f) The private care agencies shall comply with rules and regulations promulgated by the Arkansas Department of Health which shall establish a separate licensure category for the private care agencies for the provision of Medicaid reimbursable personal care services seven (7) days a week.

26 (g) The Arkansas Department of Health shall supervise the conduct of the 27 personal care agencies defined herein.

(h) The purpose of this section is to insure the care provided by the
private care agencies, is consistent with the rules and regulations of the
Arkansas Department of Health.

The provisions of this section shall be in effect only from July 1, 2013
2014 through June 30, 2014 2015.

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SECTION 15. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. REVIEW OF
 RULES IMPACTING STATE MEDICAID COSTS. (a) In light of the rapidly rising

potential costs to the State attributable to the Medicaid program and the importance of Medicaid expenditures to the health and welfare of the citizens of this State, the General Assembly finds it desirable to exercise more thorough review of future proposed changes to rules that might impact those

5 costs or expenditures.

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6 (b) As used in this section, "rule impacting state Medicaid costs" means 7 a proposed rule, as defined by § 25-15-202(8), or a proposed amendment to an 8 existing rule, as defined by § 25-15-202(8), that would, if adopted, adjust 9 Medicaid reimbursement rates, Medicaid eligibility criteria, or Medicaid 10 benefits, including without limitation a proposed rule or a proposed 11 amendment to an existing rule seeking to accomplish the following:

12 (1) Reduce the number of individuals covered by Arkansas Medicaid;
13 (2) Limit the types of services covered by Arkansas Medicaid;
14 (3) Reduce the utilization of services covered by Arkansas Medicaid;

- 15 (4) Reduce provider reimbursement;
- 16 (5) Increase consumer cost-sharing;
- 17 (6) Reduce the cost of administering Arkansas Medicaid;
- 18 (7) Increase Arkansas Medicaid revenues;
- 19 (8) Reduce fraud and abuse in the Arkansas Medicaid program;

20 (9) Change any of the methodologies used for reimbursement of 21 providers;

(10) Seek a new waiver or modification of an existing waiver of any
provision under Medicaid, Title XIX, of the Social Security Act, including a
waiver that would allow a demonstration project;

(11) Participate or seek to participate in Social Security Act Section
1115(a)(1) waiver authority that would allow operation of a demonstration
project or program;

(12) Participate or seek to participate in a Social Security Act
Section 1115(a)(2) request for the Secretary of the Department of Health and
Human Services to provide federal financial participation for costs
associated with a demonstration project or program;

(13) Implement managed care provisions under Section 1932 of Medicaid,
 Title XIX of the Social Security Act; or

34 (14) Participate or seek to participate in the Centers for Medicare and35 Medicaid Services Innovation projects or programs.

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(c)(l) In addition to filing requirements under the Arkansas

1 Administrative Procedure Act, § 25-15-201 et seq., and § 10-3-309, the 2 Department of Human Services shall, at least thirty (30) days before the expiration of the period for public comment, file a proposed rule impacting 3 4 state Medicaid costs or a proposed amendment to an existing rule impacting 5 state Medicaid costs with the Senate Interim Committee on Public Health, 6 Welfare, and Labor and the House Interim Committee on Public Health, Welfare, 7 and Labor, or, when the General Assembly is in session, with the Senate 8 Committee on Public Health, Welfare, and Labor and the House Committee on 9 Public Health, Welfare and Labor.

10 (2) Any review of the proposed rule or proposed amendment to an 11 existing rule by the Senate and House Interim Committees on Public Health, 12 Welfare and Labor or the Senate and House Committees on Public Health, 13 Welfare, and Labor shall occur within forty-five (45) days of the date the 14 proposed rule or proposed amendment to an existing rule is filed with the 15 committees.

16 (d)(1) If adopting an emergency rule impacting state Medicaid costs, 17 in addition to the filing requirements under the Arkansas Administrative 18 Procedure Act, § 25-15-201 et seq. and § 10-3-309, the Department of Human 19 Services shall notify the Speaker of the House of Representatives, the 20 President Pro Tempore of the Senate, the chair of the Senate Committee on Public Health, Welfare, and Labor, and the chair of the House Committee on 21 22 Public Health, Welfare and Labor of the emergency rule and provide each of 23 them a copy of the rule within five (5) business days of adopting the rule.

(2) Any review of the emergency rule by the Senate and House
Interim Committees on Public Health, Welfare and Labor or the Senate and
House Committees on Public Health, Welfare, and Labor shall occur within
forty-five (45) days of the date the emergency rule is provided to the
chairs.

(e)(1) The Joint Budget Committee may review a rule impacting state
Medicaid costs during a regular, fiscal, or special session of the General
Assembly.

32 (2) Actions taken by the Joint Budget Committee when reviewing a
33 rule impacting state Medicaid costs shall have the same effect as actions
34 taken by the Legislative Council under § 10-3-309.

35 (3) If the Joint Budget Committee reviews a rule impacting state36 Medicaid costs, it shall file a report of its actions with the Legislative

HB1151

1	Council as soon as practicable.
2	(f) This section expires on June 30, 2014 <u>2015</u> .
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4	SECTION 16. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
5	CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL, AND TEMPORARY LAW. HEALTH
6	CARE INDEPENDENCE PROGRAM.
7	(a) As used in this section, "Health Care Independence Program" means
8	the Health Care Independence Program established under the Health Care
9	Independence Act of 2013, § 20-77-2401 et seq.
10	(b)(1) Determining the maximum number of employees, the maximum amount
11	of appropriation, for what purposes an appropriation is authorized, and
12	general revenue funding for a state agency each fiscal year is the
13	prerogative of the General Assembly.
14	(2) The purposes under subdivision (b)(1) of this section are
15	typically accomplished by:
16	(A) Identifying the purpose in the appropriation act;
17	(B) Delineating such maximums in the appropriation act for
18	a state agency; and
19	(C) Delineating the general revenue allocations authorized
20	for each fund and fund account by amendment to the Revenue Stabilization Law,
21	<u>§ 19-5-101 et seq.</u>
22	(3) It is both necessary and appropriate that the General
23	Assembly restrict the use of appropriations authorized in this act.
24	(c)(l)(A) Except as provided in subdivision (c)(2) of this section, on
25	and after July 1, 2014, the Department of Human Services shall not allocate,
26	budget, expend, or utilize appropriations under this act for services,
27	coverage, or premium assistance for persons enrolled in the Health Care
28	Independence Program.
29	(B) This subdivision (c)(l) does not prohibit the payment
30	of expenses incurred before July 1, 2014, by persons participating in the
31	Health Care Independence Program who were determined to be more effectively
32	covered through the traditional Arkansas Medicaid Program.
33	(2)(A) The Department of Human Services shall take necessary
34	action, including without limitation submitting and applying for a state plan
35	amendment or waiver, or both, to allow individuals enrolled before July 1,
36	2014, to continue to participate in the Health Care Independence Program

HB1151

1	until March 1, 2015.
2	(B) If the Department of Human Services is unable to
3	secure a continuation of the Health Care Independence Program under
4	subdivision (c)(2)(A) of this section before July 1, 2014, subdivision (c)(1)
5	of this section shall apply.
6	(C) If the Department of Human Services secures a
7	continuation of the Health Care Independence Program under subdivision
8	(c)(2)(A) of this section, then the department may allocate, budget, expend,
9	or utilize appropriations under this act until March 1, 2015, for services,
10	coverage, or premium assistance for persons enrolled before July 1, 2014, in
11	the Health Care Independence Program.
12	(d) An appropriation authorized by this act is not subject to the
13	provisions allowed through reallocation of resources or transfer of
14	appropriation authority if the reallocation or transfer results in
15	transferring an appropriation to any other appropriation authorized for the
16	Department of Human Services to be allocated, budgeted, expended, or utilized
17	for services, coverage, or premium assistance in the Health Care Independence
18	Program that is prohibited by this section.
19	(e) Except as provided in subdivision (c)(2) of this section, the
20	Department of Human Services shall submit and seek approval for appropriate
21	state plan amendments or federal waivers, or both, to eliminate the
22	eligibility for qualified family members and individuals as described under
23	42 C.F.R. § 435.119, as it existed on January 1, 2014.
24	(f) The Department of Human Services and the State Insurance
25	Department shall study all possible options under state and federal law to
26	provide services or coverage on and after July 1, 2014, or on and after March
27	1, 2015, if the Department of Human Services secures a continuation of the
28	Health Care Independence Program under subdivision (c)(2)(A) of this section,
29	for persons enrolled in the Health Care Independence Program, including
30	without limitation:
31	(1) Health savings accounts;
32	(2) Medical care and services cost-sharing methods;
33	(3) Medical sharing programs; and
34	(4) Medical discount savings cards.
35	
36	SECTION 17. COMPLIANCE WITH OTHER LAWS. Disbursement of funds

1 authorized by this act shall be limited to the appropriation for such agency 2 and funds made available by law for the support of such appropriations; and the restrictions of the State Procurement Law, the General Accounting and 3 Budgetary Procedures Law, the Revenue Stabilization Law, the Regular Salary 4 5 Procedures and Restrictions Act, or their successors, and other fiscal 6 control laws of this State, where applicable, and regulations promulgated by 7 the Department of Finance and Administration, as authorized by law, shall be 8 strictly complied with in disbursement of said funds.

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10 SECTION 18. LEGISLATIVE INTENT. It is the intent of the General 11 Assembly that any funds disbursed under the authority of the appropriations 12 contained in this act shall be in compliance with the stated reasons for which this act was adopted, as evidenced by the Agency Requests, Executive 13 14 Recommendations and Legislative Recommendations contained in the budget 15 manuals prepared by the Department of Finance and Administration, letters, or 16 summarized oral testimony in the official minutes of the Arkansas Legislative 17 Council or Joint Budget Committee which relate to its passage and adoption. 18

19 SECTION 19. EMERGENCY CLAUSE. It is found and determined by the 20 General Assembly, that the Constitution of the State of Arkansas prohibits the appropriation of funds for more than a one (1) year period; that the 21 22 effectiveness of this Act on July 1, 2014 is essential to the operation of 23 the agency for which the appropriations in this Act are provided, and that in 24 the event of an extension of the legislative session, the delay in the effective date of this Act beyond July 1, 2014 could work irreparable harm 25 26 upon the proper administration and provision of essential governmental programs. Therefore, an emergency is hereby declared to exist and this Act 27 being necessary for the immediate preservation of the public peace, health 28 and safety shall be in full force and effect from and after July 1, 2014. 29 30 /s/Ballinger 31 32 33 34