

1 State of Arkansas
2 95th General Assembly
3 Regular Session, 2025
4

A Bill

SENATE BILL 543

5 By: Senator B. Davis
6 By: Representative L. Johnson
7

For An Act To Be Entitled

8 AN ACT TO REQUIRE CERTAIN REIMBURSEMENT RATES FOR
9 HOME- AND COMMUNITY-BASED SERVICES WITHIN RISK-BASED
10 PROVIDER ORGANIZATIONS; AND FOR OTHER PURPOSES.
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Subtitle

14 TO REQUIRE CERTAIN REIMBURSEMENT RATES
15 FOR HOME- AND COMMUNITY-BASED SERVICES
16 WITHIN RISK-BASED PROVIDER
17 ORGANIZATIONS.
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20 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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22 SECTION 1. Arkansas Code § 20-77-2706(d)(1), concerning the
23 characteristics and duties of a risk-based provider organization under the
24 Medicaid Provider-Led Organized Care Act, is amended to read as follows:

25 (d)(1) Except as provided in subdivision (d)(2) of this section,
26 reimbursement rates paid by a risk-based provider organization to direct
27 service providers shall:

28 (A) Be determined by mutual agreement of the risk-based
29 provider organization and direct service provider ~~without regard to Medicaid~~
30 ~~provider rates established by the Department of Human Services if the~~
31 reimbursement rates are not less than the minimum rates established under §
32 20-77-2709; and

33 (B) Assure efficiency, economy, quality, and equal access
34 to enrollable Medicaid beneficiary populations in the same manner as to
35 individuals who are not covered by the Arkansas Medicaid Program.
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1 SECTION 2. Arkansas Code § 20-77-2706(e)(1), concerning the
2 characteristics and duties of a risk-based provider organization under the
3 Medicaid Provider-Led Organized Care Act, is amended to read as follows:

4 (e)(1) Except as provided in subdivision (e)(2) of this section, all
5 policies and procedures regarding the provision of healthcare services by a
6 direct service provider shall:

7 (A) Be determined by mutual agreement of the risk-based
8 provider organization and the direct service provider ~~without regard to~~
9 ~~Medicaid provider rates established by the Department of Human Services~~ if
10 the reimbursement rates are not less than the minimum rates established under
11 § 20-77-2709; and

12 (B) Assure efficiency, economy, quality, and equal access
13 to the enrollable Medicaid beneficiary population in the same manner as
14 individuals who are not covered by the Arkansas Medicaid Program.

15
16 SECTION 3. Arkansas Code Title 20, Chapter 77, Subchapter 27, is
17 amended to add an additional section to read as follows:

18 20-77-2709. Home- and community-based services – Rate setting.

19 (a)(1) An allowance within the capitation rates for a risk-based
20 provider organization shall not be less than the amount needed to pay
21 providers the rates arrived at through a rate study to be completed by
22 October 1, 2025.

23 (2) The rates from a rate study as described in subdivision
24 (a)(1) of this section serve as the minimums that risk-based provider
25 organizations may pay for home- and community-based services, as authorized
26 in 42 C.F.R. § 438.6, as existing on January 1, 2025.

27 (b) The rate study under subdivision (a)(1) of this section shall:

28 (1) Cover services in the Community and Employment Support
29 1915(c) waiver and the Community Support System Provider program; and

30 (2) Accurately capture provider costs and other relevant
31 considerations that promote economy, efficiency, quality of care, and equal
32 access as required by the Centers for Medicare & Medicaid Services under 42
33 U.S.C. § 1396a, as existing on January 1, 2025, and in federal regulations
34 under 42 C.F.R. Part 447, as existing on January 1, 2025.

35 (c)(1) The Department of Human Services shall develop the cost factors
36 and other criteria for the rate study with input from home- and community-

1 based service providers.

2 (2) As no rate study for home- and community-based service
3 providers has been conducted since the risk-based provider organizations
4 began serving the state, if the outcome of the rate study under subdivision
5 (a)(1) of this section produces an increase greater than ten percent (10%),
6 the department may be phase in a rate increase across two (2) years as
7 authorized by state appropriations and budgets.

8 (3) The department shall conduct a full provider rate review in
9 accordance with the published rate review schedule to ensure that rates
10 remain adequate and aligned with actual costs.

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