

State Contracts Over \$50,000 Awarded To Minority Owned Businesses Fiscal Year 2023

None

Department Appropriation Summary

Historical Data

Agency Request and Recommendations

Appropriation	2022-2023		2023-2024		2023-2024		2024-2025					
	Actual	Pos	Budget	Pos	Authorized	Pos	Legislative Recommendation	Pos	Agency Request	Pos	Executive Recommendation	Pos
4KS Nursing Home Quality	504,610	0	4,000,000	0	4,000,000	0	4,000,000	0	4,000,000	0	4,000,000	0
642 Medicaid Expansion-Medical Svcs	77,873	1	89,091	1	86,218	1	87,250	1	87,250	1	87,250	1
648 Medicaid Exp-Prescription Drugs	1,227,470	0	5,099,902	0	9,543,457	0	9,543,457	0	9,543,457	0	9,543,457	0
648 Medicaid Exp-Hospital & Medical Services	64,849,688	0	108,562,790	0	160,426,470	0	160,426,470	0	160,426,470	0	160,426,470	0
876 Nursing Home Closure Costs	0	0	4,500,000	0	4,500,000	0	4,500,000	0	4,500,000	0	4,500,000	0
878 Long Term Care Facility Receivership	0	0	100,000	0	100,000	0	100,000	0	100,000	0	100,000	0
896 Division of Medical Services	10,193,000	89	11,152,729	92	12,841,803	96	12,909,209	96	12,909,209	98	12,909,209	96
897 ARKIDS B Program	112,750,463	0	110,856,504	0	207,222,020	0	207,222,020	0	207,222,020	0	207,222,020	0
897 Hospital & Medical Services	7,954,833,846	0	7,787,130,007	0	8,034,125,877	0	8,432,255,717	0	8,432,255,717	0	8,432,255,717	0
897 Prescription Drugs	556,131,454	0	508,717,915	0	509,386,547	0	509,386,547	0	509,386,547	0	509,386,547	0
897 Private Nursing Home Care	864,012,513	0	920,844,505	0	957,142,061	0	1,007,142,061	0	1,007,142,061	0	1,007,142,061	0
898 Child & Family Life Inst	0	0	2,100,000	0	2,100,000	0	2,100,000	0	2,100,000	0	2,100,000	0
898 Infant Infirmary	452,545	0	552,029	0	2,588,441	0	2,588,441	0	2,588,441	0	2,588,441	0
898 Public Nursing Home Care	196,622,340	0	217,529,350	0	217,529,350	0	217,529,350	0	217,529,350	0	217,529,350	0
NOT REQUESTED FOR THE BIENNIUM												
AZ5 ARPA - Emergency Aid Relief to Hospitals	8,541,301	0	0	0	0	0	0	0	0	0	0	0
Total	9,770,197,103	90	9,681,234,822	93	10,121,592,244	97	10,569,790,522	97	10,569,790,522	99	10,569,790,522	97

Funding Sources		%		%		%		%		%	
Fund Balance	4000005	195,952,632	2.0	171,414,250	1.7	171,314,250	1.7	171,314,250	1.7	171,314,250	1.7
General Revenue	4000010	1,355,121,923	13.6	1,390,263,386	14.1	1,390,271,690	13.8	1,520,271,690	14.8	1,390,271,690	13.8
Federal Revenue	4000020	7,529,491,069	75.7	7,422,869,361	75.3	7,560,383,508	74.8	7,560,383,508	73.8	7,560,383,508	74.8
Trust Fund	4000050	504,610	0.0	8,500,000	0.1	8,500,000	0.1	8,500,000	0.1	8,500,000	0.1
Performance Fund	4000055	0	0.0	65,976	0.0	0	0.0	0	0.0	0	0.0
Drug Rebates	4000200	355,418,470	3.6	77,682,084	0.8	90,000,000	0.9	90,000,000	0.9	90,000,000	0.9
Hospital Assessment Fee	4000281	98,324,250	1.0	116,569,911	1.2	124,222,479	1.2	124,222,479	1.2	124,222,479	1.2
ICF/MR Provider Fee	4000282	2,698,277	0.0	2,000,000	0.0	2,000,000	0.0	2,000,000	0.0	2,000,000	0.0
Insurance Premium Tax	4000298	91,000,000	0.9	54,532,983	0.6	38,350,642	0.4	38,350,642	0.4	38,350,642	0.4
Quality Assurance Fee	4000395	91,554,564	0.9	100,000,000	1.0	83,000,000	0.8	83,000,000	0.8	83,000,000	0.8
Tobacco Settlement	4000495	20,650,118	0.2	30,929,540	0.3	39,985,403	0.4	39,985,403	0.4	39,985,403	0.4
Transfer from Medicaid Match	4000550	12,446,616	0.1	0	0.0	1,650,036	0.0	1,650,036	0.0	1,650,036	0.0
Transfer to General Education	4000630	(34,669,811)	(0.3)	0	0.0	0	0.0	0	0.0	0	0.0
Various Program Support	4000730	139,140,924	1.4	397,721,581	4.0	429,247,016	4.2	429,247,016	4.2	429,247,016	4.2

Funding Sources		%		%		%		%		%		
PASSE Premium	4000770	39,933,888	0.4	20,000,000	0.2		87,989,650	0.9	87,989,650	0.9	87,989,650	0.9
Soft Drink Tax	4000775	44,043,823	0.4	60,000,000	0.6		84,091,000	0.8	84,091,000	0.8	84,091,000	0.8
Total Funds		9,941,611,353	100.0	9,852,549,072	100.0		10,111,005,674	100.0	10,241,005,674	100.0	10,111,005,674	100.0
Excess Appropriation/(Funding)		(171,414,250)		(171,314,250)			458,784,848		328,784,848		458,784,848	
Grand Total		9,770,197,103		9,681,234,822			10,569,790,522		10,569,790,522		10,569,790,522	

The FY24 Budget amount in FC 642 (Medicaid Tobacco Settlement Program) exceeds the FY24 authorized amount due to salary and matching rate adjustments.

Analysis of Budget Request

Appropriation: 4KS - Nursing Home Quality

Funding Sources: TLT - Long Term Care Trust Fund

The Nursing Home Quality of Life appropriation provides funding to initiatives that directly address, and improve, the quality of life of residents of nursing facilities. The fund has no State General Revenue; the monies in the fund are civil money penalties imposed by the federal Centers for Medicare and Medicaid Services (CMS) or the Arkansas Department of Human Services' Office of Long Term Care. Uses include:

- Payment of operating costs when nursing facility operators are unwilling or unable to continue to provide care to residents and the Arkansas Department of Human Services must take over operations temporarily.
- Grants to entities that submit proposals that are reviewed and approved by CMS that directly improve the quality of life of residents. Examples are development of new activities programs or memory stimulation programs.
- Eden Alternative or Greenhouse Project approach to nursing facility designs and operations. Both the Eden Alternative and the Greenhouse Project are attempts to create a new model for long-term care facilities that emphasizes a more home style environment over traditional institutional settings. Evidence indicates that residents of facilities operated under either approach perform significantly better than residents of traditional long-term care facilities.

The Agency Request reflects the FY25 requests from the 2022 Fall Budget Hearings Summary Manuals. The Legislative Recommendation and Executive Recommendation reflect the FY25 ALC/JBC recommendation from the 2022 Fall Budget Hearings Summary Manuals, any Governor's Letters adopted and member amendments.

Appropriation Summary

Appropriation: 4KS - Nursing Home Quality

Funding Sources: TLT - Long Term Care Trust Fund

Appropriation	2022-2023	2023-2024	2023-2024	2024-2025		
	Actual	Budget	Authorized	Legislative Recommendation	Agency Request	Executive Recommendation
Grants and Aid 5100004	504,610	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000
Total	504,610	4,000,000	4,000,000	4,000,000	4,000,000	4,000,000
Funding Sources						
Trust Fund 4000050	504,610	4,000,000		4,000,000	4,000,000	4,000,000
Total Funding	504,610	4,000,000		4,000,000	4,000,000	4,000,000
Excess Appropriation/(Funding)	0	0		0	0	0
Grand Total	504,610	4,000,000		4,000,000	4,000,000	4,000,000

Analysis of Budget Request

Appropriation: 642 - Medicaid Tobacco Settlement Program

Funding Sources: PTA - Medicaid Expansion Program Account

The goal of the Medicaid Expansion program is to create a separate and distinct component of the Arkansas Medicaid Program that improves the health of Arkansans by expanding health care coverage and benefits to specific populations. The Tobacco Settlement Funds are utilized to expand Medicaid coverage to the following eligibility groups:

- Pregnant Women Expansion - Increased the income eligibility limit from 133% to 214% of the Federal poverty level.
- Hospital Benefit Coverage - Increased the number of benefit days from 20 to 24 and decreased the co-pay on the first day of hospitalization from 22% to 10%.
- 65 and Over Expansion (AR Senior) - Increased coverage to the 65 and over population for persons at 80% of the Qualified Medicare Beneficiary (QMB) Level effective January 1, 2003.
- Adults and Children with intellectual and developmental disabilities - Expanded medical assistance, home and community-based services, and employment supports for those who qualify for services in the Community and Employment Support Waiver.

This appropriation is funded by federal and tobacco settlement funds.

The Agency Request reflects the FY25 requests from the 2022 Fall Budget Hearings Summary Manuals. The Legislative Recommendation and Executive Recommendation reflect the FY25 ALC/JBC recommendation from the 2022 Fall Budget Hearings Summary Manuals, any Governor's Letters adopted and member amendments.

Appropriation Summary

Appropriation: 642 - Medicaid Tobacco Settlement Program

Funding Sources: PTA - Medicaid Expansion Program Account

Appropriation		2022-2023	2023-2024	2023-2024	2024-2025		
		Actual	Budget	Authorized	Legislative Recommendation	Agency Request	Executive Recommendation
Regular Salaries	5010000	57,811	57,349	54,725	55,025	55,025	55,025
	#Positions	1	1	1	1	1	1
Personal Services Matching	5010003	20,001	20,258	20,009	20,741	20,741	20,741
Operating Expenses	5020002	61	9,484	9,484	9,484	9,484	9,484
Conference & Travel Expenses	5050009	0	2,000	2,000	2,000	2,000	2,000
Professional Fees	5060010	0	0	0	0	0	0
Data Processing	5090012	0	0	0	0	0	0
Capital Outlay	5120011	0	0	0	0	0	0
Total		77,873	89,091	86,218	87,250	87,250	87,250
Funding Sources							
Fund Balance	4000005	5,707	5,909		5,909	5,909	5,909
Federal Revenue	4000020	38,386	44,546		43,625	43,625	43,625
Tobacco Settlement	4000495	39,689	44,545		43,625	43,625	43,625
Total Funding		83,782	95,000		93,159	93,159	93,159
Excess Appropriation/(Funding)		(5,909)	(5,909)		(5,909)	(5,909)	(5,909)
Grand Total		77,873	89,091		87,250	87,250	87,250

The FY24 Budget amount in Regular Salaries and Personal Services Matching exceeds the FY24 authorized amount due to salary and matching rate adjustments.

Analysis of Budget Request

Appropriation: 648 - Medicaid Tobacco Settlement Grants

Funding Sources: PTD - Medicaid Expansion Program Account

Medicaid Expansion Program - Prescription Drugs

The Medicaid Expansion Program - Prescription Drugs provides appropriation for the prescription drugs component of the Medicaid Expansion Program established by Initiated Act 1 of 2000. This appropriation is funded through tobacco settlement funds and federal revenue provided through the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

The Agency Request reflects the FY25 requests from the 2022 Fall Budget Hearings Summary Manuals. The Legislative Recommendation and Executive Recommendation reflect the FY25 ALC/JBC recommendation from the 2022 Fall Budget Hearings Summary Manuals, any Governor's Letters adopted and member amendments.

Medicaid Expansion Program - Hospital and Medical Services

The Medicaid Expansion Program - Hospital and Medical Services provides appropriation for the Hospital/Medical component of the Medicaid Expansion Program established by Initiated Act 1 of 2000. This appropriation is funded through tobacco settlement funds and federal revenue provided through the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services.

The Agency Request reflects the FY25 requests from the 2022 Fall Budget Hearings Summary Manuals. The Legislative Recommendation and Executive Recommendation reflect the FY25 ALC/JBC recommendation from the 2022 Fall Budget Hearings Summary Manuals, any Governor's Letters adopted and member amendments.

Appropriation Summary

Appropriation: 648 - Medicaid Tobacco Settlement Grants - Prescription Drug

Funding Sources: PTD - Medicaid Expansion Program Account

Appropriation	2022-2023	2023-2024	2023-2024	2024-2025		
	Actual	Budget	Authorized	Legislative Recommendation	Agency Request	Executive Recommendation
Medicaid Exp-Prescrip Drugs 5100004	1,227,470	5,099,902	9,543,457	9,543,457	9,543,457	9,543,457
Total	1,227,470	5,099,902	9,543,457	9,543,457	9,543,457	9,543,457
Funding Sources						
Fund Balance 4000005	33,898	58,651		58,651	58,651	58,651
Federal Revenue 4000020	655,737	3,714,131		6,753,905	6,753,905	6,753,905
Tobacco Settlement 4000495	596,486	1,385,771		2,789,552	2,789,552	2,789,552
Total Funding	1,286,121	5,158,553		9,602,108	9,602,108	9,602,108
Excess Appropriation/(Funding)	(58,651)	(58,651)		(58,651)	(58,651)	(58,651)
Grand Total	1,227,470	5,099,902		9,543,457	9,543,457	9,543,457

Appropriation Summary

Appropriation: 648 - Medicaid Tobacco Settlement Grants - Hospital/Medical Services

Funding Sources: PTD - Medicaid Expansion Program Account

Appropriation		2022-2023	2023-2024	2023-2024	2024-2025		
		Actual	Budget	Authorized	Legislative Recommendation	Agency Request	Executive Recommendation
Medicaid Exp-Hosp/Med Srvs	5100004	64,849,688	108,562,790	160,426,470	160,426,470	160,426,470	160,426,470
Total		64,849,688	108,562,790	160,426,470	160,426,470	160,426,470	160,426,470
Funding Sources							
Fund Balance	4000005	15,705,940	40,043,552		40,043,552	40,043,552	40,043,552
Federal Revenue	4000020	69,173,357	79,063,566		89,950,840	89,950,840	89,950,840
Tobacco Settlement	4000495	20,013,943	29,499,224		37,152,226	37,152,226	37,152,226
Total Funding		104,893,240	148,606,342		167,146,618	167,146,618	167,146,618
Excess Appropriation/(Funding)		(40,043,552)	(40,043,552)		(6,720,148)	(6,720,148)	(6,720,148)
Grand Total		64,849,688	108,562,790		160,426,470	160,426,470	160,426,470

Analysis of Budget Request

Appropriation: 876 - Nursing Home Closure Costs

Funding Sources: TLT - Long Term Care Trust Fund

Nursing Home Closure Costs appropriation is available in the event the Division of Medical Services finds it necessary to take over the operation of a nursing home in an emergency situation. The purpose of any take-over would be for the protection of the health or property of residents of long-term care facilities, including, but not limited to, the payment for the costs of relocation of residents to other facilities, maintenance and operation of a facility pending correction of deficiencies or closure, and reimbursement of residents for personal funds lost.

Funding for this appropriation is derived from other revenues which are indicated as the Long-Term Care Trust Fund. This fund consists of all moneys and interest received from the imposition of civil penalties levied by the state on long-term care facilities found to be out of compliance with the requirements of federal or state law or regulations.

The Agency Request reflects the FY25 requests from the 2022 Fall Budget Hearings Summary Manuals. The Legislative Recommendation and Executive Recommendation reflect the FY25 ALC/JBC recommendation from the 2022 Fall Budget Hearings Summary Manuals, any Governor's Letters adopted and member amendments.

Appropriation Summary

Appropriation: 876 - Nursing Home Closure Costs

Funding Sources: TLT - Long Term Care Trust Fund

Appropriation	2022-2023	2023-2024	2023-2024	2024-2025		
	Actual	Budget	Authorized	Legislative Recommendation	Agency Request	Executive Recommendation
Expenses 5900046	0	4,500,000	4,500,000	4,500,000	4,500,000	4,500,000
Total	0	4,500,000	4,500,000	4,500,000	4,500,000	4,500,000
Funding Sources						
Trust Fund 4000050	0	4,500,000		4,500,000	4,500,000	4,500,000
Total Funding	0	4,500,000		4,500,000	4,500,000	4,500,000
Excess Appropriation/(Funding)	0	0		0	0	0
Grand Total	0	4,500,000		4,500,000	4,500,000	4,500,000

Analysis of Budget Request

Appropriation: 878 - Long Term Care Facility Receivership

Funding Sources: DLT - Long Term Care Facility Receivership Fund

As authorized by Ark. Code Ann. § 20-10-901 et seq., the Long Term Care Facility Receivership appropriation is used to pay the expenses of receivers appointed, if a nursing home is placed in receivership. Payment may not be made from this account until a court of law has found that a nursing home has insufficient funds to pay a receiver after all other operating expenses of the facility have been paid.

The funding for this appropriation is from reimbursement at the beginning of a biennium from the general revenue fund account of the state apportionment fund prior to the distribution of revenue stabilization law with a maximum amount of one hundred thousand dollars (\$100,000).

The Agency Request reflects the FY25 requests from the 2022 Fall Budget Hearings Summary Manuals. The Legislative Recommendation and Executive Recommendation reflect the FY25 ALC/JBC recommendation from the 2022 Fall Budget Hearings Summary Manuals, any Governor's Letters adopted and member amendments.

Appropriation Summary

Appropriation: 878 - Long Term Care Facility Receivership

Funding Sources: DLT - Long Term Care Facility Receivership Fund

Appropriation	2022-2023	2023-2024	2023-2024	2024-2025		
	Actual	Budget	Authorized	Legislative Recommendation	Agency Request	Executive Recommendation
Expenses 5900046	0	100,000	100,000	100,000	100,000	100,000
Total	0	100,000	100,000	100,000	100,000	100,000
Funding Sources						
Fund Balance 4000005	100,000	100,000		0	0	0
Total Funding	100,000	100,000		0	0	0
Excess Appropriation/(Funding)	(100,000)	0		100,000	100,000	100,000
Grand Total	0	100,000		100,000	100,000	100,000

Analysis of Budget Request

Appropriation: 896 - DHS–Admin Paying Account

Funding Sources: PWP - Administration Paying

Act 348 of 1985 authorized the reorganization of the Department of Human Services. As part of this reorganization, the Division of Social Services became the Division of Economic and Medical Services. Act 164 of 1995 eliminated the Division of Economic and Medical Services, creating the Division of Medical Services, while functions at the county level were assigned to the Division of County Operations (formerly the Division of Program Operations). The Division of Medical Services' primary responsibility is management of the Arkansas Medicaid program, which was created by the passage of Title XIX of the Social Security Act of 1965, with Arkansas implementing the program on January 1, 1970.

Medicaid enables states to furnish:

- Medical assistance to those who have insufficient income and resources to meet the costs of necessary medical services.
- Rehabilitation and other services to help these families and individuals become or remain independent and able to care for themselves.

Each state has some sort of Medicaid program to meet the federal mandates and requirements as laid out in Title XIX. Arkansas, however, established a medical care program 26 years before passage of the federal laws requiring health care for the needy: Section 7 of Act 280 of 1939 and Act 416 of 1977 authorized the State of Arkansas to establish and maintain a medical care program for the indigent and vested responsibility for regulating and administering the program in the Arkansas Department of Human Services. This program receives federal grants under Title XIX. Thus Arkansas Medicaid is a joint federal and state program that provides necessary medical services to eligible persons who are not able to pay for such services. Individuals are certified as eligible for Medicaid services through the state's county Human Services Offices or District Social Security Offices. The Social Security Administration automatically sends SSI recipient information to DHS.

The Arkansas Medicaid Program is divided into three (3) forms of services:

1. Services Mandated by the Federal Government
2. Optional Services Chosen by Arkansas
3. Waivers Approved by the Centers for Medicare and Medicaid Services (CMS)

These services are as follows:

Services Mandated by the Federal Government:

- Child Health Services - Early and Periodic Screening, Diagnosis and Treatment (EPSDT) (Under Age 21)

- Family Planning Services and Supplies (All Ages)
- Federally Qualified Health Center (FQHC) (All Ages)
- Home Health Services (All Ages)
- Hospital Services - Inpatient and Outpatient (All Ages)
- Laboratory and X-Ray (All Ages)
- Certified Nurse-Midwife Services (All Ages)
- Medical and Surgical Services of a Dentist (All Ages)
- Nurse Practitioner (Pediatric, Family, Obstetric-Gynecologic and Gerontological) (All Ages)
- Nursing Facility Services (Age 21 and Older)
- Physician Services (All Ages)
- Rural Health Clinic (RHC) (All Ages)
- Transportation (to and from medical providers when medically necessary) (All Ages)

Optional Services Chosen by Arkansas:

- Ambulatory Surgical Center Services (All Ages)
- Audiological Services (Under Age 21)
- Certified Registered Nurse Anesthetist (CRNA) Services (All Ages)
- Child Health Management Services (CHMS) (Under Age 21)
- Chiropractic Services (All Ages)
- Dental Services (All Ages)
- Developmental Day Treatment Clinic Services (DDTCS) (Preschool and Age 18 and Older)
- Developmental Rehabilitation Services (Under Age 3)
- Domiciliary Care Services (All Ages)
- Durable Medical Equipment (DME) (All Ages)
- End-Stage Renal Disease (ESRD) Facility Services (All Ages)
- Hearing Aid Services (Under Age 21)
- Hospice Services (All Ages)
- Hyperalimentation Services (All Ages)
- Independent Choices (Age 18 and Older)
- Inpatient Psychiatric Services (Under Age 21)
- Intermediate Care Facility (ICF) Services (All Ages)
- Licensed Mental Health Practitioner Services (Under Age 21)

- Medical Supplies (All Ages)
- Medicare Crossovers (All Ages)
- Nursing Facility Services (Under Age 21)
- Occupational, Physical, Speech Therapy Services (Under Age 21)
- Orthotic Appliances (All Ages)
- PACE (Program of All-Inclusive Care for the Elderly) (Age 55 and Older)
- Personal Care Services (All Ages)
- Podiatrist Services (All Ages)
- Portable X-Ray (All Ages)
- Prescription Drugs (All Ages)
- Private Duty Nursing Services (All Ages)
- Prosthetic Devices (All Ages)
- Rehabilitative Hospital Services (All Ages)
- Rehabilitative Services for:
 - Persons with Mental Illness (RSPMI) (All Ages)
 - Persons with Physical Disabilities (RSPD) and Youth and Children (Under Age 21)
- Respiratory Care Services (Under Age 21)
- School-Based Mental Health Services (Under Age 21)
- Targeted Case Management:
 - Children's Services (Title V), SSI, TEFRA, EPSDT, Division of Children and Family Services and Division of Youth Services (Under Age 21)
 - Beneficiaries with a Developmental Disability (All Ages)
 - Adults (Age 60 and Older)
 - Pregnant Women (All Ages)
- Tuberculosis Services (All Ages)
- Ventilator Equipment (All Ages)
- Visual Care Services (All Ages)

Waivers Approved by the Centers for Medicare and Medicaid Services (CMS):

- Alternatives for Adults with Physical Disabilities (Age 21-64)
- ARKids B (Age 18 and Under)
- Autism (Age 18 months-6 years)

Developmental Disabilities Services (DDS - Community and Employment Services) (All Ages)

- ElderChoices (Age 65 and Older)
- Living Choices (Assisted Living) (Age 21 and Older)
- Non-Emergency Transportation (All Ages)
- Tax Equity Fiscal Responsibility Act of 1982 (TEFRA) (Under Age 21)
- Women's Health (Family Planning) (All Ages)

The Arkansas Medicaid Program does have limitations on the services that are provided. The major benefit limitations on services for adults (age 21 and older) are as follows:

- Twelve visits to hospital outpatient departments allowed per state fiscal year.
- A total of twelve office visits allowed per state fiscal year for any combination of the following: certified nurse midwife, nurse practitioner, physician, medical services provided by a dentist, medical services furnished by an optometrist, and Rural Health Clinics.
- One basic family planning visit and three (3) periodic family planning visits per state fiscal year. Family planning visits are not counted toward other service limitations.
- Lab and x-ray services limited to total benefit payment of \$500 per state fiscal year, except for EPSDT beneficiaries.
- Three pharmaceutical prescriptions are allowed per month (family planning and tobacco cessation prescriptions are not counted against benefit limit; unlimited prescriptions for nursing facility beneficiaries and EPSDT beneficiaries under age 21). Extensions will be considered up to a maximum of six (6) prescriptions per month for beneficiaries at risk of institutionalization. Beneficiaries receiving services through the Assisted Living waiver may receive up to nine (9) medically necessary prescriptions per month. Medicare-Medicaid beneficiaries (dual eligibles) receive their drugs through the Medicare Part D program as of January 1, 2006.
- Inpatient hospital days limited to 24 per state fiscal year, except for EPSDT beneficiaries and certain organ transplant patients.
- Co-insurance: Some beneficiaries must pay 10% of first Medicaid covered day of hospital stay.
- Beneficiaries in the Working Disabled aid category must pay 25% of the charges for the first Medicaid covered day of inpatient hospital services and must also pay co-insurance for some additional services.
- Some beneficiaries must pay \$.50 - \$3 of every prescription, and \$2 on the dispensing fee for prescription services for eyeglasses. Beneficiaries in the Working Disabled aid category must pay a higher co-payment for these services and also must pay co-payments for some additional services.

Additional information for limitations relating to children:

- The families of some children are responsible for co-insurance, co-payments, or premiums.
- Co-insurance: ARKids B beneficiaries must pay 10% of the charges for the first Medicaid covered day of inpatient hospital services and must also pay co-insurance for some outpatient and DME services.
- Co-Pay: ARKids B beneficiaries must pay a co-payment for most services; for example \$10.00 for most office visits and \$5.00 for most

prescription drugs (and must use generic drugs and manufacturer rebates, if available). ARKids B beneficiaries annual cost-sharing is capped at 5% of the family's gross annual income.

- Premiums: Based on family income certain TEFRA beneficiaries must pay a premium. TEFRA families whose income is at or below 150% of the Federal Poverty level cannot be assessed a premium.

Any and all exceptions to benefit limits are based on medical necessity.

The Division consists of the Director's Office and five (5) distinct organizational units:

Program and Provider Management: The Office of Program and Provider Management includes the following operations: Provider & Member Relations, Dental, Visual and EPSDT, Behavioral Health and Utilization Review. The Provider and Member Relations, Dental, Visual and EPSDT section administers the Dental, Visual and Child Health Services (EPSDT) Medicaid programs and oversees the non-emergency transportation program, Medicaid Managed Care Systems and ConnectCare programs. This section also assists providers and beneficiaries in resolving matters related to billing and coverage. The Utilization Review section develops healthcare policies based on recognized standards of care, current healthcare initiatives and participation from community stakeholders to ensure adequate coverage benefits for Medicaid beneficiaries. Utilization review monitors the quality and medical necessity of services delivered by Medicaid health care providers. In addition this section is responsible for the prior authorization of medically necessary services such as transplants, extension of benefits, prosthetics, hearing aids, hyperalimentation services and out of state transportation.

Medicaid Information Management: The Office of Medicaid Information Management is responsible for administering the Medicaid Management Information System (MMIS) which processes all Medicaid claims. The MMIS Systems and Support Unit procures and administers the contracted fiscal agent that operates the MMIS. This Unit also monitors the fiscal agent's contract compliance, performs quality assurance reviews on how the MMIS operates, manages requests for modifications to the MMIS, develops enhancements to the MMIS, and develops and produces reports from the Medicaid data warehouse.

Program and Administrative Support: The Office of Program and Administrative Support includes the following operations: Financial Activities, Provider Reimbursement and Third Party Liability. The Financial Activities unit performs such functions as program and operational budgeting, expenditure monitoring and evaluation, federal and state reporting, and administrative support such as personnel management, contract issuance and management, requests for proposals, and the preparation of interagency agreements. The Provider Reimbursement unit is responsible for maintaining rate files, establishing and administering methodologies for provider reimbursements, including cost reports and cost settlements, and financial aspects of the Office of Long Term Care such as budgeting, reimbursement, and audits of provider cost reports. The Third Party Liability area is responsible for implementing cost-avoidance procedures to prevent the payment of Medicaid monies when other (third) parties such as private insurance companies should pay the claim. In addition, in those instances where cost-avoidance is not successful, the Third Party Liability unit is responsible for pursuing recoupment of Medicaid monies.

Pharmacy: The Pharmacy Office is responsible for assuring that medically necessary pharmaceutical therapy is provided to Arkansas Medicaid recipients. It seeks to deliver these services cost effectively while complying with all state and federal requirements. The OBRA 90 statute requires states to cover all outpatient drugs by a manufacturer who signs a rebate agreement with the Centers for Medicare / Medicaid (CMS) as well as to establish a Drug Utilization Review (DUR) Board which is under the direction of the Pharmacy Office. The Office researches clinical data, develops the clinical criteria and edits for various drugs and drug classes, then works directly with the state's fiscal agent to apply the criteria and edits within the software, is the project manager for the stated evidenced-based prescription drug program, researches and reviews claims information to assist providers, beneficiaries and interested parties and researches exception criteria to assist physicians.

Policy, Program and Contract Oversight: The Policy, Program and Contract Oversight consists of three units. The Program Planning and Development (PPD) unit develops and maintains the Medicaid State Plan and the State's Child Health Insurance Program Plan, both required by CMS. This Unit develops and maintains fifty-seven (57) different Medicaid provider policy manuals, which include information on covered services, benefit limits, prior approvals, and billing procedures. The Waiver Quality Assurance unit is responsible for monitoring operation of the Medicaid waiver programs. The Waiver QA unit assures compliance with CMS requirements for operating the waivers through case reviews, data analysis, technical assistance to operating agencies, communication and coordination with CMS, developing new waivers and amendments to existing waivers, and developing QA strategies and interagency agreements for the waivers. The Contract Oversight unit is responsible for assisting program and contract staff in developing performance indicators for contracts and monitoring the performance of all Division of Medical Services contractors.

Healthcare Innovation: The Health Care Innovation Unit is responsible for directing the operations and activities to redesign the Medicaid payment and service delivery systems by working with multi-payers, staff, and contractors to design and deliver episodes of care for acute conditions; implement new models of population based health for chronic conditions; develop and coordinate infrastructure requirements; and facilitate stakeholder, provider and patient engagement. Arkansas Medicaid is creating a patient-centered health care system that embraces the triple aim: (1) improving the health of the population; (2) enhancing the patient experience of care, including quality, access, and reliability; and (3) reducing, or at least controlling, the cost of health care. This will be accomplished by transforming the vast majority of care and payment from a fee for service models to models that reward and support providers for delivering improved outcomes and high quality, cost effective care.

Coordination of Coverage: The Coordination of Coverage Unit is responsible for coordinating any DMS efforts in the implementation of the Affordable Care Act, identifying potential improvement in the Medicaid consumer experience, and ongoing coordination of coverage for Medicaid recipients as they move in and out of Medicaid and other health insurance plans through the upcoming health insurance exchange. In addition, this new team will participate in other Medicaid changes, and will coordinate with all areas within DMS, several other DHS Divisions, and other State agencies.

The Agency is funded through general revenue (DEM - Medical Services Fund Account), federal and other revenues. Federal revenue is provided through the U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Other revenues which are indicated as various program support are derived from Third Party Liability Recovery, Nurse Aide Training and Long-Term Care Licensure Fees.

The Agency Request reflects the FY25 requests from the 2022 Fall Budget Hearings Summary Manuals. The Legislative Recommendation and Executive Recommendation reflect the FY25 ALC/JBC recommendation from the 2022 Fall Budget Hearings Summary Manuals, any Governor's Letters adopted and member amendments.

Appropriation Summary

Appropriation: 896 - DHS--Admin Paying Account

Funding Sources: PWP - Administration Paying

Appropriation		2022-2023	2023-2024	2023-2024	2024-2025		
		Actual	Budget	Authorized	Legislative Recommendation	Agency Request	Executive Recommendation
Regular Salaries	5010000	5,917,641	6,519,261	6,527,589	6,529,789	6,529,789	6,529,789
	#Positions	89	92	96	96	98	96
Extra Help	5010001	61,351	80,000	201,892	201,892	201,892	201,892
	#Extra Help	4	9	10	10	10	10
Personal Services Matching	5010003	1,990,654	2,159,492	2,257,092	2,322,298	2,322,298	2,322,298
Overtime	5010006	0	2,241	2,241	2,241	2,241	2,241
Operating Expenses	5020002	1,020,212	1,201,636	1,813,290	1,813,290	1,813,290	1,813,290
Conference & Travel Expenses	5050009	15,177	40,099	40,099	40,099	40,099	40,099
Professional Fees	5060010	620,461	650,000	700,000	700,000	700,000	700,000
Data Processing	5090012	0	0	0	0	0	0
Capital Outlay	5120011	0	0	0	0	0	0
Data Processing Services	5900044	567,504	500,000	1,299,600	1,299,600	1,299,600	1,299,600
Total		10,193,000	11,152,729	12,841,803	12,909,209	12,909,209	12,909,209
Funding Sources							
Fund Balance	4000005	15,113,327	13,552,898		13,552,898	13,552,898	13,552,898
General Revenue	4000010	2,333,276	2,439,870		2,442,596	2,442,596	2,442,596
Federal Revenue	4000020	5,743,536	6,816,883		6,937,039	6,937,039	6,937,039
Performance Fund	4000055	0	65,976		0	0	0
Various Program Support	4000730	555,759	1,830,000		3,530,477	3,530,477	3,530,477
Total Funding		23,745,898	24,705,627		26,463,010	26,463,010	26,463,010
Excess Appropriation/(Funding)		(13,552,898)	(13,552,898)		(13,553,801)	(13,553,801)	(13,553,801)
Grand Total		10,193,000	11,152,729		12,909,209	12,909,209	12,909,209

Analysis of Budget Request

Appropriation: 897 - DHS-Grants Paying Account

Funding Sources: PWD - Grants Paying

Prescription Drugs Appropriation

The Prescription Drugs appropriation is an optional Medicaid service chosen by Arkansas. The program allows eligible recipients to obtain prescription medication through participating pharmacies in Arkansas. Reimbursement for the program is based on the drug cost and the fee for dispensing pharmaceuticals. The Omnibus Budget Reconciliation Act of 1990 authorized rebates from pharmaceutical manufacturers. The federal share is returned and the amount retained by the state is calculated based upon the state matching rate for Medicaid.

Funding for this program is derived from general revenues (DGF - DHS Grants Fund Account), federal and other revenues. Federal revenue derived from Title XIX - Medicaid, U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Other revenues which are indicated as drug rebates, the Medicaid Trust Fund, and various program support which can include Medicaid match. Additionally, tobacco settlement funding can be utilized in this appropriation if Section 11 of Act 2 of the First Extraordinary Session of 2002 is invoked and approved by the Governor and the Chief Fiscal Officer of the State.

The Agency Request reflects the FY25 requests from the 2022 Fall Budget Hearings Summary Manuals. The Legislative Recommendation and Executive Recommendation reflect the FY25 ALC/JBC recommendation from the 2022 Fall Budget Hearings Summary Manuals, any Governor's Letters adopted and member amendments.

Private Nursing Home Care Appropriation

The Private Nursing Home Care appropriation pays expenses for individuals who reside in nursing homes and are eligible to receive Medicaid Benefits. The residents in nursing home facilities have chronic medical needs. The referring physician must certify medical need with documented evidence of why services are needed in order for a person to be admitted and remain in a nursing home. Each Medicaid certified nursing facility evaluates each nursing home applicant's need for nursing home services. A thorough and complete evaluation must be conducted to ensure that individuals who do not require nursing home services are not admitted to nursing facilities. For Medicaid eligible recipients, the Office of Long Term Care cannot guarantee Medicaid reimbursement for any applicant admitted prior to approval by the Office of Long Term Care Medical Needs Determination section. No applicant with diagnoses or other indicators of mental illness, intellectual disability, or developmental disabilities may be admitted to nursing home care prior to evaluation and approval by the Office of Long Term Care.

In general, nursing homes provide total care for their residents--meeting needs from social to dietary to medical. They are staffed by licensed

nurses and certified nursing assistants. Nursing homes accept a variety of payment methods, such as private pay (which includes insurance), Medicaid, and Medicare. No age requirement applies to nursing home placements.

In addition to the provider payments noted above, Act 689 of 1987 created the Long-Term Care Aide Training program. Under this Act, the Office of Long Term Care was required to establish a training program to be completed by all aides in long term care facilities who provide personal care to residents. This program consists of 75 hours of training and is payable from the Private Nursing Home Care appropriation.

Funding for this program is derived from general revenues (DGF - DHS Grants Fund Account), federal and other revenues. Federal revenue derived from Title XIX - Medicaid, U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Other revenues which are indicated as quality assurance fee per Act 635 of 2001, various program support which can include nursing home administration fees and Medicaid match, miscellaneous transfers derived from Ark. Code Ann. § 17-24-305(b)(1)(A), and the Medicaid Trust Fund. Additionally, tobacco settlement funding can be utilized in this appropriation if Section 11 of Act 2 of the First Extraordinary Session of 2002 is invoked and approved by the Governor and the Chief Fiscal Officer of the State.

The Agency Request reflects the FY25 requests from the 2022 Fall Budget Hearings Summary Manuals. The Legislative Recommendation and Executive Recommendation reflect the FY25 ALC/JBC recommendation from the 2022 Fall Budget Hearings Summary Manuals, any Governor's Letters adopted and member amendments.

ARKIDS B Program Appropriation

The ArKids B program appropriation provides medical services for children who are without medical insurance coverage. Many of the parents of these children are employed but are unable to afford the necessary coverage for their children. The parents earn sufficient salaries that make them ineligible for coverage by Medicaid, thereby leaving the children without medical care.

ArKids B Program is an optional Medicaid service chosen by Arkansas and is authorized through a federal waiver to the Medicaid program that expands coverage to children in families with income at or below 200 percent of the federal poverty level. Services are available only to children through 18 years of age and are otherwise ineligible to receive Medicaid benefits. Each child must have a Primary Care Physician who will either provide the needed services or make the appropriate referral for medically necessary treatment. A patient co-payment is required per physician visit and per prescription. Effective July 1, 2006, DHS set an annual cap on cost-sharing (co-payments and coinsurance) for ARKids B families. The annual cost-sharing cap is 5% of the family's annual gross (before taxes) income.

The ArKids B Program appropriation has two (2) components and they are as follows:

- Prescription Drugs
- Hospital/Medical

Prescription Drugs component has coverage limits based on medical necessity with a \$5 per prescription co-pay and the recipient must use generic and rebate manufacturers.

Generally, the Hospital/Medical component benefits include such programs as inpatient hospital, physician visits, vision care (1 visit per year for routine exam and 1 pair of eyeglasses), dental services (2 visits per year for cleaning, x-rays, no orthodontia), medical supplies, home health services and emergency room services, ambulance (emergency only), ambulatory surgical center, durable medical equipment (\$500 per year), family planning, FQHC, nurse midwife, outpatient mental and behavior health (\$2,500 limit), podiatry, RHC and speech therapy with some form of co-pay required. Immunizations and preventative health screenings per protocols provided by the primary care physician or Division of Health require no patient co-payments.

Funding for this program is derived from general revenues (DGF - DHS Grants Fund Account), federal and other revenues. Federal revenue derived from Title XIX - Medicaid, U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Other revenues which are indicated as the Medicaid Trust Fund, and as various program support which can include Medicaid match. Additionally, tobacco settlement funding can be utilized in this appropriation if Section 11 of Act 2 of the First Extraordinary Session of 2002 is invoked and approved by the Governor and the Chief Fiscal Officer of the State.

The Agency Request reflects the FY25 requests from the 2022 Fall Budget Hearings Summary Manuals. The Legislative Recommendation and Executive Recommendation reflect the FY25 ALC/JBC recommendation from the 2022 Fall Budget Hearings Summary Manuals, any Governor's Letters adopted and member amendments.

Hospital and Medical Services Appropriation

The Hospital and Medical Services appropriation is one of several federally supported and state administered assistance programs within the Medicaid program and consists of many services including inpatient and outpatient hospital, community mental health centers, community health centers, rural health clinics, home health, private duty nursing, personal care, hospice, practitioners such as physicians, dentists, audiologist, psychologist, speech, occupational and physical therapists, maternity clinics, family planning, laboratory and x-ray services, case management, transportation and Early and Periodic Screening, Diagnosis and Treatment (EPSDT) for children under 21 years of age which is the Child Health Services Program. Waiver services are also included in this appropriation. Waiver services are those that the Centers for Medicare and Medicaid Services have waived traditional provisions of the Medicaid regulations and allow deviations in how and where the services are provided and include programs such as Elderchoices, DDS-Non-institutional Waiver and Adults with Physical Disabilities. Payments are made directly to providers for services for individuals who are eligible for Medicaid services. The State establishes reimbursement rates and the methodology for rate setting. However, the Centers for Medicare and Medicaid Services must approve the state's policy(ies) and regulations in order for the State to be in compliance with guidelines established in federal law.

Funding for this program is derived from general revenues (DGF - DHS Grants Fund Account), federal and other revenues. Federal revenue derived from Title XIX - Medicaid, U. S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Other revenues which are indicated as Medicaid Trust Fund, intermediate care facilities for individuals with developmental disabilities or ICF/MR provider fee per Act 433 of 2009, hospital assessment fee per Act 562 of 2009 (as amended per Act 19 of 2011), and as various program support which can include matching funds from UAMS (from general revenue), Department of Education (from cash funds), Arkansas Children's Hospital, DHS Divisions (from general revenue) for services such as Therapies, Transportation, Waiver services, UPL-Upper Payment Limit match, DSH-Disproportionate Share Hospital payments, etc. Additionally, tobacco settlement funding can be utilized in this appropriation if Section 11 of Act 2 of the First Extraordinary Session of 2002 is invoked and approved by the Governor and the Chief Fiscal Officer of the State.

The Agency Request reflects the FY25 requests from the 2022 Fall Budget Hearings Summary Manuals. The Legislative Recommendation and Executive Recommendation reflect the FY25 ALC/JBC recommendation from the 2022 Fall Budget Hearings Summary Manuals, any Governor's Letters adopted and member amendments.

Appropriation Summary

Appropriation: 897 - DHS-Grants Paying Account - Prescription Drug

Funding Sources: PWD - Grants Paying

Appropriation	2022-2023	2023-2024	2023-2024	2024-2025		
	Actual	Budget	Authorized	Legislative Recommendation	Agency Request	Executive Recommendation
Prescription Drugs 5100004	556,131,454	508,717,915	509,386,547	509,386,547	509,386,547	509,386,547
Total	556,131,454	508,717,915	509,386,547	509,386,547	509,386,547	509,386,547
Funding Sources						
Fund Balance 4000005	6,548,971	3,931,710		3,931,710	3,931,710	3,931,710
General Revenue 4000010	110,663,437	99,904,396		53,661,024	53,661,024	53,661,024
Federal Revenue 4000020	87,432,286	331,131,435		347,681,720	347,681,720	347,681,720
Drug Rebates 4000200	355,418,470	77,682,084		90,000,000	90,000,000	90,000,000
Total Funding	560,063,164	512,649,625		495,274,454	495,274,454	495,274,454
Excess Appropriation/(Funding)	(3,931,710)	(3,931,710)		14,112,093	14,112,093	14,112,093
Grand Total	556,131,454	508,717,915		509,386,547	509,386,547	509,386,547

Appropriation Summary

Appropriation: 897 - DHS-Grants Paying Account - Private Nursing Home

Funding Sources: PWD - Grants Paying

Appropriation		2022-2023	2023-2024	2023-2024	2024-2025		
		Actual	Budget	Authorized	Legislative Recommendation	Agency Request	Executive Recommendation
Private Nursing Home Care	5100004	864,012,513	920,844,505	957,142,061	1,007,142,061	1,007,142,061	1,007,142,061
Total		864,012,513	920,844,505	957,142,061	1,007,142,061	1,007,142,061	1,007,142,061
Funding Sources							
Fund Balance	4000005	490,681	2,414,023		2,414,023	2,414,023	2,414,023
General Revenue	4000010	109,456,029	150,514,844		197,018,889	197,018,889	197,018,889
Federal Revenue	4000020	664,787,829	670,214,661		677,008,172	677,008,172	677,008,172
Quality Assurance Fee	4000395	91,554,564	100,000,000		83,000,000	83,000,000	83,000,000
Various Program Support	4000730	137,433	115,000		115,000	115,000	115,000
Total Funding		866,426,536	923,258,528		959,556,084	959,556,084	959,556,084
Excess Appropriation/(Funding)		(2,414,023)	(2,414,023)		47,585,977	47,585,977	47,585,977
Grand Total		864,012,513	920,844,505		1,007,142,061	1,007,142,061	1,007,142,061

Appropriation Summary

Appropriation: 897 - DHS-Grants Paying Account - ARKids

Funding Sources: PWD - Grants Paying

Appropriation	2022-2023	2023-2024	2023-2024	2024-2025		
	Actual	Budget	Authorized	Legislative Recommendation	Agency Request	Executive Recommendation
ARKids B Program 5100004	112,750,463	110,856,504	207,222,020	207,222,020	207,222,020	207,222,020
Total	112,750,463	110,856,504	207,222,020	207,222,020	207,222,020	207,222,020
Funding Sources						
Fund Balance 4000005	27,099,552	4,985,622		4,985,622	4,985,622	4,985,622
General Revenue 4000010	12,974,878	10,000,000		38,289,383	38,289,383	38,289,383
Federal Revenue 4000020	77,661,655	89,771,597		148,853,252	148,853,252	148,853,252
Various Program Support 4000730	0	11,084,907		0	0	0
Total Funding	117,736,085	115,842,126		192,128,257	192,128,257	192,128,257
Excess Appropriation/(Funding)	(4,985,622)	(4,985,622)		15,093,763	15,093,763	15,093,763
Grand Total	112,750,463	110,856,504		207,222,020	207,222,020	207,222,020

Appropriation Summary

Appropriation: 897 - DHS-Grants Paying Account - Hospital/Medical Services

Funding Sources: PWD - Grants Paying

Appropriation		2022-2023	2023-2024	2023-2024	2024-2025		
		Actual	Budget	Authorized	Legislative Recommendation	Agency Request	Executive Recommendation
Hospital and Medical Services	5100004	7,954,833,846	7,787,130,007	8,034,125,877	8,432,255,717	8,432,255,717	8,432,255,717
Total		7,954,833,846	7,787,130,007	8,034,125,877	8,432,255,717	8,432,255,717	8,432,255,717
Funding Sources							
Fund Balance	4000005	95,937,175	66,137,499		66,137,499	66,137,499	66,137,499
General Revenue	4000010	1,113,030,406	1,117,154,276		1,043,353,144	1,173,353,144	1,043,353,144
Federal Revenue	4000020	6,424,127,302	6,083,289,326		6,145,012,567	6,145,012,567	6,145,012,567
Hospital Assessment Fee	4000281	98,324,250	116,569,911		124,222,479	124,222,479	124,222,479
Insurance Premium Tax	4000298	91,000,000	54,532,983		38,350,642	38,350,642	38,350,642
Transfer from Medicaid Match	4000550	10,796,580	0		0	0	0
Transfer to General Education	4000630	(34,669,811)	0		0	0	0
Various Program Support	4000730	138,447,732	335,583,511		425,601,539	425,601,539	425,601,539
PASSE Premium	4000770	39,933,888	20,000,000		87,989,650	87,989,650	87,989,650
Soft Drink Tax	4000775	44,043,823	60,000,000		84,091,000	84,091,000	84,091,000
Total Funding		8,020,971,345	7,853,267,506		8,014,758,520	8,144,758,520	8,014,758,520
Excess Appropriation/(Funding)		(66,137,499)	(66,137,499)		417,497,197	287,497,197	417,497,197
Grand Total		7,954,833,846	7,787,130,007		8,432,255,717	8,432,255,717	8,432,255,717

Analysis of Budget Request

Appropriation: 898 - DHS-Grants Paying Account

Funding Sources: PWE - Grants Paying

Public Nursing Home Care Appropriation

The Public Nursing Home Care appropriation includes Title XIX Medicaid reimbursement for services provided in the five (5) Human Development Centers (Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)), the Arkansas Health Center and the thirty-one (31) 15 Bed or Less (ICF/IID) programs across the State. Services include 24 hour a day residential, medical, psychological, education and training, life skills training and therapy services needed through staffing and case plan determination. Annual staffings are required to reassess the progress of each individual and adjustments are made in case plans when necessary to help each person attain the goals and objectives established in the case plans.

Funding for this program is derived from general revenues (DGF - DHS Grants Fund Account), federal and other revenues. Federal revenue derived from Title XIX - Medicaid, U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Other revenues which are indicated as quality assurance fee per Act 635 of 2001, intermediate care facilities for individuals with intellectual disabilities or ICF/IID provider fee per Act 433 of 2009, various program support which can include matching funds from the Human Development Centers (from general revenue), the DDS Small 10 Beds Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)(from general revenue), the Arkansas Health Center (from mixed funding). Additionally, tobacco settlement funding can be utilized in this appropriation if Section 11 of Act 2 of the First Extraordinary Session of 2002 is invoked and approved by the Governor and the Chief Fiscal Officer of the State.

The Agency Request reflects the FY25 requests from the 2022 Fall Budget Hearings Summary Manuals. The Legislative Recommendation and Executive Recommendation reflect the FY25 ALC/JBC recommendation from the 2022 Fall Budget Hearings Summary Manuals, any Governor's Letters adopted and member amendments.

Infant Infirmery Appropriation

The Infant Infirmery Nursing Home appropriation provides for services to infants with special needs. The facilities are licensed as Private Pediatric Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Facilities receiving reimbursement through this appropriation are Arkansas Pediatric Facility, Brownwood Life Care Center, Millcreek of Arkansas and Easter Seals Children's Rehabilitation Center. These programs provide a valuable service in that many children are admitted to one of these programs when discharged from a hospital and need continuing attention and medical oversight but not on-going medical treatment.

Funding for this program is derived from general revenues (DGF - DHS Grants Fund Account), federal revenue derived from Title XIX - Medicaid, U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services. Other revenues which are indicated as intermediate care facilities for individuals with intellectual disabilities or ICF/IID provider fee per Act 433 of 2009, the Medicaid Trust Fund, and various program support which can include Medicaid match. Additionally, tobacco settlement funding can be utilized in this appropriation if Section 11 of Act 2 of the First Extraordinary Session of 2002 is invoked and approved by the Governor and the Chief Fiscal Officer of the State.

The Agency Request reflects the FY25 requests from the 2022 Fall Budget Hearings Summary Manuals. The Legislative Recommendation and Executive Recommendation reflect the FY25 ALC/JBC recommendation from the 2022 Fall Budget Hearings Summary Manuals, any Governor's Letters adopted and member amendments.

Child and Family Life Institute Appropriation

Ark. Code Ann. § 20-78-104 authorized Arkansas Children's Hospital to provide administration for the Child Health and Family Life Institute (CHFLI). Children's Hospital and UAMS, Department of Pediatrics act in conjunction by either contract or cooperative agreement for necessary activities in the delivery of services through the CHFLI. The mission of the institute is "an initiated state 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. Utilizing a multidisciplinary collaboration of professionals, the Institute's priorities include wellness and prevention, screening and diagnosis, treatment and intervention, training and education, service access, public policy and advocacy, research and evaluation." Programs include such services as KIDS FIRST - a pediatric day health treatment program for preschool age children at risk for developmental delay; CO-MEND Councils of volunteer/local community activities with pooled resources to assist families; Outreach offers specialized health care at the local level for children who live in areas without specialized care available; Community Pediatrics-a support system with a pediatric team available to provide services in medically underserved areas; Children-at-Risk - diagnostic and treatment for children who have been abused and their families; Pediatric Psychology; Developmental/Physical Medicine and Rehabilitation for children with severe disabilities; and Adolescent Medicine. Children's Hospital is specifically to fund the KIDS FIRST Program as a priority when considering program funding decisions within the Institute. The Department of Pediatrics is the administrative oversight entity for cooperative agreements or contracts for the delivery of services.

Funding for this program is derived from general revenues (DGF - DHS Grants Fund Account).

The Agency Request reflects the FY25 requests from the 2022 Fall Budget Hearings Summary Manuals. The Legislative Recommendation and Executive Recommendation reflect the FY25 ALC/JBC recommendation from the 2022 Fall Budget Hearings Summary Manuals, any Governor's Letters adopted and member amendments.

Appropriation Summary

Appropriation: 898 - DHS-Grants Paying Account - Public Nursing Home

Funding Sources: PWE - Grants Paying

Appropriation		2022-2023	2023-2024	2023-2024	2024-2025		
		Actual	Budget	Authorized	Legislative Recommendation	Agency Request	Executive Recommendation
Public Nursing Home Care	5100004	196,622,340	217,529,350	217,529,350	217,529,350	217,529,350	217,529,350
Total		196,622,340	217,529,350	217,529,350	217,529,350	217,529,350	217,529,350
Funding Sources							
Fund Balance	4000005	33,533,418	38,801,899		38,801,899	38,801,899	38,801,899
General Revenue	4000010	6,562,470	8,000,000		53,160,246	53,160,246	53,160,246
Federal Revenue	4000020	190,980,038	158,421,187		137,545,798	137,545,798	137,545,798
ICF/MR Provider Fee	4000282	2,698,277	2,000,000		2,000,000	2,000,000	2,000,000
Transfer from Medicaid Match	4000550	1,650,036	0		1,650,036	1,650,036	1,650,036
Various Program Support	4000730	0	49,108,163		0	0	0
Total Funding		235,424,239	256,331,249		233,157,979	233,157,979	233,157,979
Excess Appropriation/(Funding)		(38,801,899)	(38,801,899)		(15,628,629)	(15,628,629)	(15,628,629)
Grand Total		196,622,340	217,529,350		217,529,350	217,529,350	217,529,350

Appropriation Summary

Appropriation: 898 - DHS-Grants Paying Account - Infant Infirmary

Funding Sources: PWE - Grants Paying

Appropriation		2022-2023	2023-2024	2023-2024	2024-2025		
		Actual	Budget	Authorized	Legislative Recommendation	Agency Request	Executive Recommendation
Infant Infirmary	5100004	452,545	552,029	2,588,441	2,588,441	2,588,441	2,588,441
Total		452,545	552,029	2,588,441	2,588,441	2,588,441	2,588,441
Funding Sources							
Fund Balance	4000005	1,383,963	1,382,487		1,382,487	1,382,487	1,382,487
General Revenue	4000010	101,427	150,000		246,408	246,408	246,408
Federal Revenue	4000020	349,642	402,029		596,590	596,590	596,590
Total Funding		1,835,032	1,934,516		2,225,485	2,225,485	2,225,485
Excess Appropriation/(Funding)		(1,382,487)	(1,382,487)		362,956	362,956	362,956
Grand Total		452,545	552,029		2,588,441	2,588,441	2,588,441

Appropriation Summary

Appropriation: 898 - DHS-Grants Paying Account - Child/Family Life

Funding Sources: PWE - Grants Paying

Appropriation	2022-2023	2023-2024	2023-2024	2024-2025		
	Actual	Budget	Authorized	Legislative Recommendation	Agency Request	Executive Recommendation
Child & Family Life Inst 5100004	0	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000
Total	0	2,100,000	2,100,000	2,100,000	2,100,000	2,100,000
Funding Sources						
General Revenue 4000010	0	2,100,000		2,100,000	2,100,000	2,100,000
Total Funding	0	2,100,000		2,100,000	2,100,000	2,100,000
Excess Appropriation/(Funding)	0	0		0	0	0
Grand Total	0	2,100,000		2,100,000	2,100,000	2,100,000

Appropriation Summary

Appropriation: AZ5 - ARPA - Emergency Aid Relief to Hospitals

Funding Sources: FRP - American Rescue Plan

Appropriation	2022-2023	2023-2024	2023-2024	2024-2025		
	Actual	Budget	Authorized	Legislative Recommendation	Agency Request	Executive Recommendation
Grants and Aid 5100004	8,541,301	0	0	0	0	0
Total	8,541,301	0	0	0	0	0
Funding Sources						
Federal Revenue 4000020	8,541,301	0		0	0	0
Total Funding	8,541,301	0		0	0	0
Excess Appropriation/(Funding)	0	0		0	0	0
Grand Total	8,541,301	0		0	0	0

APPROPRIATION NOT REQUESTED FOR THE 2025 FISCAL YEAR. This appropriation is funded by the American Rescue Plan Act of 2021. As per Section 40 of Act 796 of 2023, all state agencies, institutions, and constitutional offices receiving funding from the American Rescue Plan Act of 2021 shall request a transfer of appropriation and expend using the American Rescue Plan Act of 2021 Appropriation Sections as authorized in Act 796 of 2023.