

ARKANSAS REGISTER

Proposed Rule Cover Sheet



Secretary of State
John Thurston
500 Woodlane Street, Suite 026
Little Rock, Arkansas 72201-1094
(501) 682-5070
www.sos.arkansas.gov



Name of Department _____

Agency or Division Name _____

Other Subdivision or Department, If Applicable _____

Previous Agency Name, If Applicable _____

Contact Person _____

Contact E-mail _____

Contact Phone _____

Name of Rule _____

Newspaper Name _____

Date of Publishing _____

Final Date for Public Comment _____

Location and Time of Public Meeting _____

From: [William Bowman II \(DOC\)](#)
To: legalads@arkansasonline.com
Subject: Legal notice advertisement request - BEGIN FRIDAY, MARCH 01, 2024
Date: Wednesday, February 28, 2024 10:11:00 AM
Attachments: [image001.png](#)

Good morning! Please place the below advertisement in the legal notice section for three (3) consecutive days beginning Friday, March 01, 2024.

Billing invoice with proof of publication should be sent to William.bowman@arkansas.gov . Please confirm receipt of the email.

The text of the advertisement is below in red:

PUBLIC NOTICE

The Board of Corrections is proposing to promulgate the following Administrative Rule:

County Jail Medical Expense Reimbursement ADC 808 / ACC 9.3

Copies of this proposal are available for public inspection at DOC Headquarters, located at 1302 Pike Ave. North Little Rock, AR 72114. The proposal can also be accessed electronically at doc.arkansas.gov/rule-filings/. Written comments can be emailed to Micaela.Whitelow@arkansas.gov or mailed to 1302 Pike Ave. North Little Rock, AR 72114. Comments should be received by April 02, 2024.



William T. Bowman II (Bo)
Project Manager
DOC Research and Planning
Cell: 501-539-4565
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FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

DEPARTMENT Department Of Corrections

BOARD/COMMISSION Board of Corrections

PERSON COMPLETING THIS STATEMENT Lindsay Wallace

TELEPHONE NO. (601) 682-9513 **EMAIL** Lindsay.wallace@arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and email it with the questionnaire, summary, markup and clean copy of the rule, and other documents. Please attach additional pages, if necessary.

TITLE OF THIS RULE County Jail Medical Expense Reimbursement

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes ☐ No ☒
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?
Yes ☒ No ☐
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes ☒ No ☐

If no, please explain:

(a) how the additional benefits of the more costly rule justify its additional cost;

(b) the reason for adoption of the more costly rule;

(c) whether the reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and

(d) whether the reason for adoption of the more costly rule is within the scope of the agency's statutory authority, and if so, how.

4. If the purpose of this rule is to implement a *federal* rule or regulation, please state the following:
 - (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total _____

Next Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total _____

(b) What is the additional cost of the state rule?

Current Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total _____

Next Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____

Total _____

5. What is the total estimated cost by fiscal year to any private individual, private entity, or private business subject to the proposed, amended, or repealed rule? Please identify those subject to the rule, and explain how they are affected.

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____

6. What is the total estimated cost by fiscal year to a state, county, or municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

\$ _____

Next Fiscal Year


\$ _____

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes ☐ No ☒

If yes, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

	ADMINISTRATIVE RULE STATE OF ARKANSAS BOARD OF CORRECTIONS	Section Number: ADC 808/ACC 9.3	Page Number: 1 of 3
		Board Approval Date: TBD	
		Supersedes: New / Supersedes ADC 810	Dated: TBD
		Reference: A.C.A. § 12-27-105 § 12-27-114	Effective Date: TBD
SUBJECT: County Jail Reimbursement of Medical Expenses			

I. Authority

The Board of Correction is authorized to promulgate this rule by A.C.A. § 12-27-105 and mandated to promulgate this rule by A.C.A. § 12-27-114.

II. Purpose

To establish rules by which counties may be reimbursed for emergency medical expenses of inmates required to be housed in county jails while awaiting bedspace in a secured facility operated or contracted by a division of the Department of Corrections.

III. Definitions

- A. “Extraordinary Medical Need” means emergency medical care for an illness or injury that is directly related to the incarceration of a State Inmate.
- B. “Medical Services Administrator” means the employee of the Department of Corrections designated by the Secretary of Corrections as the individual responsible for receiving notice of medical issues and providing recommendations to leadership.
- C. “State Inmate” means an individual for whom a division of the Department of Corrections has been granted legal authority to confine in a secured facility and who is awaiting bedspace at a facility operated or contracted by a division of the Department of Corrections. Unless he or she has been ordered returned to the custody of a division of the Department of Corrections, a State Inmate does not include an individual who has been transferred to parole, community supervision, or post release supervision. A State Inmate does not include an individual in a county jail to attend court unless the court attendance is due to a criminal offense committed while in the custody of a division of the Department of Corrections.
- D. “True Emergency Situation” means an acute injury or illness which poses an immediate threat to life or limb.

IV. Policy

The Department of Corrections shall, upon establishment of legal responsibility, and contingent upon appropriation and availability of funds, reimburse approved expenses for Extraordinary Medical Needs incurred on behalf of State Inmates housed in county jails while awaiting bedspace in a secured facility operated or contracted by a division of the Department of Corrections.

V. Procedure

- A. Identification of State Inmates with Extraordinary Medical Needs.** Upon discovery of a State Inmate's Extraordinary Medical Need, the County Sheriff or his designee shall contact the Medical Services Administrator with information regarding the nature of the medical need. The Medical Services Administrator shall make a recommendation to the Secretary of Corrections, or his or her designee.
- B. Determination of Department Liability.** Upon considering the recommendation of the Medical Services Administrator, the Secretary or his or her designee shall determine the following:
- a. Whether the Department is responsible for providing the care requested by the County Sheriff;
 - b. Whether the inmate's receipt into a DOC facility should be expedited in order to ensure cost effectiveness and adequate care; and
 - c. Whether the county should be reimbursed for any medical expenses incurred on the inmate.
- C. Responsibility for Reimbursement.** The Department shall be responsible for reimbursing medical expenses for State Inmates under the following conditions:
- a. The Department has received a complete and accurate order providing the legal responsibility for the State Inmate. In limited circumstances, reimbursements may accrue prior to receipt of a complete and accurate order providing the legal responsibility for the state inmate, but shall not be paid until after receipt of the complete and accurate order;
 - b. The Department has declined to expedite receipt of the State Inmate into a state facility for reasons other than lack of appropriate documentation establishing legal responsibility for the State Inmate;
 - c. The Extraordinary Medical Need is either:
 - i. Related to the incarceration of the State Inmate, or
 - ii. Otherwise approved for reimbursement by Secretary or his or her designee after consultation with the Medical Services Administrator; and
 - d. The expenses are not incurred due to routine care for pre-existing conditions.
- D. Exceptions.**
- a. Medical Emergency: In a True Emergency Situation, as defined by this rule, the county may be eligible for reimbursement without prior approval if:
 - i. The county official contacts the Medical Services Administrator as soon as possible after discovering the True Emergency Situation; and

- ii. County officials coordinate with Department staff to expedite submission of all necessary paperwork as soon as possible in order to mitigate financial exposure for the Department.
- b. Failure to timely establish legal responsibility: Notwithstanding any obligation created by this Rule, the Secretary may decline reimbursement if the county fails to provide adequate court orders establishing legal responsibility in a timeframe that allows the Department to mitigate additional reimbursement costs.
- c. Lack of Appropriation or funding: Notwithstanding any obligation created by this Rule, the Department shall not be required to reimburse expenses without adequate appropriation or funding.

VI. Implementation

The Secretary of Corrections shall develop and publish policies and procedures necessary to implement this Rule.

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