

ARKANSAS REGISTER

Proposed Rule Cover Sheet



Secretary of State
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(501) 682-5070
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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 _____

PUBLIC NOTICE

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

AR 810 Inmate Emergency Medical Expenses Incurred While in County Jails.

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 10, 2024.

 <p style="text-align: center;">ADMINISTRATIVE RULES STATE OF ARKANSAS BOARD OF CORRECTIONS</p>	Section Number: 810	Page Number: 1 of 5
	Board Approval Date: 11-23-2015	
	Supersedes: AR 810	Dated: 08/29/1991
	Reference: N/A	Effective Date: 12-03-2015
SUBJECT: Inmate Emergency Medical Expenses Incurred While in County Jails		

I. AUTHORITY:

~~The Board of Corrections is vested with the authority to promulgate administrative rules by, but not limited to Ark. Code Ann. § 12-27-105, and § 12-27-114.~~

II. PURPOSE:

~~This Administrative Rule establishes rules by which the Department of Correction may reimburse any county, which is required to retain an inmate awaiting delivery to the custody of the Department of Correction.~~

III. APPLICABILITY:

~~This policy applies to the staff of the Arkansas Department of Correction (ADC), Arkansas sheriffs, county jail staff, and inmates housed in county jails, provided that ADC has received a signed and correct commitment or sentencing order.~~

IV. DEFINITIONS:

- ~~A. Eligible - Inmates on whom ADC has received signed and correct commitment or sentencing orders and who, pursuant to that commitment or sentencing order are at the time of the illness or injury, housed in the county jail. Also, inmates placed in county jails that have been revoked to the custody of the Department of Correction are immediately eligible.~~
- ~~B. Appropriate Approval - approval must be obtained through the Office of the ADC Administrator of Medical Services prior to the rendering of health care. In true emergency situations, care may be rendered and reimbursed without prior approval. The ADC Administrator of Medical Services is to be notified of such emergencies immediately after the emergency situation and provide approval for any necessary continued care.~~
- ~~C. Emergent Medical Need - illness or injury that threatens life or limb, causes undue or unavoidable suffering, subjects the inmate to further unacceptable health risks, or is likely to result in deterioration of health status if not promptly treated. Chronic conditions do not qualify, unless their progressions or developments present symptoms of an emergent threat as an emergent medical need is defined herein.~~

- ~~D. Medical Expenses – expenses associated with diagnosis and/or treatment of an emergent medical need, as billed by the health service provider.~~

V. POLICY:

~~The Arkansas Department of Correction shall upon establishment of its legal responsibility, and contingent on appropriation and availability of funds, pay certain medical expenses for eligible felons housed in county jails.~~

VI. PROCEDURE:

- ~~A. If an inmate is known to have a preexisting health condition likely to necessitate treatment or requiring a level of monitoring not available in the county facility, the ADC Administrator of Medical Services should be notified. The Department will determine whether the seriousness of the condition and the potential expense to the county warrants bringing the inmate into the Department of Correction.~~
- ~~B. Should an inmate with a preexisting condition need treatment on an emergency basis (a situation that would lead a prudent family member to take the affected family member to a hospital emergency room), the sheriff or deputy should notify the ADC Administrator of Medical Services as soon as possible.~~
- ~~C. Routine care for preexisting conditions is the responsibility of the agency having physical custody of the inmate. If the inmate is on furlough or is otherwise living in the community, the Department assumes no responsibility for any of the inmate's medical expenses.~~
- ~~D. A Health Service Request Form (HSRF) must be completed for an illness or injury requiring medical care to an inmate in the physical custody of the county and must be reported as promptly as possible to the ADC Administrator of Medical Services. A determination will be made as to whether the treatment is approved and the county will be informed. A recommendation for transfer to the Department of Correction may also be considered.~~
- ~~E. The sheriff shall cause a description of the incident and the types of medical services used to be logged on the HSRF. This form must be signed by the sheriff or deputy attesting that the services received are properly billed. This form shall be sent to the attention of the ADC Administrator of Medical Services.~~
- ~~F. All bills relating to diagnosis and treatment of a particular illness or injury should be attached to an approved HSRF and sent to the attention of the ADC Administrator of Medical Services. An inmate receiving treatment is to be asked to sign a Release of Medical Information form indicating that the primary service provider may release his/her medical records to the ADC Administrator of Medical Services. If the inmate refuses to sign for release of information, the form should be signed indicating that the inmate or some family member accepts responsibility for the bills.~~

~~Bills will be handled through the department's Utilization Review mechanism and processed for payment directly to the provider.~~

- ~~G. Medical costs may be paid only to the limits of legal liability, legislative appropriation and the availability of funds for this purpose. Should either spending authority or fund availability be insufficient for a particular bill, that bill will be returned to the Sheriff with a letter of explanation as to why the Arkansas Department of Correction cannot undertake payment of the cost.~~
- ~~H. Medical resources available to the Department shall be used to keep down the costs of providing medical care to inmates regardless of whether or not the Department can reimburse the county.~~

~~HEALTH SERVICES REQUEST FORM (HSRF)~~

~~**JAIL STAFF: PLEASE PRINT FOLLOWING INFORMATION**~~

Date: _____ Name of Jail or Detention Center: _____

Name of Jail Staff: _____ Phone #: _____ Fax #: _____

~~Inmate Classification:~~ ☐ ~~Date of signed and correct commitment or sentence order:~~ _____

~~☐ Parole Violator Revocation Date:~~ _____

Problem First Noted: Date _____ Time _____ by _____
(Name of jail staff)

HSRF submitted to ADC: Date _____ Time _____ by _____

~~**INMATE: PLEASE PRINT FOLLOWING INFORMATION**~~

Inmate Name: _____ ADC # _____ DOB: _____ SSN #: _____

Describe your injury or illness; what is your complaint? (Be Specific):

~~CONSENT FOR RELEASE OF MEDICAL INFORMATION~~

~~I hereby authorize all Medical, Dental, and Mental Health entities providing health care services to me, to release copies of all Medical, Dental, and Mental Health Records documenting health care services they have provided to me, to be released to the Arkansas Department of Correction (ADC) for inclusion in my permanent ADC Medical and Mental Health Records.~~

~~Inmate Signature~~ _____ ~~Date~~ _____

~~If the inmate refuses to sign the above Consent for Release of Medical Information, the inmate or some family member accepts responsibility for the bills.~~

~~Inmate Signature~~ _____ ~~Date~~ _____

~~Jail Staff Signature~~ _____ ~~Date~~ _____

~~**TO BE COMPLETED BY ADC**~~

☐ ~~Approved~~

If denied: ☐ ~~Responsibility of Jail~~ ☐ ~~Not Medically Necessary~~

If deferred: ☐ ~~Need More Information~~ ☐ ~~Fast-track into ADC~~

Comment: _____

ADC Staff Signature _____ Date _____

~~**IF TREATED LOCALLY, HAVE PROVIDER COMPLETE**~~

Treated at _____ Date _____ Time _____

(Name of hospital, clinic, doctor's office)

Treated by _____ Diagnosis _____

Treatment provided _____

Recommendations _____

~~**Note:** All bills and copies of all medical records relating to diagnosis and treatment of an illness or injury should be attached to an approved HSRF and sent at one time to the Administrator of Medical Services, P.O. Box 8707, Pine Bluff, AR 71611.~~

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. (501) 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 Repeal AR 0810 Inmate Emergency Medical Expense Incurred While in County Jails

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.

From: [William Bowman II \(DOC\)](#)
To: legalads@arkansasonline.com
Subject: Legal notice advertisement request - BEGIN FRIDAY MARCH 8, 2024
Date: Wednesday, March 6, 2024 9:45:00 AM
Attachments: [image001.png](#)

Good morning! Please place the below advertisement in the legal notice section for three (3) consecutive days beginning Friday, March 08, 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:

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DOC Research and Planning
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