

ARKANSAS REGISTER

Proposed Rule Cover Sheet



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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 _____

F-200 Opportunities for Success Initiative- Adult Expansion Group

MS Manual 01/01/24

The Opportunities for Success Initiative works alongside Qualified Health Providers (QHPs) and Life360 HOMEs to encourage individuals in the Adult Expansion Group who are nineteen to fifty-nine (19-59) years of age to improve their health and reduce the effects of poverty on health outcomes through participating in health improvement initiatives and economic independence initiatives as provided under Act 530 of the 2021 ~~Regular Session~~ Arkansas General Assembly. An individual may demonstrate they are “on track” towards independence through showing progress in employment, education, training, volunteering, and other health related activities that enhance the quality of life. These opportunities will be targeted to individuals based on Federal Poverty ~~Limit~~ levels (FPL) ~~limits~~ and verified, when possible, through data matching and other means that do not require the individual to report activities.

NOTE: Individuals ~~that who~~ are sixty (60) years of age or older are not ~~expected~~ required to participate due to the increased likelihood of poor health that is a significant barrier to increasing employment.

NOTE: ~~Enrollees~~ Individuals who reach nineteen (19) years of age ~~during a calendar year~~ will begin participation in the month they are determined eligible for the Adult Expansion Group.

F-201 Levels of Engagement

MS Manual 01/01/24

~~Individuals will be considered as “on track” towards achieving and sustaining independence~~ At the time of application, and annually thereafter, individuals based on their Federal Poverty Level (FPL) and will be placed in ~~accordance to~~ one (1) of three (3) Levels of Engagement based on their Federal Poverty Level (FPL). The three (3) Levels of Engagement are: Employed, Under-Employed, and Unemployed. Individuals will be considered “on track” towards achieving and sustaining independence as described below. Depending on the Level of Engagement and use of opportunities, individuals may be assigned a Success Coach to aid with an individualized Action Plan. Each level will have different timelines that data matches will be performed to verify ~~workforce~~ engagement and determine when Success Coaches will be assigned. The following are the timeframes for each Level of Engagement:

Employed (81%-138% FPL)

Individuals in this group will be considered “on track” ~~by their involvement in the workforce based on their FPL.~~ They will have to demonstrate continued engagement at twelve (12) months and again ~~at~~ after an additional twenty-four (24) months. If individuals stay in this ~~the same FPL range after the twenty-four (24)~~ after a total of thirty-six (36) months, they will no longer be considered “on track” and they will be assigned a Success Coach to assist with focused care coordination services. Individual’s will not be considered “on track” if after a total of thirty-six (36) months in the same FPL bracket. Three (3) months after the assignment of a Success Coach the individual will be evaluated to determine if they are back “on track” (Refer to MS F-204).

Under-Employed (21%-80% FPL)

Individuals in this level will be considered “on track” ~~through their involvement in the workforce based on their FPL,~~ but they will receive monthly communications about community opportunities. They will have to demonstrate continued engagement at twenty-four (24) months. If individuals continue in this same level of engagement after the twenty-four (24) months, they will no longer be considered “on track” and will be assigned a Success Coach to assist with focused care coordination services. Individual’s will not be considered

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~~“on track” if after twenty four (24) months they are not working with their Success Coach to improve economic opportunities. Three (3) months after the assignment of a Success Coach the individual will be evaluated to determine if they are back “on track” (Refer to MS F-204).~~

Unemployed (below 20% FPL)

Individuals in this group are ~~not~~ considered ~~not~~ “on track” ~~with the workforce based on their FPL and are needing need~~ more focused care coordination. After six (6) months from initial ~~application enrollment~~, their case will be data matched to identify ~~use of engagement in~~ health improvement and economic independence ~~opportunities activities~~. ~~Individuals that are in the same FPL bracket six (6) months after initial enrollment will~~ ~~These Individuals will be assigned a Success Coach to assist with care coordination services. Three (3) months after the assignment of a Success Coach the individual will be evaluated to determine if they are back “on track” (Refer to MS F-204).~~

~~Individuals will not be considered “on track” if they are not working with their Succuss Coach, not meeting action plan goals, and not meeting levels of engagement.~~

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F-200 Opportunities for Success Initiative-Adult Expansion Group

For a breakdown of the Levels of Engagement, see the table below:

Level of Engagement	Federal Poverty Level (FPL)	Data Matches	Engagement Assistance
Employed	Between 81%- 138% FPL *Demonstrating engagement in the workforce based on FPL for up to 36 months	Application/ Reenrollment <u>in QHP</u>	Access to opportunities on websites
		After 12 months of QHP Enrollment	Monthly Communications
		After 24 36 months of QHP Enrollment	Assigned a Success Coach for enhanced opportunities
Under-Employed	Between 21%- 80% FPL *Demonstrating engagement in the workforce based on FPL for up to 24 months	Application/ Reenrollment <u>in QHP</u>	- Access to opportunities on website - Monthly Communications
		After 24 Months of QHP Enrollment	Assigned a Success Coach for enhanced opportunities
Unemployed	At or below 20% FPL *Must demonstrate engagement via activities	Application After 6 months of Success Coach <u>a</u> Assignment <u>and</u> After every 3 months <u>thereafter</u>	- Access to opportunities on websites - Monthly Communications - Assigned a Success Coach for enhanced opportunities

F-202 Other Engagement Opportunities

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Some activities will allow individuals to be considered “on track” and maintain their QHP benefits regardless of their Level of Engagement (Refer to [MS F-201](#)). These engagement opportunities will be verified by the eligibility system, data matching, or documented by ~~their~~ the recipient’s Success Coach. If an individual is actively meeting any of the following criteria listed below, they will be considered engaged and “on track”:

1. ~~Enrollment~~ Enrolled in SNAP or TEA
2. Receiving unemployment benefits
3. Acting as an unpaid caregiver of an individual with a disability or an elderly individual
4. Being a parent, caregiver, or relative of a dependent(s) under the age of six (6)
5. Being pregnant (includes a twelve (12) month period following delivery)
6. ~~Enrollment~~ Enrolled in formal education
7. Participating in a Workforce Innovation and Opportunity Act (WIOA)-sponsored workforce training program
- 7-8. Participating in volunteer work that advances employment prospects, including apprenticeships and internships
- 8-9. ~~Enrollment~~ Enrolled in Life 360 HOME
- 9-10. Participating actively in their healthcare or plan
 - a. Receiving recommended preventive services
 - b. Participating in an approved QHP value added health incentive program or economic incentive program
 - c. Actively receiving treatment for a serious life-threatening disease, such as substance use disorder (SUD), serious mental illness (SMI), or cancer

MARKUP

F-203 Success Coaches

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Success Coaching is a focused care coordination service for individuals who could benefit from ~~a~~ more formal coaching and support in accessing opportunities available through QHPs or other community organizations. Care coordination will consist of ~~but is not excluded-exclusivelimited to~~ assessment of recipient's health-related social needs (HRSNs) and the development of an individualized Action Plan. The Action Plan will outline steps and resources needed for the individual to make progress towards their specific health and economic goals.

Care Coordination Services and Action Plan

A key function of the Success Coach is to address any needs that may be preventing the individual from engaging in or accessing opportunities (For example: domestic violence or homelessness). Through care coordination of services, the Success Coach will be able to connect that individual to community resources and try to address underlying needs. Some of the things ~~that the~~ care coordination planning process could include are: assessing needs through screening, developing an action plan specific to the individual, coordinating referrals to services, and monitoring engagement activities.

Within 30 days of contacting ~~contact with the beneficiary/recipient, a the~~ Success Coach ~~will develop~~ ~~an~~ Action Plan ~~will be developed~~ based on the recipient's specific needs and personal goals. This plan will outline the goals the recipient hopes to achieve during coaching, identify steps needed to achieve goals, reflect the individual's strengths, and focus on future feasible paths to engagement. The Action Plan will contain the following regarding activities:

- Job opportunities and outcomes
 - Takes into consideration previous training, experience, and skills of individuals
 - Job training activities and job searches should be tailored to the individual and considerate of local job availability
- Volunteer activities and outcomes
 - Will only be included if activities advance their employment prospects
 - Have the characteristics of employment in duration, regularity, supervision, and skill development
 - Must be limited to three (3) months and should not replace or prevent employment
- Health-related social needs (HRSN) screening results
 - Includes referrals and outcomes based on HRSN
 - ~~Formal internships are not considered volunteer activities for these purposes~~

At least once a month, recipients will receive communications from their Success Coach either in person or through electronic means (For example: telephone, text, etc.).

In the development and monitoring of an individual's Action Plan, a Success Coach may determine that an extenuating circumstance may exist to prevent an individual from temporarily making progress towards his/her/their goals. Some recognized extenuating circumstance requests will include, but are not limited to, the following verified circumstances:

- Recipient experiences hospitalization or serious illness;
- Recipient experiences the birth or death of a family member living in the recipient's home;
- Recipient experiences/is impacted by a natural emergency, such as severe inclement weather-
(including a natural disaster); or
- Recipient has a family emergency or other life-changing event (For example: domestic violence).

In such situations, the Success Coach will update the Action Plan to reflect the temporary situation and verify the individual remains “on track.” **NOTE: A combination of employment and volunteer activities will not be used to meet engagement.**

NOTE: Recipients will not be required to work a minimum number of hours monthly or report any activities outside of their required contacts with their Success Coach.

F-204 Transition from QHP to Fee for Service (FFS)

MS Manual 01/01/24

Individuals who were assigned a Success Coach and continue to not be “on track” after three (3) months without progress will be disenrolled from the QHP and transitioned back to the Fee-For-Service (FFS) delivery system. An individual be determined to not be “on track”, if:

- 1) For individuals whose initial Level of Engagement is determined to be “Unemployed” and either:
 - a. The individual does not participate in Care Coordination Services or meet with the assigned Success Coach, and a data match at three (3) months determines that the individual’s Level of Engagement remains the same; or
 - b. The individual begins Care Coordination Services and, with the assistance of a Success Coach, creates an Action Plan, but does not demonstrate progress and a data match at three (3) months determines that the individual’s Level of Engagement remains the same.
- 2) For individuals whose initial Level of Engagement is determined to be “Underemployed” – the individual has remained at the same Level of Engagement for twenty-four (24) months after initial enrollment, and either:
 - a. The individual does not participate in Care Coordination Services or meet with the assigned Success Coach, and a data match at three (3) months determines that the individual’s Level of Engagement remains the same; or
 - b. The individual begins Care Coordination Services and, with the assistance of a Success Coach, creates an Action Plan, but does not demonstrate progress and a data match at three (3) months determines that the individual’s Level of Engagement remains the same.
- 3) For individuals whose initial Level of Engagement is determined to be “Employed” – the individual has remained at the same Level of Engagement for thirty-six (36) months after initial enrollment, and either:
 - a. The individual does not participate in Care Coordination Services or meet with the assigned Success Coach, and a data match at three (3) months determines that the individual’s Level of Engagement remains the same; or
 - b. The individual begins Care Coordination Services and, with the assistance of a Success Coach, creates an Action Plan, but does not demonstrate progress and a data match at three (3) months determines that the individual’s Level of Engagement remains the same.

~~Demonstrating progress once assigned a success coach means the individual is either participating in one of the activities at F-202 or participates in communication with success coach at least monthly and steps taken to fulfill the action plan can be documented unless an individual has an extenuating circumstance as denied in F-203~~

MEDICAL SERVICES POLICY MANUAL, SECTION F

DHS will provide notification to the beneficiary of this change. Transitioning from a QHP to FFS will be considered an adverse decision that may be appealed by the individual [\(Refer to MS L-100\)](#). The individual will remain in FFS for the remainder of the calendar year. The individual will not be auto-assigned into a QHP during an open enrollment period for the next calendar year.

An individual who subsequently participates in health improvement or economic independence initiatives [\(as listed in MS F-202\)](#) or otherwise shows they are “on track” and making progress may re-enroll in a QHP for coverage in the next calendar year during an open enrollment period if they choose a QHP.

NOTE: Success Coaches will determine if an individual is demonstrating progress by means of either: participating in at least one of the engagement activities listed in MS F-202, communicating with a Success Coach at least monthly, or taking steps to fulfill the action plan that can be documented (Refer to MS F-203).

MEDICAL SERVICES POLICY MANUAL, SECTION I

I-600 Changes

~~I-640 Assl-600 Changes isted Living Facility (ALF)~~

I-610 Loss of Eligibility

MS Manual ~~07/01/2001??/01??/2024??~~

Loss of eligibility occurs when the eligible individual:

- Moves from Arkansas
- Requests closure
- Dies
- Is found to be over the income limit
- Is found to be over the resource limit if applicable
- Reaches the age limit for the eligibility
- Leaves the nursing facility
- No longer meets medical necessity
- ~~Has three (3) months of non-compliance with the Adult Expansion Group work requirement within a calendar year~~

Depending upon the change, the individual may be eligible in another eligibility group. For example, if a child ages out of ARKids, ~~he/she~~they may be eligible in an adult group such as the Adult Expansion Group. When possible, eligibility in another group should be determined at the time ineligibility for the current group is established.

EXCEPTION: Once eligibility is established for a pregnant woman (PW) in any ~~Medicaid-Health~~ Care category, there will be “No Look Back” at later income increases throughout the pregnancy and the postpartum period. The PW will remain ~~Medicaid-Health Care~~ eligible through the end of the postpartum period regardless of increases in income. Refer to [MS C-205](#) and [MS I-690](#).

RULES SUBMITTED FOR REPEAL

Rule #1: Publication 408 – Notice of Privacy Practices - Signature

Rule #2: APM – 905 Social Services Block Grant Program Manual

**ARKANSAS DEPARTMENT
OF HUMAN SERVICES
NOTICE OF PRIVACY
PRACTICES**

Updated: December 08, 2016

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Department of Human Services (DHS) provides many types of services, such as health and social services. DHS staff must collect information about you to provide these services. DHS knows that information collected about you and your health is private. DHS and all associates at all locations are required by law to maintain the privacy of patients' Protected Health Information (PHI) and to provide individuals with the Notice of the legal duties and privacy practices with respect to PHI.

DHS is required to give you a notice of our privacy practices for the information we collect and keep about you. We are required to abide by the terms of this Notice. We reserve the right to change the terms of this Notice and these new term will affect all PHI that we maintain at that time.

Revised notices may be picked up at any office or online at:
<http://humanservices.arkansas.gov/publicationDocs/PUB-407.pdf>

In certain circumstances, DHS may use and disclose PHI without written consent.

For Treatment: We will use your health information to provide you with medical treatment or services. We will disclose PHI to doctors, nurses, technicians, students in health care training programs, or other personnel who are involved in taking care of you. For example, a doctor treating you for a broken leg may need to know if you have diabetes because that might slow the healing process. In addition, he/she may need to tell the dietitian to arrange for appropriate meals. Different departments of DHS may share health information about you in order to coordinate the services you need, such as prescriptions, lab work and x-rays. We may disclose health information to people outside DHS who provide your medical care like nursing homes or other doctors. We may tell your health insurer about treatment your doctor has recommended to obtain prior approval to determine whether your plan will cover the cost of the treatment. We may contact you to provide reminders of appointments.

For Payment: DHS will use and disclose PHI to other health care providers to assist in payment of your bills. For example, we will use it to send bills and collect payment from you, your insurance company, or other payers, such as Medicare, for the care, treatment, and other related services you receive.

For Health Care Operations: DHS may use or disclose your PHI for the purpose of our business operations. These uses and disclosures are necessary to insure our patients receive quality care. For example, we may use PHI to review the quality of our treatment and services, and to evaluate the performance of staff, contracted employees and students in caring for you.

Business Associates: We may use or disclose your PHI to an outside company that assists us in operating our health system and performs various services for us. This includes, but is not limited to, auditing, accreditation, legal services, data processing, and consulting services. These outside companies are called "business associates" and contract with us to keep PHI received confidential in the same way we do. These companies may create or receive PHI for us.

For Public Health Activities: DHS may use or disclose your PHI for public health activities that are permitted or required by law. For example, we may disclose PHI in certain circumstances to control or prevent a communicable disease; injury; disability; to report births and deaths; and for public health oversight activities or interventions. We may disclose PHI to the Food and Drug Administration (FDA) to report adverse events or product defects, to track products, to enable product recalls, or to conduct post-market surveillance as required by law or to state or federal government agencies. We may disclose PHI, if directed by a public health authority, to a foreign government agency that is collaborating with the public health authority.

For Health Oversight Activities: DHS may disclose PHI to a health oversight agency for activities authorized by law. For example, these oversight activities may include audits; investigations; inspections; licensure or disciplinary actions; or civil, administrative, or criminal proceedings or actions. Agencies seeking this information include government agencies that oversee the health care system, benefit programs, other regulatory programs, and government agencies that ensure compliance with civil rights laws.

As Required by Law and For Law Enforcement: DHS will use and disclose PHI when required or permitted by federal, state, and local laws, or by court order. Under certain conditions, we may disclose PHI to law enforcement officials for law enforcement purposes. For example, these may include (1) responding to a court order or similar process; (2) as necessary to locate or identify a suspect, fugitive, material witness, or missing person; (3) reporting suspicious wounds, burns or other physical injuries; or (4) as relating to the victim of a crime.

Lawsuits and Other Legal Proceedings: DHS may disclose PHI in the course of any judicial or administrative proceeding or in response to an order of a court or administrative tribunal (to the extent such disclosure is expressly authorized.) If certain conditions are met, we may disclose your PHI in response to a subpoena, a discovery request, or other lawful process.

Abuse or Neglect: We may disclose your PHI to a government authority that is authorized by law to receive reports of abuse, neglect, or domestic violence. Additionally, as required by law, if we believe you have been a victim of

abuse, neglect, or domestic violence, we may disclose your PHI to a governmental entity authorized to receive it.

For Government Programs: DHS may use and disclose PHI for public benefits under other government programs. For example, DHS may disclose PHI for the determination of Supplemental Security Income (SSI) benefits.

To Avoid Harm: DHS may disclose PHI to law enforcement in order to avoid a serious threat to the health and safety of a person or the public.

For Research: DHS may use and share your health information for certain kinds of research. For example, a research project may involve comparing the health and recovery of patients who received one medication to those who received another for the same condition. All research projects, however, are subject to a special approval process. In some instances, the law allows us to do some research using your PHI without your approval.

Family Members and Friends: If you agree, do not object, or we reasonably infer that there is no objection, DHS may disclose PHI to a family member, relative, or other person(s) whom you have identified to be involved in your health care or the payment of your health care. If you are not present, or are incapacitated, or it is an emergency or disaster relief situation, we will use our professional judgment to determine whether disclosing limited PHI is in your best interest. We may disclose PHI to a family member, relative, or other person(s) who was involved in the health care or the payment for health care of a deceased individual if not inconsistent with prior expressed preferences of the individuals known to DHS. You also have the right to request a restriction on our disclosure of your PHI to someone who is involved in your care.

Coroners, Medical Examiners, and Funeral Directors: DHS may release your PHI to a coroner or medical examiner. For example, this may be necessary to identify a deceased person or to determine cause of death. We may also release your PHI to a funeral director, as necessary, to carry out his/her duties.

Organ Donations: We will disclose PHI to organizations that obtain, bank, or transplant organs or tissues.

National Security and Protection of the President: DHS may release your PHI to an authorized federal official or other authorized persons for purposes of national security, for providing protection to the President, or to conduct special investigations, as authorized by law.

Correctional Institution: If you are an inmate of a correctional institution or under the custody of a law enforcement officer, DHS may release your PHI to them. The PHI released must be necessary for the institution to provide you with health care, protect your or other's health and safety, or for the safety and security of the correctional institution.

Military: If you are a veteran or a current member of the armed forces, DHS

may release your PHI as required by military command or veteran administration authorities.

Workers' Compensation: DHS will disclose your health information that is reasonably related to a worker's compensation illness or injury following written request by your employer, worker's compensation insurer, or their representative.

Employer Sponsored Health and Wellness Services: We maintain PHI about employer sponsored health and wellness services we provide our patients, including services provided at their employment site. We will use the PHI to provide you medical treatment or services and will disclose the information about you to others who provide you medical care.

Shared Medical Record/Health Information Exchanges: We maintain PHI about our patients in shared electronic medical records that allow the DHS associates to share PHI. We may also participate in various electronic health information exchanges that facilitate access to PHI by other health care providers who provide you care. For example, if you are admitted on an emergency basis to another hospital that participates in the health information exchange, the exchange will allow us to make your PHI available electronically to those who need it to treat you.

Sponsor of the Plan: DHS may disclose PHI to the sponsor of a group health plan or a health insurance issuer.

Other Uses and Disclosures of PHI

Other uses and disclosures of your PHI that are not described above will be made only with your written authorization. If you provide DHS with an authorization, you may revoke it in writing, and this revocation will be effective for future uses and disclosures of PHI. The revocation will not be effective for information that we have used or disclosed in reliance on the authorization.

For example, most uses and disclosures of psychotherapy notes, uses and disclosures of PHI for marketing purposes, and disclosures that constitute the sale of PHI require your written authorization.

Your PHI Privacy Rights

Right to Revoke Permission: If you are asked to sign an authorization to use or disclose PHI, you can cancel that authorization at any time. You must make the request in writing. This will not affect PHI that has already been shared.

The Right to Access to Your Own Health Information: You have the right to inspect and copy most of your protected health information for as long as we maintain it as required by law. We may require that you make this request in writing. We may charge you a nominal fee for each page copied and postage if applicable. You also have the right to ask for a summary of this information. If you request a summary, we may charge you a nominal fee.

Right to Request Restrictions: You have the right to request certain restrictions of our use or disclosure of your PHI. We are not required to agree to your request in most cases. But if DHS agrees to the restriction, we will comply with your request unless the information is needed to provide you emergency treatment. DHS will agree to restrict disclosure of PHI about an individual to a health plan if the purpose of the disclosure is to carry out payment or health care operations and the PHI pertains solely to a service for which the individual, or a person other than the health plan, has paid DHS for in full. For example, if a patient pays for a service completely out of pocket and asks DHS not to tell his/her insurance company about it, we will abide by this request. A request for restriction should be made in writing. To request a restriction you must contact the DHS Privacy Officer. We reserve the right to terminate any previously agreed-to restrictions (other than a restriction we are required to agree to by law). We will inform you of the termination of the agreed-to restriction and such termination will only be effective with respect to PHI created after we inform you of the termination.

Right to Request Confidential Communications: You may request in writing that we communicate with you in an alternative manner or at an alternative location. For example, you may ask that all communications be sent to your work address. Your request must specify the alternative means or location for communication with you. It also must state that the disclosure of all or part of the PHI in a manner inconsistent with your instructions would put you in danger. We will accommodate a request for confidential communications that is reasonable and that states that the disclosure of all or part of your protected health information could endanger you.

Right to Inspect and Copy: You have the right to inspect and receive a copy of PHI about you that may be used to make decisions about your health. A request to inspect your records may be made to your nurse or doctor while you are an inpatient or to the DHS Privacy Officer while an outpatient. For copies of your PHI, requests must go to the DHS Privacy Officer. For PHI in a designated record set that is maintained in an electronic format, you can request an electronic copy of such information. There may be a charge for these copies.

Right to Amend: You may ask us to amend the information, for as long as DHS maintains the information. Requests for amending your PHI should be made to the DHS Privacy Officer. The DHS personnel who maintain the information will respond to your request within 60 days after you submit the written amendment request form. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Right to Get a List of Disclosures: You have the right to ask DHS for a list of disclosures made after April 14, 2003. You must make the request in writing. With some exceptions, you have the right to receive an accounting of certain disclosures of your PHI. A nominal fee will be charged for the record search.

Right to Get a Paper Copy of this Notice: You have the right to ask for a paper copy of this notice at any time

Right to File a Complaint: You have the right to file a complaint if you feel DHS has violated your rights. To do so, contact the Privacy Officer by using the information below. You can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by using the contact information below. We will not retaliate against you for filing a complaint.

Right to be notified of a Breach: You have the right to be notified in the event that we (or one of our Business Associates) discover a breach of unsecured protected health information involving your medical information.

**See the contact information below:
To View, Inspect, Copy, or Amend your PHI,
To Request Confidential Communications,
To Request an accounting (list) of disclosures, To Request Restrictions,
To Revise Authorizations, or
To File a Complaint.**

This privacy notice is also available at:
<http://humanservices.arkansas.gov/publicationDocs/PUB-407.pdf>

You may contact your local DHS office or the DHS Privacy Officer at the address listed below.

DHS Privacy Officer
Arkansas Department of Human Services
P.O. Box 1437, Slot S260
Little Rock, Arkansas 72203-1437 Telephone: 1-855-283-0835
TDD: (501) 682-8933
Email: DHSPrivacyOfficer@dhs.arkansas.gov

**Office for Civil Rights
U.S. Department of Health & Human Services
1301 Young Street-Suite 1169
Dallas, TX 75202
(800) 368-1019; (800) 537-7697(TDD)
(202) 619-3818 Fax
www.hhs.gov/ocr/privacy/hipaa/complaints/**

ACKNOWLEDGEMENT OF RECEIPT OF
NOTICE OF PRIVACY PRACTICES

I, _____ (print name of client or legal representative) have been given a copy of DHS’s Notice of Privacy Practices and have had a chance to ask questions about how my PHI will be used.

_____ Client’s Signature	_____ Date
_____ Legal or Personal Representative of Client (if applicable)	_____ Date

File the original signed copy in the case record; give the recipient of this notice a copy of this document.

DEPARTAMENTO DE
SERVICIOS HUMANOS DE
ARKANSAS
AVISO DE PRACTICAS DE
PRIVACIDAD

Actualizado: Diciembre 08, 2016

ESTE AVISO DESCRIBE COMO LA INFORMACION MEDICA ACERCA DE USTED PUEDE SER USADA Y REVELADA Y COMO PUEDE USTED TOMAR ACCESO A ESTA INFORMACION. FAVOR DE REVISAR CUIDADOSAMENTE.

El Departamento de Servicios Humanos (DHS) provee muchos tipos de servicios, tal como servicios de salud y sociales. El personal de DHS sabe que la información acumulada acerca de usted y su salud es privada. DHS y todos sus asociados en todos locales requieren que por ley mantengan la privacidad de pacientes Información de Salud Protegida (PHI) y proveer a individuos con el Aviso de obligaciones legales y prácticas de privacidad con respecto a PHI.

Se requiere de DHS darle aviso de nuestras prácticas de privacidad por la información que acumulamos y guardamos acerca de usted. Se nos requiere cumplir con los plazos de este Aviso. Reservamos el derecho de cambiar los plazos de este Aviso y este nuevo plazo afectara todo PHI que mantenemos por ese tiempo.

Avisos modificados pueden ser obtenidos en cualquier oficina o en línea en: <http://humanservices.arkansas.gov/publicationDocs/PUB-407.pdf>

En ciertas circunstancias, DHS podría usar y revelar PHI sin consentimiento por escrito.

Para Tratamiento: Usaremos su información de salud para proveerle con tratamiento medico o servicios. Le revelaremos PHI a doctores, enfermeras, técnicos, estudiantes en programas de entrenamiento de cuidado, o otro personal que este involucrado en su cuidado. Por ejemplo, un doctor que le da trato por una pierna quebrada quiza necesite saber si usted tiene diabetes porque quizá el proceso de alivio se demorará. Adicionalmente, el/ella deben decirle al dietista que prepare comidas apropiadas. Diferentes departamentos de DHS tal vez compartan su información médica para poder coordinar los servicios que necesite, tal como recetas, laboratorio y rayos x, Tal vez revelemos información de Salud a personas fuera de DHS que proveen atención médica tal como casa de asilo u otros doctores. Tal vez le diremos a su seguro de salud acerca del tratamiento que su doctor a recomendado para obtener aprobación previa para determinar si al cabo su plan le cubre el costo del tratamiento. Tal vez nos pongamos en contacto con usted para proveerle recordatorios de citas.

Para Pago: DHS usará y revelará PHI a otros proveedores de cuidado de salud para asistir en pagos de sus cuentas. Por ejemplo, lo usaremos para mandar cuentas y reclamar pagos para usted, su seguro de salud, u otros deudores, tal como Medicare, por el cuidado, tratamiento, y otros servicios relacionados que recibe.

Para Operaciones de Cuidado de Salud: DHS tal vez use o revele su PHI para el propósito de nuestras operaciones. Estos usos y revelaciones son necesarios para asegurar que nuestros pacientes reciban el mejor cuidado. Por ejemplo, tal vez usemos PHI para revisar la calidad de nuestro tratamiento y servicios, y para evaluar la ejecución del personal, empleados contratados y estudiantes que le prestan cuidado.

DHS PUB-408, Fecha Efectivo: Enero 01, 2017

Asociados de Negocios: Tal vez usemos o revelemos su PHI a una compañía que nos asiste en operar nuestro sistema de salud y desempeña varios servicios para nosotros. Esto incluye, pero no está limitado a, auditoria, acreditación, servicios legales, procesamiento de datos, y servicios de consulta. Estas compañías de afuera se llaman "asociados de negocios" y se contratan con nosotros para mantener confidencial PHI recibida en la misma forma que lo hacemos nosotros. Estas compañías pueden crear o recibir PHI por nosotros.

Para Actividades de Salud Pública: DHS tal vez use o revele su PHI para actividades de salud pública que son permitidas o exigidas por ley. Por ejemplo, tal vez revelemos PHI en ciertas circunstancias para controlar o prevenir una enfermedad contagiosa; daño; discapacidad; para reportar nacimientos y defunciones; y para la vigilancia e intervenciones de salud pública. Tal vez revelemos PHI a la Administración de Alimentos y Drogas (FDA) para reportar eventos desfavorables o productos defectivos, para seguir el rastro de productos, para facilitar el retiro de productos, o para conducir vigilancia después de salir al mercado como es exigido por ley o por agencias del gobierno del estado o federal. Tal vez revelemos PHI, si una autoridad de salud pública lo dicta, y agencia de gobierno extranjera que está colaborando con la autoridad de salud pública.

Para Vigilancia de Actividades de Salud: DHS tal vez revele PHI a una agencia de vigilancia de salud para actividades autorizadas por ley. Por ejemplo, estas actividades de vigilancia tal vez incluyan auditorias; investigaciones; inspecciones; licenciatura o acciones disciplinarias; civiles, administrativas, o de procedimiento criminal, o acciones. Agencias que solicitan esta información incluyen agencias del gobierno que vigilan el sistema del cuidado de salud, programas de beneficios, otros programas regulatorios, y agencias gubernamentales que aseguran conformidad con las leyes de derechos civiles.

Exigido Por Ley o Por Autoridades De La Ley: DHS usara y revelara PHI cuando exijan o permitan las leyes federales, estatales, y locales, o por orden de la corte. Bajo ciertas condiciones, tal vez revelemos PHI a oficiales de la ley para el propósito de ejecución. Por ejemplo, tal vez esto incluye (1) respondiendo a una orden de corte o proceso similar; (2) como sería necesario para localizar o identificar a un sospechoso, fugitivo, testigo, o persona ausente; (3) reportando heridas sospechosas, quemaduras o otras lastimaduras físicas; o (4) si es relacionado a la víctima de un crimen.

Demandas u Otros Procedimientos Legales: DHS tal vez revele PHI en el transcurso de cualquier procedimiento judicial o administrativo o en respuesta a una orden de la corte o tribunal administrativo (al grado que tal revelación es expresamente autorizada.) Si ciertas condiciones son adheridas, tal vez revelemos su PHI en respuesta a una citación, a un pedido de descubrimiento, u otro proceso legal.

Abuso o Negligencia: Tal vez revelemos su PHI a una autoridad del gobierno que está autorizada por ley para recibir reportes de abuso, negligencia, o violencia doméstica. Adicionalmente, como la ley lo exige, si creemos que usted ha sido víctima de abuso, negligencia, o violencia doméstica, tal vez revelemos su PHI a una entidad autorizada para recibirlo.

Para Programas Del Gobierno: DHS tal vez use y revele PHI para beneficios públicos bajo otros programas gubernamentales. Por ejemplo, DHS tal vez revele PHI para la determinación de beneficios de Ingreso de Seguridad Suplemental (SSI).

Para Evitar Daño: DHS tal vez revele PHI a autoridades de la ley con el fin de evitar una seria amenaza contra la salud y bienestar de una persona o del público.

Para Investigación: DHS tal vez use o comparta su información de salud para ciertas clases de investigación. Por ejemplo, un proyecto de investigación tal vez involucre comparar la salud y recuperación de pacientes que reciben un medicamento a otros que reciben otro por la misma condición. Todos los proyectos, sin embargo, son sujetos a un proceso especial de aprobación. En algunos instantes, la ley nos permite hacer algo de investigación usando su PHI sin su consentimiento.

Miembros De La Familia Y Amistades: Si usted acede, no tiene inconveniente, o nosotros razonablemente entendemos que no hay protesta, DHS tal vez revele PHI a un miembro de la familia, pariente, u otra persona(s) que usted ha identificado para que estén involucrados en su cuidado de salud o el pago de su cuidado de salud. Si usted no está presente, o está incapacitado, o es una emergencia o situación de auxilio por desastre, usaremos nuestro juicio profesional para determinar si el revelar PHI limitada es en su mejor interés. Tal vez revelemos PHI a un miembro de la familia, pariente, u otra persona(s) quien estuvo involucrado en el cuidado de salud o el pago por cuidado de salud de un individuo fallecido si no son contrarios con preferencias expresadas anteriormente de los individuos conocidos por DHS. Usted también tiene al derecho de pedir una restricción en nuestra revelación de su PHI a alguien que esté involucrado en su cuidado.

Pesquisidores, Examinadores Médicos, y Directores de Funerarias: DHS tal vez revele su PHI a un pesquisidor o examinador médico. Por ejemplo, esto quizá sería necesario para identificar a una persona fallecida o para determinar la causa de muerte. Tal vez también revelemos su PHI a un director de funeraria, en lo necesario, para cumplir con sus obligaciones.

Donaciones de Órganos: Nosotros revelaremos PHI a organizaciones que obtengan, banco, o trasplante de órganos o tejidos.

Seguridad Nacional y Protección del Presidente: DHS tal vez revele su PHI a un oficial federal autorizado u otras personas autorizadas con el propósito de seguridad, para proveer protección al Presidente, o para conducir investigaciones especiales, autorizadas por ley.

Institución Correccional: Si usted es un preso de una institución correccional o bajo la custodia de un oficial de ley, DHS tal vez revele a ellos su PHI. El PHI divulgado tendrá que ser necesario para que la institución le provea su cuidado de salud, proteja su salud y evitar peligro para usted y a otros, o que la institución correccional tenga seguridad y esté libre de peligro.

Militar: Si usted es veterano o un miembro actual de las fuerzas armadas, DHS tal vez divulgue su PHI como es el requisito del comando militar o autoridades de la administración de veteranos.

Compensación de Trabajadores: DHS revelara su información de salud que es razonablemente se relaciona a la compensación del trabajador por enfermedad o lastimadura seguida del pedido por escrito de parte de su empleador, el seguro de compensación del trabajador, o su representante.

Servicios de Salud y Bienestar Patrocinados por el Empleador: Mantenemos PHI acerca de servicios de salud y bienestar patrocinados por el empleador que proveemos a nuestros pacientes, incluyendo servicios provistos en su sitio de empleo. Usaremos el PHI para proveer su tratamiento médico o servicios y revelaremos información acerca de usted a otros que proveen su cuidado médico.

Intercambios de Información Compartida de Registro Medico/Salud: Mantenemos PHI acerca de nuestros pacientes en registros médicos electrónicos compartidos que permite a asociados de DHS a compartir PHI. También quizá participemos en varios intercambios de información electrónica acerca de salud que facilita el acceso a PHI por otros proveedores de cuidado de salud que proveen su cuidado. Por ejemplo, si usted es admitido de emergencia a otro hospital que participa en el intercambio de información de salud, el intercambio nos permitirá hacer su PHI electrónicamente disponible para aquellos que necesiten darle tratamiento.

Patrocinador del Plan: DHS tal vez revele PHI al patrocinador del plan del grupo de salud o al que publica su seguro de salud.

Otros Usos y Revelaciones de PHI

Otros usos y revelaciones de su PHI que arriba no se describió sería hecho solo con su consentimiento por escrito. Si usted provee DHS con una autorización, usted puede revocarla por escrito, y esta revocación será efectiva para usos futuros y revelaciones de PHI. La revocación no será efectiva para información que hemos usado y revelado de acuerdo con la autorización. Por ejemplo, la mayoría de los usuarios y revelaciones de notas de terapia psicológica, usuarios y revelaciones de PHI para propósito del mercado, y revelaciones que constituye la venta de PHI requiere su autorización por escrito.

Sus Derechos Privados PHI

Derecho de Revocar el Permiso: Si le han pedido que firme una autorización para el uso o revelación PHI, usted puede cancelar esa autorización en cualquier momento. Tendrá que hacer el pedido por escrito. Esto no afectara PHI que ya ha sido compartido.

El Derecho al Acceso a su Propia Información de Salud: Usted tiene el derecho de inspeccionar y hacer copias de la mayoría de la información de su salud protegida por todo el tiempo que la conservemos como requiere la ley. Tal vez le pidamos que su requisito lo haga por escrito. Tal vez le cobremos un cargo mínimo por cada copia y el cargo de correo si aplica. Usted tiene el derecho de pedir el resumen de esta información. Si pide resumen, quizá se le cobre cargo mínimo.

Derecho a Pedir Restricciones: Usted tiene el derecho de pedir ciertas restricciones de nuestro uso y revelación de su PHI. En la mayoría de los casos, no estamos obligados a estar de acuerdo en su pedido. Pero si DHS está de acuerdo con la restricción, cumpliremos con su requisito a menos que la información sería necesaria para proveerle tratamiento de emergencia. DHS accederá a poner restricción en revelar PHI acerca de un individuo a un plan de salud si el propósito de la revelación es para conseguir pago u operaciones de cuidado de salud y el PHI solamente pertenece a un servicio por lo que un individuo, o persona aparte del plan de salud, ha pagado en total a DHS. Por ejemplo, si un paciente paga por completo de su bolsa el servicio y le pide a DHS que no le avise a su compañía de seguro, cumpliremos con su pedido. Un pedido de restricción tendrá que ser por escrito. Para pedir una restricción usted tendrá que ponerse en contacto con el oficial de Privacidad de DHS. Reservamos el derecho de terminar cualquier restricción hecha previamente (aparte de la restricción que se nos exige por ley). Le informaremos de la terminación de la

restricción que se tenía de acuerdo y tal terminación solo será efectiva con respecto al PHI creado después que le informemos de su terminación.

Derecho a Pedir Comunicación Confidencial: Usted podrá pedir por escrito que nos comuniquemos con usted de una manera alternativa o en un local alternativo. Por ejemplo, puede pedir que todas sus comunicaciones se le envíen al domicilio de su empleo. Su pedido tendrá que especificar formas alternativas o locales de como comunicarse con usted. También tendrá que declarar que la revelación toda o en parte de PHI en manera inconsistente con sus instrucciones lo pondría poner en peligro. Le acomodaremos un pedido que sea razonable para comunicaciones confidenciales y que aclara que la revelación toda o en parte de su información de salud protegida le podría poner en peligro.

Derecho a Inspeccionar y Hacer Copia: Usted tiene el derecho de inspeccionar y recibir una copia de PHI acerca de usted que tal vez se use para hacer decisiones acerca de su salud. Un pedido para inspeccionar sus registros se le puede hacer a su enfermera o doctor mientras usted está hospitalizado o al Oficial de Privacidad siendo paciente de entrada y salida. Para copias de su PHI, pedidos tendrán que ser enviados al Oficial de Privacidad de DHS. Para PHI en un grupo de registro designado que es conservado en forma electrónica, usted puede pedir una copia electrónica de tal información. Tal vez se haga cargo por estas copias.

Derecho de Enmendar: Usted puede pedirnos que enmendemos la información, por el tiempo que DHS mantenga su información. Pedidos para enmendar su PHI tendrá que hacerlo con el Oficial de Privacidad de DHS. El personal de DHS que conserva la información le responderá a su pedido dentro de 60 días después de entregar la forma de su enmienda por escrito. Si le negamos su pedido, le proveeremos una explicación escrita. Usted puede responder con una declaración de desacuerdo para que sea adjuntada a la información que quiere enmendar. Si aceptamos su pedido de enmendar la información, haremos esfuerzos razonables para informar a los demás, incluyendo a personas que usted nombre, de la enmienda y que incluya los cambios en cualquiera revelaciones futuras de esa información.

Derecho de Obtener Una Lista de Revelaciones: Usted tiene el derecho de pedir a DHS una lista de revelaciones hechas después de Abril 14, 2003. Usted tendrá que hacer el pedido por escrito. Con algunas excepciones, usted tiene el derecho de recibir una contabilidad de ciertas revelaciones de su PHI. Se le hará un cargo mínimo por buscar el registro.

Derecho de Obtener Copia de Papel de Este Aviso: En cualquier tiempo usted tiene el derecho de pedir una copia de papel de este aviso.

Derecho de Someter Una Queja: Usted tiene el derecho de someter una queja si siente que DHS ha violado sus derechos. Pare hacerlo, póngase en contacto con el Oficial de Privacidad usando la información abajo. Usted puede someter una queja con el departamento, U.S. Department of Health and Human Services, Office for Civil Rights usando la información de contacto abajo. No tomaremos represalia contra usted por someter una queja.

Derecho de Ser Notificado de una Violación: Usted tiene el derecho de ser notificado en el evento que nosotros (o uno de nuestros Asociados de Negocios) descubre una violación de información de salud protegida involucrando su información médica.

Vea abajo la información de contacto: Para Ver, Inspeccionar, Copiar, o Enmendar su PHI, Para Pedir Comunicaciones confidenciales, Para Pedir una contabilidad (lista) de revelaciones, Para Pedir Limitaciones, Para Modificar Autorizaciones, o Para Someter una Queja.

Este aviso de privacidad también se consigue en: <http://humanservices.arkansas.gov/publicationDocs/PUB-407.pdf>

Puede ponerse en contacto con su oficina local DHS o con el Oficial de Privacidad de DHS en los siguientes domicilios.

Arkansas Department of Human Services
DHS Privacy Officer
Department of Human Services
P.O. Box 1437, Slot S260
Little Rock, Arkansas 72203-1437
Tel. 1-855-283-0835/9TDD: 501 682 8933
Email: DHSPrivacyOfficer@dhs.arkansas.gov.

Office for Civil Rights
U.S. Department of Health & Human Services
1301 Young Street-Suite 1169
Dallas, TX 75202
(800) 368-1019; (800) 537-7697(TDD)
(202) 619-3818 Fax
www.hhs.gov/ocr/privacy/hipaa/complaints/

**RECONOCIMIENTO DEL RECIBO
DEL AVISO DE PRACTICAS DE PRIVACIDAD**

Yo, _____ (inprima el nombre del cliente o su representante legal) se me ha dado una copia del Aviso de Prácticas de Privacidad de DHS y se me ha dado la oportunidad de hacer preguntas acerca de cómo sera usado mi PHI.

Nombre del Cliente	Fecha
Representante Legal o Personal del Cliente (si aplica)	Fecha

Archivar la copia original firmada en el registro del caso: dar una copia de este documento al receptor del Aviso.

DHS ADMINISTRATIVE PROCEDURES MANUAL

Chapter 905

Title: Social Services Block Grant Program Manual

- I. **PURPOSE:** To assure compliance with federal regulations and establish state guidelines for the Social Services Block Grant (SSBG) program relating to services and eligibility of clients.

II. **POLICY:**

The Omnibus Budget Reconciliation Act of 1981, Public Law 97-35, amended Title XX of the Social Security Act to establish SSBG. Under the SSBG program, states have the sole responsibility, within the federal guidelines, for determining what services will be provided, who will be eligible for services, and how the funds will be distributed within the state. The **SSBG Program Manual** is the promulgated document which describes the services that can be provided with SSBG funding and the eligibility guidelines for receipt of those services.

III. **PROCEDURES:**

- A. The Office of Finance and Administration (OFA), Contract Support Section (CSS) shall prepare updates to the **SSBG Program Manual** as necessary utilizing input from the DHS divisions/offices and outside agencies providing or purchasing services with SSBG funding.
- B. CSS shall regularly review the federal SSBG website for U.S. Department of Health and Human Services, Administration for Children and Families, Office of Community Services to determine if there are any changes or new requirements applicable to the **SSBG Program Manual**.
- C. At least annually, and more frequently if necessary, CSS shall execute the following steps:
1. Discuss with the representative(s) from each program division and outside agency receiving SSBG funds any known changes that need to be made;
 2. Determine from the representatives what, if any, changes they need made.

3. Incorporate changes as necessary, and prepare a draft revision to the **SSBG Program Manual**, tracking changes;
4. Compare the draft revision to the most recent **SSBG Pre-expenditure Report** for any discrepancies;
5. Finalize the draft revision to the **SSBG Program Manual**, tracking the changes

D. Promulgation

1. Upon completion of the draft revision to the **SSBG Program Manual**, CSS shall submit the draft to Policy and Administrative Program Management Unit (PAPM) for promulgation in accordance with DHS Policy 1052, Administrative Procedure, Rules Promulgation, to include Executive Staff review, a thirty day public review period and final review and approval by the Legislative Council, Administrative Rules and Regulations Subcommittee.

REPEAL

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

DEPARTMENT _____
BOARD/COMMISSION _____
PERSON COMPLETING THIS STATEMENT _____
TELEPHONE NO. _____ **EMAIL** _____

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 _____

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.

NOTICE OF RULE MAKING

The Department of Human Services (DHS) announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§20-76-201, 20-77-107, 23-61-1004, and 25-10-129.

The Director of the Division of County Operations amends Section F of the Medical Services Policy Manual to comply with Act 530 of the 93rd General Assembly, with a proposed effective date of January 1, 2024. Act 530 directs that DHS create and administer the Arkansas Health and Opportunity for Me Program.

The ARHOME Waiver has been amended to include the Opportunities Success Initiative. The Opportunities for Success Initiative works alongside Qualified Health Providers (QHPs) and Life360 HOMEs to encourage individuals in the Adult Expansion Group who are nineteen to fifty-nine (19-59) years of age to improve their health and reduce the effects of poverty on health outcomes through employment, education, training, volunteering, and other health related activities that enhance the quality of life. A new section was created to add this rule (Section MS F-200 to F-204).

An individual may demonstrate economic independence through showing progress in employment, education, training, volunteering, and other health related activities that enhance the quality of life. These opportunities will be targeted to individuals based on Federal Poverty Levels (FPL) and verified, when possible, through data matching and other means that do not require the individual to report activities. Individuals will be considered as “on track” towards achieving and sustaining independence based on their Federal Poverty Level (FPL) and placed in one (1) of three (3) Levels of Engagement. The three (3) Levels of Engagement are: Employed, Under-Employed, and Unemployed. Depending on the Level of Engagement and use of opportunities, individuals may be assigned a Success Coach to aid with care coordination and an individualized Action Plan. Each level will have different timelines that data matches will be performed to verify engagement and determine when Success Coaches will be assigned. These engagement opportunities will be verified by the eligibility system, data matching, or documented by the recipient’s Success Coach. Success Coaching is a focused care coordination service for individuals who could benefit from more formal coaching and support in accessing opportunities available through QHPs or other community organizations. Care coordination will consist of, but is not limited to, assessment of recipient’s health-related social needs (HRSNs) and the development of an individualized Action Plan. Individuals who were assigned a Success Coach and continue to not be “on track” after three (3) months without progress will be disenrolled from the QHP and transitioned back to the Fee-For-Service (FFS) delivery system. Transitioning from a QHP to FFS will be considered an adverse decision that may be appealed by the individual.

Pursuant to the Governor’s Executive Order 23-02, DHS repeals the following two rules as part of this promulgation: (1) Publication 408 – Notice of Privacy Practices - Signature, and (2) APM – 905 Social Services Block Grant Program Manual.

The proposed rule estimates a financial impact of \$ \$5,391,265 (\$4,852,138 of which is federal funds) for state fiscal year (SYF) 2023 and \$3,913,987 (\$2,803,198 of which is federal funds) for SYF 2024.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Rules Promulgation, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule at ar.gov/dhs-proposed-rules. Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov. All public comments must be received by DHS no later than September 25, 2023. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter’s name and any personal

information contained within the public comment, will be made publicly available and may be seen by various people.

A public hearing by remote access only through a Zoom webinar will be held on September 13, 2023 at 10:30 a.m. and public comments may be submitted at the hearing. Individuals can access this public hearing at <https://us02web.zoom.us/j/86378927084>. The webinar ID is 863 7892 7084. If you would like the electronic link, “one-tap” mobile information, listening only dial-in phone numbers, or international phone numbers, please contact ORP at ORP@dhs.arkansas.gov.

If you need this material in a different format, such as large print, contact the Office of Rules Promulgation at (501) 320-6428.

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin. 4502100209

Mary Franklin

Mary Franklin, Director
Division of County Operations