

ARKANSAS REGISTER

Transmittal Sheet



Sharon Priest
Secretary of State
State Capitol Rm. 01
Little Rock, Arkansas 72201-1094

For Office Use Only: Effective Date 8/3/98 Code Number 049.00.98--004

Name of Agency HEALTH SERVICES AGENCY

Department N/A

Contact Person Nancy Richardson or Spencer Honey Phone 661-2509

Statutory Authority for Promulgating Rules Act 593 of 1987, as amended

	Date
Intended Effective Date	Legal Notice Published
<input checked="" type="checkbox"/> Emergency	Final Date for Public Comment
<input type="checkbox"/> 10 Days After Filing	Filed With Legislative Council
<input type="checkbox"/> Other	Reviewed by Legislative Council
	Adopted by State Agency <u>July 23, 1998</u>

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with Act 434 of 1967 As Amended.

[Signature]
Signature

661-2509
Phone Number

DIRECTOR
Title

August 3, 1998
Date

FILED
ARK. REGISTER DIV.
98 AUG -3 PM 4:06
STATE OF ARKANSAS

**HSC Regulation No. 017 PPE. Moratorium on Acceptance of Applications.
Emergency Rule.**

As ordered by the Health Services Commission on July 23, 1998 a moratorium will be in effect at 4:30 p.m. on August 3, 1998 for 120 days on the acceptance of population and utilization based nursing home Permit of Approval applications by the Health Services Agency. This moratorium does not include construction solely necessary for modernization, life safety code compliance, the replacement of older facilities or the movement of previously approved beds. An emergency is declared to exist because of flaws in the current bed need methodology and because continued use of this methodology will further exaggerate the maldistribution of nursing facilities and beds in the state and thus effects the health and welfare of the public.

FILED
H. REGISTER DIV.
98 AUG -3 PM 4:04
HEALTH SERVICES COMMISSION
SECRETARY OF STATE
STATE OF ARKANSAS
BY _____

FILED
AR. REGISTER DIV.

DEPARTMENT HEALTH SERVICES AGENCY

DIVISION N/A

28 AUG 3 PM 4:04

PERSON COMPLETING THIS STATEMENT Nancy Richardson

TELEPHONE NO. 661-2197

FAX NO. 661-2509

SECRETARY OF STATE
STATE OF ARKANSAS

FINANCIAL IMPACT STATEMENT

BY _____

To comply with Act 884 of 1995, please complete the following Financial Impact Statement and file with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE MORATORIUM ON NURSING HOMES

1. Does this proposed, amended, or repealed rule or regulation have a financial impact? Yes _____ No X
2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain. No.

3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost for implementing the regulation.

N/A

1995-96 Fiscal Year

1996-97 Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other _____
Total _____

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other _____
Total _____

4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation? None.

1995-96 Fiscal Year

1996-97 Fiscal Year

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?

None.

1995-96 Fiscal Year

1996-97 Fiscal Year

July 28, 1995