

ARKANSAS REGISTER

Transmittal Sheet



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

For Office Use Only: Effective Date 6/17/99 Code Number 049.00.99002

Name of Agency HEALTH SERVICES AGENCY

Department n/a

Contact Person Spencer Honey or Nancy Richardson 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.	6/17/99
<input type="checkbox"/> Other	Reviewed by Legislative Council	
	Adopted by State Agency	6/17/99
	(Adopted by Health Services Commission)	

CERTIFICATION OF AUTHORIZED OFFICER

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

Signature

(501) 661-2509

Phone Number

Director

Title

June 17, 1999

Date

FILED
99 JUN 17 PM 3:36
REGISTER DIV.
STATE OF ARKANSAS

Emergency Rule Adopted by the
Health Services Commission on June 17, 1999
to become effective same date

Repeal the Emergency Rule adopted by the Health Services Commission on March 22, 1999 which amended the Commission's Nursing Home Bed Need Methodology by adding the following to '1. Population based Methodology':

- "C. The Commission may disregard the overall county occupancy one time in order to approve a new 70 bed facility in a county where the projected need for the county exceeds the "existing" (i.e., licensed and approved) beds by 150 or more beds.

Furthermore, that the Commission finds that imminent peril to the public's health, safety, and welfare requires adoption of this rule to be effective immediately upon filing."

The March 22, 1999 Emergency Rule was repealed on June 17, 1999 because the Commission felt improper notice was given prior to adopting the March 22 rule.

FILED
ALL REGISTER DIV.
99 JUN 17 PM 3:35
OFFICE OF THE
SECRETARY OF STATE
STATE OF ARIZONA
BY _____

QUESTIONNAIRE FOR FILING PROPOSED RULES AND REGULATIONS
WITH THE ARKANSAS LEGISLATIVE COUNCIL AND JOINT INTERIM COMMITTEE

DEPARTMENT/AGENCY HEALTH SERVICES AGENCY
DIVISION N/A
~~XXXXXXXX~~ DIRECTOR SPENCER HONEY
CONTACT PERSON SPENCER HONEY OR NANCY RICHARDSON
ADDRESS 5800 West 10th Street, Suite 805, Little Rock, AR 72204
PHONE NO. 501/661-2509 FAX NO. 501/661-2399

INSTRUCTIONS

- A. Please make copies of this form for future use.
B. Please answer each question completely using layman terms.
You may use additional sheets, if necessary.
C. If you have a method of indexing your rules, please give the
proposed citation after "Short Title of this Rule" below.
D. Submit two (2) copies of this questionnaire attached to the
front of two (2) copies of your proposed rule and mail or
deliver to:

Donna K. Davis
Subcommittee on Administrative Rules and Regulations
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

1. What is the short title of this rule?

REPEAL OF MARCH 22, 1999 EMERGENCY RULE

2. What is the subject of the proposed rule?

Repeal of Emergency Rule on the Health Services Commission's Population Based Nursing Home Methodology

3. Is this rule required to comply with federal statute or
regulations? Yes _____ No X

If yes, please provide the federal regulation and/or statute
citation.

4. Was this rule filed under the emergency provisions of the
Administrative Procedure Act? Yes X No _____

If yes, what is the effective date of the emergency rule?
June 17, 1999

When does the emergency rule expire? October 15, 1999

Will this emergency rule be promulgated under the regular
provisions of the Administrative Procedure Act? Yes _____
No X

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JUN 17 PM 3:37
JUN 17 1999
JUN 17 1999
JUN 17 1999

5. Is this a new rule? Yes _____ No X

Does this repeal an existing rule? Yes X No _____ (Repeals an Emergency Rule)
If yes, please provide a copy of the repealed rule.

Is this an amendment to an existing rule? If yes, please
attach a markup showing the changes in the existing rule
and a summary of the substantive changes.

6. What state law grants the authority for this proposed rule?
If codified, please give Arkansas Code citation.

Arkansas Act 593 of 1987, as amended

7. What is the purpose of this proposed rule? Why is it
necessary? To repeal an Emergency Rule adopted by the Health Services Commission on 3/22/99
due to possible inadequate notice requirements.

8. Will a public hearing be held on this proposed rule?
Yes _____ No X If yes, please give the date, time,
and place of the public hearing?

9. When does the public comment period expire? n/a

10. What is the proposed effective date of this proposed rule?

June 17, 1999

11. Do you expect this rule to be controversial? Yes _____
No X If yes, please explain.

12. Please give the names of persons, groups, or organizations
which you expect to comment on these rules? Please provide
their position (for or against) if known.

Arkansas Health Care Association - Not Known

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STATE OF ARKANSAS

PLEASE ANSWER ALL QUESTIONS COMPLETELY

July 28, 1995

DEPARTMENT HEALTH SERVICES AGENCY
~~DIVISION~~
PERSON COMPLETING THIS STATEMENT Nancy Richardson
TELEPHONE NO. 661-2509 FAX NO. 661-2399

FINANCIAL IMPACT STATEMENT

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

REPEAL OF MARCH 22, 1999 EMERGENCY RULE ENTITLED:
SHORT TITLE OF THIS RULE AMENDMENT TO THE HEALTH SERVICES COMMISSION'S POPULATION BASED METHODOL

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.
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

<u>1998-1999 Fiscal Year</u>	<u>1999-2000 Fiscal Year</u>
General Revenue _____	General Revenue _____
Federal Funds _____	Federal Funds _____
Cash Funds _____	Cash Funds _____
Special Revenue _____	Special Revenue _____
Other _____	Other _____
Total _____	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

1998-99 Fiscal Year

1999-2000 Fiscal Year

5. What is the total estimated cost by fiscal year to the agency to implement this regulation? None

1998-99 Fiscal Year

1999-2000 Fiscal Year

July 28, 1995

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OFFICE OF THE
STATE CLERK