

1 State of Arkansas  
2 95th General Assembly  
3 Regular Session, 2025  
4

# A Bill

HOUSE BILL 1584

5 By: Representative L. Johnson  
6 By: Senator C. Penzo  
7

## For An Act To Be Entitled

9 AN ACT TO REQUIRE INDEPENDENT ASSESSMENTS OF A  
10 BENEFICIARY IN THE ARKANSAS MEDICAID PROGRAM FOR  
11 HOME- AND COMMUNITY-BASED SERVICES BE COMPLETED  
12 WITHIN A CERTAIN TIME; AND FOR OTHER PURPOSES.  
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## Subtitle

16 TO REQUIRE INDEPENDENT ASSESSMENTS OF A  
17 BENEFICIARY IN THE ARKANSAS MEDICAID  
18 PROGRAM FOR HOME- AND COMMUNITY-BASED  
19 SERVICES BE COMPLETED WITHIN A CERTAIN  
20 TIME.  
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22 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:  
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24 SECTION 1. Arkansas Code Title 20, Chapter 77, Subchapter 1, is  
25 amended to add an additional section to read as follows:

26 20-77-154. Timeframe for eligibility determination for home- and  
27 community-based services – Independent assessments for home- and community-  
28 based services.

29 (a) The Arkansas Medicaid Program shall ensure eligibility  
30 determination, approval, and authorization of a beneficiary for home- and  
31 community-based services within a waiver under § 1915(c) of the Social  
32 Security Act, 42 U.S.C. § 1396 et seq., are completed within thirty (30) days  
33 of the initial application.

34 (b) If the program contracts with a third party to perform an  
35 independent assessment of a beneficiary for home- and community-based  
36 services, the third party shall complete the independent assessment within



1 thirty (30) days of the initial application under subsection (a) of this  
2 section.

3 (c) The Department of Human Services shall:

4 (1) Implement an abbreviated independent assessment process for  
5 beneficiaries who have previously been approved for home- and community-based  
6 services through an independent assessment, including without limitation a  
7 desk review, for beneficiaries who receive home- and community-based services  
8 within a waiver under § 1915(c) of the Social Security Act, 42 U.S.C. § 1396  
9 et seq.; and

10 (2) Apply for any federal waiver, Medicaid state plan amendment,  
11 or other authorization necessary to implement this section.

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