

DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES

SUBJECT: Children’s Advocacy Center (CAC) Reimbursement

DESCRIPTION:

Statement of Necessity

Beginning April 1, 2024, Medicaid is implementing coverage and reimbursement of medical evaluation for suspected sexual abuse by Pediatric Sexual Assault Nurse Examiner (SANE) when performed in Children’s Advocacy Centers (CACs). This service will benefit communities and the state by providing non-acute evaluations by specially trained and certified registered nurses to Medicaid-eligible children and youth in a less intimidating setting. CACs may also provide assessments for other forms of suspected physical maltreatment when completed by a physician or advanced practice nurse practitioner.

Medicaid funding will help CACs to fund ongoing services and support sustainability as other funding sources are redirected or depleted in the coming years.

Rule Summary

The Division of Medical Services proposes a Medicaid State Plan amendment and provider manual updates to include coverage and reimbursement to CACs under the clinic benefit for non-acute suspected sexual assault evaluations and assessments for other suspected physical abuse. The specific changes include:

Medicaid Provider Manuals

Nurse Practitioner Manual:

- Added section 203.800 – The Nurse Practitioner’s Role in Children’s Advocacy Centers; and
- Added section 203.801 – Sexual Assault Nurse Examiner Pediatric (SANE-P) Certification and Enrollment as a Provider for Arkansas Medicaid.

Physicians Manual:

- Added section 203.400 – Physician’s Role in Children’s Advocacy Centers; and
- Added section 203.401 – Sexual Assault Nurse Examiner Pediatric-Pediatric (SANE-P) Certification and Enrollment as a Provider for Arkansas Medicaid.

State Plan Amendment Pages

Attachment 3.1-A page 3b: Added the statement “Registered Nurse Sexual Assault Nurse Examiner-Pediatric (SANE-P) Certified by the Internal Association of Forensic Nurses.”

Attachment 3.1-A page 4c: Added a section for Children’s Advocacy Centers describing services provided and Medicaid coverage requirements.

Attachment 3.1-B page 3d: Added the statement “Registered Nurse Sexual Assault Nurse Examiner-Pediatric (SANE-P) Certified by the Internal Association of Forensic Nurses.”

Attachment 3.1-B page 4d: Added a section for Children’s Advocacy Centers describing services provided and Medicaid coverage requirements.

Attachment 4.19-B page 2c: Under Obstetric-Gynecologic and Gerontological Nurse Practitioner Services added the statement “Registered Nurse Sexual Assault Nurse Examiner-Pediatric (SANE-P) Certified by the Internal Association of Forensic Nurses For additional reimbursement refer to Attachment 4.19-B, item 5.”

Attachment 4.19-B page 3b(1): Added a section for Children’s Advocacy Centers describing how services are reimbursed.

PUBLIC COMMENT: A public hearing was held on this rule on January 31, 2024. The public comment period expired on February 12, 2024. The agency provided the following public comment summary:

Commenter’s Name: Elizabeth Pulley, Executive Director, Children’s Advocacy Centers of Arkansas

1. It’s so exciting to you moving forward with Medicaid plans to help our CACs! I appreciate everyone’s hard work and dedication on this project!

Some of the items we have discussed in the last several years were not captured in the document, so I had a few questions and clarifications.

Section 203.800: *Clarification and consistency on types of provider is needed*

Nurse Practitioners are nurses who have completed additional training following their RN and/or BSN degree in the medical assessment and diagnosis of patients. There are several terms used to describe this level of provider:

- Nurse Practitioner (NP)
- Advance Nurse Practitioner (APN)
- Advanced Practice Registered Nurse (APRN)

Registered Nurses (RNs) or Nurse Practitioners (NPs) can choose to pursue additional training in the medical evaluation of sexual assault patients and be considered a Sexual Assault Nurse Examiner (SANE). Since RNs do not have advanced training in medical assessment and diagnosis, it is required that this level of provider would complete SANE training. For NPs (APNs, APRNs) it would be encouraged, but not required for their scope of practice in order to provide care for victims of physical assault, sexual assault or neglect

For medical evaluations performed at children's advocacy centers (CACs), there are minimum standards for training depending on the medical provider's level of training.

- i. RN's—Complete 40 hours of didactic training in a SANE course AND complete a clinical preceptorship to gain proficiency in use of the colposcope
- ii. NPs/APNs/APRNs—Complete additional medical education specific to the evaluation of child abuse conditions and complete a preceptorship if not already proficient in how to use a colposcope

Note that many NPs choose to complete SANE training even if it is not required with their advanced degree.

- iii. MDs/Dos-- Complete additional medical education specific to the evaluation of child abuse conditions if not already trained as a Child Abuse Pediatrician and complete a preceptorship if not already proficient in how to use a colposcope

Note that some MD's/DOs will choose to complete SANE training, but they would not carry the SANE title since they are not a nurse by profession.

SANE-P is copyrighted title for nurse who have achieved certification through the International Association of Forensic Nurses. The non-copyrighted title for a nurse who has had completed training in this area of practice would be just SANE or with the designation of specific age group trained on as a leading qualifier:

- A-SANE = Adult-SANE
- P-SANE = Pediatric SANE
- A/P-SANE = Adult and Pediatric SANE

RESPONSE: Thank you for the explanation. However, this rule will allow the enrolling of providers based on knowledge, training, and skillset. DHS does not have the technical expertise to independently evaluate the training, skills and experience outlined in your comments. DHS requires an independent evaluation/certification of the prerequisite training and skills. The IAFN certification meets this need.

2. Section 203.801:

203.801—C Certification by a national forensic nursing group (such as the International Association of Forensic Nurses=IAFN) is not required by the National Children's Alliance that sets standards for minimum requirements needed of medical providers involved in the care of victims of physical abuse, sexual abuse or neglect being cared for in a CAC setting.

The IAFN is not the only source of forensic nurse training in the country.

RESPONSE: In review of the requirements, it appeared the IAFN was the best independent certifying body for the training and continuing education of RN-SANE nurses (APRN and RN).

3. The AR State Nursing Board does not maintain a credentialing verification process for nurses in the state who have voluntarily pursued forensic nurse certification as the AR

State Medical Board does for physicians and/or nurse practitioners who are certified by a national board of medical care standards. So, if certification is required by the Rule, who would be responsible for ensuring the authenticity and currency of SANE certification status? **RESPONSE:** This would be collected and monitored as part of the RN-SANE enrollment and eligibility checks in Arkansas Medicaid. Providers are responsible for maintaining the documentation which must be kept current with Arkansas Medicaid. If it is not kept up to date, the provider's enrollment will be terminated.

4. 203.801—D Physicians and Nurse Practitioners are Medicaid eligible providers. Is the Rule suggesting that RN-SANEs would be eligible to be enrolled as Medicaid providers even though they do not have a pathway to be considered practitioners by the AR State Medical Board? **RESPONSE:** The rule will allow RN-SANE nurses to enroll as rendering Medicaid Providers only. SANE Nurses are not allowed to enroll as billing (pay-to) providers for services. The billing (pay-to) provider must be an actively enrolled Childhood Advocacy Center that operates under the medical direction of an enrolled physician.

5. Section 203.400: Clarification on role of the physician and nurse practitioner is needed when the sexual abuse evaluation is being conducted by an RN-SANE

Will the RN-SANE be eligible to bill Medicaid by acting on an order from a physician or nurse practitioner for an evaluation specific to child sexual abuse/assault without an advanced practice provider (physician or nurse practitioner enrolled as a Medicaid provider) being physically onsite at the time that the exam occurs? Similar question as #1 on Section 203.801 above.

RESPONSE: The RN-SANE may render services under standing orders for a sexual assault medical examination from a physician or nurse practitioner without a nurse practitioner or physician present when this service is rendered. However, RN-SANE nurses will not be able to serve as a billing provider. The billing provider is the Childhood Advocacy Center.

6. 203.400-A This section omits Nurse Practitioners as eligible for serving as medical directors of a CAC. **RESPONSE:** Medical Directors for CACs must be a Medicaid enrolled physician or advanced practice registered nurse for Medicaid to reimburse for covered services. The relevant sections of the affected manuals will be amended.

7. 203.400-C Is a medical director required to be physically onsite to supervise an RN-SANE conducting a medical evaluation for suspected sexual abuse under the order of a physician or nurse practitioner? **RESPONSE:** No.

8. 203.400-D This section omits Nurse Practitioners as eligible providers for sexual assault medical evaluations. **RESPONSE:** Nurse practitioners may provide sexual assault medical evaluations. They are not required to have the SANE-P certification. The relevant sections of the affected manual will be amended.

9. Section 203.401 See comments and questions above for Section 203.801 as this is a duplicate section with same concerns. **RESPONSE:** This would be collected and monitored as part of the RN-SANE enrollment and eligibility checks in Arkansas Medicaid. Providers are responsible for maintaining the documentation which must be kept current with Arkansas Medicaid. If it is not kept up to date, the provider's enrollment will be terminated.

10. Is the intent of the Rule to require CAC to bill Medicaid, or does this just permit CACs to bill? Can vs must. **RESPONSE:** Individual CACs may choose whether to apply to enroll and bill Medicaid for covered services. There is no requirement that they must do so.

The proposed effective date is pending legislative review and approval.

FINANCIAL IMPACT: The agency indicated that this rule has a financial impact.

Per the agency, the total cost to implement this rule is \$234,860 for the current fiscal year (\$65,761 in general revenue and \$169,099 in federal funds) and \$939,439 for the next fiscal year (\$263,043 in general revenue and \$676,396 in federal funds). The total estimated cost to state, county, or municipal government to implement this rule is \$65,761 for the current fiscal year and \$263,043 for the next fiscal year.

The agency indicated that there is a new or increased cost or obligation of at least \$100,000 per year to a private individual, private entity, private business, state government, county government, municipal government, or to two or more of those entities combined. Accordingly, the agency provided the following written findings:

(1) a statement of the rule's basis and purpose;

Beginning April 1, 2024, Medicaid is implementing coverage and reimbursement of medical evaluation for suspected sexual abuse by Pediatric Sexual Assault Nurse Examiner (SANE) when performed in Children's Advocacy Centers (CACs). Children's Advocacy Centers may also provide assessments for other forms of suspected physical maltreatment when completed by a physician or advanced practice nurse practitioner. Medicaid funding will help CACs to fund ongoing services and support sustainability as other funding sources are redirected or depleted in the coming years.

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

This service will benefit communities and the state by providing non-acute evaluations by specially trained and certified registered nurses to Medicaid-eligible children and youth in a less intimidating setting.

(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;

N/A

(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;

N/A

(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;

N/A

(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

N/A

(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.

The Agency monitors State and Federal rules and policies for opportunities to reduce and control cost.

LEGAL AUTHORIZATION: The Department of Human Services has the responsibility to administer assigned forms of public assistance and is specifically authorized to maintain an indigent medical care program (Arkansas Medicaid). *See* Ark. Code Ann. §§ 20-76-201(1), 20-77-107(a)(1). The Department has the authority to make rules that are necessary or desirable to carry out its public assistance duties. Ark. Code Ann. § 20-76-201(12). The Department and its divisions also have the authority to promulgate rules as necessary to conform their programs to federal law and receive federal funding. Ark. Code Ann. § 25-10-129(b).



ARKANSAS
DEPARTMENT OF
**HUMAN
SERVICES**

Division of Medical Services

P.O. Box 1437, Slot S401, Little Rock, AR 72203-1437

P: 501.682.8292 F: 501.682.1197

January 12, 2024

Mrs. Rebecca Miller-Rice
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
#1 Capitol, 5th Floor
Little Rock, AR 72201

Dear Mrs. Rebecca Miller-Rice:

Re: Childrens Advocacy Center (CAC) Reimbursement

Please arrange for this rule to be reviewed by the ALC-Administrative Rules Subcommittee. If you have any questions or need additional information, please contact Mac Golden, Office of Rules Promulgation at 501-320-6383 or by emailing Mac.E.Golden@dhs.arkansas.gov.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elizabeth Pitman', written over a printed name and title.

Elizabeth Pitman
Director

EP: lt

Attachments

**QUESTIONNAIRE FOR FILING PROPOSED RULES WITH
THE ARKANSAS LEGISLATIVE COUNCIL**

DEPARTMENT _____
 BOARD/COMMISSION _____
 BOARD/COMMISSION DIRECTOR _____
 CONTACT PERSON _____
 ADDRESS _____
 PHONE NO. _____ EMAIL _____
 NAME OF PRESENTER(S) AT SUBCOMMITTEE MEETING _____
 PRESENTER EMAIL(S) _____

INSTRUCTIONS

In order to file a proposed rule for legislative review and approval, please submit this Legislative Questionnaire and Financial Impact Statement, and attach (1) a summary of the rule, describing what the rule does, the rule changes being proposed, and the reason for those changes; (2) both a markup and clean copy of the rule; and (3) all documents required by the Questionnaire.

If the rule is being filed for permanent promulgation, please email these items to the attention of Rebecca Miller-Rice, miller-ricer@blr.arkansas.gov, for submission to the Administrative Rules Subcommittee.

If the rule is being filed for emergency promulgation, please email these items to the attention of Director Marty Garrity, garritym@blr.arkansas.gov, for submission to the Executive Subcommittee.

Please answer each question completely using layman terms.

1. What is the official title of this rule?

2. What is the subject of the proposed rule? _____
3. Is this rule being filed under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No

If yes, please attach the statement required by Ark. Code Ann. § 25-15-204(c)(1).

If yes, will this emergency rule be promulgated under the permanent provisions of the Arkansas Administrative Procedure Act? Yes No

4. Is this rule being filed for permanent promulgation? Yes No

If yes, was this rule previously reviewed and approved under the emergency provisions of the Arkansas Administrative Procedure Act? Yes No

If yes, what was the effective date of the emergency rule? _____

On what date does the emergency rule expire? _____

5. Is this rule required to comply with a *federal* statute, rule, or regulation? Yes No

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

6. Is this rule required to comply with a *state* statute or rule? Yes No

If yes, please provide the state statute and/or rule citation.

7. Are two (2) rules being repealed in accord with Executive Order 23-02? Yes No

If yes, please list the rules being repealed.

If no, please explain.

8. Is this a new rule? Yes No

Does this repeal an existing rule? Yes No

If yes, the proposed repeal should be designated by strikethrough. If it is being replaced with a new rule, please attach both the proposed rule to be repealed and the replacement rule.

Is this an amendment to an existing rule? Yes No

If yes, all changes should be indicated by strikethrough and underline. In addition, please be sure to label the markup copy clearly as the markup.

9. What is the state law that grants the agency its rulemaking authority for the proposed rule, outside of the Arkansas Administrative Procedure Act? Please provide the specific Arkansas Code citation(s), including subsection(s).

10. Is the proposed rule the result of any recent legislation by the Arkansas General Assembly?
Yes No

If yes, please provide the year of the act(s) and act number(s).

11. What is the reason for this proposed rule? Why is it necessary?

12. Please provide the web address by which the proposed rule can be accessed by the public as provided in Ark. Code Ann. § 25-19-108(b)(1).

13. Will a public hearing be held on this proposed rule? Yes No

If yes, please complete the following:

Date: _____

Time: _____

Place: _____

Please be sure to advise Bureau Staff if this information changes for any reason.

14. On what date does the public comment period expire for the permanent promulgation of the rule? Please provide the specific date. _____

15. What is the proposed effective date for this rule? _____

16. Please attach (1) a copy of the notice required under Ark. Code Ann. § 25-15-204(a)(1) and (2) proof of the publication of that notice.

17. Please attach proof of filing the rule with the Secretary of State, as required by Ark. Code Ann. § 25-15-204(e)(1)(A).

18. Please give the names of persons, groups, or organizations that you anticipate will comment on these rules. Please also provide their position (for or against), if known.

19. Is the rule expected to be controversial? Yes No

If yes, please explain.

NOTICE OF RULE MAKING

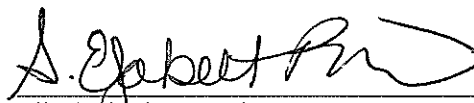
The Department of Human Services announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§20-76-201, 20-77-107, and 25-10-129.

The Division of Medical Services (DMS) proposes a Medicaid State Plan Amendment and provider manual updates to the Nurse Practitioner and Physician's Provider Manuals implementing coverage and reimbursement of medical evaluations for suspected sexual abuse by Pediatric Sexual Assault Nurse Examiner (SANE) when performed in Childrens Advocacy Centers (CACs). This service will benefit communities and the state by providing non-acute evaluations by specially trained and certified registered nurses to Medicaid-eligible children and youth. CACs may also provide assessments for other forms of suspected physical maltreatment when completed by a physician or advanced practice nurse practitioner. New sections regarding the above were added to the provider manuals. The state plan was updated similarly, and the coverage requirements and reimbursement methodology specify reimbursement will be limited to examinations needed to assess sexual assault, neglect or abuse of an individual under twenty-one (21) years of age. The projected annual cost of this change for the current state fiscal year is \$234,860.00 (State share \$65,761.00; Federal share \$169,099.00), and for the next state fiscal year \$939,439.00 (State share \$263,043.00, Federal share \$676,396.00). The proposed effective date of the rule is April 1, 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. This notice also shall be posted at the local office of the Division of County Operations (DCO) of DHS in every county in the state. 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 February 12, 2024. 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 January 31, 2024 at 10:00 a.m. and public comments may be submitted at the hearing. Individuals can access this public hearing at <https://us02web.zoom.us/j/82345596132>. The webinar ID is 82345596132. 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. 4502172997



Elizabeth Pitman, Director
Division of Medical Services

From: [Legal Ads](#)
To: [Lisa Teague](#)
Subject: Re: Full Run AD (r. 259)
Date: Friday, January 12, 2024 1:13:20 PM

[EXTERNAL SENDER]

Received, yes.

Thank you.

Gregg Sterne, Legal Advertising
Arkansas Democrat-Gazette
legalads@arkansasonline.com

From: "Lisa Teague" <Lisa.Teague@dhs.arkansas.gov>
To: "legalads" <legalads@arkansasonline.com>
Cc: "Jack Tiner" <jack.tiner@dhs.arkansas.gov>
Sent: Friday, January 12, 2024 1:11:07 PM
Subject: FW: Full Run AD (r. 259)

Hi Gregg,

Just wanted to make sure you received this. I need to get the confirmation over to BLR this afternoon, so wanted to check in.

Thanks,

Lisa Teague | Arkansas Department of Human Services
DHS Program Administrator
Office of Policy and Rules
Office of Legislative and Intergovernmental Affairs
Donaghy Plaza South
700 Main St. | Slot S295 | Little Rock, AR 72203
Phone: 501-396-6428
Email: lisa.teague@dhs.arkansas.gov

Sensitive

This email may contain sensitive or confidential information.

CONFIDENTIALITY NOTICE: This email message, including all attachments, is for the sole use of the intended recipient(s) and may contain confidential or sensitive client and/or employee information. If you are not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you may not use, disclose, copy or disseminate this information. Please call the sender immediately or reply by email and destroy all copies of the original message, including attachments.

From: Lisa Teague

Sent: Friday, January 12, 2024 10:50 AM

To: legalads@arkansasonline.com

Cc: Jack Tiner <jack.tiner@dhs.arkansas.gov>; Lakeya Gipson <Lakeya.Gipson@dhs.arkansas.gov>; Elaine Stafford <elaine.stafford@dhs.arkansas.gov>

Subject: Full Run AD (r. 259)

Please run the attached Notice of Public Hearing in the *Arkansas Democrat-Gazette* on the following days:

- Sunday, January 14, 2024
- Monday, January 15, 2024
- Tuesday, January 16, 2024

I am aware that the print version will only be provided to all counties on Sundays.

Invoice to: AR Dept of Human Services
P.O. Box 1437
Slot S535
Little Rock, AR 72203
ATTN: Elaine Stafford
(Elaine.stafford@dhs.arkansas.gov)

Or email invoices to: dms.invoices@arkansas.gov

NOTE: Please reply to this email using "REPLY ALL"

Lisa Teague | Arkansas Department of Human Services
DHS Program Administrator
Office of Policy and Rules
Office of Legislative and Intergovernmental Affairs
Donaghy Plaza South
700 Main St. | Slot S295 | Little Rock, AR 72203
Phone: 501-396-6428
Email: lisa.teague@dhs.arkansas.gov

Sensitive

From: [Lisa Teague](#)
To: register@sos.arkansas.gov
Cc: [Jack Tiner](#); [Mac Golden](#); [Lakeya Gipson](#); [JAMIE EWING](#)
Subject: DHS/DMS - Proposed Filing - Childrens Advocacy Center (CAC) Reimbursement
Date: Friday, January 12, 2024 1:33:00 PM
Attachments: [SOS Initial for CAC Reimbursement.pdf](#)

Attached is the proposed rule for Childrens Advocacy Center (CAC) Reimbursement. This will run in the Arkansas Democrat Gazette January 14, 15, and 16. The public comment period end February 12th, 2024.

Please post.

Thank you,

Lisa Teague | Arkansas Department of Human Services
DHS Program Administrator
Office of Policy and Rules
Office of Legislative and Intergovernmental Affairs
Donaghy Plaza South
700 Main St. | Slot S295 | Little Rock, AR 72203
Phone: 501-396-6428
Email: lisa.teague@dhs.arkansas.gov

Sensitive

This email may contain sensitive or confidential information.

CONFIDENTIALITY NOTICE: This email message, including all attachments, is for the sole use of the intended recipient(s) and may contain confidential or sensitive client and/or employee information. If you are not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you may not use, disclose, copy or disseminate this information. Please call the sender immediately or reply by email and destroy all copies of the original message, including attachments.

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.

FINANCIAL IMPACT STATEMENT ADDENDUM

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;

Beginning April 1, 2024, Medicaid is implementing coverage and reimbursement of medical evaluation for suspected sexual abuse by Pediatric Sexual Assault Nurse Examiner (SANE) when performed in Childrens Advocacy Centers (CACs). Childrens Advocacy Centers may also provide assessments for other forms of suspected physical maltreatment when completed by a physician or advanced practice nurse practitioner.

Medicaid funding will help CACs to fund ongoing services and support sustainability as other funding sources are redirected or depleted in the coming years.

- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

This service will benefit communities and the state by providing non-acute evaluations by specially trained and certified registered nurses to Medicaid-eligible children and youth in a less intimidating setting.

- (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;

N/A

- (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;

N/A

- (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;

N/A

- (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

N/A

(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.

The Agency monitors State and Federal rules and policies for opportunities to reduce and control cost.

Statement of Necessity and Rule Summary
Children’s Advocacy Center (CAC) Reimbursement

Why is this change necessary? Please provide the circumstances that necessitate the change.

Beginning April 1, 2024, Medicaid is implementing coverage and reimbursement of medical evaluation for suspected sexual abuse by Pediatric Sexual Assault Nurse Examiner (SANE) when performed in Childrens Advocacy Centers (CACs). This service will benefit communities and the state by providing non-acute evaluations by specially trained and certified registered nurses to Medicaid-eligible children and youth in a less intimidating setting. CACs may also provide assessments for other forms of suspected physical maltreatment when completed by a physician or advanced practice nurse practitioner. Medicaid funding will help CACs to fund ongoing services and support sustainability as other funding sources are redirected or depleted in the coming years.

What is the change? Please provide a summary of the change.

The Division of Medical Services proposes a Medicaid State Plan amendment and provider manual updates to include coverage and reimbursement to CACs under the clinic benefit for non-acute suspected sexual assault evaluations and assessments for other suspected physical abuse. The specific changes include:

Medicaid Provider Manuals

Nurse Practitioner Manual:

- Added section 203.800 – The Nurse Practitioner’s Role in Children’s Advocacy Centers; and
- Added section 203.801 - Sexual Assault Nurse Examiner Pediatric (SANE-P) Certification and Enrollment as a Provider for Arkansas Medicaid.

Physicians Manual:

- Added section 203.400 – Physician’s Role in Children’s Advocacy Centers; and
- Added section 203.401 - Sexual Assault Nurse Examiner Pediatric-Pediatric (SANE-P) Certification and Enrollment as a Provider for Arkansas Medicaid.

State Plan Amendment Pages

Attachment 3.1- A page 3b:

- Added the statement “Licensed Registered Nurse Sexual Assault Nurse Examiner-Pediatric/Adolescent (SANE-P) Certified by the International Association of Forensic Nurses working under the supervision of a licensed Advanced Practice Registered Nurse (APRN)”

Attachment 3.1-B page 3d:

- Added the statement “Licensed Registered Nurse Sexual Assault Nurse Examiner-Pediatric/Adolescent (SANE-P) Certified by the International Association of Forensic Nurses working under the supervision of a licensed Advanced Registered Nurse (APRN).”

Attachment 4.19 – B page 2c:

- Under Obstetric-Gynecologic and Gerontological Nurse Practitioner Services added the statement “Registered Nurse Sexual Assault Nurse Examiner-Pediatric (SANE-P) Certified by the Internal Association of Forensic Nurses For additional reimbursement refer to Attachment 4.19-B, item 5 (Attachment 4.19-B, pages 1www 2, 2.1, 2a)”.

Attachment 4.19 – B page 3b(1)

- Added a section for Children’s Advocacy Centers describing how services are reimbursed.

Please attach additional documents if necessary

TOC required**203.800 The Nurse Practitioner's Role in Children's Advocacy Centers 5-1-24**

Children's Advocacy Centers (CACs) provide a comprehensive interdisciplinary evaluation, assessment, and treatment of sexually and physically abused children under twenty-one (21) years of age. A team of professionals representing a variety of medical, social, and legal disciplines and advocates assesses the child and coordinates needed services. Sexual abuse, neglect, and physical abuse examinations are available to children under twenty-one (21) years of age through Medicaid providers who deliver and bill for the separate components of the service (physical examination). Medicaid coverage of services provided by CACs is limited to sexual abuse or neglect and physical abuse medical examinations, or both. The nurse practitioner's role in CACs includes the following:

- A. Serve as the medical director of the CAC;
- B. Perform medical examination for neglect and physical abuse of individuals under twenty-one (21) years of age; and
- C. Perform medical examination for sexual assault of individuals under twenty-one (21) years of age.

203.801 Sexual Assault Nurse Examiner Pediatric (SANE-P) Certification and Enrollment as a Provider for Arkansas Medicaid 5-1-24

Registered Nurse Certified as a Sexual Assault Nurse Examiner-Pediatric (SANE-P)

- A. Registered Nurses (RNs-) must have specialized training in the evaluation and treatment of neglect and abuse of children;
- B. Registered Nurses must have specialized training on the use of a colposcope;
- C. Registered Nurses must be certified as Sexual Assault Nurse Examiners- Pediatric (SANE-P) by the International Association of Forensic Nurses; and
- D. Enrolled as a provider with Arkansas Medicaid.

TOC required**203.800 The Nurse Practitioner's Role in Children's Advocacy Centers 5-1-24**

Children's Advocacy Centers (CACs) provide a comprehensive interdisciplinary evaluation, assessment, and treatment of sexually and physically abused children under twenty-one (21) years of age. A team of professionals representing a variety of medical, social, and legal disciplines and advocates assesses the child and coordinates needed services. Sexual abuse, neglect, and physical abuse examinations are available to children under twenty-one (21) years of age through Medicaid providers who deliver and bill for the separate components of the service (physical examination). Medicaid coverage of services provided by CACs is limited to sexual abuse or neglect and physical abuse medical examinations, or both. The nurse practitioner's role in CACs includes the following:

- A. Serve as the medical director of the CAC;
- B. Perform medical examination for neglect and physical abuse of individuals under twenty-one (21) years of age; and
- C. Perform medical examination for sexual assault of individuals under twenty-one (21) years of age.

203.801 Sexual Assault Nurse Examiner Pediatric (SANE-P) Certification and Enrollment as a Provider for Arkansas Medicaid 5-1-24

Registered Nurse Certified as a Sexual Assault Nurse Examiner-Pediatric (SANE-P)

- A. Registered Nurses (RNs) must have specialized training in the evaluation and treatment of neglect and abuse of children;
- B. Registered Nurses must have specialized training on the use of a colposcope;
- C. Registered Nurses must be certified as Sexual Assault Nurse Examiners- Pediatric (SANE-P) by the International Association of Forensic Nurses; and
- D. Enrolled as a provider with Arkansas Medicaid.

TOC required**203.400 Physician's Role in Children's Advocacy Centers****5-1-24**

Children's Advocacy Centers (CACs) provide a comprehensive interdisciplinary evaluation, assessment, and treatment of sexually and physically abused children under twenty-one (21) years of age. A team of professionals representing a variety of medical, social, and legal disciplines and advocates assesses the child and coordinates needed services. Sexual abuse, neglect, and physical abuse examinations are available to children under twenty-one (21) years of age through Medicaid providers who deliver and bill for the separate components of the service (physical examination). Medicaid coverage of services provided by CACs is limited to sexual abuse or neglect and physical abuse medical examinations, or both. The physician's role in CACs includes the following:

- A. Serve as the medical director of the CAC;
- B. Perform medical examination for sexual assault or neglect and physical abuse, or both;
- C. Provide supervision of other rendering providers at the CAC who perform medical examination for neglect and physical abuse;
- D. Provide supervision of Sexual Assault Nurse Examiners-Pediatric (SANE-P). Only physicians or Registered Nurses with SANE-P certification are qualified to conduct sexual assault medical examination at a CAC.

203.401 Sexual Assault Nurse Examiner Pediatric (SANE-P) Certification and Enrollment as a Provider for Arkansas Medicaid**5-1-24**

Registered Nurse Certified as a Sexual Assault Nurse Examiner-Pediatric (SANE-P)

- A. Registered Nurses (RNs or APRNs) must have specialized training in the evaluation and treatment of neglect and abuse of children;
- B. Registered Nurses must have specialized training on the use of a colposcope;
- C. Registered Nurses must be certified as Sexual Assault Nurse Examiners- Pediatric (SANE-P) by the International Association of Forensic Nurses; and
- D. Enrolled as a provider with Arkansas Medicaid.

TOC required**203.400 Physician's Role in Children's Advocacy Centers 5-1-24**

Children's Advocacy Centers (CACs) provide a comprehensive interdisciplinary evaluation, assessment, and treatment of sexually and physically abused children under twenty-one (21) years of age. A team of professionals representing a variety of medical, social, and legal disciplines and advocates assesses the child and coordinates needed services. Sexual abuse, neglect, and physical abuse examinations are available to children under twenty-one (21) years of age through Medicaid providers who deliver and bill for the separate components of the service (physical examination). Medicaid coverage of services provided by CACs is limited to sexual abuse or neglect and physical abuse medical examinations, or both. The physician's role in CACs includes the following:

- A. Serve as the medical director of the CAC;
- B. Perform medical examination for sexual assault or neglect and physical abuse, or both;
- C. Provide supervision of other rendering providers at the CAC who perform medical examination for neglect and physical abuse;
- D. Provide supervision of Sexual Assault Nurse Examiners-Pediatric (SANE-P). Only physicians or Registered Nurses with SANE-P certification are qualified to conduct sexual assault medical examination at a CAC.

203.401 Sexual Assault Nurse Examiner Pediatric (SANE-P) Certification and Enrollment as a Provider for Arkansas Medicaid 5-1-24

Registered Nurse Certified as a Sexual Assault Nurse Examiner-Pediatric (SANE-P)

- A. Registered Nurses (RNs or APRNs) must have specialized training in the evaluation and treatment of neglect and abuse of children;
- B. Registered Nurses must have specialized training on the use of a colposcope;
- C. Registered Nurses must be certified as Sexual Assault Nurse Examiners- Pediatric (SANE-P) by the International Association of Forensic Nurses; and
- D. Enrolled as a provider with Arkansas Medicaid.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: **June 1, 2022**
April 1, 2024

CATEGORICALLY NEEDY

6. Medical Care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)
- 6.d. Other Practitioners' Services (Continued)
- (5) Psychologists
Refer to Attachment 3.1-A, Item 4.b. (13).
 - (6) Obstetric - Gynecologic and **Gerontological** Nurse Practitioner
Refer to Attachment 3.1-A, Item 24 for coverage limitations.
 - (7) **Pharmacists**
 - (8) **Licensed Registered Nurse Sexual Assault Nurse Examiner-Pediatric/Adolescent (SANE-P) certified by the International Association of Forensic Nurses working under the supervision of a licensed Advanced Practice Registered Nurse (APRN).**

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

April 1, 2024

CATEGORICALLY NEEDED

6. Medical Care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)
- 6.d. Other Practitioners' Services (Continued)
- (5) Psychologists
Refer to Attachment 3.1-A, Item 4.b. (13).
 - (6) Obstetric - Gynecologic and Gerontological Nurse Practitioner
Refer to Attachment 3.1-A, Item 24 for coverage limitations.
 - (7) Pharmacists
 - (8) Licensed Registered Nurse Sexual Assault Nurse Examiner-Pediatric/Adolescent (SANE-P) certified by the International Association of Forensic Nurses working under the supervision of a licensed Advanced Practice Registered Nurse (APRN).

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

Revised: ~~June 1, 2022~~
April 1, 2024

MEDICALLY NEEDY

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)
- 6.d. Other Practitioners' Services (Continued)
- (5) Psychologists
Refer to Attachment 3.1-A, Item 4.b.(13).
 - (6) Obstetric - Gynecologic and **Gerontological** Nurse Practitioner
Refer to Attachment 3.1-B, Item 21 for coverage limitations.
 - (7) **Pharmacists**
 - (8) **Licensed Registered Nurse Sexual Assault Nurse Examiner-Pediatric/Adolescent (SANE-P) certified by the International Association of Forensic Nurses working under the supervision of a licensed Advanced Practice Registered Nurse (APRN).**

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

Revised:

April 1, 2024

MEDICALLY NEEDY

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)
- 6.d. Other Practitioners' Services (Continued)
- (5) Psychologists
Refer to Attachment 3.1-A, Item 4.b.(13).
 - (6) Obstetric - Gynecologic and Gerontological Nurse Practitioner
Refer to Attachment 3.1-B, Item 21 for coverage limitations.
 - (7) Pharmacists
 - (8) Licensed Registered Nurse Sexual Assault Nurse Examiner- Pediatric/Adolescent (SANE-P) certified by the International Association of Forensic Nurses working under the supervision of a licensed Advanced Practice Registered Nurse (APRN).

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: ~~August 1, 2008~~ April 1, 2024

6.d. Other Practitioner's Services (Continued)

(5) Psychologist Services

Refer to Attachment 4.19-B, Item 4.b. (17).

- (a) Additional Reimbursement for Psychologists Services Associated with UAMS – Refer to Attachment 4.19-B, item 5.

(6) Obstetric-Gynecologic and Gerontological Nurse Practitioner Services

Reimbursement is the lower of the amount billed or the Title XIX maximum allowable.

The Title XIX maximum is based on eighty percent (80%) of the physician fee schedule except EPSDT procedure codes. Medicaid maximum allowables are the same for all EPSDT providers. Immunizations and Rhogam RhoD Immune Globulin are reimbursed at the same rate as the physician rate since the cost and administration of the drug does not vary between the nurse practitioner and physician.

Refer to Attachment 4.19-B, Item 27 (Attachment 4.19-B, page 14) for a list of the advanced practice nurse and registered nurse practitioner.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of services provided by Advanced Practice Nurse. The agency's fee schedule rate was set as of April 1, 2004 and is effective for services provided on or after that date. All rates are published on the agency's ~~website@~~ www.medicaid.state.ar.us. fee schedules website.

- (7) Advanced Practice Nurses Services Associated with UAMS – For additional reimbursement refer to Attachment 4.19-B, item 5.

- (8) Licensed Clinical Social Workers' Services Associated with UAMS – For additional reimbursement refer to Attachment 4.19-B, item 5.

- (9) Physicians' Assistant Services Associated with UAMS – For additional reimbursement refer to Attachment 4.19-B, item 5.

- (10) Registered Nurse Sexual Assault Nurse Examiner-Pediatric (SANE-P) Certified by the Internal Association of Forensic Nurses For additional reimbursement refer to Attachment 4.19-B, item 5 (Attachment 4.19-B, pages 1 www 2, 2.1, 2a-)

7. Home Health Services

- a. Intermittent or part-time nursing services furnished by a home health agency or a registered nurse when no home health agency exists in the area;
b. Home health aide services provided by a home health agency; and
c. Physical therapy

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) maximum charge allowed. State developed fee schedule rates are the same for both public and private providers of home health services.

The initial computation (effective July 1, 1994) or the Medicaid maximum for home health reimbursement was calculated using audited 1990 Medicare cost reports for three high volume Medicaid providers, Medical Personnel Pool, Arkansas Home Health, W. M. and the Visiting Nurses Association. For each provider, the cost per visit for each home health service listed above in items 7.a., b. and c. was established by dividing total allowable costs by total visits. This figure was then



**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE**

Revised: April 1, 2024

6.d. Other Practitioner's Services (Continued)

(5) Psychologist Services

Refer to Attachment 4.19-B, Item 4.b. (17).

- (a) Additional Reimbursement for Psychologists Services Associated with UAMS – Refer to Attachment 4.19-B, item 5.

(6) Obstetric-Gynecologic and Gerontological Nurse Practitioner Services

Reimbursement is the lower of the amount billed or the Title XIX maximum allowable.

The Title XIX maximum is based on eighty percent (80%) of the physician fee schedule except EPSDT procedure codes. Medicaid maximum allowables are the same for all EPSDT providers. Immunizations and Rhogam RhoD Immune Globulin are reimbursed at the same rate as the physician rate since the cost and administration of the drug does not vary between the nurse practitioner and physician.

Refer to Attachment 4.19-B, Item 27 (Attachment 4.19-B, page 14) for a list of the advanced practice nurse and registered nurse practitioner.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of services provided by Advanced Practice Nurse. The agency's fee schedule rate was set as of April 1, 2004, and is effective for services provided on or after that date. All rates are published on the agency's website@ www.medicaid.state.ar.us.

- (7) Advanced Practice Nurses Services Associated with UAMS – For additional reimbursement refer to Attachment 4.19-B, item 5.

- (8) Licensed Clinical Social Workers' Services Associated with UAMS – For additional reimbursement refer to Attachment 4.19-B, item 5.

- (9) Physicians' Assistant Services Associated with UAMS – For additional reimbursement refer to Attachment 4.19-B, item 5.

- (10) Registered Nurse Sexual Assault Nurse Examiner-Pediatric (SANE-P) Certified by the Internal Association of Forensic Nurses For additional reimbursement refer to Attachment 4.19-B, item 5 (Attachment 4.19-B, pages 1 www, 2, 2.1, 2a)

7. Home Health Services

- a. Intermittent or part-time nursing services furnished by a home health agency or a registered nurse when no home health agency exists in the area;
b. Home health aide services provided by a home health agency; and
c. Physical therapy

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) maximum charge allowed. State developed fee schedule rates are the same for both public and private providers of home health services.

The initial computation (effective July 1, 1994) or the Medicaid maximum for home health reimbursement was calculated using audited 1990 Medicare cost reports for three high volume Medicaid providers, Medical Personnel Pool, Arkansas Home Health, W. M. and the Visiting Nurses Association. For each provider, the cost per visit for each home health service listed above in items 7.a., b. and c. was established by dividing total allowable costs by total visits. This figure was then

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: April 1, 2024

11. Children's Advocacy Centers

Refer to Attachments 4.19-B, Item 5 and 4.19-B, Item 27.

The agency will reimburse for physician's and advance practice nurse practitioner's services provided through Children's Advocacy Centers in adherence to attachment 4.19-B, Item 5 (pages 2, 2.1, 2a) for physician services and attachment 4.19-B, Item 27 (page 14) for advance practice nurse practitioner services of this plan. Reimbursement will be limited to examinations needed to assess sexual assault, neglect, or abuse of an individual under twenty-one (21) years of age.

TN:
Supersedes: None - New page

Approved:

Effective:

DHS Responses to Public Comments Regarding Rule 259 Children's Advocacy Center (CAC) Reimbursement

Elizabeth Pulley, Executive Director, Children's Advocacy Centers of Arkansas

Comment:

It's so exciting to you moving forward with Medicaid plans to help our CACs! I appreciate everyone's hard work and dedication on this project!

Some of the items we have discussed in the last several years were not captured in the document, so I had a few questions and clarifications.

Section 203.800: Clarification and consistency on types of provider is needed

1. Nurse Practitioners are nurses who have completed additional training following their RN and/or BSN degree in the medical assessment and diagnosis of patients. There are several terms used to describe this level of provider:
 - Nurse Practitioner (NP)
 - Advance Nurse Practitioner (APN)
 - Advanced Practice Registered Nurse (APRN)
2. Registered Nurses (RNs) or Nurse Practitioners (NPs) can choose to pursue additional training in the medical evaluation of sexual assault patients and be considered a Sexual Assault Nurse Examiner (SANE). Since RNs do not have advanced training in medical assessment and diagnosis, it is required that this level of provider would complete SANE training. For NPs (APNs, APRNs) it would be encouraged, but not required for their scope of practice in order to provide care for victims of physical assault, sexual assault or neglect
 - a. For medical evaluations performed at children's advocacy centers (CACs), there are minimum standards for training depending on the medical provider's level of training.
 - i. RN's—Complete 40 hours of didactic training in a SANE course AND complete a clinical preceptorship to gain proficiency in use of the colposcope
 - ii. NPs/APNs/APRNs—Complete additional medical education specific to the evaluation of child abuse conditions and complete a preceptorship if not already proficient in how to use a colposcope
--Note that many NPs choose to complete SANE training even if it is not required with their advanced degree
 - iii. MDs/Dos-- Complete additional medical education specific to the evaluation of child abuse conditions if not already trained as a Child Abuse Pediatrician and complete a preceptorship if not already proficient in how to use a colposcope
--Note that some MD's/DOs will choose to complete SANE training, but they would not carry the SANE title since they are not a nurse by profession
3. SANE-P is copyrighted title for nurse who have achieved certification through the International Association of Forensic Nurses. The non-copyrighted title for a nurse who has had completed training in this area of practice would be just SANE or with the designation of specific age group trained on as a leading qualifier:

- A-SANE = Adult-SANE
- P-SANE = Pediatric SANE
- A/P-SANE = Adult and Pediatric SANE

Response: Thank you for the explanation. However, this rule will allow the enrolling of providers based on knowledge, training, and skillset. DHS does not have the technical expertise to independently evaluate the training, skills and experience outlined in your comments. DHS requires an independent evaluation/certification of the prerequisite training and skills. The IAFN certification meets this need.

Section 203.801:

203.801—C Certification by a national forensic nursing group (such as the International Association of Forensic Nurses= IAFN) is not required by the National Children’s Alliance that sets standards for minimum requirements needed of medical providers involved in the care of victims of physical abuse, sexual abuse or neglect being cared for in a CAC setting

- a. The IAFN is not the only source of forensic nurse training in the country

Response: In review of the requirements, it appeared the IAFN was the best independent certifying body for the training and continuing education of RN-SANE nurses (APRN and RN).

- b. The AR State Nursing Board does not maintain a credentialing verification process for nurses in the state who have voluntarily pursued forensic nurse certification as the AR State Medical Board does for physicians and/or nurse practitioners who are certified by a national board of medical care standards. So, if certification is required by the Rule, who would be responsible for ensuring the authenticity and currency of SANE certification status?

Response: This would be collected and monitored as part of the RN-SANE enrollment and eligibility checks in Arkansas Medicaid. Providers are responsible for maintaining the documentation which must be kept current with Arkansas Medicaid. If it is not kept up to date, the provider’s enrollment will be terminated.

203.801—D Physicians and Nurse Practitioners are Medicaid eligible providers. Is the Rule suggesting that RN-SANEs would be eligible to be enrolled as Medicaid providers even though they do not have a pathway to be considered practitioners by the AR State Medical Board?

Response: The rule will allow RN-SANE nurses to enroll as rendering Medicaid Providers only. SANE Nurses are not allowed to enroll as billing (pay-to) providers for services. The billing (pay-to) provider must be an actively enrolled Childhood Advocacy Center that operates under the medical direction of an enrolled physician.

Section 203.400: Clarification on role of the physician and nurse practitioner is needed when the sexual abuse evaluation is being conducted by an RN-SANE

1. Will the RN-SANE be eligible to bill Medicaid by acting on an order from a physician or nurse practitioner for an evaluation specific to child sexual abuse/assault without an advanced practice provider (physician or nurse practitioner enrolled as a Medicaid provider) being physically onsite at the time that the exam occurs? Similar question as #1 on Section 203.801 above.

Response: The RN-SANE may render services under standing orders for a sexual assault medical examination from a physician or nurse practitioner without a nurse practitioner or physician present when this service is rendered. However, RN-SANE nurses will not be able to serve as a billing provider. The billing provider is the Childhood Advocacy Center.

203.400-A This section omits Nurse Practitioners as eligible for serving as medical directors of a CAC

Response: Medical Directors for CACs must be a Medicaid enrolled physician or advanced practice registered nurse for Medicaid to reimburse for covered services. The relevant sections of the affected manuals will be amended.

203.400-C Is a medical director required to be physically onsite to supervise an RN-SANE conducting a medical evaluation for suspected sexual abuse under the order of a physician or nurse practitioner?

Response: No.

203.400-D This section omits Nurse Practitioners as eligible providers for sexual assault medical evaluations

Response: Nurse practitioners may provide sexual assault medical evaluations. They **are not required to** have the SANE-P certification. The relevant sections of the affected manual will be amended.

Section 203.401

See comments and questions above for Section 203.801 as this is a duplicate section with same concerns

Response: This would be collected and monitored as part of the RN-SANE enrollment and eligibility checks in Arkansas Medicaid. Providers are responsible for maintaining the documentation which must be kept current with Arkansas Medicaid. If it is not kept up to date, the provider's enrollment will be terminated.

Is the intent of the Rule to require CAC to bill Medicaid, or does this just permit CACs to bill? Can vs must

Response: Individual CACs may choose whether to apply to enroll and bill Medicaid for covered services. There is no requirement f they must do so.