

EXHIBIT L

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

DEPARTMENT/AGENCY Department of Human Services
DIVISION Division of Medical Services
DIVISION DIRECTOR Andrew Allison, PhD
CONTACT PERSON Robbie Nix
ADDRESS P.O Box 1437, Slot S295, Little Rock, AR 72203
PHONE NO. 682-8577 FAX NO. 682-2480 E-MAIL robert.nix@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING Marilyn Strickland
PRESENTER E-MAIL marilyn.strickland@arkansas.gov

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 and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Donna K. Davis
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
Room 315, State Capitol
Little Rock, AR 72201

1. What is the short title of this rule?

State Plan Amendment #2011-013

2. What is the subject of the proposed rule?

The proposed rule allows for coverage of additional inpatient psychiatric days above the annual limit of twenty-four inpatient days for ages 21 and above. These proposed additional inpatient services will be provided solely in the University of Arkansas for Medical Sciences (UAMS) Psychiatric Research Institute (PRI) in Little Rock to individuals with serious mental illness (SMI) who have exhausted their inpatient hospital benefit limit.

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes ___ No X.
If yes, please provide the federal rule, regulation, and/or statute citation.

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

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

When does the emergency rule expire? _____

Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes ___ No ___

5. Is this a new rule? Yes ___ No X If yes, please provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes ___ No X If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

Is this an amendment to an existing rule? Yes X No ___ If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."

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

Arkansas Statute 20-76-201

7. What is the purpose of this proposed rule? Why is it necessary?

The purpose of the proposed rule is to allow for coverage of additional inpatient psychiatric and days above the annual limit of twenty-four inpatient days for ages 21 and above in the UAMS PRI.

This proposed rule is necessary so that beneficiaries with acute, rare or severe neurological or psychiatric disorders, who meet certain criteria in the State Plan Amendment, can obtain the services they need which are provided at the PRI.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

<https://www.medicaid.state.ar.us/InternetSolution/general/comment/comment.aspx>

9. Will a public hearing be held on this proposed rule? Yes ___ No X .

If yes, please complete the following:

Date: _____

Time: _____

Place: _____

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

August 21, 2012

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

November 1, 2012

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

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

Medical associations, interested providers, and advocacy organizations. Their positions for or against is not known at this time.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT Tom Show

TELEPHONE NO. 682-2483 FAX NO. 682-2480 EMAIL: tom.show@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE – State Plan Amendment #2011-013

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes X No .

2. Does this proposed, amended, or repealed rule affect small businesses?
Yes No X.

If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

Current Fiscal Year

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

5. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule? Identify the party subject to the proposed rule and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

6. What is the total estimated cost by fiscal year to the agency to implement this rule? Is this the cost of the program or grant? Please explain.

Current Fiscal Year (2011-2012)

Next Fiscal Year (2012-2013)

\$158,136 Federal
63,684 State
\$221,820 Total

\$357,926 Federal
148,074 State
\$506,000 Total

Summary for
State Plan Amendment #2011-013 - CPMH

Effective February 1, 2012, Arkansas Medicaid will cover additional inpatient psychiatric days above the annual limit of twenty-four inpatient days for ages 21 and above. These additional days (1) will be limited to categorically needy Medicaid beneficiaries with acute, rare or severe neurological or psychiatric disorders, (2) must be certified by the Medical Assistance Program as medically necessary, (3) must be provided under an individualized treatment plan and (4) must be prior authorized/approved by the Division of Medical Services. Providers must meet all applicable standards and staff must include physicians who are board-certified in psychiatry, neurology, child and adolescent psychiatry, geriatrics, substance abuse, and forensic psychiatry.

Due to the intensive needs of the individuals receiving the proposed additional reimbursed days for psychiatric mental services, the proposed additional inpatient services will be provided solely in the University of Arkansas for Medical Sciences Psychiatric Research Institute. References to these additional days in the State Plan will be in tandem with the 1915(b)(4) waiver request approved by CMS.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 1a

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised: February 1, 2012

CATEGORICALLY NEEDY

1. Inpatient Hospital Services

All inpatient admissions to an acute care/general hospital or rehabilitative hospital will be allowed up to four (4) days of service per admission when determined inpatient care is medically necessary. On the fifth day of hospitalization, if the physician determines the patient should not be discharged on the fifth day of hospitalization, the hospital may contact the Quality Improvement Organization (Arkansas Foundation for Medical Care, Inc.) and request an extension of inpatient days. The Quality Improvement Organization (QIO) will then determine medically necessary days. Calls for extension of days may be made at any point from the fourth day of stay through discharge. However the provider must accept the financial liability should the stay not meet the necessary medical criteria for inpatient services. Medically necessary inpatient days are available to individuals under age 1 without regard to the four day limit and extension procedures required under the plan. Additionally, effective for dates of service on or after November 1, 2001, a benefit limit of 24 days per State Fiscal Year (July 1 through June 30) is imposed for recipients age 21 and older. No extensions will be authorized. The benefit limit does not apply to recipients under age 21 in the Child Health Services (EPSDT) Program or beneficiaries, regardless of age, who meet the following criteria:

I. Diagnosis (one of the following)

PROPOSED

- a. the presence of two or more diagnoses on Axis I and/or II is indicative of a serious emotional disorder
- b. the presence of a diagnosis on Axis I or II and a diagnosis on Axis III

II. Poor prognostic factors are as evidenced by

- a. early age at time of onset
- b. positive family history for major mental illness
- c. prior treatment has been ineffective; treatment failure, poor response to treatment
- d. co-occurring presentation (medical illness, developmental disability, substance abuse/disorder & mental illness)
- e. non-compliance with treatment
- f. compromised social support system
- g. other evidence-based poor prognostic factors (varies by condition or disorder)

III. Patient was referred by another behavioral health professional for an expert opinion

Inpatient hospital services required for pancreas/kidney transplants, liver/bowel transplants and skin transplants for burns are covered for eligible Medicaid recipients in the Child Health Services (EPSDT) Program. Refer to Attachment 3.1-E, Pages 2, 4 and 6

SUPERSEDES: TV- 04-15

| | |
|-------------|----------|
| STATE | Arkansas |
| DATE REC'D | 11-2-11 |
| DATE APPV'D | 5-9-12 |
| DATE EFF | 2-1-12 |
| INFA 179 | 11-13 |

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