

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
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 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?

Rehabilitative Services for Persons with Mental Illness (RSPMI) Update No. 3-12

2. What is the subject of the proposed rule?

The proposed rule clarifies that the Psychiatric Diagnostic Assessment – Initial is administered to new patients and that the Psychiatric Diagnostic Assessment – Continuing Care is administered to established patients. The proposed rule explains that providers may only bill for one Psychiatric Diagnostic Assessment (whether Initial or Continuing Care) per State Fiscal Year. The proposed rule also clarifies the amount of time an Adult Psychiatric Mental Health Advanced Nurse Practitioner/Family Psychiatric Mental Health Advanced Nurse Practitioner (PMHNP-BC) has to discuss the Psychiatric Diagnostic Assessment – Initial with the supervising psychiatrist.

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 clarify that the Psychiatric Diagnostic Assessment – Initial is for new patients while the Psychiatric Diagnostic Assessment – Continuing Care is for established patients. The proposed rule explains that providers may only bill for one Psychiatric Diagnostic Assessment (whether Initial or Continuing Care) per State Fiscal Year. The proposed rule also clarifies the amount of time an Adult Psychiatric Mental Health Advanced Nurse Practitioner/Family Psychiatric Mental Health Advanced Nurse Practitioner (PMHNP-BC) has to discuss the Psychiatric Diagnostic Assessment – Initial with the supervising psychiatrist.

This update is necessary so that providers know how to properly administer the Psychiatric Diagnostic Assessment (whether Initial or Continuing Care) and how the yearly benefit limit is applied. The update also removes the requirement that a Psychiatric Diagnostic Assessment – Continuing Care must include clarification of the reason for referral during the interview of the parent(s), the guardian (including the responsible DCFS caseworker) and/or the primary caretaker (including foster parents) for beneficiaries under the age of 18.

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.)

April 9, 2013

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

July 1, 2013

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

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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 – Rehabilitative Services for Persons with Mental Illness (RSPMI) Update No. 3-12

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

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

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 _____

General Revenue _____

Federal Funds _____

Federal Funds _____

Cash Funds _____

Cash Funds _____

Special Revenue _____

Special Revenue _____

Other (Identify) _____

Other (Identify) _____

Total _____

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

Next Fiscal Year

None

None

Summary for
Rehabilitative Services for Persons with Mental Illness (RSPMI) Update No. 3-12

Below is a list of the changes and the corresponding rationale for these changes in the proposed policy:

- The proposed policy change specifies that the Psychiatric Diagnostic Assessment – Initial is for new patients while the Psychiatric Diagnostic Assessment – Continuing Care is for established patients. The current policy uses the term ‘episode of care’ which may create confusion for providers with the Arkansas Payment Improvement Initiative (APII).
- The proposed change explains that only one (1) Psychiatric Diagnostic Assessment (whether Initial or Continuing Care) may be conducted without an extension of benefits. The current policy states that a Psychiatric Diagnostic Assessment – Initial has a yearly maximum (prior to extension of benefits) of one (1) per State Fiscal Year and a Psychiatric Diagnostic Assessment – Continuing Care has a yearly maximum (prior to extension of benefits) of one (1) per State Fiscal Year. The intent of this policy was to allow only of either in the same fiscal year without an extension of benefits.
- The proposed policy change states that an Adult Psychiatric Mental Health Advanced Nurse Practitioner/Family Psychiatric Mental Health Advanced Nurse Practitioner (PMHNP-BC) has to discuss the Psychiatric Diagnostic Assessment – Initial with the supervising psychiatrist within 45 days of the beneficiary entering care. The current policy states “Prior to the initiation of the treatment plan, the findings of the Psychiatric Diagnostic Assessment – Initial conducted by the PMHNP-BC must be discussed with the supervising psychiatrist.” In regard to the initiation of the treatment plan, the current policy states “The RSPMI master treatment plan must be completed by a mental health professional and approved by a psychiatrist or physician, within 14 calendar days of the individual’s entering care (first billable service).” Due to the fact the treatment plan is due in 14 days and the Psychiatrist/PMHNP-BC has 45 days to do a psychiatric diagnostic assessment, there is a possibility that the PMHNP-BC and the supervising psychiatrist would not have the chance to discuss the results of the Psychiatric Diagnostic Assessment – Initial prior to the initiation of the treatment plan. This proposed change will give both a Physician and a PMHNP-BC 45 days to conduct a Psychiatric Diagnostic Assessment – Initial.
- The proposed update removes the requirement that a Psychiatric Diagnostic Assessment – Continuing Care must clarify the reason for referral during the interview of a parent (preferably both), the guardian (including the responsible DCFS caseworker) and/or the primary caretaker (including foster parents) for beneficiaries under the age of 18. The Psychiatric Diagnostic Assessment – Continuing Care does not need the reason for referral as this would have occurred a year or more previous to this contact.