

EXHIBIT N

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

DEPARTMENT/AGENCY Arkansas Department of Health and Human Services
DIVISION Division of Developmental Disabilities Services
DIVISION DIRECTOR James C. Green, Ph. D.
CONTACT PERSON Shelley Lee
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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
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?
DDS Policy # 1010, Service Concern Resolution

- 2. What is the subject of the proposed rule?
Defines and provides administrative procedures for receiving reports, gathering information, and resolving concerns regarding any organization or individual licensed or certified by DDS to provide services to persons with disabilities.

- 3. Is this rule required to comply with federal statute or regulations? Yes No
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 No
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 If yes, please provide a brief summary explaining the regulation.
 Does this repeal an existing rule? Yes No If yes, a copy of the repealed rule is to be included with the completed questionnaire.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 No
 If yes, please attach a markup 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.

Ark. Code Ann.25-15-101 seq.

7. What is the purpose of this proposed rule? Why is it necessary?
 To define and clarify administrative procedures for service concern resolution.

8. Will a public hearing be held on this proposed rule? Yes No
 If yes, please complete the following:

Date: June 2013
 Time: TBD
 Place: Public Health Committee

9. When does the public comment period expire for permanent promulgation? (Must provide a date.)
April 16, 2013

10. What is the proposed effective date of this proposed rule? (Must provide a date.)
July 1, 2013

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

12. 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.

<u>Names</u>	<u>Category</u>	<u>For</u>	<u>Against</u>
<u>DDPA</u>	<u>org</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>AWA</u>	<u>org</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>
<u> </u>	<u> </u>	<input type="checkbox"/>	<input type="checkbox"/>

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT: Arkansas Department of Health and Human Services
DIVISION: Division of Developmental Disabilities Services
PERSON COMPLETING THIS STATEMENT: Shelley Lee
PHONE NUMBER: (501) 682-8677

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: DDS Policy 1010, Service Concern Resolution

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

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

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. Please indicate if the cost provided is the cost of the program.

<u>Current Fiscal Year</u>	<u>Next 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? Identify the party subject to the proposed regulation, and explain how they are affected.

<u>Current Fiscal Year</u>	<u>Next Fiscal Year</u>
\$ <u>Continuing Leve</u> _____	\$ <u>Continuing Leve</u> _____

5. What is the total estimated cost by fiscal year to the agency to implement this regulation?

<u>Current Fiscal Year</u>	<u>Next Fiscal Year</u>
\$ <u>Continuing Leve</u> _____	\$ <u>Continuing Leve</u> _____

Service Concern Resolution DDS Policy 1010

Summary of Changes

- 6.A. - Changed the time of initial contact with the report from five working days to three working days.
- 6.C. - Added fact finding process to begin within one day of initiation of the investigation. The investigator will not pursue the concern if there is not sufficient evidence to conduct a full investigation. If the Certification and Licensure Administrator determines that a full investigation is not needed the investigator will submit within ten calendar days a complete a summary of the actions taken. The investigator may make referrals to other agencies or entities as appropriate.
- 6.D.2)i.-vii. – Added locations the investigation may take place.
- 6.E. - Changed the time of investigation completion from 10 days to 30 days.
- 6.E.1) – 7) – Added activities the investigator may conduct during the investigation.
- 6.F.1)i.-vii. - Added items that should be included in the report to the provider.
- 6.F.1)v. – Changed term “Plan of Correction” to “Assurance of Adherence to Standards”.
- Removed offer of technical assistance with the plan of correction.