

Exhibit F

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 Lynn Burton
ADDRESS P.O Box 1437, Slot S416, Little Rock, AR 72203
PHONE NO. 682-1875 FAX NO. 682-3889 E-MAIL lynn.burton@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?

Arkansas Medicaid State Plan Amendment #2013-007 – Rate Increase for Under 16 Bed ICF/IID
2. What is the subject of the proposed rule?

Applies an inflationary adjustment to the current base rate for Under 16 Bed ICF/IID Facilities.
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 Yes _____ No X If yes, a copy of the repealed rule is to be included with your completed questionnaire.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?

Analysis of Cost Report information indicates that an inflationary adjustment to the existing rate is warranted.

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 27, 2013

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

Adopted by Federal Regulation July 4, 2013. APA Effective date October 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 Lynn Burton

TELEPHONE NO. 682-1857 **FAX NO.** 682-3889 **EMAIL:** lynn.burton@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 – Arkansas Medicaid State Plan Amendment #2013-007 – Rate Increase for Under 16 Bed ICF/IID Facilities

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 X 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 _____
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 (SFY 14)

Next Fiscal Year (SFY 15)

\$ 157,000 State Share
370,000 Federal Share
\$ 527,000 Total

\$ 160,000 State Share
367,000 Federal Share
\$ 527,000 Total

The amount indicated above is the cost to the Medicaid Program presented as State and Federal Share. The State share of the cost of this SPA will be paid from revenues generated by the provider fee for intermediate care facilities for individuals with developmental disabilities.

Summary for
Arkansas Medicaid State Plan Amendment #2013-007
Rate Increase for Under 16 Bed ICF/IID Facilities

The base per diem rate for Under 16 Bed ICF/IID facilities will increase 2.4% for dates of service beginning July 4, 2013.

ECONOMIC IMPACT STATEMENT
(As Required under Arkansas Code § 25-15-301)

Department: Arkansas Department of Human Services
Division: Medical Services
Person Completing this Statement: Lynn Burton
Telephone Number: 501-682-1857 **Fax Number:** 501-682-3889
EMAIL: Lynn.Burton@Arkansas.gov

Short Title of this Rule: Rate Increase for Under 16 Bed ICF/IID Facilities

(1) The type or types of small businesses that will be directly affected by the proposed rule, bear the cost of the proposed rule, or directly benefit from the proposed rule.

Under 16 Bed ICF/IID facilities.

(2) A description of how small businesses will be adversely affected.

There are 31, Under 16 Bed ICF/IID providers.

(3) A reasonable determination of the dollar amounts the proposed rule will cost small businesses in terms of fees, administrative penalties, reporting, recordkeeping, equipment, construction labor, professional services, revenue loss, or other costs associated with compliance.

No cost associated with compliance. Providers are receiving a rate increase.

(4) A reasonable determination of the dollar amounts of the costs to the agency of implementing the proposed rule, as well as the financial benefit to the agency of implementing the rule.

It is projected that the Department will pay out an additional \$527,000 to Under 16 Bed ICF/IDD providers. The cost associated with the State's portion of this SPA will be paid from revenues generated by the provider fee for intermediate care facilities for individuals with intellectual disabilities.

(5) Whether and to what extent alternative means exist for accomplishing the objectives of the proposed rule that might be less burdensome to small businesses and why such alternatives are not being proposed.

Not Applicable

(6) A comparison of the proposed rule with federal and state counterparts.

Not Applicable