

5. Has DHS considered whether existing rules have created or contributed to the problem the agency is addressing with the proposed rule, and whether those rules could be amended or repealed to address the problem in whole or in part?

(See Ark. Code Ann. § 25-15-204(a)(3)(0))

6. What consideration did DHS give to other reasonable alternatives to the proposed rule, including:

(1) adopting no rule;

(2) amending or repealing existing rules; and

(3) other potential responses that could be taken instead of agency action?

(See Ark. Code Ann. § 25-15-204(a)(3)(E))

7. a. Is the proposed 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?

b. What scientific, technical, economic, or other evidence did DHS use to identify the need for, consequences of, and alternatives to the proposed rule?

c. What scientific, technical, economic, or other evidence did DHS reject when identifying the need for, consequences of, and alternatives to the proposed rule?

(See Ark. Code Ann. § 25-15-204(b)(I))

**RESPONSE:** Please see attached the Questionnaire and Financial Impact Statement filed for each Rule, which addresses the statutory requirements of rulemaking. *Attachment 1.* To engage stakeholders, DDS put on two Facebook Live informational sessions and a series of town halls. DDS also addressed the EIDT and ADDT program changes at all presentations leading up to the rule promulgation, those presentations included all DDS transformation efforts, which would include independent assessment, developmental screens, PASSE, EIDT, ADDT, etc. To promote beneficiary engagement, DDS has set up and utilized a family email portal, where families can sign up to receive all correspondence that is sent to providers.

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## PUBLIC COMMENTS ON TRANSPORTATION MANUAL AMENDMENTS

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### 1. DAVID IVERS, DEVELOPMENTAL DISABILITIES PROVIDER ASSOCIATION (DDPA)

**COMMENT:** The rate for transportation has not been increased in eight years. Providers lose significant amounts of money providing transportation. No transportation broker provider would provide the transportation for the full EIDT rate, let alone as a subcontractor. This will create an access issue soon if not addressed.

**RESPONSE:** No transportation broker is needed. DDS will pay the rate directly to EIDT and ADDT providers to transport their own clients. We are currently engaging stakeholders in non-emergency transportation (NET) discussions. We are happy to discuss a future change of eliminating EIDT/ADDT transportation and putting everyone on the NET rate, if eligible.

**COMMENT:** *272.200 Mileage Calculation: The route taken when transporting the clients must be reasonable and must be planned to minimize the beneficiaries' time spent in route to and from the facility (i.e. must pick up the beneficiary farthest from the facility first and drop him or her off last). The provider must not take unnecessary extended routes to increase the mileage.*

Why is the new language inserted? Providers lose money and only get paid for the client who lives the farthest, so what is the purpose of adding this?

**RESPONSE:** The purpose of this additional language was to clarify that the rule is the provider is paid for the client who lives the farthest, not the client who spends the most amount of time in transport. In doing so, we want to ensure that clients, both children and adults with developmental delays and disabilities, do not spend more time than necessary in route to the day treatment program.

**COMMENT:** Page 8aa at 23.a.(3) The statement that: "The route must be planned to ensure that beneficiaries spend the least amount of time being transported" is ambiguous. Considering the financial status of the program, this concept would have to be balanced with the economic realities.

**RESPONSE:** Please see response above.