EXHIBIT G

<u>DEPARTMENT OF HUMAN SERVICES, DEVELOPMENTAL DISABILITIES</u> SERVICES

<u>SUBJECT</u>: DDS Policy 1091 and 1092: Certification, Investigation, and Monitoring Policy for the HCBS Waiver and First Connections Programs

<u>DESCRIPTION</u>: DDS is proposing changes to DDS Policy #1091, which is currently applicable to both the DDS Community and Employment Supports (CES) Waiver (formerly the Alternative Community Services Waiver) and the First Connections program.

DDS is the lead agency for the federal early intervention program in the state for infants and toddlers with disabilities and their families, under Part C of the Individuals with Disabilities Education Act. The name of this program in Arkansas is "First Connections."

To clarify that this policy applies to two separate programs, DDS Policy #1091 will be split into two new policies. DDS Policy #1091 will cover the certification, investigation and monitoring policies and procedures specifically applicable and tailored to the CES Waiver program. DDS Policy #1092 will be created out of the remaining language from #1092 to cover the certification, investigation and monitoring policies and procedures specifically to the First Connections Program.

<u>PUBLIC COMMENT</u>: A public hearing was held on December 4, 2017. The public comment period expired on December 8, 2017. The Department received no comments.

The proposed effective date is February 1, 2018.

FINANCIAL IMPACT: There is no financial impact.

LEGAL AUTHORIZATION: The Department of Human Services' Division of Developmental Disabilities Services ("DDS") is responsible for the overall coordination of services for Arkansans with developmental disabilities. The Department of Human Services is authorized to "make rules and regulations and take actions as are necessary or desirable to carry out the provisions of this chapter [Public Assistance] and that are not inconsistent therewith." Arkansas Code Annotated § 20-76-201 (12). Arkansas Code § 20-77-107 specifically authorizes the department to "establish and maintain an indigent medical care program."

DDS is the "lead agency" with administrative oversight for Arkansas' Community Employment Supports waiver, a Medicaid Home and Community Based Services Waiver under Section 1915(c) of the Social Security Act. DDS is the "lead agency" with administrative oversight for early intervention under Part C of the Individuals with Disabilities Education Act (IDEA). First Connections provides support and services for families and their children, birth to age three who have special needs. First Connections is required to meet the requirements of the provisions of permissive usage of funds in 34 CFR §303.501 and the payor of last resort provisions in 34 CFR §303.510 through §303.521 (regarding the identification and coordination of funding resources for, and the provision of, early intervention services under Part C of the Act).

PHILPPICE

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

DEPARTMENT/AGENCY Departm	nent of Human Services			
DIVISION Division	Division of Developmental Disabilities Services			
DIVISION DIRECTOR Melissa	Stone			
CONTACT PERSON Elizabet	th Pitman			
	px 1437, Slot N502 (501)682- E- FAX NO. 8380 MAIL Elizabeth.pitman@dhs.arkansas.gov MITTEE Melissa Stone			
PRESENTER E-MAIL Melissa.sto				
gjaren organ adli brai Lada Monton	INSTRUCTIONS			
necessary. C. If you have a method of indexing Rule" below. D. Submit two (2) copies of this ques	pletely using layman terms. You may use additional sheets, if your rules, please give the proposed citation after "Short Title of this stionnaire and financial impact statement attached to the front of two ad required documents. Mail or deliver to: Review Section Council Research			
Little Rock, AR 72201				
1. What is the short title of this rule?	DDS Policy #1091 and #1092			
2. What is the subject of the proposed rule?	Certification, Investigation, and Monitoring policy for the HCBS Waiver and First Connections programs			
3. Is this rule required to comply with regulation? If yes, please provide the federal rucitation.	Yes No 🛛			
4. Was this rule filed under the emerg	ency provisions of the Administrative Procedure Act?			
If yes, what is the effective date of trule?	Yes ☐ No ☒ the emergency			
When does the emergency rule expire?	de la la compara de la compara			

F	will this emergency rule be promulgated under the per Act?	manent pro	visions of th	e Administrative Proced	dure
			Yes [No 🗌	
5. I	s this a new rule? Yes No No f yes, please provide a brief summary explaining the r	egulation			
11	Does this repeal an existing rule? Yes \(\subseteq\) No \(\subseteq\) f yes, a copy of the repealed rule is to be included with a new rule, please provide a summary of the rule of	Mour comp	oleted question of	onnaire. If it is being re what the rule does.	place
rule? If cl	s this an amendment to an existing Yes No f yes, please attach a mark-up showing the changes in hanges. Note: The summary should explain what the clearly labeled "mark-up."	the existing	rule and a s	ummary of the substant nd the mark-up copy s	ive shoul
6. C	Cite the state law that grants the authority for this propertiation. Ark. Code Ann. § 20-76-201	osed rule? If	codified, pl	ease give the Arkansas	Code
progr	What is the purpose of this proposed rule? Why is it not atte certification, investigation and monitoring policy fram. Old Policy #1091 is now split into two. DDS Policy and the new DDS Policy #1092 will apply to the	or the DDS	HCBS War	ver and First Connection	
8. PI	lease provide the address where this rule is publicly acy Arkansas Code § 25-19-108(b). http://humanservice	cessible in	alaatrania fa	ama viia 41 - Tut	equire
9. Wrule?	ill a public hearing be held on this proposed	s 🛭 No [5 V		
	Date: December 4, 2017 Time: 2:00 PM Department of Human Services Conference Room A 700 Main Street Place: Little rock, AR				
10. W	Then does the public comment period expire for perma	nent promu	lgation? (Mu	ust provide a date.)	
	hat is the proposed effective date of this proposed rule February 1, 2018	e? (Must pro	ovide a date.) -	
12. Ple	ease provide a copy of the notice required under Ark. ation of said notice. Attached.	Code Ann.	§ 25-15-204	(a), and proof of the	
12 DI					

13. Please provide proof of filing the rule with the Secretary of State and the Arkansas State Library as required pursuant to Ark. Code Ann. § 25-15-204(e). <u>Attached.</u>

14. 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>Unknown</u>

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DE	EPARTMENT Arkansas Department of Human Services							
DI	VISIC	N	Division of I	Developmental Disa	bilities Services			
PE	RSO	N COMPLI	ETING THIS	STATEMENT I	Elizabeth Pitman			
TE:	LEPI	HONE 501-	-682-4936	FAX 501-682-83	880 EMAIL : Eliza	abeth.pitman@	dhs.arkansas.gov	
				25-15-204(e), plea connaire and propos	ase complete the following rules.	ng Financial Im	npact Statement	
SH	IORT	TITLE O	F THIS RUL	E DDS Policy #10	091 & 1092	y balana		
1.	Does	es this proposed, amended, or repealed rule have a financial impact? Yes \(\subseteq \) No \(\subseteq \)				No 🖂		
2.	econ	s the rule based on the best reasonably obtainable scientific, technical, conomic, or other evidence and information available concerning the eed for, consequences of, and alternatives to the rule? Yes No						
3.	In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered?			Yes 🖂	No 🗌			
	If an	If an agency is proposing a more costly rule, please state the following:						
	(a)	(a) How the additional benefits of the more costly rule justify its additional cost;						
	(b) (c)	The second second construction of the second						
	(d)	(d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.						
4.	If the purpose of this rule is to implement a federal rule or regulation, please state the following:							
	(a)	What is the	e cost to imple	ement the federal ru	ile or regulation?			
Cu	irren	t Fiscal Yea	ar		Next Fiscal Year			
Federal Funds 0 Federal Funds Cash Funds 0 Cash Funds 0			0 0 0					

Other (Identify) 0	Other (Identify)	0		
Total 0	Total	0		
(b) What is the additional cost of the state rule?				
Current Fiscal Year	Next Fiscal Year			
General Revenue 0 Federal Funds 0 Cash Funds 0 Special Revenue 0 Other (Identify) 0 Total 0	General Revenue Federal Funds Cash Funds Special Revenue Other (Identify) Total	0 0 0 0		
5. What is the total estimated cost by fiscal year to an proposed, amended, or repealed rule? Identify the they are affected.	y private individual, enti entity(ies) subject to the	ty and business subject to the proposed rule and explain how		
<u>Current Fiscal Year</u> \$	Next Fiscal Yea \$	<u>r</u>		
6. What is the total estimated cost by fiscal year to st rule? Is this the cost of the program or grant? Ple Current Fiscal Year	ate, county, and municip ase explain how the gove Next Fiscal Yea	ernment is affected.		
\$\frac{0}{Fiscal Impact is comprised of: Increased general reslots in SFY 2017, beginning September 1, 2017, and the second secon	\$ <u>0</u>	to the addition of 40 waiver		
7. With respect to the agency's answers to Questions increased cost or obligation of at least one hundred private individual, private entity, private business, municipal government, or to two (2) or more of entities combined?	thousand dollars (\$100,	000) per year to a		
If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:				
(1) a statement of the rule's basis and purpose;				
The Medicaid Provider Manual for DDS HCBS Waiver is being updated to reflect the HCBS Medicaid Waiver, AR 0188, which provides an alternative to institutional care for individuals with ID/DD. The waiver provides services and supports to allow individuals that meet II/ID level of care to work, live and be fully integrated into the community.				

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

The agency seeks to continue implementation of the waiver program to provide services and supports to individuals who are eligible for the waiver so that they may remain in their community. The waiver operates under 1915(c) of the Social Security Act and 42 CFR 441. The proposed rule incorporates the September 1, 2016 amendments into the Provider Manual.

- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;

The HCBS waiver provides an alternative to facility based care. The annual average cost for Waiver services in the community is \$49,610.51; as compared with the ICF residential facility annualized average cost of care, which is \$149,576.27.

(4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

n/a

(5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;

n/a

(6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and

n/a

- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

The renewal was submitted to CMS in accordance with 42 CFR 441, which requires a HCBS waiver to be submitted or renewal every five years. Accordingly, DDS must assure that providers are in compliance with standards and in compliance with the State of Arkansas to participate in the Medicaid Waiver Program. Therefore, DDS, in cooperation with the Division of Medical Services, updates the Medicaid Provider Manual to reflect the new HCBS Waiver requirements.

PHIL PRICE

SUMMARY OF CHANGES DDS POLICIES 1091 & 1092

The Department of Human Services Division of Developmental Disability Services (DDS) is proposing changes to DDS Policy #1091, which is currently applicable to both the DDS Community and Employment Supports (CES) Waiver (formerly the Alternative Community Services Waiver) and the First Connections program.

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