## **EXHIBIT H**

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

D	<b>EPARTMENT</b>	/AGENCY	Department of	Human Services					
DIVISION		Division of Medical Services							
DIVISION DIRECTOR			Dawn Stehle						
C	ONTACT PER	SON	Seth Blomeley	*	•				
A	DDRESS		PO Box 1437, Rock, AR 722	Slot S295, Little 203					
ΡI	HONE NO.	501-320- 6425	FAX NO.	501-404- 4619	E- MAIL	Seth.Blome	eley@dhs.arkans	as.go	
N	AME OF PRES	SENTER A	T COMMITTE	EE MEETING	Tami Harlan				
Ρŀ	RESENTER E-	MAIL ta	mi.harlan@dhs.a	arkansas.gov					
	Please make c			INSTRUCTIO	<u>NS</u>				
D.	Rule" below. Submit two (2 (2) copies of the Do Ad Ari	nna K. Dav ministrativ kansas Leg reau of Leg te Capitol N	this questionna d rule and requ ve Rules Review islative Council gislative Resear Mall, 5 <sup>th</sup> Floor IR 72201	l ch	l impact stater Mail or deliv	nent attache er to:	d to the front o		
	What is the sho		is	*********** ealth 4-15	********	*****	*****		
2.	What is the sub	ject of the p	proposed rule?	42 CFR 491.8 must be presen Rural Health C	t at least once i	to eliminate n every two	that a physician week period at th	ı ne	
3.	Is this rule requ	ired to com	ply with a federa	al statute, rule, or	regulation?	Yes 🔀	No 🗌		
	If yes, please pr	ovide the fe	deral rule, regul	ation, and/or state	ute citation.	42 CFR 4	91.8		
4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?					dministrative	Yes 🗌	No 🔀	-	
	If yes, what is the	he effective	date of the emer	rgency 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 ☒						
	Does this repeal an existing rule? Yes No No No If yes, a copy of the repealed rule is to be included with your completed questionnaire.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 No I 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 the Arkansas Code citation. <u>Arkansas Statute 20-76-201</u>						
Fed	7. What is the purpose of this proposed rule? Why is it necessary? This rule is necessary to comply with Federal Regulation 42 CFR 491.8 (b) which deletes the requirement formerly CFR 491.8(b) (2) for a physician to be present in the RHC at least once every two weeks.						
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).						
http	os://www.medicaid.state.ar.us/general/comment/comment.aspx						
9.	Will a public hearing be held on this proposed rule? Yes ☐ No ☒  If yes, please complete the following:  Date:						
	Time:						
	Place:						
	When does the public comment period expire for permanent promulgation? (Must provide a date.) vember 10, 2015						
	What is the proposed effective date of this proposed rule? (Must provide a date.) nuary 1, 2016						
	Do you expect this rule to be controversial?  Yes No No lease 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.

All provider venues will be accepting of this change.

### FINANCIAL IMPACT STATEMENT

### PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT			Department of Human Services						
DIVISION			Division of Medical Services						
PE.	RSO	N COMPLET	ING THIS ST	TATEMENT	Brian Jone	S			
ΤE	LEPI	HONE NO.	501-537-2064	FAX NO. <u>501</u>	-404-4619	_EMAIL: <u>Bri</u>	an. Jones @a	rkansas.gov	
				5-15-204(e), ple e questionnaire			ng Financial I	mpact	
SE	IORT	TITLE OF	THIS RULE	Rural Health	4-15				
1.	Does	this proposed	l, amended, or	repealed rule ha	ave a financ	cial impact?	Yes 🗌	No 🔀	
2.	econ	he rule based on the best reasonably obtainable scientific, technical, nomic, or other evidence and information available concerning the d for, consequences of, and alternatives to the rule?  Yes  No							
3. In consideration of the alternatives to this rule, was this rule determine the agency to be the least costly rule considered?				determined by	√ Yes ⊠	No 🗌			
	If an agency is proposing a more costly rule, please state the following:								
	(a) How the additional benefits of the more costly rule justify its additional cost;								
	(b)	(b) The reason for adoption of the more costly rule;							
	(c)	Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;						velfare, and	
	(d)	Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.						o, please	
4.	If the purpose of this rule is to implement a federal rule or regulation, please state the following:							ng:	
	(a) What is the cost to implement the federal rule or regulation?								
Current Fisca		rent Fiscal Y	ear		Nex	t Fiscal Year			
General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)		eral Funds n Funds cial Revenue	\$0 \$0		Fede Cash Spec	eral Revenue ral Funds Funds ial Revenue r (Identify)	\$0 \$0		

Total	_\$0	Total	\$0		
(b) What is the ad	ditional cost of the state	e rule?			
Current Fiscal Y	ear	<u>Next Fiscal Year</u>			
General Revenue		General Revenue			
Federal Funds		Endand Founds			
Cash Funds		Cash Funds			
Special Revenue	-	Special Revenue			
Other (Identify)	***	Other (Identify)			
Total	- W-W	Total			
Current Fiscal Year  \$		Next Fiscal Y	<u> (ear</u>		
6. What is the total e rule? Is this the co	stimated cost by fiscal yost of the program or gra	vear to state, county, and municipal ant? Please explain how the govern	government to implement this ment is affected.		
Current Fiscal Year		Next Fiscal Y	<u>'ear</u>		
\$ \$0		\$ _\$0			
There is no budget im	pact, whether a physicia	in is present or not, does not affect r	eimbursement rates.		
or obligation of at private entity, priv	least one hundred thous	uestions #5 and #6 above, is there a and dollars (\$100,000) per year to a rnment, county government, munici 1?	private individual,		
		Yes 🗌 No 🖂			
time of filing the fi	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 t	he rule's basis and purp	oose;			
(2) the problem the a rule is require		ss with the proposed rule, including	a statement of whether		
(3) a description of	the factual evidence th	at:			

- (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;
- (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;
- (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;
- (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
- (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.

#### **Summary for Rural Health 4-15**

Effective January 1, 2016 in order to comply with federal regulation 42 CFR 491.8 it is no longer required at the Rural Health Clinic (RHC) for a physician to be present at least once in every two week period. This does not remove the requirement that a practitioner, whether a physician or non-physician, must be present at all times when the Rural Health Clinic operates.



## Division of Medical Services

**Program Development & Quality Assurance** 

P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437 501-320-6428 · Fax: 501-404-4619 TDD/TTY: 501-682-6789



TO:

Arkansas Medicaid Health Care Providers - Rural Health Clinic

DATE:

January 1, 2016

SUBJECT:

Provider Manual Update Transmittal RURLHLTH-4-15

**REMOVE** 

INSERT

Section

Date

Section

Date

213.000

10-13-03

213.000

1-1-16

#### **Explanation of Updates**

Section 213.000 is updated to eliminate the requirement for the physician to be present at least once in every two-week period.

The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you have questions regarding this transmittal, please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact the Program Development and Quality Assurance Unit at (501) 320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Stelle / TALL

Thank you for your participation in the Arkansas Medicaid Program.

Dawn Stehle

Director

#### TOC not required

#### 213.000 Staff Requirements and Responsibilities

1-1-16

- A. The RHC must have a health care staff that includes one or more physicians and one or more physician assistants or nurse practitioners. The physicians, physician assistants or nurse practitioners may be the owners of the RHC and/or under agreement with the RHC to carry out the responsibilities required.
- B. The staff may include ancillary personnel who are supervised by the professional staff.
- C. A physician, physician assistant or nurse practitioner must be available to furnish patient care services at times the RHC operates. These staff must be available to furnish patient care services at least 50% of the time the RHC operates.
- D. The physician must provide medical direction for the RHC activities and consultation for the medical supervision of the health care staff. The physician also must participate in developing, executing and periodically reviewing policies, services, patient records and must provide medical orders and medical care services to patients of the RHC.
- E. The physician assistant and nurse practitioner, as members of the RHC staff, must participate in the development, execution and periodic review of the written policies governing the services the RHC furnishes and participate with the physician in a periodic review of patients' health records.
- F. The physician assistant or nurse practitioner must perform the following functions, to the extent they are not being performed by a physician:
  - 1. Provide services in accordance with RHC policies;
  - 2. Arrange for or refer patient for services that cannot be provided by the RHC; and
  - 3. Assure adequate patient health records are maintained and transferred as required when patients are referred.



Mark up

TOC not required

213.000

Staff Requirements and Responsibilities

<del>10-13-03<u>1-</u></del> 1-16

- A. The RHC must have a health care staff that includes one or more physicians and one or more physician assistants or nurse practitioners. The physicians, physician assistants or nurse practitioners may be the owners of the RHC and/or under agreement with the RHC to carry out the responsibilities required.
- B. The staff may include ancillary personnel who are supervised by the professional staff.
- C. A physician, physician assistant or nurse practitioner must be available to furnish patient care services at times the RHC operates. These staff must be available to furnish patient care services at least 50% of the time the RHC operates.
- D. The physician must provide medical direction for the RHC activities and consultation for the medical supervision of the health care staff. The physician also must participate in developing, executing and periodically reviewing policies, services, patient records and must provide medical orders and medical care services to patients of the RHC.
- E. The physician must be present at least once in every two week period (except in extraordinary circumstances) to provide medical direction and must be available through direct telecommunications for consultation assistance for medical emergencies or patient referral. Extraordinary circumstances must be documented in the records of the RHC.
- FE. The physician assistant and nurse practitioner, as members of the RHC staff, must participate in the development, execution and periodic review of the written policies governing the services the RHC furnishes and participate with the physician in a periodic review of patients' health records.
- GF. The physician assistant or nurse practitioner must perform the following functions, to the extent they are not being performed by a physician:
  - 1. Provide services in accordance with RHC policies;
  - 2. Arrange for or refer patient for services that cannot be provided by the RHC; and
  - Assure adequate patient health records are maintained and transferred as required when patients are referred.