EXHIBIT L

DEPARTMENT OF HUMAN SERVICES, MEDICAL SERVICES

SUBJECT: State Plan Amendment #2015-010 and OMIG Updates

<u>DESCRIPTION</u>: Effective January 1, 2016, in compliance with Act 1499 of 2013, Arkansas Medicaid will be moving the Office of Integrity under the directive of the Office of the Medicaid Inspector General. The purpose of the rule is to change the name of the program.

<u>PUBLIC COMMENT</u>: No public hearing was held. The public comment period expired on October 27, 2015. The Department received no comments.

The proposed effective date is pending legislative approval.

CONTROVERSY: This is not expected to be controversial.

FINANCIAL IMPACT: There is no financial impact.

LEGAL AUTHORIZATION: This rule implements Act 1499 of 2013. The Act establishes that the Program Integrity shall be changed to the Office of the Medicaid Inspector General.

Arkansas Code Annotated § 20-76-201 (12) gives the Department the general authority to "make rules and regulations and take actions as are necessary or desirable to carry out the provisions of this chapter and that are not inconsistent therewith."

			•				
			-				
•							
•							
				•			
	•						
					•		
				* 4			
		•					
•							
						•	

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

D	EPARTMENT/AGENCY	_Department of Human Services_						
D	IVISION	Division of Medical Services						
DIVISION DIRECTOR		Dawn Stehle						
C	ONTACT PERSON	Camille Johnson						
A]	DDRESS	PO Box 1437, Slot S295, Little Rock, AR 72203						
ΡJ	HONE NO. 501-320-6	5466 FAX NO. 501-404-4619 E-MAIL	camille.johnson@ dhs.arkansas.gov					
N.	AME OF PRESENTER A	T COMMITTEE MEETING Tami Harlan						
PI	RESENTER E-MAIL <u>t</u> a	ami.harlan@dhs.arkansas.gov						
B. C. D.	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 One Capitol Mall, 5 th Floor Little Rock, AR 72201							

		nis rule? State Plan Amendment #2015-010 and Ma To change the name from Program						
2.	What is the subject of the p	proposed rule? the Medicaid Inspector General						
3.	Is this rule required to com	aply with a federal statute, rule, or regulation?	Yes 🛛 No 🗌					
	If yes, please provide the fe	ederal rule, regulation, and/or statute citation.	Act 1499					
4.	Procedure Act?		Yes 🗌 No 🖂					
	If yes, what is the effective	e 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 No
5.	Is this a new rule? Yes \(\sum \) No \(\sum \) If yes, please provide a brief summary explaining the regulation
	Does this repeal an existing rule? Yes 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 In 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>
cha	What is the purpose of this proposed rule? Why is it necessary? The purpose of the proposed rule is to ange the name from Program Integrity to Office of the Medicaid Inspector General. The proposed rule necessary to comply with Act 1499.
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 No If yes, please complete the following: Date: Time: Place:
	When does the public comment period expire for permanent promulgation? (Must provide a date.)
	What is the proposed effective date of this proposed rule? (Must provide a date.) nuary 1, 2016
12.	Do you expect this rule to be controversial? Yes No No 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.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DIVISION				Human Services				
				edical Services				
				TATEMENT Brian Jones	 -			
TE	LEPI	HONE NO.	501-537-2064	FAX NO. <u>501-682-3889</u> EMAIL: <u>Br</u>	ian.Jones@dh	s.arkansas.gov		
To Sta	com ateme	ply with Ark nt and file tv	. Code Ann. § 2 vo copies with t	5-15-204(e), please complete the follow he questionnaire and proposed rules.	ving Financial	Impact		
SI	IORT	TITLE OF	THIS RULE	State Plan Amendment #2015-010; A 2-14; Episode 6-14; INCHOICE 2-14 14; Physician 2-14; SATS 2-14; Thera 14; Visual 2-14; Section 1 5-14 and S	; PACE 1-14; apy 4-14; Trar	Pharmacy 4-		
1.	Doe	s this propos	ed, amended, or	repealed rule have a financial impact?	Yes	No 🖂		
2.	econ	the rule based on the best reasonably obtainable scientific, technical, conomic, or other evidence and information available concerning the sed for, consequences of, and alternatives to the rule? Yes No						
3.	In co by th	onsideration ne agency to	of the alternativ be the least cost	es to this rule, was this rule determined tly rule considered?	Yes 🔀	No 🗌		
	If an	an agency is proposing a more costly rule, please state the following:						
(a) How the additional benefits of the more costly rule just			s of the more costly rule justify its addit	ional cost;				
	(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;						
	(d)	Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.						
4.	If the	he purpose of this rule is to implement a federal rule or regulation, please state the following:						
	(a)	What is the cost to implement the federal rule or regulation?						
	<u>Cur</u>	Current Fiscal Year		Next Fiscal Year				
	Fed Cas Spe	eral Revenueral Funds h Funds cial Revenue er (Identify)	4	General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)				

Total		Total		
(b) What is the ad	lditional cost of the	state rule?		
Current Fiscal Y	⁷ ear	Next Fiscal Year		
General Revenue Federal Funds Cash Funds Special Revenue	\$0 \$0		\$0 \$0	
Other (Identify)		Other (Identify)		
Total	\$0	Total	\$0	
they are affected. Current Fiscal Year		Identify the entity(ies) subject to the property in the proper		
6. What is the total e rule? Is this the coCurrent Fiscal Year\$ \$0	stimated cost by fis ost of the program o	scal year to state, county, and municipal or grant? Please explain how the govern	nment is affected.	
This is a name change	only those is no him	\$ <u>\$0</u>		
7. With respect to the or obligation of at private entity, priv	e agency's answers least one hundred t	to Questions #5 and #6 above, is there housand dollars (\$100,000) per year to government, munic	a private individual.	
		Yes 🗌 No 🔀		
time of filing the fi	f 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	the rule's basis and	purpose;		
(2) the problem the a rule is require	e agency seeks to ac ed by statute;	ddress with the proposed rule, including	g a statement of whether	
(3) a description of	f the factual evidence	ce 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;
- (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.