### EXHIBIT E

### **DEPARTMENT OF HUMAN SERVICES, MEDICAL SERVICES**

**SUBJECT:** Therapy 3-15

**<u>DESCRIPTION</u>**: Effective January 1, 2016, the Occupational, Physical and Speech Therapy Services Manual will be updated to include the Breighton Scale of Joint Mobility test, Test of Expressive Language, Test for Auditory Comprehension of Language, and the Woodcock-Johnson Test Cognitive Ability, 4<sup>th</sup> Edition. This rule is necessary to ensure that the list of accepted tests provide accurate diagnosis of the Medicaid beneficiary.

**PUBLIC COMMENT:** No public hearing was held. The public comment period expired on November 13, 2015. The Department received no comments. A second public comment period was implemented and expired on March 29, 2016 with no comments received.

The proposed effective date is pending legislative approval.

**CONTROVERSY:** This is not expected to be controversial.

**FINANCIAL IMPACT:** There is no financial impact. These additional diagnostic tools have been added to the provider manual to assess cognitive development. There is no state cost or billing mechanism related to these tools.

#### **LEGAL AUTHORIZATION:**

The Department has general rule making authority pursuant to Ark. Code Ann. § 20-76-201 (12), stating that he Department has the authority to make necessary rules and regulations to administer its various programs.

## EXHIBIT E

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

DEPARTMENT/AGENCY	ARTMENT/AGENCY Department of Human Services					
DIVISION	Division of Medical Services					
DIVISION DIRECTOR	Dawn Stehle					
CONTACT PERSON ADDRESS	Cathy Coffman PO Box 1437, Slo Rock, AR 72203	•				
PHONE NO. 501-537-16 NAME OF PRESENTER ATMEETING		501-404- 4619 Tami	E- MAIL Harlan	Cathy.cof	fman@dhs.arl	cansas.gov
PRESENTER E-MAIL tan	ni.harlan@dhs.arka	ansas.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 One Capitol Mall, 5th Floor						
********	******	******	*****	******	******	<b>**</b>
1. What is the short title of the rule?	is Therapy 3-1	.5				<del>.</del>
2. What is the subject of the prule?	Expre Langu proposed Edition	de the Breighto ssive Languago age and the W in to approved finition of supp	e, the Test oodcock-J therapy tes	for Auditor Tohnson Testing tools.	ry Comprehen st Cognitive A Provide clarifi	sion of bility 4 <sup>th</sup>
3. Is this rule required to compregulation?	ply with a federal s	statute, rule, or	Y	es 🗌	No 🛚	
If yes, please provide the federal rule, regulation, and/or statute citation.						

	Was this rule filed under the emergency provision Administrative Procedure Act? If yes, what is the effective date of the emergency le?	s of the		Yes 🗔	No 🖾
ex	When does the emergency rule pire?				
	Will this emergency rule be promulgated under the provisions of the Administrative Procedure Act?	e permane	ent	Yes 🗌	No 🛛
5.	Is this a new rule? Yes ☐ No ☒				
	If yes, please provide a brief summary explaining	the regula	tion.		
	Does this repeal an existing rule? Yes No If yes, a copy of the repealed rule is to be included replaced with a new rule, please provide a summar does.	with youry of the r	r compl ule givi	eted question ng an explana	naire. If it is being ation of what the rule
rule	Is this an amendment to an existing ? Yes  If yes, please attach a mark-up showing the change changes. Note:	No [] es in the e	xisting:	rule and a sur	nmary of the substantive
6.	Cite the state law that grants the authority for this production. Arkansas Statute 20-76-201	proposed	rule? If	codified, plea	ase give the Arkansas
	What is the purpose of this proposed rule? The accepted tests used by Occupational, Physical and S vide clarification to the definition of supplemental to	Speech Th	erapists	proposed rule are current a	is to ensure that the list nd up to date and to
8.	Please provide the address where this rule is public required by Arkansas Code § 25-19-108(b). <a href="https://www.medicaid.state.ar.us/InternetSolution/g">https://www.medicaid.state.ar.us/InternetSolution/g</a>	•			
9. rule	Will a public hearing be held on this proposed ?	Yes 🔲	No 🖂		
	If yes, please complete the following:				
	Date:				
	Time:				
	Place:				
10.	When does the public comment period expire for p	ermanent	promul	gation? (Mus	t provide a date.)
	arch 29, 2016		-	·	•

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

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 are not known at this time.

## FINANCIAL IMPACT STATEMENT

## PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services							
DIVISION Division of Medical Services							
PE	RSON	N COMPLE	TING THIS S	TATEMENT Bria	n Jones		
TE	LEPH	HONE NO.	501-537-2064	FAX NO. 501-40	4-4619 EMAIL: Lyn	n.burton@dh	s.arkansas.gov
To Sta	comp atemer	oly with Ark.	Code Ann. § 2 o copies with the	5-15-204(e), pleas he questionnaire ar	e complete the follow nd proposed rules.	ing Financial	Impact
	IORT JLE	TITLE OF	THIS	Therapy 3-15			
1.	Does	this propose	ed, amended, or	repealed rule have	e a financial impact?	Yes 🗌	No 🖂
2.	<ol> <li>Is the 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?</li> <li>Yes   No [</li> </ol>					No 🗌	
3. In consideration of the alternatives to this rule, was the by the agency to be the least costly rule considered?				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)	c) Whether the more costly rule is based on the interests of public health, safety, or welfare, an if so, please explain; and;					welfare, and
	(d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.					f so, please	
4.	If the	purpose of th	nis rule is to imp	lement a federal rul	e or regulation, please	state the follo	wing:
	(a)	What is the	cost to impleme	ent the federal rule	or regulation?		
	<u>Cur</u>	rent Fiscal	<u>Year</u>	·	Next Fiscal Year		
	Gen Reve		\$0		General Revenue	\$0	
	Fede Cash Spec	eral Funds I Funds Sial Revenue Or (Identify)			Federal Funds Cash Funds Special Revenue Other (Identify)		

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(b) What is the additional cost of the s	tate rule?
Current Fiscal Year	Next Fiscal Year
General Revenue	General Revenue
Federal Funds	Federal Funds
Cash Funds	Cash Funds
Special Revenue Other (Identify)	
Other (identity)	Other (Identity)
Total	Total
they are affected.  Current Fiscal Year  \$	Next Fiscal Year  \$
	fiscal year to state, county, and municipal government to implement grant? Please explain how the government is affected.
Current Fiscal Year	Next Fiscal Year
\$ 0	\$ 0
These additional diagnostic tools have been	n added to the provider manual to assess cognitive
development. There is no cost or billing m	echanism related to these tools to the State.
or obligation of at least one hundred the	Questions #5 and #6 above, is there a new or increased cost ousand dollars (\$100,000) per year to a private individual, overnment, county government, municipal government, or to ned?
	Yes No 🖂
time of filing the financial impact states	Code Ann. § 25-15-204(e)(4) to file written findings at the ment. The written findings shall be filed simultaneously shall include, without limitation, the following:
(1) a statement of the rule's basis and p	urpose;
(2) the problem the agency seeks to add a rule is required by statute;	lress with the proposed rule, including a statement of whether

- (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;
- (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 Therapy**

Due to previous public comments the Occupational, Physical and Speech Therapy Services Manual will be updated to clarify the definition of supplemental testing. This clarification is effective May 1, 2016