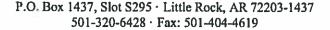


Division of Medical Services

Program Development & Quality Assurance





October 14, 2016

Ms. Donna K. Davis, Senior Legislative Analyst Subcommittee on Administrative Rules and Regulations Arkansas Legislative Council Bureau of Legislative Research #1 Capitol, 5th Floor Little Rock, AR 72201

RECEIVED
OCT 14 2016

BUREAU OF LEGISLATIVE RESEARCH

Dear Ms. Davis:

Re: Rehabilitative Services for Persons with Mental Illness (RSPMI) Rate Reduction

Attached are:

- Two copies of the Questionnaire For Filing Proposed Rules and Regulations
- Two copies of the Financial Impact Statement
- Two copies of the policy summary
- Two copies of the mark-up rule
- Two copies of revised rule

aso Stable / TAH

The Department of Human Services is reducing the payment amount per unit for procedure code 90853 from \$13.80 to \$10.00.

Please arrange for the rule to be reviewed by the ALC-Administrative Rules and Regulations Subcommittee. If you have any questions or need additional information, please contact Becky Murphy, Policy Development Coordinator, Division of Medical Services, Program Development and Quality Assurance at 501-320-6429 or emailing becky.murphy@dhs.arkansas.gov.

Sincerely,

Dawn Stehle Director

DS:bm

Attachments

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

DE	EPARTMENT/AGENCY	Department of Human Services EC	EIVED								
DI	VISION	Division of Medical Services 007 1 4 2016									
DI	VISION DIRECTOR	Dawn Stehle									
CC	ONTACT PERSON	Seth Blomeley PO Box 1437, Slot S295, Little GISLA Rock, AR 72203	TIVE RESEARCH								
ΑI	DDRESS	Rock, AR 72203									
PE	IONE NO. 501-320-64	25 FAX NO. 501-404-4619	seth.blomeley@ dhs.arkansas.gov								
NA	AME OF PRESENTER AT	COMMITTEE MEETING Tami Ha	rlan								
PR	RESENTER E-MAIL ta	mi.harlan@dhs.arkansas.gov									
	46	INSTRUCTIONS									
B. C.	A. Please make copies of this form for future use. 3. 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										
1.	What is the short title of th		ons with Mental Illness (RSPMI)								
2.	What is the subject of the p		nount per unit for procedure code 0.00								
3.	•	ply with a federal statute, rule, or regulation deral rule, regulation, and/or statute citati									
4.	Procedure Act?	e emergency provisions of the Administrated date of the emergency rule?	ative Yes ☐ No ⊠								

	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 No No If yes, please provide a brief summary explaining the regulation.
	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>
<u>be</u>	What is the purpose of this proposed rule? Why is it necessary? The purpose of the proposed rule is to more consistent with other state billing and payment levels within our zone. The proposed rule is cessary to prevent fraud, waste and abuse.
	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). ps://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: October 6, 2016
	Time: 4:30 PM Central Arkansas Library East Room 100 Rock Street Place: Little Rock, AR 72201
	. When does the public comment period expire for permanent promulgation? (Must provide a date.) ctober 14, 2016
	. What is the proposed effective date of this proposed rule? (Must provide a date.) ecember 1, 2016
_	

12. Do you expect this rule				
	It is likely individual	providers will	identify them	as possible barriers to
If yes, please explain.	treatment.			

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.

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FINANCIAL IMPACT STATEMENT

OCT 14 2016

PLEASE ANSWER ALL QUESTIONS COMPLETELY

BUREAU OF LEGISLATIVE RESEARCH DEPARTMENT Department of Human Services DIVISION Division of Medical Services PERSON COMPLETING THIS STATEMENT Lynn Burton **TELEPHONE NO.** 501-682-1857 **FAX NO.** 501-404-4619 **EMAIL:** lynn.burton@dhs.arkansas.gov To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules. SHORT TITLE OF THIS RULE RSPMI Rate Reduction 1. Does this proposed, amended, or repealed rule have a financial impact? Yes X No \square 2. 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? 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 agency is proposing a more costly rule, please state the following: How the additional benefits of the more costly rule justify its additional cost; The reason for adoption of the more costly rule: (b) Whether the more costly rule is based on the interests of public health, safety, or welfare, and (c) 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 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? **Current Fiscal Year** Next Fiscal Year General Revenue General Revenue Federal Funds Federal Funds Cash Funds Cash Funds Special Revenue Special Revenue

Other (Identify)

Other (Identify)

Total		Τ	otal	
(b) What is the ac	ditional cost of the state rule?			
Current Fiscal Y	<u>'ear</u>	<u>Next I</u>	iscal Year	1.40
General Revenue Federal Funds Cash Funds Special Revenue Other (Identify)	(\$2,393,705) (\$5,524,605)	Federa Cash I Specia	al Revenue al Funds Funds al Revenue (Identify)	(\$3,993,771) (\$9,581,251)
Total	(\$7,918,310)	Total		(\$13,575,022)
proposed, amended they are affected. Current Fiscal Year	stimated cost by fiscal year to any pr d, or repealed rule? Identify the enti	ty(ies) su	bject to the p	proposed rule and explain how
\$	is.		\$	
rule? Is this the c Current Fiscal Year \$ (\$2,393,705)	estimated cost by fiscal year to state, ost of the program or grant? Please	explain h	ow the gove Next Fiscal \$ (\$3,993	rnment is affected. l Year
The amounts shown i	n this rule change are not additional nancial impact for RSPMI 1-16.	savings.		
7. With respect to the or obligation of a private entity, pri	te agency's answers to Questions #5 t least one hundred thousand dollars vate business, state government, cou f those entities combined?	(\$100,00	0) per year to	o a private individual,
	•	Yes 🗌	No 🛛	
time of filing the	y is required by Ark. Code Ann. § 2 financial impact statement. The wri impact statement and shall include,	tten findi	ngs shall be	filed simultaneously
(1) a statement of	the rule's basis and purpose;			
•	ne agency seeks to address with the pred by statute;	proposed	rule, includi	ng 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 Rehabilitative Services for Persons with Mental Illness Rate Reduction

The purpose of this proposed rule is to reduce the payment amount per unit for procedure code 90853 from \$13.80 to \$10.00.

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OCT 1.4 2016

BUREAU OF LEGISLATIVE RESEARCH

ARKANSAS MEDICAID RSPMI FEE SCHEDULE

Procedure Code	Type of Service	Mod 1	Mod 2	Mod 3	Mod 4	Plan Code	Maximum Medicaid Allowed Amt
36415	9	00	00	00	00	277.	\$3.0
90791	9	U1	00	00	00	ZZZ	\$28,8
90791	V	U7	00	00	00	ZZZ	\$28,8
90792	9	U1	00	00	00	ZZZ	\$120,0
90792	9	U2	00	00	00	ZZZ	\$120.0
90792	V	U1	U7	00	00	ZZZ	\$120.0
90792	V	U7	00	00	00	ZZZ	\$120.0
90846	9	U3	00	00	00	ZZZ	\$27,3
90846	R	00	00	00	00	ZZZ	\$27.3
90846	V	Ų7	00	00	00	ZZZ	\$27.3
90847	9	U3	00	00	00	ZZZ	\$27.3
90847	R	00	00	00	00	ZZZ	\$27.3
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90885	9	U1	00	00	00	ZZZ	\$28.8
90885	9	U2	00	00	00	ZZZ	\$28.8
90887	9	00	00	00	00	ZZZ 🛅	DEGENVED \$27.3
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90887	V	U3	U7	00	00	ZZZ	007 14 2016 \$18.0 \$28.8
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92508	9	ŲB	00	00	00	ZZZ	\$4.7
92521	9	UA	00	00	00	AR1	\$49.4
92521	9	UA	00	00	00	ZZZ	\$49.4
92522	9	UA	00	00	00	AR1	\$49.4
92522	9	UA	00	00	00	ZZZ	\$49.4
92523	9	UA	00	00	00	AR1	\$49.4
92523	9	UA	00	00	00	ZZZ	\$49.4
92524	9	UA	00	00	00	AR1	\$49.4
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\$22	222	00	00	00	SA	9	99212
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\$27	ZZZ	00	00	00	UB	R	99212
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\$141.	727	00	00	00	00	1	99231
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\$50.	ZZZ	00	00	00	00	1	99233
\$68.	ZZZ	00	00	00	00	1	
\$68.	ZZZ	00	00	00	00	1	99234
\$92.	ZZZ	00	00	00	00	113	99235
\$116.	ZZZ	00	00	00	00	1	99236
\$52	777	00	00	00	00	1	99238
\$53.	222	00	00	00	00	1	99251
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\$27.	ZZZ	00	00	00	00	9	H2011
\$18.	ZZZ	00	00	00	U5	9	H2011
\$27.	ZZZ	00	00	00	U6	9	H2011
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ARKANSAS MEDICAID RSPMI FEE SCHEDULE

Procedure Code	Type of Service	Mod 1	Mod 2	Mod 3	Mod 4	Plan Code	Maximum Medicaid Allowed Amt
36415	9	00	00	00	00	ZZZ	\$3.0
90791	9	U1	00	00	00	ZZZ	\$28.8
90791	the distribution of the contract of the contra	U7	00	00	00	ZZZ	\$28,8
90792	9	U1	00	00	00	ZZZ	\$120.0
90792	9	U2	00	00	00	ZZZ	\$120.0
90792	V standard of the standards of the stand	U1	U7	00	00	777.	\$120.0
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90846	R R	00	00	00	00	777	\$27.3
90846		U7	00	00	00	ZZZ	\$27.3
90847	9	U3	00	00	00	ZZZ	\$27.3
90847	R	00	00	00	00	ZZZ	\$27.3
90847	V	U7	00	00	00	ZZZ	\$27.3
90853	9	U1	00	00	00	ZZZ	\$13.8
90853	R P	00	00	00	00	ZZZ	\$43.80 <u>10.0</u>
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90885	9	U2	00	00	00	ZZZ	\$28.8
90887	g	00	00	00	00	ZZZ	\$27.3
90887	9	U2	00	00	00	ZZZ	\$28.8
90887	9	UB	00	00	00	ZZZ	\$18.0
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99203	9	UB	00	00	00	ZZZ	\$76.80
99204	9	SA	00	00	00	ZZZ	\$92.16
99204	9	UB	00	00	00	ZZZ	\$115.20
99212	9	SA	00	00	00	ZZZ	\$22.00
99212	9	UB	00	00	00	ZZZ	\$27.50
99212	R	SA	00	00	00	ZZZ	\$22.00
99212	R	UB	00	00	00	ZZZ	\$27.50
99213	9	SA	00	00	00	ZZZ	\$29.04
99213	9	UB	00	00	00	ZZZ	\$38.40
99213	R	SA	00	00	00	ZZZ	\$29.04
99213	R	UB	00	00	00	ZZZ	\$38.40
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99220	1	00	00	00	00	ZZZ	\$116.60
99221	1	00	00	00	00	777	\$64.90
99222	1	00	00	00	00	ZZZ	\$92.40
99223	1	00	00	00	00	ZZZ	\$141.90
99231	1	00	00	00	00	222	\$34.50
99232	1	00	00	00	00	272	\$50.60
99233	1	00	00	00	00	ZZZ	\$68.20
99234	1	00	00	00	00	ZZZ	\$68.71
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99251	1	00	00	00	00	ZZZ	\$53.00
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99253	1	00	00	00	00	ZZZ	\$98.56
99254	1	00	00	00	00	ZZZ	\$119.90
99255	1	00	00	00	00	ZZZ	\$123.20
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H2011	9	00	00	00	00	ZZZ	\$27.30
H2011	9	U5	00	00	00	ZZZ	\$18.00
H2011	9	U6	00	00	00	ZZZ	\$27.30
H2011	R	U1	00	00	00	ZZZ	\$18.00
H2011	R	U2	00	00	00	ZZZ	\$27.30
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H2015	R	U2	00	00	00	ZZZ	\$18.00
H2015	R	U6	00	00	00	ZZZ	\$27.30
H2015	V	U7	00	00	00	ZZZ	\$27.30
H2017	9	U1	00	00	00	ZZZ	\$2.40
H2017	R	00	00	00	00	ZZZ	\$2.40
T1502	9	00	00	00	00	ZZZ	\$2.40