

ARKANSAS REGISTER

Transmittal Sheet

Use only for **FINAL** and **EMERGENCY RULES**



Secretary of State

Mark Martin

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For Office

Use Only:

Effective Date _____ Code Number _____

Name of Agency Department of Human Services

Department Division of Medical Services

Contact Brian Jones E-mail brian.jones@dhs.arkansas.gov Phone 501-537-2064

Statutory Authority for Promulgating Rules Arkansas Code Annotated 20-76-201

Rule Title: Hospice 1-16

Intended Effective Date
(Check One)

☐ Emergency (ACA 25-15-204)

☒ 10 Days After Filing (ACA 25-15-204)

☐ Other _____
(Must be more than 10 days after filing date.)

Legal Notice Published

Final Date for Public Comment

Reviewed by Legislative Council

Adopted by State Agency

Date

12/01/2016

12/30/2016

06/16/2017

01/01/2017

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Thomas Herndon

thomas.herndon@dhs.arkansas.gov

Contact Person

E-mail Address

Date

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)



Signature

(501) 683-4997

Phone Number

dawn.stehle@dhs.arkansas.gov

E-mail Address

Director

Title

6/20/17

Date

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services
DIVISION Division of Medical Services
PERSON COMPLETING THIS STATEMENT Brian Jones
TELEPHONE NO. 501-537-2064 **FAX NO.** 501-682-3889 **EMAIL:** Brian.jones@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 Hospice 1-16

1. Does this proposed, amended, or repealed rule have a financial impact? Yes ☒ No ☐
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:

(a) How the additional benefits of the more costly rule justify its additional 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 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

General Revenue	<u>\$154,288</u>
Federal Funds	<u>\$363,804</u>
Cash Funds	<u> </u>
Special Revenue	<u> </u>
Other (Identify)	<u> </u>

Next Fiscal Year

General Revenue	<u>\$313,238</u>
Federal Funds	<u>\$722,945</u>
Cash Funds	<u> </u>
Special Revenue	<u> </u>
Other (Identify)	<u> </u>

Total \$512,092

Total \$1,036,183

(b) What is the additional cost of the state rule?

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____

6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

\$ \$154,288

Next Fiscal Year

\$ \$313,238

The State Plan requires that Medicaid Fee Schedule be updated to incorporate mandatory payment changes published by CMS.

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes ☒ No ☐

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; **To incorporate mandatory Medicaid fee schedule rates and requirements published by CMS as is required by our State Plan.**

- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute; **To incorporate mandatory Medicaid fee schedule rates and requirements published by CMS as is required by our State Plan.**
- (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; **To incorporate mandatory Medicaid fee schedule rates and requirements published by CMS as is required by our State Plan.**
- (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, The State must follow these requirements issued by CMS.**
- (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, The State must follow these requirements issued by CMS.**
- (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, The State must follow these requirements issued by CMS.**
- (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 State must follow these requirements issued by CMS. These rates are reviewed each year.**



Division of Medical Services
Program Development & Quality Assurance

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TO: Arkansas Medicaid Health Care Providers -- Hospice

EFFECTIVE DATE: January 1, 2016

SUBJECT: Provider Manual Update Transmittal HOSPICE-1-16

REMOVE

Section	Effective Date
240.110	12-1-07
250.210	1-25-10

INSERT

Section	Effective Date
240.110	1-1-16
250.210	1-1-16

Explanation of Updates

Section 240.110 is updated to add new billing policies to Routine Home Care.

Section 250.210 is updated to add new Hospice Revenue Codes.

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 Hewlett Packard Enterprise 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.

Thank you for your participation in the Arkansas Medicaid Program.

A handwritten signature in cursive script that reads "Dawn Stehle".

Dawn Stehle
Director

TOC not required**240.110 Routine Home Care 1-1-16**

- A. The Routine Home Care adjusted prospective rate is a daily rate.
- B. The Medicaid Program reimburses Hospice providers at the applicable Routine Home Care rate for each day of an authorized election period which is not reimbursed at the applicable prospective rate for another Hospice category of care.
- C. Routine Home Care includes core and supplemental services as detailed in the plan of care.
 - 1. Medicaid pays for Routine Home Care regardless of the amount (if less than eight hours in a calendar day), the frequency or the type of service provided on a given day, but only if on that day the Hospice provider is fulfilling the requirements of the beneficiary's authorized Hospice plan of care.
 - 2. Medicaid pays for Routine Home Care as described in subpart C.1 and in accordance with an authorized Hospice plan of care, for a nursing facility or ICF/IID resident who has elected Hospice home care in that setting.
 - 3. Medicaid pays the Hospice provider for Routine Home Care as described in subpart C.1 for a day of the election period during which a patient with an authorized Hospice plan of care receives outpatient services for conditions related or unrelated to his or her terminal illness.
 - 4. Effective January 01, 2016, Routine Home Care will have a higher base rate for the first 60 days of hospice care and a reduced base payment rate for days 61 and after. A beneficiary may choose to leave or change hospice providers or may be discharged from a provider's care; this is termed a "live discharge." If the beneficiary is readmitted or chooses to come back under care of any hospice provider within 60 days of discharge, or if a provider bills revenue code 0652 (continuous home care), the count of days for routine home care will continue from the last date used while under care and not start over.
 - 5. Effective January 01, 2016, a new Service Intensity Add-on (SIA) payment can be billed for a home visit by an RN or Clinical Social Worker during the last seven days of life. This is in addition to the Routine Home Care rate. Date of death must be present for the SIA payment to be paid.

250.210 Hospice Revenue Codes 1-1-16

The following revenue codes must be used to bill for the six categories of Medicaid Hospice care and for Hospice Nursing Facility or ICF/IID Room and Board.

Revenue Code	Description	Unit of Service
0651	Routine Home Care	1 Day
0652	Continuous Home Care	1 Hour
0655	Inpatient Respite Care	1 Day
0656	General Inpatient Care	1 Day
0658	Nursing Facility or ICF/IID Room and Board	1 Day

Revenue Code	Description	Unit of Service
0659	Home Style Facility	1 Day
G0155	Services of Clinical Social Workers	15 Min
G0299	Services of Registered Nurse	15 Min