

# ARKANSAS REGISTER

## Transmittal Sheet

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



Secretary of State

**Mark Martin**

500 Woodlane, Suite 026

Little Rock, Arkansas 72201-1094

(501) 682-5070

[www.sos.arkansas.gov](http://www.sos.arkansas.gov)



For Office

Use Only:

Effective Date \_\_\_\_\_ Code Number \_\_\_\_\_

Name of Agency Department of Human Services

Department Division of Medical Services

Contact Brad Nye E-mail brad.nye@dhs.arkansas.gov Phone 501-320-6306

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

Rule Title: Independent Assessment Manual

### 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

07/13/2017

08/11/2017

10/01/2017

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

**Becky Murphy**

becky.murphy@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) 371-2165

rose.naff@dhs.arkansas.gov

Phone Number

E-mail Address

Director

Title

Sept. 19, 2017

Date

# Arkansas Medicaid Independent Assessment for Beneficiaries with Behavioral Health and Developmental/Intellectual Disabilities Services Needs

## Section I: Assessment Overview

Arkansas will build upon the MnCHOICES comprehensive functional assessment developed by the State of Minnesota to customize an Independent Assessment and algorithms and tiering criteria used across two Arkansas Divisions: the Division of Behavioral Health Services (DBHS) and the Division of Developmental Disabilities Services (DDS). These two Divisions will use the MnCHOICES assessment and developmental screening tool, as well as the IT platform upon which they sit for eligibility determinations for long-term service and supports (LTSS), behavioral health services and developmental disabilities day treatment to support Arkansas' goal of consistency and efficiency in processes. This assessment provides compatibility across persons of all ages, abilities, and financial background, offering a person-centered, modular approach to support a streamlined, statewide strategy for determining eligibility for publicly funded LTSS and behavioral health services.

The MnCHOICES assessment will serve as the basis for an independent functional assessment and data collection tool across all populations and fulfills the Arkansas goal of implementing an assessment strategy and process across the two Divisions to support the creation of a sustainable, person-centered system that:

- 1) Improves the health of the population
- 2) Enhances the beneficiary experience of care, including quality, access and reliability
- 3) Uses limited resources more efficiently

The assessment focuses on individuals, not programs, gathering standardized information necessary to determine level of need and support individuals in making their own choices across a diversity of publicly-funded services. The tool will incorporate built-in algorithms customized for Arkansas that align individuals with program eligibility.

By implementing a single automated tool with supporting modules, Arkansas will realize efficiencies through reduced paperwork and avoidance of redundant data entry for individuals as they move across programs and services as they age, or as conditions change. The diverse and robust MnCHOICES assessment supports eligibility determination and support/care planning.

*The table below outlines the assessment instrument and supplemental forms by Division.*

Division of Behavioral Health Services	Division of Developmental Disabilities Services
<b>INSTRUMENT:</b> MnCHOICES	<b>INSTRUMENT:</b> MnCHOICES
Supplemental Form for Individuals under age 18	Supplemental Form for Individuals under age 18

	<b>DEVELOPMENTAL SCREENING TOOL:</b> Battelle Developmental Inventory™, 2nd Edition Normative Update or similar tool
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The following Domains comprise the MnCHOICES assessment:

Person Information	Sensory and Communication
Quality of Life	Safety and Self-Preservation
Activities of Daily Living (ADLs)	Employment, Volunteering and Training
Instrumental Activities of Daily Living (IADLs)	Housing and Environment
Health	Self-Direction
Psychosocial	Caregiver
Memory and Cognition	Assessor Conclusion

## Section II: Assessment Process

Both of the two Divisions: DBHS and DDS, will identify the individuals in need of an Independent Assessment and provide contact information to Optum. Physicians will refer children with identified developmental delays and diagnoses to Optum for a developmental screen. Optum schedulers will schedule the interviews/assessment or screen with the individual and/or any other necessary and/or desired parties (e.g. legal guardian, representative, or desired family member). Prior to conducting the interview, the assessor will review any and all available information shared by the State, providers, or individual/families in order to pre-populate the assessment with demographic and historical data.

The assessor will conduct the interview/assessment and enter the findings into the IT platform. Upon completion, the assessor will review any additional notes documented during the assessment to more accurately confirm responses and gather additional information made available by the State, providers and individuals/families before finalizing the assessment.

Once completed, the IT platform automatically calculates a Tier determination based upon the algorithms built into the platform. The assessor will share the Tier determination with the appropriate State Division. Optum will also transmit the independent assessment report to the appropriate State Division. Based upon the needs identified during the independent assessment, the appropriate State Division will authorize services within the tier determined.

The State or Designated Entity can then use all of the information in the MnCHOICES assessment to build a robust, person-centered plan outlining the desired and needed services based on the Tier recommendation of the individual's functional needs.

## Section III: Tiering Process

Each Division has developed and defined Division-specific Tiers of services to address needs of the beneficiary. The need for these services drives the algorithms built within the IT platform in support of the Tier determination. This will result in an objective and unbiased Tier determination based solely on the assessor's input of responses provided during the Independent Assessment. Below outlines each Division's tiers of services:

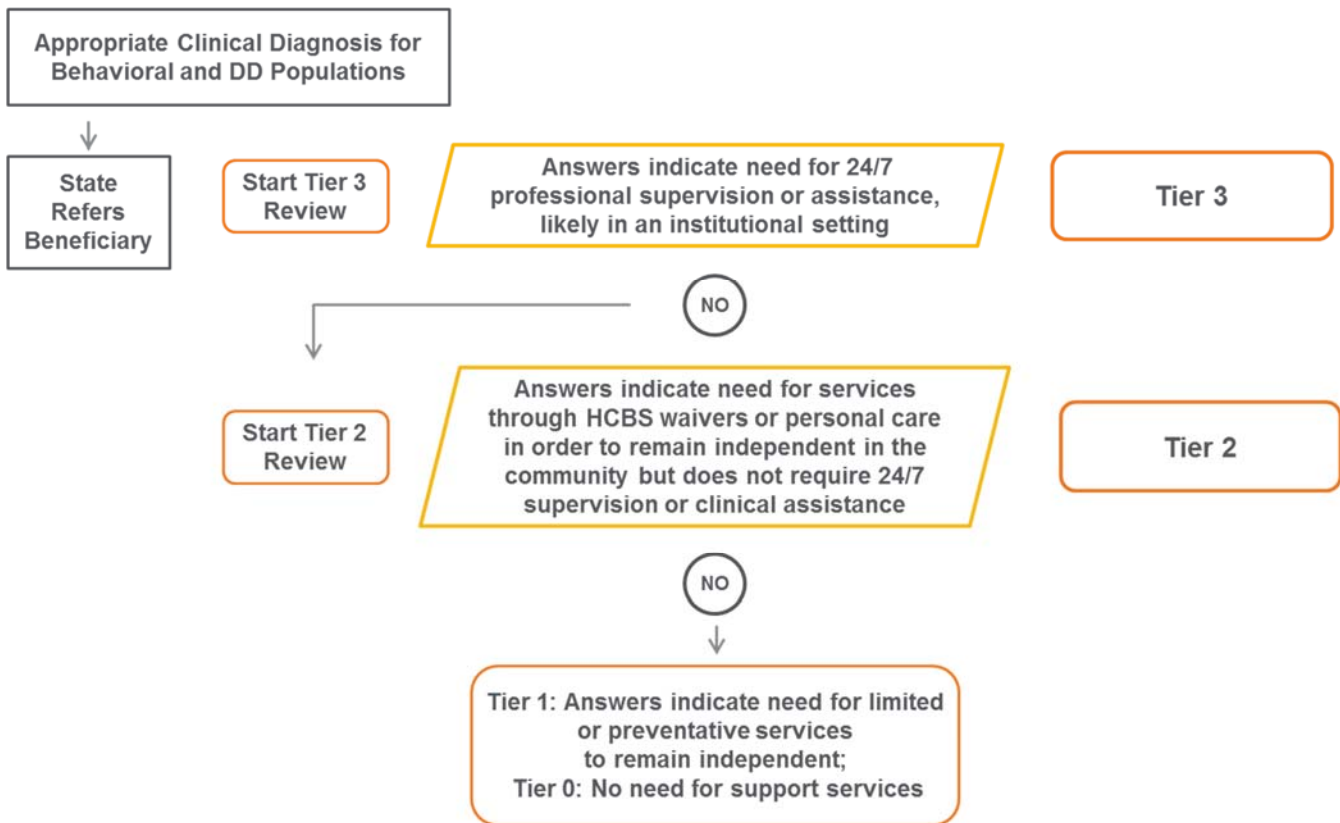
### Division of Behavioral Health Services

<b>Tier 1</b>	Time-limited behavioral health services provided by qualified licensed practitioners in an outpatient based setting for the purpose of assessing and treating mental health and/or substance abuse conditions. Tier 1 Services settings mean a behavioral health clinic/office, healthcare center, physician office, and/or school.
<b>Tier 2</b>	At this level of need, services are provided in a Tier 1 services setting but the level of need requires a broader array of services.
<b>Tier 3</b>	Eligibility for this level of need will be identified by additional criteria, which could lead to inpatient admission or residential placement.

### Division of Developmental Disabilities Services

<b>Tier 1</b>	Individual receives services in a center-based clinic such as Developmental Day Treatment Clinic Services (DDTCS) or Child Health Management Services (CHMS) or successor program or receives services such as personal care, occupational therapy, physical therapy or speech therapy due to th developmental disability or delay.
<b>Tier 2</b>	The individual meets the institutional level of care criteria but does not currently require 24 hours a day of paid support and services to maintain his or her current placement.
<b>Tier 3</b>	The individual meets the institutional level of care criteria and does require 24 hours a day of paid support and services to maintain his or her current placement.

## Example of Tiering Process



## Section IV: Assessor Qualifications

Trained and qualified assessors will administer the Arkansas assessment tool. Assessors will have the following qualifications:

<b>All Divisions</b>	<ul style="list-style-type: none"> <li>• At least one year experience working directly with the population with whom they will administer the assessment</li> <li>• Have the ability to request and verify information from individuals being assessed</li> <li>• Culturally sensitive to individuals assessed</li> <li>• Have the necessary knowledge, skills and abilities to successfully perform and manage Independent Assessments including organization, time management, ability to address difficult questions and problematic individuals, effective communication, and knowledge of adult learning strategies</li> <li>• Linguistically competent in the language of the individual being assessed or in American Sign Language or with the assistance of non-verbal forms of communication, including assistive technology and other auxiliary aids, as appropriate to the individual assessed or use the services of a telephonic interpreter service or other equivalent means to conduct assessments</li> </ul>
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	<ul style="list-style-type: none"> <li>• Verify the information received from the individual and the individual's family members, caregivers, and/or guardians by cross-referencing all available information</li> <li>• Assessors SHALL NOT be related by blood or marriage to the individual or to any paid caregiver of the individual, financially responsible for the individual empowered to make financial or health-related decision on behalf of the individual, and would not benefit financially from the provision of assessed needs.</li> </ul>
<b>DBHS</b>	Four-year Bachelor's degree or Registered Nurse, both with at least one year of mental health experience
<b>DDS</b>	Two years' experience with the I/DD population and meet the qualifications of a Qualified Developmental Disability Professional (QDDP)

More information on training – both initial and ongoing – for assessors is included in the Section V. of this document.

## Section V: Training

Assessors administering the Independent Assessment will receive classroom and instructional training, as well as hands on experience through role playing and case studies to become proficient in administering the Independent Assessment as well as use of the IT platform.

AR providers of services and DHS State staff will have available in-person group training, web-based training, and onsite coaching in the Independent Assessment System for those who have attended training and require follow-up assistance during the first year of the transition.

Assessors:

Assessors will receive the following training:

<b>Training Module</b>	<b>Description</b>
<b>Step 1: Foundations: Overview Foundations: Basics</b>	Training on AR LTSS programs and services MnCHOICES background and overview Battelle Inventory
<b>Step 2: Application</b>	Training and hands on experience to learn how to access and become proficient in using MnCHOICES in the following four areas: <ul style="list-style-type: none"> <li>- Access and Navigation</li> <li>- Content</li> <li>- Practice and Certification</li> <li>- Tiering</li> </ul>



**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT** Department of Human Services

**DIVISION** Division of Medical Services

**PERSON COMPLETING THIS STATEMENT** Janet Mann

**TELEPHONE** 501-682-1573 **FAX** \_\_\_\_\_ **EMAIL:** Janet.mann@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** Independent Assessment Manual

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>\$2,785,809</u>
Federal Funds	<u>\$6,777,559</u>
Cash Funds	_____
Special Revenue	_____
Other (Identify)	_____
Total	<u>\$9,563,368</u>

**Next Fiscal Year**

General Revenue	<u>\$ 3,714,412</u>
Federal Funds	<u>\$ 9,036,745</u>
Cash Funds	_____
Special Revenue	_____
Other (Identify)	_____
Total	<u>\$12,751,157</u>

**Current Fiscal Year**

General Revenue	\$2,785,809
Federal Funds	\$6,777,559
Cash Funds	
Special Revenue	
Other (Identify)	
Total	\$9,563,368

**Next Fiscal Year**

General Revenue	\$ 3,714,412
Federal Funds	\$ 9,036,745
Cash Funds	
Special Revenue	
Other (Identify)	
Total	\$12,751,157

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**\$ 9,563,368**Next Fiscal Year**\$ 12,751,158

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;  
The IA system will determine the level of needed services to implement Act 775, support the state's Home and Community Based Services (HCBS) waivers and avoid duplication of personal care services between the state plan services and waiver services. It is critical to implementation of the PASSEs and to help meet the savings goal of \$835 million for the Medicaid Transformation initiatives.
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;  
Federal law requires an IA for HCBS waivers. Act 775 requires an IA to identify the target populations for enrollment into the PASSEs.
- (3) a description of the factual evidence that:
  - (a) justifies the agency's need for the proposed rule;  
the role of and need for an IA system was included in the recommendations of The Stephen Group to the Legislative Task Force.



- (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;  
the cost of an IA system will offset by savings in Medicaid benefits.
- (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;  
the IA was procured through an RFP,
- (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;  
some providers opposed the use of an IA system. That alternative would forfeit Medicaid savings.
- (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;  
the existing system is not on a stable IT platform which produces inefficiencies in program management.
- (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.DHS will continue to monitor the cost and benefits to the IA system.