

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 Isaac Linam E-mail Isaac.Linam@dhs.arkansas.gov Phone 501-320-6570

Statutory Authority for Promulgating Rules Arkansas Code Annotated 20-33-213 and 20-38-101 et. seq.

Rule Title: Home Health-1-18

Intended Effective Date
(Check One)

☐ Emergency (ACA 25-15-204)

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

☒ Other January 1, 2019
(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

10/08/2018

11/06/2018

12/21/2018

01/01/2019

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

Toni Roy

toni.roy@dhs.arkansas.gov

12/21/2018

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]
Signature

Phone Number

E-mail Address

Director

Title

12/10/18
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 501-537-2064 **FAX** 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 Home Health-1-18

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 Does this proposed, amended, or repealed rule have a financial impact?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 | _____ |
| Federal Funds | _____ |
| Cash Funds | _____ |
| Special Revenue | _____ |
| Other (Identify) | _____ |
| Total | _____ |

Next Fiscal Year

| | |
|------------------|-------|
| General Revenue | _____ |
| Federal Funds | _____ |
| Cash Funds | _____ |
| Special Revenue | _____ |
| Other (Identify) | _____ |
| Total | _____ |

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

Current Fiscal Year

| | |
|------------------|-----|
| General Revenue | \$0 |
| Federal Funds | \$0 |
| Cash Funds | |
| Special Revenue | |
| Other (Identify) | |
| Total | \$0 |

Next Fiscal Year

| | |
|------------------|-----|
| General Revenue | \$0 |
| Federal Funds | \$0 |
| Cash Funds | |
| Special Revenue | |
| Other (Identify) | |
| Total | \$0 |

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

\$ 0

Next Fiscal Year

\$ 0

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

\$ \$0

Next Fiscal Year

\$ \$0

This clarification on background checks would be considered budget neutral and therefore has no financial impact.

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;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (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.



Division of Medical Services
Office of Policy Coordination & Promulgation

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TO: Arkansas Medicaid Health Care Providers -- Home Health

EFFECTIVE DATE: January 1, 2019

SUBJECT: Provider Manual Update Transmittal 201.000

REMOVE

| Section | Effective Date |
|---------|----------------|
| 201.000 | 1-1-18 |
| 216.600 | 10-13-03 |

INSERT

| Section | Effective Date |
|---------|----------------|
| 201.000 | 1-1-19 |
| 216.600 | 1-1-19 |

Explanation of Updates

Section 201.000 has been updated with information regarding criminal background and central registry checks.

Section 216.600 has been update to replace the "ElderChoices" verbiage with "ARChoices".

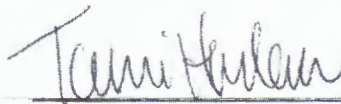
This update transmittal memorandum indicates which sections of your provider manual have been revised. Electronic versions of provider manuals available from the Arkansas Medicaid website have changes incorporated. See Section I for instructions on updating a paper copy of the manual.


If you have questions regarding this transmittal, please contact the 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 Office of Policy Coordination and Promulgation 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: <https://medicaid.mmis.arkansas.gov/Provider/Docs/Docs.aspx>.

Thank you for your participation in the Arkansas Medicaid Program.



Tami Harlan
Director 

200.000 HOME HEALTH GENERAL INFORMATION

201.000 Arkansas Medicaid Participation Requirements for Home Health Providers

1-1-19

Home Health providers must meet the Provider Participation and enrollment requirements contained within Section 140.000 of this manual as well as the following criteria to be eligible to participate in the Arkansas Medicaid Program:

- A. Only home health agencies licensed to operate in Arkansas may participate in the Arkansas Medicaid Home Health Program.
- B. A provider participating in the Arkansas Medicaid Home Health Program must be currently licensed by the Division of Health Facility Services, Arkansas Department of Health, as a Class A Home Health Agency.
- C. A provider participating in the Arkansas Medicaid Home Health Program must be currently certified by the Arkansas Home Health State Survey Agency as a participant in the Title XVIII (Medicare) Program.
- D. Providers participating in the Arkansas Medicaid Home Health Program must maintain documentation of current licensure and certification in their Medicaid provider enrollment files.
- E. The following individuals employed or contracted with a home health provider must comply with criminal background checks and central registry checks as required by law currently codified at Arkansas Code Annotated §§ 20-33-213 and 20-38-101 et seq.:
 1. Owners;
 2. Principals;
 3. Operators;
 4. Employees; and
 5. Applicants (prior to the extension of a job offer).

Central registry checks under this section must include the:

1. Child Maltreatment Central Registry;
2. Adult and Long-Term Care Facility Resident Maltreatment Central Registry; and
3. Certified Nursing Assistant/Employment Clearance Registry.

Enrolled providers must submit copies of license and certification renewals to the Provider Enrollment Unit, Division of Medical Services (DMS), within 30 days of the issuance of those documents. **[View or print Provider Enrollment Unit contact information.](#)**

216.600 Plan of Care Requirement for Participants in the Home and Community Based Waiver Programs

1-1-19

When developing plans of care for individuals who participate in home and community based services (HCBS) waiver programs, such as ARChoices in Homecare, providers must communicate with the registered nurse employed by the Department of Human Services (DHS RN) in charge of the case, in order to coordinate the home health plan of care and the HCBS plan of care. See Section I for additional information and requirements.