

NOTICE OF RULE MAKING

Pursuant to Department of Human Services policies and forms developed and revised, the Director of the Division of Behavioral Health Services hereby issues the following proposed use of forms to provide physician certification of adult with a serious mental illness and physician certification of children with serious emotional disturbance.

Effective June 1, 2005, these forms will be utilized by the Division of Behavioral Health Services (DBHS). This rule will be made a part of the Division of Behavioral Health Services Policy, and will be referenced in the Medicaid Rehabilitative Services for Persons with Mental Illness (RSPMI) manual.

The proposed Division of Behavioral Health Services Forms: Physician Certification of Adult With A Serious Mental Illness and Physician Certification of Children With Serious Emotional Disturbance are available for review at the Division of Behavioral Health Services, 3rd floor Administration Building, 4313 West Markham Street, Little Rock, Arkansas 72205. You may also access it on the DBHS website (www.state.ar.us/dhs/dbhs). All comments must be submitted in writing no later than May 15, 2005.

If you need this material in a different format, such as large print, contact our Americans with Disabilities Act Coordinator at 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin.

Anne Wells, Assistant Director
Division of Behavioral Health Services

Pat Dahlgren, Director
Division of Behavioral Health Services

Date: April 12, 2005

(FINAL FILING)

BUREAU OF LEGISLATIVE RESEARCH

**DEPARTMENT OF HUMAN SERVICES
DIVISION OF MEDICAL SERVICES
AMENDING ADMINISTRATIVE REGULATIONS**

NUMBER AND TITLE: Child and Adolescent Service System Program (CASSP) Authorization to Disclose Health Information Form

PROPOSED EFFECTIVE DATE: July, 2004

STATUTORY AUTHORITY:

NECESSITY AND FUNCTION:

The purpose of the proposed rule is to have a HIPAA compliant form to use in the CASSP Program for the purpose of determining eligibility for the CASSP process, to develop a Multi-Agency Plan of Service (MAPS), and monitor progress of services provided. .

In addition, the proposed rule will increase consistency in procedures necessary to fulfill the intent of the CASSP law.

PAGES FILED:

Division of Behavioral Health Services, Policy and Procedures for Child and Adolescent Service System Program (CASSP) Authorization to Disclose Information Form

Pat Dahlgren, Director
Division of Behavioral Health Services

Promulgation date: July, 2004

Contact Person: Anne Wells
4313 West Markham Street
Little Rock, AR 72205

(501) 686-9489

May 28, 2004

Ms. Donna Davis
Committee on Administrative Rules and Regulations
Arkansas Legislative Council
Room 315 State Capitol Building
Little Rock, AR 72201

Dear Ms. Davis:

Enclosed are two copies of the Questionnaire with the proposed rule regarding the following: Child and Adolescent Service System Program (CASSP) Authorization To Disclose Health Information Form.

If you have any questions or comments, please address them to Anne Wells, Division of Behavioral Health Services, 3rd Floor Administration Building, 4313 west Markham, Little Rock, AR 72205.

Sincerely,

Pat Dahlgren
Director

Enclosure

MEMORANDUM

TO: Interested Persons and Providers

FROM: Pat Dahlgren, Director
Division of Behavioral Health Services

DATE: May 24, 2004

SUBJ: Child and Adolescent Service System Program (CASSP) Authorization To Disclose Health Information Form to be used by the Division of Behavioral Health Services (DBHS) and Community Mental Health Centers

As a part of the Administrative Procedures Act process, and federal HIPAA rules, attached for your review and comment are proposed Division of Behavioral Health policy revisions.

If you have any comments, please submit those comments in writing, to the following address, no later than .

Anne Wells
Division of Behavioral Health Services
3rd Floor Administration Building
4313 West Markham Street
Little Rock, Arkansas 72205

The Division of Behavioral Health Services anticipates filing with the Arkansas Legislative Council on , and the Secretary of State, the Arkansas State Library and the Bureau of Legislative Research on .

MEMORANDUM

TO: Judy Besancon, Director, Risk Management
Office of Chief Counsel

FROM: Anne Wells
Division of Behavioral Health Services

DATE: May 24, 2004

SUBJ: APA Promulgation

Please review the attached APA packet on changes relating to the Child and Adolescent Service System Program (CASSP) Authorization To Disclose Health Information Form to be used by the Division of Behavioral Health Services and Community Mental Health Centers.

Please call me at 686-9489 or email: anne.wells@arkansas.gov, if you need further information concerning this packet.

Thank you.

Attachment