

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

DEPARTMENT/AGENCY Arkansas Health Services Permit Agency
DIVISION _____
DIVISION DIRECTOR Deborah Frazier
CONTACT PERSON Eric Tedford
ADDRESS 5800 W. 10th St, Suite 805
PHONE NO. 5016612509 **FAX NO.** 5016612399 **E-MAIL** eric.tedford@arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING Deborah Frazier
PRESENTER E-MAIL deborah.frazier@arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. 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
Room 315, State Capitol
Little Rock, AR 72201

1. What is the short title of this rule? 1) HSC Regulation 110M. PRTF Utilization Methodology

2. What is the subject of the proposed rule? 1) PRTF Utilization Methodology Addition

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes No
If yes, please provide the federal rule, regulation, and/or statute citation.

4. Was this rule filed under the emergency provisions of the Administrative Procedure Act? Yes No
If yes, what is the effective date of the emergency rule? _____

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

If yes, please provide a brief summary explaining the regulation.

Does this repeal an existing rule? Yes 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If yes, a copy of the repealed rule is to be included with your completed questionnaire.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

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 Arkansas Code citation.

Arkansas code annotated 20-8-103. This code gives us both the broad authority to promulgate rules and the specific authority for this regulation.

7. What is the purpose of this proposed rule? Why is it necessary?

1) This rule will create a utilization based methodology that will allow current PRTFs to potentially add up to seven PRTF beds every 24 months. This is to increase the number of PRTF beds in each of the six PRTF regions in Arkansas to allow more Arkansas residents to stay in-state, rather than going to out-of-state facilities.

8. 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).

www.arhspa.org

9. Will a public hearing be held on this proposed rule? Yes No

If yes, please complete the following:

Date: March 21, 2012

Time: 10:00

Place: ADEQ, 5301 North Shore Dr, North Little Rock, AR

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

February 21, 2012

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

April 01, 2012 or 10 days after it is filed as a final rule.

12. Do you expect this rule to be controversial? Yes No

If yes, please explain.

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.

Arkansas Assisted Living Association

Home Care Association of Arkansas

Arkansas Residential Assisted Living Association

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Arkansas Health Services Permit Agency

DIVISION _____

PERSON COMPLETING THIS STATEMENT Eric Tedford

TELEPHONE NO. 5016612501 **FAX NO.** 5016612399 **EMAIL:** eric.tedford@arkansas.gov

To comply with Act 1104 of 1995, please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE HSC Regulation 110M. PRTF Utilization Methodology

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

2. Does this proposed, amended, or repealed rule affect small businesses? Yes No
If yes, please attach a copy of the economic impact statement required to be filed with the Arkansas Economic Development Commission under Arkansas Code § 25-15-301 et seq.

3. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please give the incremental cost for implementing the rule. Please indicate if the cost provided is the cost of the program.

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 party subject to the proposed, amended, or repealed rule? Identify the party 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 the agency to implement this rule? Is this the cost of the program or grant? Please explain.

Current Fiscal Year

\$ \$0

Next Fiscal Year

\$ 0

Summary of Changes to the Rules

The addition to the Psychiatric Residential Treatment Facility utilization methodology will allow existing PRTFs, with a 90% or greater occupancy, to add up to seven beds in a 24 month period. This proposed rule is being submitted to decrease the number of Arkansas residents going to out-of-state PRTFs.

HSC Regulation 110M. Psychiatric Residential Treatment Facilities (PRTF) Bed Need Methodology (01/12)

DEFINITION: "Psychiatric residential treatment facility" means a residential child care facility in a non hospital setting that provides a structured, systematic, therapeutic program of treatment under the supervision of a physician licensed by the Arkansas State Medical Board who has experience in the practice of psychiatry, for children who are emotionally disturbed and in need of daily nursing services, physician's supervision, and residential care, but who are not in an acute phase of illness requiring the services of an inpatient psychiatric hospital. Act 2234 of 2005

I. Population Based Methodology

A. Projection Time Frame. Each July 1st bed need will be projected five years from the current year, i.e., July 1, 2012 projections will be made for the year 2017.

B. Service Area is by PRTF Area.

Area 1	Area 2	Area 3	Area 4	Area 5	Area 6
<i>Counties</i>	<i>Counties</i>	<i>Counties</i>	<i>Counties</i>	<i>Counties</i>	<i>Counties</i>
Benton	Clay	Saline	Clark	Arkansas	Mississippi
Carroll	Craighead	Pulaski	Garland	Cleveland	Poinsett
Madison	Greene	Lonoke	Hot Spring	Grant	Cross
Washington	Lawrence	Prairie	Montgomery	Jefferson	Crittenden
Crawford	Baxter	Pope	Pike	Lincoln	St. Francis
Franklin	Woodruff	Yell	Calhoun	Ashley	Lee
Logan	Randolph	Johnson	Columbia	Bradley	Phillips
Polk	Cleburne	Faulkner	Dallas	Chicot	Monroe
Scott	Fulton	Conway	Nevada	Desha	
Sebastian	Independence	Perry	Ouachita	Drew	
Searcy	Izard		Union		
Boone	Jackson		Hempstead		
Marion	Sharp		Howard		
Newton	Stone		Miller		
	Van Buren		Lafayette		
	White		Little River		
			Sevier		

C. Bed Need Formula.

1. 1.001 beds per 1000 persons age 6-17
0.78 beds per 1000 persons age 18-21
2. Before additional beds may be approved existing PRTFs must have averaged 80% occupancy for the previous calendar year.

D. Review Priorities. Applicants will be approved in the following ranked order:

1. Existing PRTFs that are transferring beds.
2. Existing PRTFs wishing to expand and replace an older facility.
3. Applicants for new PRTFs in sections of the State that are more than one and a half hours travel time from existing PRTFs.
3. Applicants for new PRTFs.

II. Utilization Methodology

In a twenty-four (24) month period, an existing licensed PRTF may add beds if the facility:

- Had a 90% or greater occupancy of Arkansas residents in the previous 24 months as reported on the PRTF survey to the Agency and verified by Department of Human Services (DHS) data.
- Is fully licensed with no pending POAs.
- Is fully licensed with no adverse action pending before its licensing authority.
- Documents the ability to adequately finance and staff the additional beds.
- Is located in a service area that has county residents leaving the state for treatment as reported by DHS.

Facilities meeting these requirements may apply to add up to 10% of the number of Arkansas residents leaving the state for PRTF treatment as reported by DHS or a maximum of 7 beds in a twenty four (24) month period.

III. Transfer of Beds

An existing PRTF may apply to transfer beds if the applicant:

- is fully licensed, is in good standing and has no pending adverse action before its licensing board
- and
- is transferring to an existing facility in which capacity is available and is fully licensed, is in good standing and has no pending adverse action before its licensing board
- and
- the number of transferred beds does not exceed the net need of beds for that area or the applicant submits rationale for the transfer that demonstrates that the transfer will (1) improve the quality and access to care for the region to which the beds are being transferred, (2) will meet and unmet need in the region and (3) will not significantly impact the quality of an care or access in the region from which the beds are being transferred.
- and
- submits an operation and finance plan that is economically feasible
- and
- documents ability to adequately staff the facility.

IV. Unfavorable Review

The Agency may consider an applicant's compliance and enforcement history, both in Arkansas and out of state, in determining whether to grant a Permit of Approval.

V. Moratorium

Beginning February 1, 2008, there will be a moratorium on the construction or addition of any additional PRTF beds beyond the current number of permitted and licensed beds for the State. Applications for additional beds will not be accepted during the moratorium, except for Utilization Methodology.

HSC Regulation 110M. Psychiatric Residential Treatment Facilities (PRTF) Bed Need Methodology (03/0701/12)

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Madison	Greene	Lonoke	Hot Spring	Grant	Cross
Washington	Lawrence	Prairie	Montgomery	Jefferson	Crittenden
Crawford	Baxter	Pope	Pike	Lincoln	St. Francis
Franklin	Woodruff	Yell	Calhoun	Ashley	Lee
Logan	Randolph	Johnson	Columbia	Bradley	Phillips
Polk	Cleburne	Faulkner	Dallas	Chicot	Monroe
Scott	Fulton	Conway	Nevada	Desha	
Sebastian	Independence	Perry	Ouachita	Drew	
Searcy	Lizard		Union		
Boone	Jackson		Hempstead		
Marion	Sharp		Howard		
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