

ARKANSAS REGISTER

Transmittal Sheet



Sharon Priest
Secretary of State
State Capitol Rm. 01
Little Rock, Arkansas 72201-1094

For Office Use Only: Effective Date 11/30/97 Code Number 049.00.97 -- 006

Name of Agency HEALTH SERVICES AGENCY

Department N/A

Contact Person ORSON BERRY or NANCY RICHARDSON DUNLAP Phone 661-2509

Statutory Authority for Promulgating Rules Act 593 of 1987, as amended

	Date
Intended Effective Date	Legal Notice Published <u>Sept. 27-29, 1997</u>
<input type="checkbox"/> Emergency	Final Date for Public Comment <u>10/28/97</u>
<input checked="" type="checkbox"/> 10 Days After Filing	Filed With Legislative Council <u>09/26/97</u>
<input type="checkbox"/> Other	Reviewed by Legislative Council <u>11/06/97</u>
	Adopted by State Agency <u>10/28/97</u>

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with Act 434 of 1967 As Amended.

[Signature]
Signature

661-2509
Phone Number

Director
Title

November 20, 1997
Date

BY
SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

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HEALTH SERVICES COMMISSION
NEW ADMINISTRATIVE REGULATION

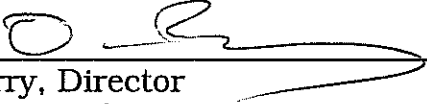
NUMBER AND TITLE: HSC Regulation 003. Moratorium on Hospice Services.

PROPOSED EFFECTIVE DATE: November 30, 1997

STATUTORY AUTHORITY: A.C.A. §§ 20-8-101 et seq. and Act 1360 of 1997

NECESSITY AND FUNCTION: This rule is necessary in order that the Health Services Commission may develop criteria for this new category of service prior to the actual acceptance of applications for hospice services for Permit of Approval review.

PAGES FILED: One (1)



Orson Berry, Director
Health Services Agency

Promulgation date: October 28, 1997

Contact Person: Nancy Richardson, Health Services Agency
Freeway Medical Tower
5800 West 10th Street, Suite 805
Little Rock, Arkansas 72204

Telephone: 661-2509

Original
Hospice

HSC Regulation No. 003. Moratorium on Hospice Services.

A Moratorium on the acceptance of Permit of Approval applications for hospice services to be in effect until a need methodology can be duly adopted..

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SHANNON PETERST
SECRETARY OF STATE
STATE OF ARKANSAS

BY _____

DEPARTMENT: HEALTH SERVICES COMMISSION
PERSON COMPLETING THIS STATEMENT: Nancy Richardson
TELEPHONE NO: (501) 661-2509 FAX NO. (501) 661-2399

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SHARON PRIEST
SECRETARY OF STATE
STATE OF ARKANSAS

FINANCIAL IMPACT STATEMENT

To comply with Act 884 of 1995, please complete the following Financial Impact Statement and file with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE: HSC REGULATION 003. Moratorium on new applications for hospice facilities and hospice agencies subject to Permit of Approval review.

Contact Person: Nancy Richardson
Health Services Agency
Freeway Medical Tower
5800 West 10th Street, Suite 805
Little Rock, Arkansas 72204
Telephone: 661-2509

1. Does this proposed, amended, or repealed rule or regulation have a financial impact?
Yes ____ No X
2. If you believe that the development of a financial impact statement is so speculative as to be cost prohibited, please explain.
3. If the purpose of this rule or regulation is to implement a federal rule or regulation, please give the incremental cost of implementing the regulation. N/A - not a federal rule or regulation.
4. What is the total estimated cost by fiscal year to any party subject to the proposed, amended, or repealed rule or regulation? None during the Moratorium; \$500 POA application fee after Moratorium.
5. What is the total estimated cost by fiscal year to the agency to implement this regulation? There will be notice costs; however, additional expenses will be covered with existing funds.