ARKANSAS REGISTER



Transmittal Sheet

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

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	Office Only: Effective Date \(\)	0197 Code Number <u>049. 00.97 007</u>	
Nar	me of Agency HEALTH SERVICE	·	
Dep	partment <u>N/A</u>		
Cor	ntact Personorson_berry	OR NANCY RICHARDSON DUNLAP Phone 661-2509	
		ting Rules Act 593 of 1987, as amended	
		Dat	ie
lr	ntended Effective Date	Legal Notice Published Sept. 27-	·29, 19
	Emergency	Final Date for Public Comment 0ct. 28,	1997
X	10 Days After Filing	Filed With Legislative Council 9/26/9	7
	Other	Reviewed by Legislative Council 11/06/9)7
		Adopted by State Agency <u>10/28/9</u>)7
	CERTIFICATION OF AUTHORIZED OFFICER		
	I Hereby Certify In Complianc	That The Attached Rules Were Adopted e with Act 434 of 1967 As Amended?	
		Signature Fig. 37 22 33 33 33 33 33 33 33 33 33 33 33 33	Control of the Contro
		661-2509 Phone Number Phone Number	Carrier of the Carrie
		Director Title	
		November 20,1997 Date	

HEALTH SERVICES COMMISSION NEW ADMINISTRATIVE REGULATION

NUMBER AND TITLE: HSC Regulation 004. Moratorium on new applications for Child Health Management Services (CHMS) subject to Permit of Approval review.

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 Child Health Management Services (CHMS) 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 CHMS HSC Regulation No. 004. Moratorium on Child Health Management Services (CHMS).

A Moratorium on the acceptance of Permit of Approval applications for the expansion or establishment of Child Health Management Services Clinics to be in effect until May 1, 1998.

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SEGRETARY OF STATE
STATE OF ARKANSAS

DEPARTMENT:

HEALTH SERVICES COMMISSION

PERSON COMPLETING THIS STATEMENT:

Nancy Richardson 20 PM 2: ||

TELEPHONE NO:

(501) 661-2509

FAX NO. (501) 661-2399 AROTH PRIEST SECRETARY OF STATE STATE OF ARKANSAS FINANCIAL IMPACT STATEMENT

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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 004. Moratorium on new applications for Child Health Management Services (CHMS) 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 filing fee after Moratorium.
- 5. What is the total estimated cost by fiscal year to the agency to implement this regulation? No additional funds. There will be notice costs; however, additional expenses will be covered with existing funds.