

ARKANSAS REGISTER

Transmittal Sheet



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

For Office Use Only: Effective Date 4/30/98 Code Number 049.00.98--001

Name of Agency HEALTH SERVICES AGENCY

Department N/A

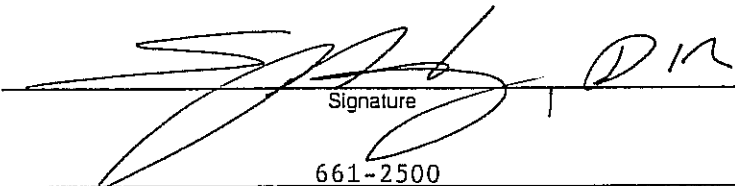
Contact Person Nancy Richardson or Spencer Honey Phone 661-2197

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

	Date
Intended Effective Date	Legal Notice Published
<input checked="" type="checkbox"/> Emergency	Final Date for Public Comment
<input type="checkbox"/> 10 Days After Filing	Filed With Legislative Council <u>4/30/98</u>
<input type="checkbox"/> Other	Reviewed by Legislative Council
	Adopted by State Agency <u>4/29/98</u>

CERTIFICATION OF AUTHORIZED OFFICER

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


Signature
661-2500
Phone Number

Director
Title

4/30/98
Date

FILED
AR. REGISTER DIV.
98 APR 30 11:11:18
STATE OF ARKANSAS

HSC Regulation No. 016 Policies and Procedures, Health Services Commission.
Emergency Rule.

Moratorium on the acceptance of Child Health Management Services (CHMS) application materials or the placing of CHMS applications under Permit of Approval (POA) review. For the time period commencing April 30, 1998 and ending August 27, 1998 (or 120 days) a Moratorium exists in order for the Health Services Commission to develop and adopt criteria prior to the acceptance of CHMS applications for POA review and to study the impact of such services on the Arkansas Medicaid Budget.

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2000
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

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 016PPE. 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 no notice costs; however, additional expenses will be covered with existing funds.

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