

EXHIBIT E

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

DEPARTMENT/AGENCY Department of Human Services

DIVISION Division of Medical Services

DIVISION DIRECTOR Andrew Allison, PhD

CONTACT PERSON Diana Braswell

ADDRESS P.O Box 1437, Slot S295, Little Rock, AR 72203

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NAME OF PRESENTER AT COMMITTEE MEETING Marilyn Strickland

PRESENTER E-MAIL marilyn.strickland@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?

DDS-ACS Increase Reserved Capacity

2. What is the subject of the proposed rule?

To amend the 1915(c) DDS-Alternative Community Services (ACS) waiver application to include the addition of 40 reserved capacity slots to the DDS-ACS 1915(c) HCBS waiver, for a total of 100 reserved capacity slots. The slots are reserved for children in the custody of the Department of Human Services, Division of Children and Family Services.

3. Is this rule required to comply with a federal statute, rule, or regulation? Yes ___ No X.
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 X.

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

Does this repeal an existing rule? Yes _____ No X If yes, a copy of the repealed rule is to be included with your completed questionnaire.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 X 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 Statute 20-76-201

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

The purpose of the proposed rule is to add 40 reserved capacity slots, for a total of 100 reserved capacity slots, to the DDS-ACS waiver for the use of children in DCFS custody who are individuals with development disabilities, determined by the Division of Developmental Disabilities to require an ICF/MR level of care, and who experience various health and social problems. It is necessary to increase the reserved capacity slots so the children can receive the services needed to live in the community, thereby preventing unnecessary institutionalization and reducing health costs.

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).

<https://www.medicaid.state.ar.us/InternetSolution/general/comment/comment.aspx>

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

If yes, please complete the following:

Date: July 17, 2013

Time: 1:00 P.M.

Place: Donaghey Plaza South, 700 East Main, Little Rock - Conference Room A

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

April 16, 2013

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

July 1, 2013

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

Medical associations, interested providers, and advocacy organizations. Their positions for or against is not known at this time.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT Dan Adams

TELEPHONE NO. 501-320-6499 FAX NO. 501-682-8873 EMAIL: dan.adams@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 – DDS-ACS Increased Reserved Capacity

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

2. Does this proposed, amended, or repealed rule affect small businesses?
Yes No x .

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.

Fiscal Year- 2014

General Revenue \$797,463
Federal Funds \$1,871,425
Cash Funds
Special Revenue
Other (Identify)
Total \$2,668,888

Next Fiscal Year- 2015

General Revenue \$833,969
Federal Funds \$1,921,130
Cash Funds
Special Revenue
Other (Identify)
Total \$2,755,099

NOTE: General Revenue (State share) will be provided to Division of Medical Services by Division of Children and Family Services through a MOU (agreement).

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

Next Fiscal Year

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

Next Fiscal Year

Summary for DDS Alternative Community Services Waiver

The number of reserved capacity slots in the DDS-ACS waiver will be increased from sixty (60) to one hundred (100) slots effective July 1, 2013. The reserved capacity slots are for the use of children with developmental disabilities who have been determined by DDS to require an ICF/MR level of care and who are in the custody of the Department of Human Services, Division of Children and Family Services. It is necessary to increase the reserved capacity slots so the children can receive the services needed to live in the community, thereby preventing unnecessary institutionalization and reducing health costs.