

EXHIBIT K

DEPARTMENT OF HUMAN SERVICES, MEDICAL SERVICES

SUBJECT: **Rehabilitative Services for Persons with Mental Illness (RSPMI) #3-15**

DESCRIPTION: Due to recent legislation, Act 161 of 2015 authorizing the selecting of a new outcomes measurement tool to support an improved system of tracking, accountability, and decision making, Youth Outcome Questionnaire language is removed from the Medicaid RSPMI Provider Manual.

PUBLIC COMMENT: No public hearing was held on this rule. The Public Comment period expired on September 1, 2015. The Department did not receive any public comments.

The proposed effective date is November 1, 2015.

CONTROVERSY: This is not expected to be controversial.

FINANCIAL IMPACT: This rule change has no fiscal impact because the rule eliminates an outcome measurement tool that will be replaced with another tool in accordance with Act 161 of 2015.

LEGAL AUTHORIZATION:

This rule enacts Act 161 OF 2015. Act 161 directs the Department to select a new outcomes measurement tool, the promulgation of this rule is necessary to enact this requirement.

Ark. Code Ann. § 20-76-201 authorizes the Department of Human Services to administer programs for the mentally ill and to "make rules and regulations" pertaining to the administration of those programs.

EXHIBIT K

**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 Dawn Stehle

CONTACT PERSON Evelyn Block

ADDRESS PO Box 1437, Slot S295, Little Rock, AR 72203

PHONE NO. 320-6430 **FAX NO.** 404-4619 **E-MAIL** evelyn.block@dhs.arkansas.gov

NAME OF PRESENTER AT COMMITTEE MEETING Tami Harlan

PRESENTER E-MAIL tami.harlan@dhs.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
One Capitol Mall, 5th Floor
Little Rock, AR 72201

1. What is the short title of this rule? Rehabilitative Services for Persons with Mental Illness (RSPMI) #3-15
2. What is the subject of the proposed rule? Youth Outcome Questionnaire language is being removed from the Medicaid RSPMI Provider Manual.
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. Act 161 of the 90th General Assembly
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 the Arkansas Code citation. Arkansas Statute 20-76-201

7. What is the purpose of this proposed rule? Why is it necessary? The proposed rule is to comply with Act 161 of the 90th General Assembly which authorized the selecting of a new outcome measurement tool to support an improved system of tracking, accountability, and decision making.

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 No
If yes, please complete the following:

Date: _____

Time: _____

Place: _____

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)
September 1, 2015

11. What is the proposed effective date of this proposed rule? (Must provide a date.)
November 1, 2015

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.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT Lynn Burton

TELEPHONE NO. 401-682-1857 **FAX NO.** 501-404-4619 **EMAIL:** lynn.burton@dhs.arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE RSPMI #3-15

1. Does this proposed, amended, or repealed rule have a financial impact? Yes No
2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule? Yes No
3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes No

If an agency is proposing a more costly rule, please state the following:

- (a) How the additional benefits of the more costly rule justify its additional cost;

- (b) The reason for adoption of the more costly rule;

- (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;

- (d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:

- (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____
Other (Identify) _____

Total _____

Total _____

(b) What is the additional cost of the state rule?

Current Fiscal Year

Next Fiscal Year

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____
 Total \$0 _____

General Revenue _____
 Federal Funds _____
 Cash Funds _____
 Special Revenue _____
 Other (Identify) _____
 Total \$0 _____

5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) 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 state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

\$ \$0 _____

Next Fiscal Year

\$ \$0 _____

This rule change has no fiscal impact because the rule eliminates an outcome measurement tool that will be replaced with another tool in accordance with Act 161 of the 90th General Assembly.

7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes No

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously with the financial impact statement and shall include, without limitation, the following:

(1) a statement of the rule's basis and purpose;

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

(3) a description of the factual evidence that:

- (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
- (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

Summary for
RSPMI # 3-15

Due to recent Legislation, ACT161 authorizing the selecting of a new outcomes measurement tool to support an improved system of tracking, accountability, and decision making, Youth Outcome Questionnaire language is being removed from the Medicaid RSPMI Provider Manual.



Division of Medical Services
Program Development & Quality Assurance

P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437
501-320-6428 · Fax: 501-404-4619
TDD/TTY: 501-682-6789



TO: Arkansas Medicaid Health Care Providers – Rehabilitative Services for Persons with Mental Illness (RSPMI)

DATE: November 1, 2015

SUBJECT: Provider Manual Update Transmittal RSPMI-3-15

REMOVE

Section 217.020 Date 3-1-14

INSERT

Section 217.020 Date 11-1-15

PROPOSED

Explanation of Updates

Section 217.020 is updated to remove the Youth Outcome Questionnaire policy and the section is set to Reserved.

The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you have questions regarding this transmittal, please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact the Program Development and Quality Assurance Unit at (501) 320-6429.

Arkansas Medicaid provider manuals (including update transmittals), official notices, notices of rule making and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Dawn Stehle /tp

Dawn Stehle
Director

TOC required

217.020

Reserved

11-1-15

PROPOSED

Mark Up

TOC required

217.020

Youth Outcome Questionnaire (YOQ®) Reserved

11-1-153-1-
44

~~The YOQ® 2.01, the YOQ® SR, the Arkansas Indicators and the OQ®-45.2 are instruments for measuring service/treatment effectiveness and treatment planning.~~

~~The OQ® instruments are user friendly to both the beneficiaries and to the provider. For the beneficiary, they are brief and easy to understand. For the provider, they are easy to administer.~~

Frequency

~~Providers must follow the OQ® Clinician Guide specialized for the State of Arkansas located at <https://www.oqarkansas.com/oga>. At a minimum, the OQ® instruments must be administered within 14 days of entering care, then every 90 days to coincide with Periodic Review of Treatment Plans and at discharge. At a minimum, the Arkansas Indicators must be administered every 90 days. The OQ® instruments and Arkansas Indicators are required for all beneficiaries ages 4 through 17. The instruments must be administered to beneficiaries ages 18 to 21 unless they have a documented certification of Serious Mental Illness (SMI). Documentation of clinical exceptions to frequencies stated in the OQ® Clinical Guide must be included in the clinical record.~~

Documentation Requirements

~~If the parent or legal guardian for children/adolescents under the age of 16 does not complete the YOQ® 2.01 or Arkansas Indicators, then the provider must have documentation indicating barriers to obtaining the YOQ® 2.01 and Arkansas Indicators. Documentation must include attempts to obtain the YOQ® 2.01, OQ®-45.2 and Arkansas Indicators at the scheduled frequency.~~

~~If a YOQ® 2.01 or OQ®-45.2 indicates regression or lack of adequate progress, the provider must revise the treatment plan or explain the reason for the continuation of the treatment plan in the progress notes.~~

~~Without documentation of the YOQ, providers' claims are subject to recoupment as explained in Section 152.000.~~