

# EXHIBIT M

## 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  
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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  
One Capitol Mall, 5<sup>th</sup> Floor  
Little Rock, AR 72201

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1. What is the short title of this rule?

Therapy-1-13

2. What is the subject of the proposed rule?

Three additional standardized tests will be made available for occupational and physical therapists who treat Arkansas Medicaid beneficiaries. They are Wide Range Assessment of Visual –Motor Abilities (WRAVMA)—for Occupational Therapy, Sensory Processing Measure (SPM)—for Occupational and Physical Therapy and Sensory Processing Measure-Preschool (SPM-P)—for Occupational and Physical Therapy.

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 Yes \_\_\_\_ No X If yes, a copy of the repealed rule is to be included with your completed questionnaire.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 three additional standardized tests to be available for occupational and physical therapists who treat Arkansas Medicaid beneficiaries. The tests are listed as the following:

Wide Range Assessment of Visual –Motor Abilities (WRAVMA)—for Occupational Therapy.

Sensory Processing Measure (SPM)—for Occupational and Physical Therapy.

Sensory Processing Measure-Preschool (SPM-P)—for Occupational and Physical Therapy.

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 X .  
If yes, please complete the following:

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Place: \_\_\_\_\_

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

June 4, 2013

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

September 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 Lynn Burton**

**TELEPHONE NO. 682-1857 FAX NO. 682-2480 EMAIL: lynn.burton@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 – Therapy-1-13**

1. Does this proposed, amended, or repealed rule have a financial impact?

Yes \_\_\_ No X

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.

**Current Fiscal Year**

**Next Fiscal Year**

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_  
  
Total \_\_\_\_\_

General Revenue \_\_\_\_\_  
Federal Funds \_\_\_\_\_  
Cash Funds \_\_\_\_\_  
Special Revenue \_\_\_\_\_  
Other (Identify) \_\_\_\_\_  
  
Total \_\_\_\_\_

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**

NONE

NONE

**Summary for**  
**Therapy-1-13**

Effective September 1, 2013, Arkansas Medicaid will add three additional standardized tests to be available for occupational and physical therapists who treat Arkansas Medicaid beneficiaries. The tests are listed as the following: Wide Range Assessment of Visual–Motor Abilities (WRAVMA)—for Occupational Therapy, Sensory Processing Measure (SPM)—for Occupational and Physical Therapy and Sensory Processing Measure-Preschool (SPM-P)—for Occupational and Physical Therapy