

DEPARTMENT OF HUMAN SERVICES, MEDICAL SERVICES

SUBJECT: Rehabilitative Services for Persons with Mental Illness (RSPMI) Update No. 3-14

DESCRIPTION: This rule explains the requirements for RSPMI providers to follow when requesting prior authorization and continuing care authorizations for beneficiaries released to DHS care under Ark. Code Ann. § 5-2-315. The update is necessary so that RSPMI providers know what to submit for prior authorizations and continuing care authorizations for beneficiaries released to DHS care under Ark. Code Ann. § 5-2-315. This update will allow DMS and its contractors to better monitor the authorization of service provision and continued service provision for beneficiaries released to DHS care under Ark. Code Ann. § 5-2-315.

PUBLIC COMMENT: This rule was promulgated on an emergency basis. The effective date for the emergency rule was April 1, 2014. The emergency rule expires July 29, 2014.

This rule is also being promulgated on a permanent basis. A public hearing was not held on the permanent rule. The public comment period expired May 3, 2014. The Department received no public comments.

The proposed effective date for the final rule is August 1, 2014.

CONTROVERSY: This is not expected to be controversial.

FINANCIAL IMPACT: There is no financial impact.

LEGAL AUTHORIZATION: Ark. Code Ann. § 20-76-201 authorizes the Department of Human Services to administer programs for the indigent and to "make rules and regulations" pertaining to the administration of those programs. Ark. Code Ann. § 20-77-107 specifically authorizes the Department to "establish and maintain an indigent medical care program."

Ark. Code Ann. § 25-10-129 directs the Department to promulgate rules to conform to federal law that affects "programs administered or funded by or through the department" as necessary to receive available federal funds.

Ark. Code Ann. § 5-2-315 provides a regimen for releasing or detaining from the Department's custody a person acquitted of a criminal charge for reason of mental "mental disease or defect".

**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 Robbie Nix
ADDRESS P.O. Box 1437, Slot S295, Little Rock, AR 72203
PHONE NO. 501-320-6427 FAX NO. 501-682-2480 E-MAIL robert.nix@arkansas.gov
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, 5th Floor
Little Rock, AR 72201**

- Rehabilitative Services for Persons with Mental Illness (RSPMI)
1. What is the short title of this rule? Update No. 3-14
2. What is the subject of the proposed rule? The proposed rule explains the requirements for RSPMI providers to follow when requesting prior authorization and continuing care authorizations for beneficiaries released to DHS care under Arkansas Code Annotated § 5-2-315.
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. _____
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? April 1, 2014

When does the emergency rule expire? July 29, 2014

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 purpose of the proposed rule is to explain the requirements for RSPMI providers to follow when requesting prior authorization and continuing care authorizations for beneficiaries released to DHS care under Arkansas Code Annotated § 5-2-315.

This update is necessary so that RSPMI providers know what to submit for prior authorizations and continuing care authorizations for for beneficiaries released to DHS care under Arkansas Code Annotated § 5-2-315. This update will allow DMS and it's contractors to better monitor the authorization of service provision and continued service provision for beneficiaries released to DHS care under Arkansas Code Annotated § 5-2-315.

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.)

May 3, 2014

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

Emergency filed effective April 2, 2014APA Effective Date August 1, 2014

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.

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 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 Rehabilitative Services for Persons with Mental Illness.
(RSPMI) Update No. 1-13

- 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?

<u>Current Fiscal Year</u>	<u>Next Fiscal Year</u>
General Revenue _____	General Revenue _____
Federal Funds _____	Federal Funds _____
Cash Funds _____	Cash Funds _____
Special Revenue _____	Special Revenue _____
Other (Identify) _____	Other (Identify) _____

Total \$0 _____

Total \$0 _____

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

Current Fiscal Year

Next Fiscal Year

General Revenue _____

General Revenue _____

Federal Funds _____

Federal Funds _____

Cash Funds _____

Cash Funds _____

Special Revenue _____

Special Revenue _____

Other (Identify) _____

Other (Identify) _____

Total \$0 _____

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

\$ 0 _____

\$ 0 _____

Entities that provide RSPMI services to beneficiaries released to DHS care under Arkansas Code Annotated § 5-2-315 will be required to submit additional information for prior authorization requests and continuing care authorization requests.

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

Next Fiscal Year

\$ 0 _____

\$ 0 _____

There is no additional cost due to this requirement to any state, county, or municipal government.

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.

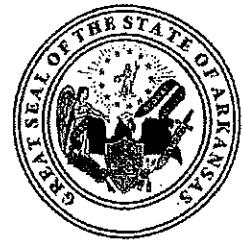
RSPMI-3-14 Summary

The purpose of the proposed rule is to explain the requirements for RSPMI providers to follow when requesting prior authorization and continuing care authorizations for beneficiaries released to DHS care under Arkansas Code Annotated § 5-2-315.

This update is necessary so that RSPMI providers know what to submit for prior authorizations and continuing care authorizations for beneficiaries released to DHS care under Arkansas Code Annotated § 5-2-315. This update will allow DMS and its contractors to better monitor the authorization of service provision and continued service provision for beneficiaries released to DHS care under Arkansas Code Annotated § 5-2-315.



Division of Medical Services
Program Development & Quality Assurance



P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437
501-320-6428 · Fax: 501-682-2480
TDD/TTY: 501-682-6789

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

DATE: April 1, 2014.

SUBJECT: Provider Manual Update Transmittal RSPMI-3-14

REMOVE

Section	Date
231.000	7-1-10
—	—
—	—
—	—

INSERT

Section	Date
231.000	4-1-14
231.001	4-1-14
231.002	4-1-14
231.003	4-1-14

Explanation of Updates

Section 231.000 is updated to move prior authorization information for telemedicine and foster child services to new sections.

Section 231.001 is added to include prior authorization information for telemedicine services.

Section 231.002 is added to include prior authorization information for foster child services.

Section 231.003 is added to include requirements for providing services to be a beneficiary released to DHS care under Arkansas Code Annotated § 5-2-315.


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.


Andrew Allison, PhD
Director

*TOC required***231.000 Introduction to Prior Authorization and Extension of Benefits 4-1-14**

The Division of Medical Services contracts with ValueOptions to complete the prior authorization and extension of benefit processes.

231.001 Prior Authorization Request for Telemedicine 4-1-14

When a provider requests PA for services to be provided via telemedicine, the procedure codes and modifiers (if any) listed below must be shown on the claim form; "telemedicine" must be specified on the request.

231.002 Prior Authorization Request for Foster Child 4-1-14

A request for prior authorization for services to be provided to a foster child must specify that the request is for a foster child. A request for services to be provided to a child in the custody of the Division of Youth Services (DYS) must specify DYS custody.

231.003 Request for Beneficiary Released to DHS Care under Arkansas Code Annotated § 5-2-315 4-1-14

A prior authorization, extension of benefits and retroactive request for services to be provided to a beneficiary released to DHS care under Arkansas Code Annotated § 5-2-315 must:

- A. State that the request is for a beneficiary released to DHS care;
- B. Include or attach the prescribed regimen of medical, psychiatric or psychological care or treatment that has been:
 1. Prepared for the person acquitted;
 2. Certified to the circuit court as appropriate by the director of the facility in which the person acquitted is committed; and
 3. Found by the circuit court to be appropriate.

Requests for continuing care authorizations must include copies of the compliance monitor's periodic compliance documentation including, without limitation, any written notice(s) of the acquittee's failure to comply with the prescribed regimen of medical, psychiatric or psychological care or treatment and compliance documentation regarding:

- A. Medication;
- B. Treatment and therapy;
- C. Substance abuse treatment; and
- D. Drug testing.

TOC required

231.000 Introduction to Prior Authorization and Extension of Benefits 4-1-14

The Division of Medical Services contracts with ValueOptions to complete the prior authorization and extension of benefit processes.

231.001 Prior Authorization Request for Telemedicine 4-1-14

When a provider requests PA for services to be provided via telemedicine, the procedure codes and modifiers (if any) listed below must be shown on the claim form; "telemedicine" must be specified on the request.

231.002 Prior Authorization Request for Foster Child 4-1-14

A request for prior authorization for services to be provided to a foster child must specify that the request is for a foster child. A request for services to be provided to a child in the custody of the Division of Youth Services (DYS) must specify DYS custody.

231.003 Request for Beneficiary Released to DHS Care under Arkansas Code Annotated § 5-2-315 4-1-14

A prior authorization, extension of benefits and retroactive request for services to be provided to a beneficiary released to DHS care under Arkansas Code Annotated § 5-2-315 must:

- A. State that the request is for a beneficiary released to DHS care;
- B. Include or attach the prescribed regimen of medical, psychiatric or psychological care or treatment that has been:
 - 1. Prepared for the person acquitted;
 - 2. Certified to the circuit court as appropriate by the director of the facility in which the person acquitted is committed; and
 - 3. Found by the circuit court to be appropriate.

Requests for continuing care authorizations must include copies of the compliance monitor's periodic compliance documentation including, without limitation, any written notice(s) of the acquittee's failure to comply with the prescribed regimen of medical, psychiatric or psychological care or treatment and compliance documentation regarding:

- A. Medication;
- B. Treatment and therapy;
- C. Substance abuse treatment; and
- D. Drug testing.