

TOC required**203.800 The Nurse Practitioner's Role in Children's Advocacy Centers****7-1-24**

Children's Advocacy Centers (CACs) provide a comprehensive interdisciplinary evaluation, assessment, and treatment of sexually and physically abused children under twenty-one (21) years of age. A team of professionals representing a variety of medical, social, and legal disciplines and advocates assesses the child and coordinates needed services. Sexual abuse, neglect, and physical abuse examinations are available to children under twenty-one (21) years of age through Medicaid providers who deliver and bill for the separate components of the service (physical examination). Medicaid coverage of services provided by CACs is limited to sexual abuse or neglect and physical abuse medical examinations, or both. The nurse practitioner's role in CACs includes the following:

- A. Serve as the medical director of the CAC;
- B. Perform medical examination for neglect and physical abuse of individuals under twenty-one (21) years of age; and
- C. Perform medical examination for sexual assault of individuals under twenty-one (21) years of age.

203.801 Sexual Assault Nurse Examiner Pediatric (SANE-P) Certification and Enrollment as a Provider for Arkansas Medicaid**7-1-24**

Registered Nurse Certified as a Sexual Assault Nurse Examiner-Pediatric (SANE-P)

- A. Registered Nurses (RNs) must have specialized training in the evaluation and treatment of neglect and abuse of children;
- B. Registered Nurses must have specialized training on the use of a colposcope;
- C. Registered Nurses must be certified as Sexual Assault Nurse Examiners- Pediatric (SANE-P) by the International Association of Forensic Nurses; and
- D. Enrolled as a provider with Arkansas Medicaid.

TOC required**203.400 Physician's Role in Children's Advocacy Centers****7-1-24**

Children's Advocacy Centers (CACs) provide a comprehensive interdisciplinary evaluation, assessment, and treatment of sexually and physically abused children under twenty-one (21) years of age. A team of professionals representing a variety of medical, social, and legal disciplines and advocates assesses the child and coordinates needed services. Sexual abuse, neglect, and physical abuse examinations are available to children under twenty-one (21) years of age through Medicaid providers who deliver and bill for the separate components of the service (physical examination). Medicaid coverage of services provided by CACs is limited to sexual abuse or neglect and physical abuse medical examinations, or both. The physician's role in CACs includes the following:

- A. Serve as the medical director of the CAC;
- B. Perform medical examination for sexual assault or neglect and physical abuse, or both;
- C. Provide supervision of other rendering providers at the CAC who perform medical examination for neglect and physical abuse;
- D. Provide supervision of Sexual Assault Nurse Examiners-Pediatric (SANE-P). Only physicians or Registered Nurses with SANE-P certification are qualified to conduct sexual assault medical examination at a CAC.

203.401 Sexual Assault Nurse Examiner Pediatric (SANE-P) Certification and Enrollment as a Provider for Arkansas Medicaid**7-1-24**

Registered Nurse Certified as a Sexual Assault Nurse Examiner-Pediatric (SANE-P)

- A. Registered Nurses (RNs or APRNs) must have specialized training in the evaluation and treatment of neglect and abuse of children;
- B. Registered Nurses must have specialized training on the use of a colposcope;
- C. Registered Nurses must be certified as Sexual Assault Nurse Examiners- Pediatric (SANE-P) by the International Association of Forensic Nurses; and
- D. Enrolled as a provider with Arkansas Medicaid.

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF ARKANSAS**

**ATTACHMENT 3.1-A
Page 3b**

**AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED**

Revised:

April 1, 2024

CATEGORICALLY NEEDY

- 6. Medical Care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)
- 6.d. Other Practitioners' Services (Continued)
 - (5) Psychologists
Refer to Attachment 3.1-A, Item 4.b. (13).
 - (6) Obstetric - Gynecologic and Gerontological Nurse Practitioner
Refer to Attachment 3.1-A, Item 24 for coverage limitations.
 - (7) Pharmacists
 - (8) Licensed Registered Nurse Sexual Assault Nurse Examiner-Pediatric/Adolescent (SANE-P) certified by the International Association of Forensic Nurses working under the supervision of a licensed Advanced Practice Registered Nurse (APRN).

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF ARKANSAS

ATTACHMENT 3.1-B
Page 3d

AMOUNT, DURATION, AND SCOPE OF
SERVICES PROVIDED

Revised:

April 1, 2024

MEDICALLY NEEDY

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6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)
- 6.d. Other Practitioners' Services (Continued)
- (5) Psychologists
Refer to Attachment 3.1-A, Item 4.b.(13).
 - (6) Obstetric - Gynecologic and Gerontological Nurse Practitioner
Refer to Attachment 3.1-B, Item 21 for coverage limitations.
 - (7) Pharmacists
 - (8) Licensed Registered Nurse Sexual Assault Nurse Examiner- Pediatric/Adolescent (SANE-P) certified by the International Association of Forensic Nurses working under the supervision of a licensed Advanced Practice Registered Nurse (APRN).

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
OTHER TYPES OF CARE

Revised: April 1, 2024

6.d. Other Practitioner's Services (Continued)

(5) Psychologist Services

Refer to Attachment 4.19-B, Item 4.b. (17).

- (a) Additional Reimbursement for Psychologists Services Associated with UAMS – Refer to Attachment 4.19-B, item 5.

(6) Obstetric-Gynecologic and Gerontological Nurse Practitioner Services

Reimbursement is the lower of the amount billed or the Title XIX maximum allowable.

The Title XIX maximum is based on eighty percent (80%) of the physician fee schedule except EPSDT procedure codes. Medicaid maximum allowables are the same for all EPSDT providers. Immunizations and Rhogam RhoD Immune Globulin are reimbursed at the same rate as the physician rate since the cost and administration of the drug does not vary between the nurse practitioner and physician.

Refer to Attachment 4.19-B, Item 27, for a list of the advanced practice nurse and registered nurse practitioner.

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of services provided by Advanced Practice Nurse. The agency's fee schedule rate was set as of April 1, 2004 and is effective for services provided on or after that date. All rates are published on the agency's website@ www.medicaid.state.ar.us.

- (7) Advanced Practice Nurses Services Associated with UAMS – For additional reimbursement refer to Attachment 4.19-B, item 5.

- (8) Licensed Clinical Social Workers' Services Associated with UAMS – For additional reimbursement refer to Attachment 4.19-B, item 5.

- (9) Physicians' Assistant Services Associated with UAMS – For additional reimbursement refer to Attachment 4.19-B, item 5.

- (10) Registered Nurse Sexual Assault Nurse Examiner-Pediatric (SANE-P) Certified by the Internal Association of Forensic Nurses For additional reimbursement refer to Attachment 4.19-B, item 5.

7. Home Health Services

- a. Intermittent or part-time nursing services furnished by a home health agency or a registered nurse when no home health agency exists in the area;
b. Home health aide services provided by a home health agency; and
c. Physical therapy

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) maximum charge allowed. State developed fee schedule rates are the same for both public and private providers of home health services.

The initial computation (effective July 1, 1994) or the Medicaid maximum for home health reimbursement was calculated using audited 1990 Medicare cost reports for three high volume Medicaid providers, Medical Personnel Pool, Arkansas Home Health, W. M. and the Visiting Nurses Association. For each provider, the cost per visit for each home health service listed

above in items 7.a., b. and c. was established by dividing total allowable costs by total visits. This figure was then

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

DEPARTMENT _____
BOARD/COMMISSION _____
PERSON COMPLETING THIS STATEMENT _____
TELEPHONE NO. _____ **EMAIL** _____

To comply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and email it with the questionnaire, summary, markup and clean copy of the rule, and other documents. Please attach additional pages, if necessary.

TITLE OF THIS RULE _____

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 no, please explain:

(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 reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and

(d) whether the reason for adoption of the more costly rule is within the scope of the agency's statutory authority, and if so, how.

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) _____

Total _____

Next Fiscal Year

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

Total _____

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

Current Fiscal Year

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

Total _____

Next Fiscal Year

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

Total _____

5. What is the total estimated cost by fiscal year to any private individual, private entity, or private business subject to the proposed, amended, or repealed rule? Please identify those subject to the rule, and explain how they are affected.

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____

6. What is the total estimated cost by fiscal year to a state, county, or 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

\$ _____

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.

FINANCIAL IMPACT STATEMENT ADDENDUM

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;

Beginning April 1, 2024, Medicaid is implementing coverage and reimbursement of medical evaluation for suspected sexual abuse by Pediatric Sexual Assault Nurse Examiner (SANE) when performed in Childrens Advocacy Centers (CACs). Childrens Advocacy Centers may also provide assessments for other forms of suspected physical maltreatment when completed by a physician or advanced practice nurse practitioner.

Medicaid funding will help CACs to fund ongoing services and support sustainability as other funding sources are redirected or depleted in the coming years.

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

This service will benefit communities and the state by providing non-acute evaluations by specially trained and certified registered nurses to Medicaid-eligible children and youth in a less intimidating setting.

- (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;

N/A

- (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;

N/A

- (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;

N/A

- (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

N/A

(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.

The Agency monitors State and Federal rules and policies for opportunities to reduce and control cost.