

DHS Responses to Public Comments Regarding Children's Advocacy Center (CAC) Reimbursement

Elizabeth Pulley, Executive Director, Children's Advocacy Centers of Arkansas

Comment: It's so exciting to you moving forward with Medicaid plans to help our CACs! I appreciate everyone's hard work and dedication on this project!

Some of the items we have discussed in the last several years were not captured in the document, so I had a few questions and clarifications.

Section 203.800: Clarification and consistency on types of provider is needed

1. Nurse Practitioners are nurses who have completed additional training following their RN and/or BSN degree in the medical assessment and diagnosis of patients. There are several terms used to describe this level of provider:
 - Nurse Practitioner (NP)
 - Advance Nurse Practitioner (APN)
 - Advanced Practice Registered Nurse (APRN)
2. Registered Nurses (RNs) or Nurse Practitioners (NPs) can choose to pursue additional training in the medical evaluation of sexual assault patients and be considered a Sexual Assault Nurse Examiner (SANE). Since RNs do not have advanced training in medical assessment and diagnosis, it is required that this level of provider would complete SANE training. For NPs (APNs, APRNs) it would be encouraged, but not required for their scope of practice in order to provide care for victims of physical assault, sexual assault or neglect
 - a. For medical evaluations performed at children's advocacy centers (CACs), there are minimum standards for training depending on the medical provider's level of training.
 - i. RN's—Complete 40 hours of didactic training in a SANE course AND complete a clinical preceptorship to gain proficiency in use of the colposcope
 - ii. NPs/APNs/APRNs—Complete additional medical education specific to the evaluation of child abuse conditions and complete a preceptorship if not already proficient in how to use a colposcope
--Note that many NPs choose to complete SANE training even if it is not required with their advanced degree
 - iii. MDs/Dos-- Complete additional medical education specific to the evaluation of child abuse conditions if not already trained as a Child Abuse Pediatrician and complete a preceptorship if not already proficient in how to use a colposcope
--Note that some MD's/DOs will choose to complete SANE training, but they would not carry the SANE title since they are not a nurse by profession
3. SANE-P is copyrighted title for nurse who have achieved certification through the International Association of Forensic Nurses. The non-copyrighted title for a nurse who has had completed training in this area of practice would be just SANE or with the designation of specific age group trained on as a leading qualifier:
 - A-SANE = Adult-SANE

- P-SANE = Pediatric SANE
- A/P-SANE = Adult and Pediatric SANE

Response: Thank you for the explanation. However, this rule will allow the enrolling of providers based on knowledge, training, and skillset. DHS does not have the technical expertise to independently evaluate the training, skills and experience outlined in your comments. DHS requires an independent evaluation/certification of the prerequisite training and skills. The IAFN certification meets this need.

Comment: 203.801—C Certification by a national forensic nursing group (such as the International Association of Forensic Nurses= IAFN) is not required by the National Children’s Alliance that sets standards for minimum requirements needed of medical providers involved in the care of victims of physical abuse, sexual abuse or neglect being cared for in a CAC setting

- a. The IAFN is not the only source of forensic nurse training in the country

Response: In review of the requirements, it appeared the IAFN was the best independent certifying body for the training and continuing education of RN-SANE nurses (APRN and RN).

Comment:

- b. The AR State Nursing Board does not maintain a credentialing verification process for nurses in the state who have voluntarily pursued forensic nurse certification as the AR State Medical Board does for physicians and/or nurse practitioners who are certified by a national board of medical care standards. So, if certification is required by the Rule, who would be responsible for ensuring the authenticity and currency of SANE certification status?

Response: This would be collected and monitored as part of the RN-SANE enrollment and eligibility checks in Arkansas Medicaid. Providers are responsible for maintaining the documentation which must be kept current with Arkansas Medicaid. If it is not kept up to date, the provider’s enrollment will be terminated.

Comment: 203.801—D Physicians and Nurse Practitioners are Medicaid eligible providers. Is the Rule suggesting that RN-SANEs would be eligible to be enrolled as Medicaid providers even though they do not have a pathway to be considered practitioners by the AR State Medical Board?

Response: The rule will allow RN-SANE nurses to enroll as rendering Medicaid Providers only. SANE Nurses are not allowed to enroll as billing (pay-to) providers for services. The billing (pay-to) provider must be an actively enrolled Childhood Advocacy Center that operates under the medical direction of an enrolled physician.

Comment: Section 203.400: Clarification on role of the physician and nurse practitioner is needed when the sexual abuse evaluation is being conducted by an RN-SANE

1. Will the RN-SANE be eligible to bill Medicaid by acting on an order from a physician or nurse practitioner for an evaluation specific to child sexual abuse/assault without an advanced practice provider (physician or nurse practitioner enrolled as a Medicaid provider) being physically onsite at the time that the exam occurs? Similar question as #1 on Section 203.801 above.

Response: The RN-SANE may render services under standing orders for a sexual assault medical examination from a physician or nurse practitioner without a nurse practitioner or physician present when this service is rendered. However, RN-SANE nurses will not be able to serve as a billing provider. The billing provider is the Childhood Advocacy Center.

Comment: 203.400-A This section omits Nurse Practitioners as eligible for serving as medical directors of a CAC

Response: Medical Directors for CACs must be a Medicaid enrolled physician or advanced practice registered nurse for Medicaid to reimburse for covered services. The relevant sections of the affected manuals will be amended.

Comment: 203.400-C Is a medical director required to be physically onsite to supervise an RN-SANE conducting a medical evaluation for suspected sexual abuse under the order of a physician or nurse practitioner?

Response: No.

Comment: 203.400-D This section omits Nurse Practitioners as eligible providers for sexual assault medical evaluations

Response: Nurse practitioners may provide sexual assault medical evaluations. They are not required to have the SANE-P certification. The relevant sections of the affected manual will be amended.

Comment: Section 203.401 See comments and questions above for Section 203.801 as this is a duplicate section with same concerns

Response: This would be collected and monitored as part of the RN-SANE enrollment and eligibility checks in Arkansas Medicaid. Providers are responsible for maintaining the documentation which must be kept current with Arkansas Medicaid. If it is not kept up to date, the provider's enrollment will be terminated.

Comment: Is the intent of the Rule to require CAC to bill Medicaid, or does this just permit CACs to bill?
Can vs must

Response: Individual CACs may choose whether to apply to enroll and bill Medicaid for covered services. There is no requirement if they must do so.