

# **DHS Responses to Public Comments Regarding – Developmental Screens for Children**

**Teresa Crossland**

**For Haden Gilder**

**Chief Operating Officer**

**On behalf of Arkansas Home Helpers**

**Comment:** On behalf of my client Arkansas Home Helpers, I respectfully submit the attached public comment on the rule regarding Early Periodic Screening, Diagnostic, and Treatment (EPSDT).

Thank you for the opportunity to present comments on the proposed rule regarding Early Periodic Screening, Diagnostic, and Treatment (EPSDT), which includes proposed amendments to the Arkansas Independent Assessment (ARIA) manual. Arkansas Home Helpers serves Arkansans in all 75 counties of the Arkansas with home based personal care services and we submit the following in the spirit of better serving our clients. Since Governor Hutchinson's Executive Order 20-05 issued in the Spring of 2020, the state has utilized telemedicine to perform initial assessments and annual reassessments for behavior disorders, developmental disabilities, and the aging population. In 2021, the Arkansas legislature officially placed the expanded telemedicine definitions into law. The clear intent of state policymakers was to provide citizens with more accessible access to healthcare. Sections 210.100 and 220.100 of the proposed rule reverse these policies by requiring the initial independent assessment for the behavioral health and developmental disabilities populations to be conducted in-person. Arkansas law allows for citizens to receive medical diagnoses and treatment via telemedicine with no initial in-person visit requirement. We would ask the Department to refrain from placing a higher regulatory burden on eligibility assessments than that which is required for actual treatment and care of patients in the state. Additionally, the Department's exclusion of the aging population from this proposed rule serves as a barrier to access for seniors. The process to realize home based personal care services is already lengthy, ranging from 90 to 115 days for approval. In-person requirements for the initial assessment and annual reassessment only extend the process, prolonging care to our most vulnerable population. Lastly, an in-person assessment requirement will exacerbate Arkansas' shortage of registered nurses. In a study conducted by GlobalData PLC, Arkansas has only 76% of the registered nurses required to meet the national average level of care. The study also noted the state has 1.4% of the nation's 65-and-older population, which requires more care than the general population. The aging population is growing faster than any other age group in Arkansas – 18%, or 97,000 more residents by 2035. When you add in the challenges of serving a large rural population, the inperson assessment will only create unnecessary delays. In sum, we respectfully request the Department continue the use of telemedicine for the initial assessment and annual reassessment. We also request the Department include the aging population in this proposed rule, creating a consistent standard for all three audiences. Thank you for the opportunity to provide feedback as you develop the final rule. We appreciate the opportunity.

**Response:** Thank you for your comment. We will amend the Independent Assessment Manual to align with how we reassess clients with Intellectual and Developmental Disabilities and Behavioral Health needs. We do not initially assess any clients via telehealth. Allowing personal care and AR Choices independent reassessments to be done via telehealth aligns the regulations across the three specialty populations.

**Matt McClure, Ed.D.**

**Franchise Owner**

**Home Instead Senior Care**

**Comment:** Thank you for the opportunity to comment on the proposed rule regarding Early Periodic Screening, Diagnostic, and Treatment (EPSDT), which includes proposed amendments to the Arkansas Independent Assessment (ARIA) manual.

This comment is on behalf of the Arkansas Home Based Services Association (AHBSA), made up of \*\* member organizations, serving patients throughout the state. Our organizations provide top-quality, in-home care services for patients across Arkansas, including in many rural communities.

Sections 210.100 and 220.100 of the proposed rule would amend the ARIA manual, to require the initial independent assessment for both Behavioral Health (BH) and Developmental Disabilities (DD) populations to be in-person, while providing the option of using telemedicine to complete reassessments for those populations. The same is proposed for evaluations for Complex Care services under Section 220.600, allowing reassessments for patients meeting the criteria for Complex Care to be conducted via telemedicine.

However, the referral process for Personal Care Services, under Section 230.0 of the proposed rule would require reassessments to be conducted in-person, without the option for using telemedicine, as is provided to other populations under the proposed revision.

Our home services providers serve patients in rural and remote areas of the state, often making it difficult to schedule in-person independent third-party assessments and reassessments in a timely manner. In addition, our clients are more-often-than-not elderly, home-bound, and in acute need of home care services. Already, the wait time for approval can be from 90-115 days, and we believe requiring all initial assessments and reassessments to be in-person will increase that wait. Timely assessments are critical to ensuring access to care. For that reason, we respectfully request that a telemedicine option be provided for both the initial third-party assessments and reassessments.

In the absence of allowing both assessments and reassessments to be conducted via telemedicine, we ask that the ARIA Manual, as revised under the proposed rule, give parity to all populations served, allowing reassessments for Personal Care Services to be conducted via telemedicine, as the draft currently allows for reassessments in the BH and DD populations.

Thank you for considering our feedback as you finalize the proposed rule.

**Response:** Thank you for your comment. We will amend the Independent Assessment Manual to align with how we reassess clients with Intellectual and Developmental Disabilities and Behavioral Health needs. We do not initially assess any clients via telehealth. Allowing personal care and AR Choices independent reassessments to be done via telehealth aligns the regulations across the three specialty populations.

**Jonathan Fry**

**Owner of Home Instead**

**Comment:** Thank you for the opportunity to comment on the proposed rule regarding Early Periodic Screening, Diagnostic, and Treatment (EPSDT), which includes proposed amendments to the Arkansas Independent Assessment (ARIA) manual.

This comment is on behalf of the Home Instead Senior Care franchises of Arkansas, made up of eight independently owned and operated locations, serving patients throughout the state. Our franchise locations provide top-quality, in-home care services for patients across Arkansas, including in many rural communities.

Sections 210.100 and 220.100 of the proposed rule would amend the ARIA manual, to require the initial independent assessment for both Behavioral Health (BH) and Developmental Disabilities (DD) populations to be in-person, while providing the option of using telemedicine to complete reassessments for those populations. The same is proposed for evaluations for Complex Care services under Section 220.600, allowing reassessments for patients meeting the criteria for Complex Care to be conducted via telemedicine.

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**Jack Hopkins**

**Manager, Government Relations**

**Arkansas Health & Wellness**

**Operations; Arkansas Total Care**

**Comment:** Good afternoon. One clarifying comment on language mirroring within the PASSE Agreement.

220.500 – 220.600: the language referencing Tier IV Complex Care members does not align with the current PASSE Agreement and should be updated to align.



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**Response:** Thank you for your comment. The state will make the adjustments needed to align the definition of Tier 4 for PASSE members.

**Anna Strong, MPH, MPS**

**Executive Director**

**Arkansas Chapter, American Academy of Pediatrics**

**Comment:** I would like to submit, on behalf of the Arkansas Chapter, American Academy of Pediatrics (ARAAP) comments on the proposed rule for Developmental Screens for Children.

ARAAP strongly supports the amendments to the ARKids First B, Child Health Services/EPSTD, and ARIA manuals. In particular we applaud:

—Reimbursable, American Academy of Pediatrics-recommended developmental screenings. Though developmental screenings were already required in the manual before the proposed changes, ARAAP's understanding is that CPT Code 96110 will be turned on for \$8.80 for the developmental screenings outlined in the amended manual. Though not all developmental screenings or autism screenings that may be administered by PCPs will be reimbursed, paying for at least 3 developmental screenings during early childhood will incentivize primary care providers to administer universal, validated early childhood screenings such as the Ages and Stages Questionnaire (ASQ) or the Survey of Wellness in Young Children

(SWYC). This will help to identify developmental needs earlier, connect children to needed services in a timely way, and meet federal requirements for reporting the Child Core Measures in FFY24.

—Primary care ownership of Developmental Screening for the purposes of EIDT Placement. ARAAP supports primary care provider ownership of screening administration and referrals to EIDT services rather than outsourcing those decisions to a vendor without pediatric medical training.

—Changes to the “365 day rule” for well-child visits. After the pandemic, many children were behind on their well-child visits. Allowing one visit annually, rather than requiring 365 days between them, aligns with most other payers and facilitates timely access to care and prescriptions for children.

**Response:** Thank you for your comment and support.