

EXHIBIT K

DEPARTMENT OF HUMAN SERVICES, DIVISION OF MEDICAL SERVICES

SUBJECT: Acute Crisis Units – Hospital Provider Manual

DESCRIPTION:

Statement of Necessity

This rule helps to address access issues and provides appropriate clinical treatment to children and adolescents presenting to or admitted to emergency rooms. Currently there are no Acute Crisis Units available to provide stabilization and treatment for children and youth as an alternative to acute inpatient hospitalization.

Rule Summary

The Acute Crisis Units section of the Hospital Provider Manual is being revised to change age nineteen (19) to age four (4) for treatment services, while implementing safeguards based on age.

PUBLIC COMMENT: A public hearing was held on this rule on July 13, 2022. The public comment period expired on July 23, 2022. The agency indicated that it received no public comments.

This rule was filed on an emergency basis and was reviewed and approved by the Executive Subcommittee on June 17, 2022. The proposed effective date for permanent promulgation is October 1, 2022.

FINANCIAL IMPACT: The agency indicated that this rule has a financial impact.

Per the agency, the total estimated cost to implement this rule is \$217,479 for the current fiscal year (\$61,721 in general revenue and \$155,759 in federal funds) and \$5,219,500 for the next fiscal year (\$1,481,294 in general revenue and \$3,738,206 in federal funds). The total estimated cost by fiscal year to state, county, and municipal government to implement this rule is \$61,721 for the current fiscal year and \$1,481,294 for the next fiscal year.

The agency indicated that there is a new or increased cost or obligation of at least \$100,000 per year to a private individual, private entity, private business, state government, county government, municipal government, or to two or more of those entities combined. Accordingly, the agency provided the following written findings:

(1) a statement of the rule's basis and purpose;

This rule helps to address access issues and provides appropriate clinical treatment to children and adolescents presenting to or admitted to emergency rooms. Currently there

are no Acute Crisis Units available to provide stabilization and treatment for children and youth as an alternative to acute inpatient hospitalization.

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

This rule helps to address access issues and provides appropriate clinical treatment to children and adolescents presenting to or admitted to emergency rooms. Currently there are no Acute Crisis Units available to provide stabilization and treatment for children and youth as an alternative to acute inpatient hospitalization.

(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;*

This rule helps to address access issues and provides appropriate clinical treatment to children and adolescents presenting to or admitted to emergency rooms. Currently there are no Acute Crisis Units available to provide stabilization and treatment for children and youth as an alternative to acute inpatient hospitalization.

(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;

There are no less costly alternatives.

(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 costs.

LEGAL AUTHORIZATION: The Department of Human Services has the responsibility to administer assigned forms of public assistance and is specifically authorized to maintain an indigent medical care program (Arkansas Medicaid). *See* Ark. Code Ann. §§ 20-76-201(1), 20-77-107(a)(1). The Department has the authority to make rules that are necessary or desirable to carry out its public assistance duties. Ark. Code Ann. § 20-76-201(12). The Department and its divisions also have the authority to promulgate rules as necessary to conform their programs to federal law and receive federal funding. Ark. Code Ann. § 25-10-129(b).



Division of Medical Services

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MEMORANDUM

TO: Interested Persons and Providers

FROM: Elizabeth Pitman, Director, Division of Medical Services

DATE: June 23, 2022

SUBJ: Proposed Rule: Acute Crisis Units – Hospital Provider Manual (r198)

As a part of the Arkansas Administrative Procedure Act process, attached for your review and comment are proposed rule revisions.

Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

If you have any comments, please submit those comments in writing, no later than July 23, 2022.

NOTICE OF RULE MAKING

The Director of the Division of Medical Services of the Department of Human Services announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§ 20-76-201, 20-77-107, and 25-10-129.

Effective October 1, 2022:

The Director of the Division of Medical Services amends Section 218.400 of the Hospital/Critical Access Hospital/End Stage Renal Disease Provider Manual to replace age nineteen (19) to age four (4) for treatment service, with adequate safeguards, to address access issues and provides appropriate clinical treatment to children and adolescents presenting to or admitted to emergency rooms. Currently there are no Acute Crisis Units available to provide stabilization and treatment for children and youth as an alternative to acute inpatient hospitalization.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Rules Promulgation, 2nd floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot S295, Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule at <https://humanservices.arkansas.gov/do-business-with-dhs/proposed-rules/>. Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov. All public comments must be received by DHS no later than **July 23, 2022**. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

A public hearing by remote access only through a Zoom webinar will be held on July 13, 2022, at 10:00 a.m. and public comments may be submitted at the hearing. Individuals can access this public hearing at <https://us02web.zoom.us/j/82254327037>. The webinar ID is 822 5432 7037. If you would like the electronic link, "one-tap" mobile information, listening only dial-in phone numbers, or international phone numbers, please contact ORP at ORP@dhs.arkansas.gov.

If you need this material in a different format, such as large print, contact the Office of Rules Promulgation at 501-534-4138.

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin. 4502035775



Elizabeth Pitman, Director
Division of Medical Services

218.400 Acute Crisis Units**3-20-226-
17-22**

Medicaid covers Acute Crisis Units for all ages of clients who have the ability to benefit from care within the setting. To ensure the safety and age appropriate treatment of all clients, if beds are not physically separated, beds should be grouped by children age four (4) to twelve (12), adolescents age thirteen (13) to eighteen (18) and adults over age eighteen (18) with consideration within those ranges given for developmental functioning. Request for Extension of Benefits based upon medical necessity must be obtained for services extending beyond 96 hours.

View billing Instructions for Acute Crisis Unit reimbursement.

- A. Acute Crisis Units can provide brief crisis treatment services to persons age nineteen (19) four (4) years of age or older, who are experiencing a psychiatry- and/or substance abuse-related crisis and may pose an escalated risk of harm to self or others. Acute Crisis Units provide hospital diversion and step-down services in a safe environment. These units provide hospital diversion and step-down services in a safe environment with psychiatry and substance use disorder services available on-site, as well as on-call psychiatry available 24 hours per day.
- B. A Hospital that is operating an Acute Crisis Unit must ensure that, at a minimum, the following services are available:
 - a.1. Ongoing assessment and observation;
 - b.2. Crisis intervention;
 - c.3. Psychiatric, substance, and co-occurring treatment; and
 - d.4. Referral mechanisms for independent assessment and care planning as needed.
- C. A Hospital that is operating an Acute Crisis Unit can also provide Substance Abuse Detoxification within the Acute Crisis Unit. Substance Abuse Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal from alcohol or other drugs. Services help stabilize beneficiaries by clearing toxins from the beneficiary's body. Services are short-term and may be provided in a crisis unit, inpatient, or outpatient setting, and may include evaluation, observation, medical monitoring, and addiction treatment. Detoxification seeks to minimize the physical harm caused by the abuse of substances and prepares the beneficiary for ongoing treatment.