Division of Provider Services and Quality Assurance (DPSQA)

COVID-19 Response Manual

July 1, 2021

DPSQA COVID-19 RESPONSE CONTENTS

200.000 OVERVIEW

201.000 Authority

The following rules are duly adopted and promulgated by the Division of Provider Services and Quality Assurance (DPSQA) of the Arkansas Department of Human Services (DHS) under the authority of Arkansas Code Annotated §§ 20-10-701, 20-76-201, 20-77-107, 25-10-129, 20-10-203, 20-38-103, and 20-38-112.

202.000 Purpose

In response to the COVID-19 pandemic, DHS identified programs and services that required additional flexibility or changes to adapt to ensuring the health and safety of our clients. This manual details them so that DHS may render uninterrupted assistance and services to our clients.

203.000 Appeals

Appeal requests for the COVID-19 response policies must adhere to the policy set forth in the Medicaid Provider Manual Section 160.000 Administrative Reconsideration and Appeals which can be accessed at **https://medicaid.mmis.arkansas.gov/Provider/Docs/all.aspx.**

204.000 Severability

Each section of this manual is severable from all others. If any section of this manual is held to be invalid, illegal, or unenforceable, such determination shall not affect the validity of other sections in this manual and all such other sections shall remain in full force and effect. In such an event, all other sections shall be construed and enforced as if this section had not been included therein.

270.000 PROVIDER CERTIFICATION

271.000 Pre-Admission Screening for Nursing Facility Residents Potentially MI/DD

42 CFR § 483.20(k) requires pre-admission screening for prospective nursing home residents to identify persons as potentially MI/DD. CMS granted an 1135 waiver for Arkansas waiving pre-admission screening on April 2, 2020. CMS previously had issued a blanket waiver related to pre-admission screening on March 13th. Specifically, the approval of Federal Section 1135 Waiver requests stated:

- Section 1919(e)(7) of the Act allows Level I and Level II assessments to be waived for 30 days. All new admissions can be treated like exempted hospital discharges. After 30 days, new admissions with mental illness (MI) or intellectual disability (ID) should receive a Resident Review as soon as resources become available.

- Per 42 C.F.R. §483.106(b)(4), new preadmission Level I and Level II screens are not required for residents who are being transferred between nursing facilities (NF). If the NF is not certain whether a Level I had been conducted at the resident's evacuating facility, a Level I can be conducted by the admitting facility during the first few days of admission as part of intake and transfers with positive Level I screens would require a Resident Review.

- The 7-9-day timeframe for Level II completion is an annual average for all preadmission screens, not individual assessments, and only applies to the preadmission screens (42 C.F.R. §483.112(c)). There is not a set timeframe for when a Resident Review must be completed, but it should be conducted as resources become available.

The 1135 waiver is set to terminate “upon termination of the public health emergency, including any extensions.”

These processes and procedures will be available until December 31, 2021.

In response to this declaration and waiver, the Department of Human Services suspended parts of two rules of the Procedures for Determination of Medical Need for Nursing Home Services: (1) Rule I to the extent it prohibits facilities from admitting individuals with diagnoses or other indicators of mental illness or developmental disability; and, (2) Rule II to the extent it requires the state to complete a Level 2 assessment for mental illness or developmental disability within seven (7) to nine (9) workdays from the date the mental illness or developmental disability is identified by the initial screening.

By suspending these rules, nursing homes are able to admit individuals with diagnoses or other indicators of mental illness or developmental disability without first getting an assessment and approval by the Division of Provider Services and Quality Assurance, Office of Long-term Care (OLTC), clearing such individuals for placement in the facility. However, prior to admission, the facility must review the individual’s information to ensure the facility can meet the individual’s medical and behavioral needs.

272.000 Therapeutic Community Direct Service Requirements

DMS is suspending the rule related to Therapeutic Communities level of direct service requirements contained in the Therapeutic Communities Certification Manual.

The rules to be suspended are Therapeutic Community Certification Manual, Sections 113, 114, 115, 116, 118, 119, and 120.

DPSQA and DMS recommends that Therapeutic Communities offer as many direct service hours to beneficiaries as possible in response to COVID-19 staffing issues. It is recommended that professional counseling services be reduced from ten (10) hours per week to three (3) encounters per week, physician services be reduced from two (2) encounters per month to one (1) encounter per month, and QBHP intervention services be reduced from forty-two (42) hours per week to eighteen (18) hours per week.

These services will be available until December 31, 2021.