

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

July 1, 2021

CATEGORICALLY NEEDY

1. Inpatient Hospital Services (continued)

Acute Crisis Unit

Effective for dates of service on or after July 1, 2021, Hospital Acute Crisis Units are covered for eligible Medicaid clients who are experiencing a psychiatry or substance use disorder, or both, crisis that does not meet the need for inpatient hospitalization. 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. They must ensure the following services are available at a minimum:

- A. ongoing assessment and observation;
- B. crisis intervention;
- C. psychiatric, substance, and co-occurring treatment; and
- D. initiation of referral mechanisms for independent assessment and care planning.

Services are available for up to 96 hours per encounter. Providers must initiate an extension of benefits request for medical necessity approval prior to providing services beyond 96 hours.

This expenditure is being paid as inpatient hospital because the definition of outpatient limits services to less than a 24-hour period. (42 CFR 440.2)

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

July 1, 2021

MEDICALLY NEEDY

1. Inpatient Hospital Services (continued)

Acute Crisis Unit

Effective for dates of service on or after July 1, 2021, Hospital Acute Crisis Units are covered for eligible Medicaid clients who are experiencing a psychiatry or substance use disorder, or both, crisis that does not meet the need for inpatient hospitalization. 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. They must ensure the following services are available at a minimum:

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This expenditure is being paid as inpatient hospital because the definition of outpatient limits services to less than a 24-hour period. (42 CFR 440.2)

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -
INPATIENT HOSPITAL SERVICES

July 1, 2021

5. Alternative Benefit Plan (ABP)

Effective for dates of service on or after January 1, 2014, the Arkansas Medicaid program will cover inpatient acute hospital days in excess of twenty-four days (during a state fiscal year) for those beneficiaries covered under the Alternative Benefit Plan (ABP). The per diem rate for ABP inpatient acute hospital days twenty-five and above will be 400 dollars per day. The intent of the policy change is to increase access to care in all hospitals in the state of Arkansas. Inpatient Acute hospital days under twenty-five will be reimbursed in accordance with the methodology set forth in Attachment 4.19A page 1. Except as otherwise noted in the Plan, this rate is the same for both governmental and private providers of inpatient acute hospital services.

Effective for dates of service on or after January 1, 2014, the Arkansas Medicaid program will cover inpatient rehabilitation hospital days in excess of twenty-four days (during a state fiscal year) for those beneficiaries covered under the Alternative Benefit Plan (ABP). The per diem rate for ABP inpatient rehabilitation hospital days twenty-five and above will be 400 dollars per day. The intent of the policy change is to increase access to care in all hospitals in the state of Arkansas. Inpatient rehabilitation hospital days under twenty-five will be reimbursed in accordance with the methodology set forth in Attachment 4.19A page 9a. Except as otherwise noted in the State Plan, this rate is the same for both government and private providers of inpatient rehabilitation hospital services.

6. Reimbursement for Acute Crisis Units

Acute Crisis Units provide acute care hospital diversion and step-down services to Medicaid clients experiencing psychiatric or substance use disorder related distress 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. Effective for dates of service on or after July 1, 2021, reimbursement for Acute Crisis Units is based on 80% of the current (7/1/2021) daily rate for the Arkansas State Hospital. No room and board costs, or other unallowable facility costs, are built into the daily rate. State developed fee schedule rates are the same for both governmental and private providers. The fee schedule can be accessed at [Fee Schedules - Arkansas Department of Human Services](#).

TOC required

218.400

Acute Crisis Units

3-20-22

Medicaid covers Acute Crisis Units for all ages of clients who have the ability to benefit from care within the setting. 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) 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. Ongoing assessment and observation;
 - b. Crisis intervention;
 - c. Psychiatric, substance, and co-occurring treatment; and
 - d. 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.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of Medical Services

PERSON COMPLETING THIS STATEMENT Jason Callan

TELEPHONE 501-320-6540 **FAX** 501-682-8155 **EMAIL:** Jason.callan

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Acute Crisis Unit

- 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 an agency is proposing a more costly rule, please state the following:

(a) How the additional benefits of the more costly rule justify its additional cost;
N/A

(b) The reason for adoption of the more costly rule;
N/A

(c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;
N/A

(d) Whether the reason is within the scope of the agency's statutory authority; and if so, please explain.
N/A

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?

<u>Current Fiscal Year</u>		<u>Next Fiscal Year</u>	
General Revenue	\$ _____	General Revenue	\$ _____
Federal Funds	\$ _____	Federal Funds	\$ _____
Cash Funds	_____	Cash Funds	_____
Special Revenue	_____	Special Revenue	_____
Other (Identify)	_____	Other (Identify)	_____
Total	\$ 0	Total	\$ 0

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

Current Fiscal Year

General Revenue	\$ 271,543
Federal Funds	\$ 681,992
Cash Funds	
Special Revenue	
Other (Identify)	
Total	\$ 953,534

Next Fiscal Year

General Revenue	\$ 270,613
Federal Funds	\$ 682,921
Cash Funds	
Special Revenue	
Other (Identify)	
Total	\$ 953,534

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

Current Fiscal Year

\$ 0

Next Fiscal Year

\$ 0

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

\$ 271,543

Next Fiscal Year

\$ 270,613

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;

Arkansas Medicaid is seeking to increase access to outpatient acute crisis unit services as a diversion to use of Emergency Rooms and Hospital Inpatient Admissions for psychiatric and substance use disorder diagnoses and disease process when the person's life or another's life is not in jeopardy.

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

Create access to Behavioral Health and Substance Use Disorder Services in the proper settings and locations and in the process, improve access to existing acute hospital beds for those who need a higher level of care.

- (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;

Arkansas has seen a rise in Behavioral Health and Substance Use Disorders in the state recently. Together with the onslaught of COVID-19 and a prevalence of other chronic diseases leading to increased need for hospital beds, the state is seeking evidence-based, less costly alternatives for those who can be treated successfully in other settings, while improving access to hospital beds for those in need of a higher level of care.

- (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;

No less costly alternatives have been identified.

- (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;

No alternatives have been suggested at this time.

- (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

No existing rules have been identified.

- (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 regulations for opportunities to reduce and control cost.