

218.400

Acute Crisis Units

10-1-22

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 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. 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:
 - 1. Ongoing assessment and observation;
 - 2. Crisis intervention;
 - 3. Psychiatric, substance, and co-occurring treatment; and
 - 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.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Human Services

DIVISION Medical Services

PERSON COMPLETING THIS STATEMENT Jason Callan

TELEPHONE 501-320-6540 **FAX** _____ **EMAIL:** Jason.Callan@dhs.arkansas.gov

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 Hospital Acute Crisis Units

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;

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

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

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

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?

Current Fiscal Year

General Revenue	\$ _____
Federal Funds	\$ _____
Cash Funds	_____
Special Revenue	_____
Other (Identify)	_____

Next Fiscal Year

General Revenue	\$ _____
Federal Funds	\$ _____
Cash Funds	_____
Special Revenue	_____
Other (Identify)	_____

Total	\$ _____	Total	\$ _____
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(b) What is the additional cost of the state rule?

Current Fiscal Year

Next Fiscal Year

General Revenue	\$61,721
Federal Funds	\$155,759
Cash Funds	_____
Special Revenue	_____
Other (Identify)	_____
 Total	 \$217,479

General Revenue	\$1,481,294
Federal Funds	\$3,738,206
Cash Funds	_____
Special Revenue	_____
Other (Identify)	_____
 Total	 \$5,219,500

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

Next Fiscal Year

\$ _____

\$ _____

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

Next Fiscal Year

\$ 61,721

\$ 1,481,294

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;

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.