ARKANSAS REGISTER

Transmittal Sheet

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For Office Use Only:

Effective Date _____ Code Number _____

Name of Agency Department of Human Services

Department Division of Developmental Disabilities Services

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Statutory Authority for Promulgating Rules Arkansas Code §§ 20-76-201, 20-77-107, and 25-10-129

Rule Title: Crisis Stabilization Units

Intended Effective Date (Check One)		**Date**
☐ Emergency (ACA 25-15-204)	Legal Notice Published	4/12/2024
☐ 10 Days After Filing (ACA 25-15-204)	Final Date for Public Comment	5/11/2024
☑ Other 07/01/2024 (Must be more than 10 days after filing date.)	Reviewed by Legislative Council	06/21/2024
	Adopted by State Agency	07/01/2024

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

Lisa Teague (Contact Person) lisa.teague@dhs.arkansas.gov (E-mail Address) 06/21/2024 (Date)

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Melissa Weatherton
Signature

501-682-8662 (Phone Number) melissa.weatherton@dhs.arkansas. (E-mail Address)

Director of Specialty Medicaid Services
Title

06/21/2024
Date

200.000 COUNSELING AND CRISIS SERVICES GENERAL INFORMATION

201.000 Introduction 7-1-24

Medicaid (Medical Assistance) is designed to assist eligible Medicaid clients in obtaining medical care within the guidelines specified in Section I of this manual. Counseling Services are covered by Medicaid when provided to eligible Medicaid clients by enrolled providers.

Counseling and Crisis Services may be provided to eligible Medicaid clients at all provider certified/enrolled sites. Allowable places of service are found in the service definitions located in Section 252 and Section 255 of this manual. Upon effective date of this manual, Acute Crisis Units across all Medicaid manuals will be called Crisis Stabilization Units. Manuals are in the process of being updated.

210.000 PROGRAM COVERAGE

210.100 Coverage of Services 7-1-24

Counseling and Crisis Services are limited to enrolled providers as indicated in 202.000 who offer core counseling services for the treatment of behavioral disorders.

Counseling and Crisis Services providers must establish an emergency response plan. Each provider must have 24-hour emergency response capability to meet the emergency treatment needs of the Counseling Services clients served by the provider. The provider must implement and maintain a written policy reflecting the specific coverage plan to meet this requirement. A machine recorded voice mail message to call 911 or report to the nearest emergency room in and of itself is not sufficient to meet the requirement.

All Counseling and Crisis Services providers must demonstrate the capacity to provide effective, equitable, understandable, and respectful quality care and services that are responsive to different cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

210.200 Staff Requirements 7-1-24

Each Counseling and Crisis Services provider must ensure that they employ staff which are able and available to provide appropriate and adequate services offered by the provider. Counseling and Crisis Services staff members must provide services only within the scope of their individual licensure. The following chart lists the terminology used in this provider manual and explains the licensure, certification, and supervision that are required for each performing provider type. Non-independently licensed clinicians must serve as a rendering provider through a certified agency provider.

PROVIDER TYPE	LICENSES	STATE CERTIFICATION REQUIRED	SUPERVISION
Independently Licensed Clinicians – Master's/Doctoral	Licensed Certified Social Worker (LCSW) Licensed Marital and Family Therapist (LMFT) Licensed	Yes, must be licensed through the relevant licensing board to provide services	Not Required

PROVIDER TYPE	LICENSES	STATE CERTIFICATION REQUIRED	SUPERVISION
	Psychologist (LP) Licensed Psychological Examiner – Independent (LPEI) Licensed Professional Counselor (LPC)		
Non-independently Licensed Clinicians – Master's/Doctoral	Licensed Master Social Worker (LMSW) Licensed Associate Marital and Family Therapist (LAMFT) Licensed Associate Counselor (LAC) Licensed Psychological Examiner (LPE) Provisionally Licensed Psychologist (PLP) Provisionally Licensed Master Social Worker (PLMSW)	Yes, must be licensed through the relevant licensing board to provide services and be employed or contracted by a certified Behavioral Health Agency, Community Support System Agency, or certified by the Dept. of Education as a school-based mental health provider	Required
Licensed Alcoholism and Drug Abuse Counselor Master's	Licensed Alcoholism and Drug Abuse Counselor (LADAC) Master's Doctoral	Yes, must be licensed through the relevant licensing board to provide services	
Advanced Practice Nurse (APN)	Adult Psychiatric Mental Health Clinical Nurse Specialist Child Psychiatric Mental Health Clinical Nurse Specialist Adult Psychiatric Mental Health APN Family Psychiatric Mental Health APN	Must be employed or contracted by a certified Behavioral Health Agency, or Community Support System Agency	Collaborative Agreement with Physician Required
Physician	Doctor of Medicine (MD)	Must be employed or contracted by a certified	Not Required

PROVIDER TYPE	LICENSES	STATE CERTIFICATION REQUIRED	SUPERVISION
	Doctor of Osteopathic Medicine (DO)	Behavioral Health Agency, or Community Support System Agency	

The services of a medical records librarian are required. The medical records librarian (or person performing the duties of the medical records librarian) shall be responsible for ongoing quality controls, for continuity of patient care, and patient traffic flow. The librarian shall assure that records are maintained, completed and preserved; that required indexes and registries are maintained, and that statistical reports are prepared. This staff member will be personally responsible for ensuring that information on enrolled patients is immediately retrievable, establishing a central records index, and maintaining service records in such a manner as to enable a constant monitoring of continuity of care.

When a Counseling and Crisis Services provider files a claim with Arkansas Medicaid, the staff member who actually performed the service must be identified on the claim as the rendering provider. This action is taken in compliance with the federal Improper Payments Information Act of 2002 (IPIA), Public Law 107-300, and the resulting Payment Error Rate Measurement (PERM) program initiated by the Centers for Medicare and Medicaid Services (CMS).

211.400 Facility Requirements 7-1-24

The Counseling and Crisis Services provider shall be responsible for providing physical facilities that are structurally sound and meet all applicable federal, state and local regulations for adequacy of construction, safety, sanitation and health. These standards apply to buildings in which care, treatment or services are provided. In situations where Counseling and Crisis Services are not provided in buildings, a safe and appropriate setting must be provided.

211.500 Non-Refusal Requirement 7-1-24

The Counseling and Crisis Services provider may not refuse services to a Medicaid-eligible client who meets the requirements for Counseling Services as outlined in this manual. If a provider does not possess the services or program to adequately treat the client's behavioral health needs, the provider must communicate this with the Primary Care Physician (PCP) or Patient-Centered Medical Home (PCMH) for clients receiving Counseling Services so that appropriate provisions can be made.

212.000 Scope 7-1-24

The Counseling and Crisis Services Program provides treatment and services that are provided by a certified Behavioral Health Services provider to Medicaid-eligible clients who have a Behavioral Health diagnosis as described in the American Psychiatric Association Diagnostic and Statistical Manual (DSM-5 and subsequent revisions).

Eligibility for services depends on the needs of the client. Counseling and Crisis Services can be provided to any client as long as the services are medically necessary.

Counseling and Crisis Services are time-limited behavioral health services provided by qualified licensed practitioners in an allowable setting for the purpose of assessing and treating mental health and/or substance abuse conditions. Counseling Services settings shall mean a behavioral health clinic/office, healthcare center, physician office, child advocacy center, home, shelter, group home, and/or school.

213.000 Counseling and Crisis Services Program Entry 7-1-24

The intake assessment, either the Mental Health Diagnosis, Substance Abuse Assessment, or Psychiatric Assessment, must be completed prior to the provision of counseling or crisis services in the Counseling and Crisis Services Program manual. This intake will assist providers in determining services needed and desired outcomes for the client. The intake must be completed by a behavioral health professional qualified by licensure and experienced in the diagnosis and treatment of behavioral health disorders.

Prior to continuing provision of counseling services, the provider must document medical necessity of Counseling and Crisis Services. The documentation of medical necessity is a written intake assessment that evaluates the client's mental condition, and based on the client's diagnosis, determines whether treatment in the Counseling Services Program is appropriate. This documentation must be made part of the client's medical record.

View or print the procedure codes for counseling services.

219.110 Daily Limit of Client Services 7-1-24

For services that are not reimbursed on a per diem or per encounter rate, Medicaid has established daily benefit limits for all services. Clients will be limited to a maximum of eight (8) hours per twenty-four (24) hour day of Counseling and Crisis Services. Clients will be eligible for an extension of the daily maximum amount of services based on a medical necessity review by the contracted utilization management entity (See Section 231.000 for details regarding extension of benefits).

223.000 Exclusions 7-1-24

Services not covered under the Counseling and Crisis Services Program include, but are not limited to:

A. Room and board residential costs

B. Educational services

C. Telephone contacts with patient

D. Transportation services, including time spent transporting a client for services **(reimbursement for other Counseling Services is not allowed for the period of time the Medicaid client is in transport)**

E. Services to individuals with developmental disabilities that are non-behavioral health in nature

F. Services which are found not to be medically necessary

G. Services provided to nursing home and ICF/IDD residents other than those specified in the applicable populations sections of the service definitions in this manual

224.000 Physician's Role 7-1-24

Counseling and Crisis Services providers are responsible for communication with the client's primary care physician to ensure psychiatric and medical conditions are monitored and

addressed by appropriate physician oversight and that medication evaluation and prescription services are available to individuals requiring pharmacological management.

226.100 Documentation 7-1-24

All Counseling and Crisis Services providers must develop and maintain sufficient written documentation to support each medical or remedial therapy, service, activity, or session for which Medicaid reimbursement is sought. This documentation, at a minimum, must:

A. Be individualized to the client and specific to the services provided, duplicated notes are not allowed

B. Include the date and actual time the services were provided

C. Contain original signature, name, and credentials of the person who provided the services

D. Document the setting in which the services were provided. For all settings other than the provider's enrolled sites, the name and physical address of the place of service must be included

E. Document the relationship of the services to the treatment regimen described in the Treatment Plan

F. Contain updates describing the patient's progress

G. Document involvement, for services that require contact with anyone other than the client, evidence of conformance with HIPAA regulations, including presence in documentation of Specific Authorizations, if required

Documentation must be legible and concise. The name and title of the person providing the service must reflect the appropriate professional level in accordance with the staffing requirements found in Section 211.200.

All documentation must be available to representatives of DHS or Office of Medicaid Inspector General at the time of an audit. All documentation must be available at the provider's place of business. A provider will have 30 (thirty) days to submit additional documentation in response to a request from DHS or OMIG. Additional documentation will not be accepted after this thirty (30) day period.

228.133 Review Process 7-1-24

The record will be reviewed using a review tool based upon the promulgated Medicaid Counseling and Crisis Services manual. The review tool is designed to facilitate review of regulatory compliance, incomplete documentation, and medical necessity. All reviewers must have a professional license in therapy (LP, LCSW, LMSW, LPE, LPE-I, LPC, LAC, LMFT, LAMFT, etc.). The reviewer will screen the record to determine whether complete information was submitted for review. If it is determined that all requested information was submitted, then the reviewer will review the documentation in more detail to determine whether it meets medical necessity criteria based upon the reviewer's professional judgment.

If a reviewer cannot determine that the services were medically necessary, then the record will be given to a psychiatrist for review. If the psychiatrist denies some or all of the services, then a denial letter will be sent to the provider and the client. Each denial letter contains a rationale for

the denial that is record-specific and each party is provided information about requesting reconsideration review or a fair hearing.

The reviewer also will compare the paid claims data to the progress notes submitted for review. When documentation submitted does not support the billed services, the reviewer will deny the services that are not supported by documentation. If the reviewer sees a deficiency during a retrospective review, then the provider will be informed that it has the opportunity to submit information that supports the paid claim. If the information submitted does not support the paid claim, the reviewer will send a denial letter to the provider and the client. Each denial letter contains a rationale for the denial that is record-specific and each party is provided information about requesting reconsideration review or a fair hearing.

Each retrospective review, and any adverse action resulting from a retrospective review, shall comply with the Medicaid Fairness Act. DHS will ensure that its contractor(s) is/are furnished a copy of the Act.

255.003 Crisis Stabilization Unit 7-1-24

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
View or print the procedure codes for counseling services.	Behavioral Health; short-term residential
SERVICE DESCRIPTION	**MINIMUM DOCUMENTATION REQUIREMENTS**
Crisis Stabilization Units provide brief crisis treatment services to persons eighteen (18) years of age and over, who are experiencing a psychiatric or substance abuse-related crisis, or both, and may pose an escalated risk of harm to self or others Crisis Stabilization Units provide hospital and jail diversion in a safe environment with mental health and substance use disorder services on-site or on call at all times, as well as on call psychiatry, available twenty-for (24) hours a day. Crisis Stabilization Units may provide the service of Extended Observation Bed. This is an all-inclusive service and is paid on a per diem basis (census count at midnight and client is in the bed) that includes services such as evaluation, observation, clinical interventions, crisis stabilization and social services interventions. Crisis Stabilization Units may provide the service of Short-Term Observation Bed. This is an all-inclusive service and is paid on a per diem basis (census count at midnight and client is not in the bed) that includes services such as evaluation, observation, clinical interventions, crisis stabilization and social services interventions.	• Date of service • Assessment information including mental health and substance abuse psychosocial evaluation, initial discharge plan, strengths and abilities to be considered for community re-entry • Place of service • Specific persons providing pertinent information and relationship to client • Diagnosis and synopsis of events leading up to acute crisis admission • Interpretive summary • Brief mental status and observations • Utilization of previously established psychiatric advance directive or crisis plan as pertinent to current situation OR rationale for crisis intervention activities utilized • Client's response to the intervention that includes current progress or regression and prognosis • Clear resolution of the current crisis and/or plans for further services • Development of a clearly defined crisis plan or revision to existing plan • Thorough discharge plan including treatment and community resources

<table>
<tr><td>Crisis Stabilization Units may provide the services of Professional Assessment, Stabilization and referral. These services are paid on a fee for service basis (census count at midnight and client is not in the bed) that includes any service described in the Counseling and Crisis Manual. These services would be billed when a CSU is not providing Extended Observation Bed nor Short-Term Observation Bed which are paid on all-inclusive per diem basis.</td><td colspan="2">• Staff signature/credentials/date of signature(s)</td></tr>
<tr><td>NOTES</td><td colspan="2">EXAMPLE ACTIVITIES</td></tr>
<tr><td></td><td colspan="2"></td></tr>
<tr><td>APPLICABLE POPULATIONS</td><td>UNIT</td><td>BENEFIT LIMITS</td></tr>
<tr><td>Adults</td><td>Per Diem
Fee for Service</td><td>• Ninety-six (96) hours or less per admission; Extension of Benefits required for additional days</td></tr>
<tr><td></td><td colspan="2">PROGRAM SERVICE CATEGORY</td></tr>
<tr><td></td><td colspan="2">Crisis Services</td></tr>
<tr><td>ALLOWED MODE(S) OF DELIVERY</td><td colspan="2">TIER</td></tr>
<tr><td>Face-to-face</td><td colspan="2">N/A</td></tr>
<tr><td>ALLOWABLE PERFORMING PROVIDERS</td><td colspan="2">PLACE OF SERVICE</td></tr>
<tr><td>Acute Crisis Units must be certified by the DHS as an Acute Crisis Unit Provider.</td><td colspan="2">55 (Residential Substance Abuse Treatment Facility), 99 (Other)</td></tr>
</table>

Arkansas Department of Human Services

Crisis Stabilization Unit Certification

100.000 GENERAL PROVISIONS

101.000 Purpose

This chapter sets forth the Standards and Criteria used in the certification of Crisis Stabilization Units by the Arkansas Department of Human Services. The rules regarding the certification processes including, but not necessarily limited to, applications, requirements for, levels of, and administrative sanctions are found in this manual.

102.00 Definitions

The following words or terms, when used in this Chapter, shall have the defined meaning, unless the context clearly indicates otherwise:

"Abuse" means the causing or permitting of harm or threatened harm to the health, safety, or welfare of a resident by a staff responsible for the resident's health, safety, or welfare, including but not limited to: non-accidental physical injury or mental anguish;

sexual abuse; sexual exploitation; use of mechanical restraints without proper authority; the intentional use of excessive or unauthorized force aimed at hurting or injuring the resident; or deprivation of food, clothing, shelter, or healthcare by a staff responsible for providing these services to a resident.

"Crisis Stabilization Unit" means a program of emergency services for mental health and substance use disorder crisis stabilization, including, but not limited to, observation, evaluation, emergency treatment and referral, when necessary, for inpatient psychiatric or substance use disorder treatment services. Crisis Stabilization Units must adhere to the following:

1.) Have 16 beds or less

2.) Be independently certified by the Department of Human Services

“Adverse license action” means any action by a licensing authority that is related to client care, any act or omission warranting exclusion under DHS Policy 1088, or that imposes any restriction on the licensee’s practice privileges. The action is deemed to exist when the licensing entity imposes the adverse action except as provided in Ark. Code Ann. § 25-15-211 (c).

“Certification” means a written designation, issued by DHS, declaring that the provider has demonstrated compliance as declared within and defined by this rule.

"Clinical privileging" means an organized method for treatment facilities to authorize an individual permission to provide specific care and treatment services to clients within well-defined limits, based on the evaluation of the individual's license, education, training, experience, competence, judgment, and other credentials.

"Client" means any person for whom a Crisis Stabilization Unit furnishes, or has agreed or undertaken to furnish, services.

"Co-occurring disorder" means any combination of mental health and substance use disorder symptoms or diagnoses in a client.

"Co-occurring disorder capability" means the organized capacity within any type of program to routinely screen, identify, assess, and provide properly matched interventions to individuals with co-occurring disorders.

"Compliance" means conformance with:

1. Applicable state and federal laws, rules, and regulations including, without limitation:

   a. Titles XIX and XXI of the Social Security Act and implementing regulations;
   b. Other federal laws and regulations governing the delivery of health care funded in whole or in part by federal funds, for example, 42 U.S.C. § 1320c-5;
   c. All state laws and rules applicable to Medicaid generally and to Crisis Stabilization Unit services specifically;
   d. Title VI of the Civil Rights Act of 1964 as amended, and implementing regulations;
   e. The Americans With Disabilities Act, as amended, and implementing regulations;
   f. The Health Insurance Portability and Accountability Act ("HIPAA"), as amended, and implanting regulations.

"Crisis intervention" means an immediately available service to meet the psychological, physiological and environmental needs of individuals who are experiencing a mental health and/or substance abuse crisis.

"Crisis stabilization" means emergency psychiatric and substance abuse services for the resolution of crisis situations and may include placement of an individual in a protective environment, basic supportive care, and medical assessment and referral.

"Critical incident" means an occurrence or set of events inconsistent with the routine operation of the facility, or the routine care of a client. Critical incidents specifically include but are not necessarily limited to the following: adverse drug events; self- destructive behavior; deaths and injuries to clients, staff and visitors; medication errors; clients that are absent without leave (AWOL); neglect or abuse of a client; fire; unauthorized disclosure of information; damage to or theft of property belonging to a clients or the facility; other unexpected occurrences; or events potentially subject to litigation. A critical incident may involve multiple individuals or results.

"Emergency examination" means the examination of a person who appears to be a mentally ill person, an alcohol-dependent person, or drug-dependent person and a person requiring treatment, and whose condition is such that it appears that emergency detention may be warranted, by a licensed mental health professional to determine if emergency detention of the person is warranted. The examination must occur within twelve (12) hours of being taken into protective custody.

"Initial Assessment" means examination of current and recent behaviors and symptoms of an individual who appears to be mentally ill or substance dependent.

"Intervention plan" means a description of services to be provided in response to the presenting crisis situation that incorporates the identified problem(s), strengths, abilities, needs and preferences of the individual served.

"Licensed mental health professional" or **"LMHP"** as defined.

"Linkage services" means the communication and coordination with other service providers that assure timely appropriate referrals between the Crisis Stabilization Unit and other providers.

"**Mental health professional**" or "**MHP**" means a person who possesses an Arkansas license to provide clinical behavioral health care. The license must be in good standing and not subject to any adverse license action.

"**Professionally recognized standard of care**" means that degree of skill and learning commonly applied under all the circumstances in the community by the average prudent reputable member of the profession. Conformity with Substance Abuse and Mental Health Services Administration (SAMHSA) evidence-based practice models is evidence of compliance with professionally recognized standards of care.

"Progress notes" mean a chronological description of services provided to a client, the client's progress, or lack of, and documentation of the client's response related to the intervention plan.

"**Provider**" means an entity that is certified by DHS as a Crisis Stabilization Unit and enrolled by DMS as a Behavioral Health Agency.

"Psychosocial evaluations" are in-person interviews conducted by professionally trained personnel designed to elicit historical and current information regarding the behavior and experiences of an individual and are designed to provide sufficient information for problem formulation and intervention.

"Qualified Behavioral Health Provider" means a person who:

1. Does not possess an Arkansas license to provide clinical behavioral health care;

2. Works under the direct supervision of a mental health professional;

3. Has successfully completed prescribed and documented courses of initial and annual training sufficient to perform all tasks assigned by a mental health professional;

4. Acknowledges in writing that all qualified behavioral health provider services are controlled by client care plans and provided under the direct supervision of a mental health professional.

"Restraint" refers to manual, mechanical, and chemical methods that are intended to restrict the movement or normal functioning of a portion of the individual's body.

Mechanical Restraints shall not be utilized within a certified Crisis Stabilization Unit.

"Sentinel event" is a type of critical incident that is an unexpected occurrence involving the death or serious physical or psychological injury to a client, or risk thereof. Serious injury specifically includes loss of limb or function. The phrase "or risk thereof" includes a variation in approved processes which could carry a significant chance of a serious adverse outcome to a client. These events signal the need for immediate investigation and response. Sentinel events include, but are not limited to: suicide, homicide, criminal activity, assault and other forms or violence, including domestic violence or sexual assault, and adverse drug events resulting in serious injury or death.

"Triage" means a dynamic process of evaluating and prioritizing the urgency of crisis intervention needed based on the nature and severity of clients' presenting situations.

"Trauma Informed" means the recognition and responsiveness to the presence of the effects of past and current traumatic experiences in the lives of all clients.

104.000 Applicability

The standards and criteria for services as subsequently set forth in this chapter are applicable to Crisis Stabilization Units as stated in each section.

110.000 CRISIS STABILIZATION UNITS

111.000 Required service options

Crisis Stabilization Units provide brief medically necessary crisis treatment services to persons ages 18 and above who are experiencing a psychiatry- and/or substance abuse-related crisis and may pose an escalated risk of harm to self or others.

Crisis Stabilization Units provide brief crisis treatment services to persons eighteen (18) years of age and over, who are experiencing a psychiatric or substance abuse-related crisis, or both, and may pose an escalated risk of harm to self or others.

Crisis Stabilization Units provide hospital and jail diversion in a safe environment with mental health and substance use disorder services on-site or on call at all times, as well as on call psychiatry, available twenty-four (24) hours a day.

Crisis Stabilization Units may provide the services of Extended Observation Bed. This is an all-inclusive service and is paid on a per diem basis (census count at midnight and client is in the bed) that includes services such as evaluation, observation, clinical interventions, crisis stabilization and social services interventions.

Crisis Stabilization Units may provide the service of Short-Term Observation Bed. This is an all-inclusive service and is paid on a per diem basis (census count at midnight and client is not in the bed) that includes services such as evaluation, observation, clinical interventions, crisis stabilization and social services interventions.

Crisis Stabilization Units may provide the services of Professional Assessment, Stabilization and referral. These services are paid on a fee for service basis (census count at midnight and client is not in the bed) that includes any service described in the Counseling and Crisis Manual. These services would be billed when a CSU is not providing Extended Observation Bed nor Short-Term Observation Bed which are paid on all-inclusive per diem basis.

(a) Crisis Stabilization Unit services shall be provided in the least restrictive setting possible. Services should be provided within, or as close to the community in which they reside as possible.

(b) A physician shall be available at all times for the crisis unit, either on-duty or on call. If the physician is on call, he or she shall respond by telephone or in person to the licensed staff on duty at the crisis unit within 20 minutes.

(c) Crisis Stabilization Unit services shall include, but not be limited to, the following service components and each shall have written policy and procedures and each shall be co-occurring disorder capable and trauma informed, with policies and procedures that support this capability:

(1) Triage services;

(2) Co-occurring capable Psychiatric crisis stabilization; and

(3) Co-occurring capable Drug/alcohol crisis stabilization.

(d) The Crisis Stabilization Unit shall have written policy and procedures addressing restraints, and these shall be in compliance with Section 503.000.

113.00 Crisis stabilization, triage

(a) Crisis stabilization services shall include triage services and emergency examination.

(b) Qualified staff providing triage services shall be:

(1) A Mental Health Professional (MHP) capable of providing crisis stabilization services within the scope of their individual licensure; and

(2) Knowledgeable about applicable laws, DHS rules, facility policy and procedures, and referral sources.

(c) Components of this service shall minimally include the capacity to provide:

(1) Immediate response, on-site and by telephone;

(2) Screening for the presence of co-occurring disorders;

(3) Integrated emergency mental health and/or substance use disorder examination on site or via telemedicine; and

(4) Referral, linkage, or a combination of the two services.

(d) The Crisis Stabilization Unit shall have written policy and procedures minimally:

(1) Providing, triage crisis services; and

(2) Defining methods and required content for documentation of each triage crisis response service provided.

(3) Ensuring that individuals who present in crisis with co-occurring disorders are identified, and that there are no barriers to access triage crisis response based on arbitrary alcohol or drug levels, types of diagnosis or medications while remaining in compliance with facility certification, licensure, and medical standards. Nothing in this Section shall require a facility to treat a client that is not medically stable.

114.00 Crisis stabilization, psychiatric, substance use disorder and co- occurring services

(a) Crisis stabilization services shall provide continuous twenty-four (24) hour evaluation, observation, crisis stabilization, and social services intervention seven (7) days per week for clients experiencing mental health or substance use disorder related crises; or those who present with co-occurring disorders.

(b) Licensed nurses and other support staff shall be adequate in number to provide care needed by clients twenty-four (24) hours a day seven (7) days per week.

(c) Crisis stabilization services shall be provided by a co-occurring disorder capable multidisciplinary team of medical, nursing, social services, clinical, administrative, and other staff adequate to meet the clinical needs of the individuals served.

(d) Staff members assigned to a medical supervised detoxification component shall be knowledgeable about the physical signs of withdrawal, the taking of vital signs and the implication of those vital signs, and emergency procedures as well as demonstrating core competencies in addressing the needs of

individuals receiving detoxification services who may have co-occurring mental health disorders and be on psychotropic medication.

(e) Services shall minimally include:

(1) Medically-supervised substance use disorder and mental health screening, observation and evaluation;

(2) Initiation and medical supervision of rapid stabilization regimen as prescribed by a physician, including medically monitored detoxification where indicated;

(3) Medically-supervised and co-occurring disorder capable detoxification, in compliance with procedures outlined in the Arkansas DHS Regional Alcohol and Drug Detoxification Manual.

(4) Intensive care and intervention during acute periods of crisis stabilization;

(5) Motivational strategies to facilitate further treatment participation for mental health and/or substance abuse needs; and,

(6) Providing referral, linkage or placement, as indicated by client needs.

115.00 Linkage Services to higher or lower levels of care, or longer term placement

(a) Persons needing mental health services shall be treated with the least restrictive clinically appropriate methods.

(b) In cases where clients are not able to stabilize in or are not appropriate for the Crisis Stabilization Unit, linkage services shall be provided, including the following steps:

(1) Qualified Crisis Stabilization Unit staff shall perform the crisis intervention and referral process to the appropriate treatment facility.

(2) The referral process shall require referral to the least restrictive service to meet the needs of the client. The referral shall be discussed with the client, the client's legal guardian, or both the client and legal guardian as applicable, and shall include a discussion of why a less restrictive community resource was not utilized if applicable. This discussion shall be

documented in the client's record. If an adult client wishes to include family members in the decision making process, appropriate releases should be obtained.

(3) Staff shall make referral to an appropriate treatment facility to include demographic and clinical information and documentation. Appropriate releases should be obtained as indicated.

(c) The Crisis Stabilization Unit shall have a written plan for addressing non-psychiatric medical emergencies, including transfer to a general medical-surgical hospital when necessary. All emergencies must be documented and reviewed by appropriate staff.

(d) If the Crisis Stabilization Unit is referring a client to an acute inpatient facility, the client must meet the admission criteria.

116.00 Pharmacy services

(a) The Crisis Stabilization Unit shall provide specific arrangements for pharmacy services to meet clients' needs. Provision of services may be made through agreement with another program or through a pharmacy in the community.

(b) Medical records must contain valid prescriptions for medications administered while a client is in the care of a Crisis Stabilization Unit.

(c) The Crisis Stabilization Unit shall have the capacity to administer medications, including injectables, twenty-four (24) hours per day.

120.000 CRISIS STABILIZATION UNIT MEDICAL RECORDS REQUIREMENTS

121.000 Medical record keeping system

Each Crisis Stabilization Unit shall maintain an organized medical record keeping system to collect and document information appropriate to the treatment processes. This system shall be organized; easily retrievable, usable medical records stored under confidential conditions and with planned retention and disposition.

122.00 Basic requirements

(a) The Crisis Stabilization Unit's policies and procedures shall:

(1) define the content of the client's medical record in accordance with Section 300.000 through Section 310.000 of this manual.

(2) define storage, retention and destruction requirements for client medical records;

(3) require client medical records be confidentially maintained in locked equipment under secure measures;

(4) require legible entries in client medical records signed with first name or initial, last name, and dated by the person making the entry;

(5) require the client's name be typed or written on each sheet of paper or page in the client record;

(6) require a signed consent for treatment; and

(7) require a signed consent for follow-up before any contact after discharge is made.

123.000 Record access for clinical staff

(a) The Crisis Stabilization Unit shall assure client records are readily accessible to the Crisis Stabilization Unit staff directly caring for the client. Such access shall be limited to the minimum necessary to carry out the staff member's job functions or the purpose for the use of the records.

124.00 Clinical record content, intake and assessment

(a) The Crisis Stabilization Unit shall assess each individual to determine appropriateness of admission. Initial assessments are to be completed on all clients voluntary or involuntary at time of entrance.

(b) Client intake information shall contain, but not be limited to the following identification data:

(1) Client name;

(2) Name and identifying information of the legal guardian(s)

(3) Home address;

(4) Telephone number;

(5) Referral source;

(6) Reason for referral;

(7) Significant other to be notified in case of emergency;

(8) Intake data core content;

(9) Presenting problem and disposition;

(10) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be obtained during intake and kept in a highly visible location in or on the record; and

(11) Screening for co-occurring disorders, trauma, medical and legal issues.

(c) Client assessment information for clients admitted to Crisis Stabilization Units shall be completed within 12 hours of client's entrance.

(1) Integrated mental health and substance abuse psychosocial evaluation that minimally addresses:

(A) The client's strengths and abilities to be considered during community re- entry;

(B) Economic, vocational, educational, social, family and spiritual issues as indicated; and

(C) An initial discharge plan.

(2) Interpretive summary of relevant assessment findings that results in the development of an intervention plan addressing mental health, substance use disorder, and other related issues contributing to the crisis;

(3) An integrated intervention plan that minimally addresses the client's:

(A) Presenting crisis situation that incorporates the identified problem(s);

(B) Strengths and abilities;

(C) Needs and preferences; and

(D) Goals and objectives.

125.00 Health, mental health, substance abuse, and drug history

(a) A health and drug history shall be completed for each client at the time of entrance in a Crisis Stabilization Unit (as soon as practical). The medical history shall include obtainable information regarding:

(1) Name of medication;

(2) Strength and dosage of current medication;

(3) Length of time patient was on the medication if known;

(4) Benefit(s) of medication;

(5) Side effects;

(6) The prescribing medical professional if known; and

(7) Relevant drug history of family members.

(b) A mental health history, including symptoms and safety screening, shall be completed for each client at the time of entrance in a Crisis Stabilization Unit (as soon as practical).

(c) A substance abuse history, including checklist for use, abuse, and dependence for common substances (including nicotine and caffeine) and screening for withdrawal risk and IV use shall be completed for each client at the time of entrance.

126.00 Progress notes

(a) The Crisis Stabilization Unit shall have a policy and procedure mandating the chronological documentation of progress notes for clients admitted to Crisis Stabilization Units.

(b) Progress notes shall minimally address the following:

(1) Person(s) to whom services were rendered;

(2) Activities and services provided and as they relate to the goals and objectives of the intervention plan, including ongoing reference to the intervention plan;

(3) Documentation of the progress or lack of progress in crisis resolution as defined in the intervention plan;

(4) Documentation of the intervention plan's implementation, including client activities and services;

(5) The client's current status;

(6) Documentation of the client's response to intervention services, changes in behavior and mood, and outcome of intervention services;

(7) Plans for continuing therapy or for discharge, whichever is appropriate; and

(c) Progress notes shall be documented according to the following time frames:

(1) Intervention team shall document progress notes daily; and

(2) Nursing service shall document progress notes on each shift.

127.00 Medication record

(a) The Crisis Stabilization Unit shall maintain a medication record on all clients who receive medications or prescriptions in order to provide a concise and accurate record of the medications the client is receiving or has been prescribed for the client.

(b) The client medical record shall contain a medication record with information on all medications ordered or prescribed by physician staff which shall include, but not be limited to:

(1) The record of medication administered, dispensed or prescribed shall include all of the following:

(A) Name of medication,

(B) Dosage,

(C) Frequency of administration or prescribed change,

(D) Route of administration, and

(E) Staff member who administered or dispensed each dose, or prescribing physician; and

(2) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be updated when required by virtue of new information, and kept in a highly visible location in or on the record.

129.00 Aftercare and discharge summary

(a) The aftercare plan shall minimally include:

(1) Presenting problem at intake;

(2) Any co-occurring disorders or issues, and recommended interventions for each;

(3) Physical status and ongoing physical problems;

(4) Medications prescribed at discharge;

(5) Medication and lab summary, when applicable;

(6) Names of family and significant other contacts;

(7) Any other considerations pertinent to the client's successful functioning in the community;

(8) The Client's, the client's legal guardian, or as indicated both the client's and legal guardian's comments on participation in his or her crisis resolution efforts; and

(9) The credentials of the staff members treating the client and their dated signatures.

130.00 Other records content

(a) The client record shall contain copies of all consultation reports concerning the client.

(b) When psychometric or psychological testing is done, the client record shall contain a copy of a written report describing the test results and implications and recommendations for treatment.

(c) The client medical record shall contain any additional information relating to the client, which has been secured from sources outside the Crisis Stabilization Unit.

141.000 DHS Investigations

The Arkansas Department of Human Services in any investigation or program monitoring regarding client rights shall have access to clients, Crisis Stabilization Unit records and Crisis Stabilization Unit staff.

151.00 Organizational description

(a) The Crisis Stabilization Unit shall have a written organizational description which is reviewed annually by both the Crisis Stabilization Unit and DHS, which minimally includes:

(1) The overall target population, specifically including those individuals with co- occurring disorders, for whom services will be provided;

(2) The overall mission statement;

(3) The annual facility goals and objectives, including the goal of continued progress for the facility in providing person centered, culturally competent, trauma informed and co-occurring capable services;

(b) The Crisis Stabilization Unit's governing body shall approve the mission statement and annual goals and objectives and document their approval.

(c) The Crisis Stabilization Unit shall make the organizational description, mission statement and annual goals and objectives available to staff.

(d) The Crisis Stabilization Unit shall make the organizational description, mission statement and annual goals and objectives available to the general public upon request.

(e) Each Crisis Stabilization Unit shall have a written plan for professional services which shall have in writing the following:

(1) Services description and philosophy;

(2) The identification of the professional staff organization to provide these services;

(3) Written admission and exclusionary criteria to identify the type of clients for whom the services are primarily intended; and

(4) Written goals and objectives.

(5) Delineation of processes to assure accessible, integrated, and co-occurring capable services and a plan for how each program component will address the needs of individuals with co-occurring disorders.

(f) There shall be a written statement of the procedures/plans for attaining the organization's goals and objectives. These procedures/plans should define specific tasks, including actions regarding the organization's co-occurring capability, set target dates and designate staff responsible for carrying out the procedures or plans.

152.00 Information Analysis and Planning

(a) The Crisis Stabilization Unit shall have a defined plan for conducting an organizational needs assessment that specifies the methods and data to be collected, which shall include but not limited to information from:

(1) Clients;

(2) Governing Authority;

(3) Staff;

(4) Stakeholders;

(5) Outcomes management processes; and
(6) Quality record review.

(b) The Crisis Stabilization Unit shall have a defined system to collect data and information on a quarterly basis to manage the organization.

(c) Information collected shall be analyzed to improve client services and organizational performance.

(d) The Crisis Stabilization Unit shall prepare an end of year management report, which shall include but not be limited to:

(1) An analysis of the needs assessment process; and

(2) Performance improvement program findings.

(e) The management report shall be communicated and made available to among others:

(1) The governing authority;

(2) Crisis Stabilization Unit staff; and

(3) DHS if and when requested.

156.00 Performance improvement program

(a) The Crisis Stabilization Unit shall have an ongoing performance improvement program designed to objectively and systematically monitor, evaluate, and improve the quality of client care.

(b) The Performance improvement program shall also address the fiscal management of the organization.

(c) There shall be an annual written plan for performance improvement activities. The plan shall include, but not be limited to:

(1) Outcomes management processes specific to each program component minimally measuring:

(A) efficiency;

(B) effectiveness; and

(C) client satisfaction.

(D) A quarterly record review to minimally assess:quality of services delivered;

(E) appropriateness of services;

(F) patterns of service utilization;

(G) clients, relevant to:

i. their orientation to the Crisis Stabilization Unit and services being provided; and

ii. their active involvement in making informed choices regarding the services they receive;

(H) the client assessment information thoroughness, timeliness and completeness;

(I) treatment goals and objectives are based on:

i. assessment findings; and

ii. client input;

(J) services provided were related to the goals and objectives;

(K) services are documented as prescribed by policy;

(L) the treatment plan is reviewed and updated as prescribed by policy

(2) Clinical privileging;

(3) Fiscal management and planning, which shall include:

(A) an annual budget that is approved by the governing authority and reviewed at least annually;

(B) the organization's capacity to generate needed revenue to produce desired client and other outcomes;

(C) monitoring client records to ensure documented dates of services provided coincide with billed service encounters; and,

(4) Review of critical incident reports and client grievances or complaints.

(d) The Crisis Stabilization Unit shall monitor the implementation of the performance improvement plan on an ongoing basis and make adjustments as needed.Performance improvement findings shall be communicated and made available to, among others:

(1) the governing authority;

(2) Crisis Stabilization Unit staff; and

(3) DHS if and when requested.

157.00 Incident reporting

(a) The Crisis Stabilization Unit shall report critical incidents to DHS in accordance with DHS Incident Reporting Policy 1090 that include:

(1) Critical incidents involving allegations constituting a sentinel event or resident abuse shall be reported to DHS immediately via telephone or fax, but not less than twenty-four (24) hours of the incident. If reported by telephone, the report shall be followed with a written report within twenty-four (24) hours.

(b) The Crisis Stabilization Unit shall document and monitor internally, with a quality assurance and improvement process that will be made available for review and/or audit by an appropriate agency the following:

(1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax or mail to DHS Provider Certification within twenty-four (24) hours of the incident being documented.

161.00 Personnel policies and procedures

(a) The Crisis Stabilization Unit shall have written personnel policies and procedures approved by the governing authority.

(b) All employees shall have access to personnel policies and procedures, as well as other Rules and Regulations governing the conditions of their employment.

(c) The Crisis Stabilization Unit shall develop, adopt, and maintain policies and procedures to promote the objectives of the program and provide for qualified personnel during all hours of operation to support the functions of the center and provide quality care.

162.00 Job descriptions

(a) The Crisis Stabilization Unit shall have written job descriptions for all positions setting forth minimum qualifications and duties of each position.

(b) All job descriptions shall include an expectation of core competencies in relation to individuals with co-occurring disorders.

165.000 STAFF DEVELOPMENT AND TRAINING

166.00 Staff qualifications

(a) The Crisis Stabilization Unit shall document the qualifications and training of staff providing crisis stabilization services which shall be in compliance with the Crisis Stabilization Unit's clinical privileging process.

(b) Failure to comply with Section 166.000 will result in the initiation of procedures to deny, suspend and/or revoke certification.

167.00 Staff development

(a) The Crisis Stabilization Unit shall have a written plan for the professional growth and development of all administrative, professional clinical and support staff.This plan shall include but not be limited to:

(1) orientation procedures;

(2) in-service training and education programs;

(3) availability of professional reference materials; and

(4) mechanisms for insuring outside continuing educational opportunities for staff members.

(b) The results of performance improvement activities and accrediting and audit findings and recommendations shall be addressed by and documented in the staff development and clinical privileging processes.

(c) Staff competency development shall be aligned with the organization's goals related to co-occurring capability, and incorporate a training plan, training activities, and supervision designed to improve co-occurring core competencies of all staff.

(d) Staff education and in-service training programs shall be evaluated by the Crisis Stabilization Unit at least annually.

168.00 In-service

(a) Trainings are required annually for all employees who provide clinical services within the Crisis Stabilization Unit program on the following topics:

(1) Fire and safety;

(2) Infection Control and universal precautions;

(3) Client's rights and the constraints of the Mental Health Client's Bill of Rights;

(4) Confidentiality;

(5) Arkansas Adult and Long-Term Care Facility Resident Maltreatment Act, §12- 12-1701 et seq.

(6) Facility policy and procedures;

(7) Cultural competence;

(8) Co-occurring disorder competency and treatment principles; and

(b) Trauma informed and age and developmental specific trainings.All staff providing clinical services shall have a current certification in basic first aid and in Cardiopulmonary Resuscitation (CPR).

(c) All clinical staff shall have training in non-physical intervention techniques and philosophies addressing appropriate non-violent interventions for potentially physical interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non- verbal interaction and non-violent intervention within 30 days of being hired with annual updates thereafter. This training shall occur prior to direct patient contact.

(d) The Crisis Stabilization Unit Executive Director shall designate which positions and employees, including temporary employees, will be required to successfully complete physical intervention training. The employee shall successfully complete this training within 30 days of being hired, with annual updated thereafter. This training shall occur prior to direct patient contact.

170.000 FACILITY ENVIRONMENT

Crisis Stabilization Units shall apply these standards to all sites operated. The primary concern of the Crisis Stabilization Unit should always be the safety and well being of the clients and staff. Crisis Stabilization Units shall be physically located in the State of Arkansas. Crisis Stabilization Units shall provide a safe and sanitary environment.

171.00 Facility environment

(a) The Crisis Stabilization Unit shall obtain an annual fire and safety inspection from the State Fire Marshall or local authorities which documents approval for continued occupancy.

(b) Crisis Stabilization Unit staff shall know the exact location, contents, and use of first aid supply kits and fire fighting equipment and fire detection systems. All fire fighting equipment shall be annually maintained in appropriately designated areas within the facility.

(c) The Crisis Stabilization Unit shall post written plans and diagrams noting emergency evacuation routes in case of fire, and shelter locations in case of severe weather. All exits must be clearly marked.

(d) Facility grounds shall be maintained in a manner, which provides a safe environment for clients, personnel, and visitors.

(e) The Crisis Stabilization Unit Facility Director or, designee, shall appoint a safety officer.

(f) The Crisis Stabilization Unit shall have an emergency preparedness program designed to provide for the effective utilization of available resources so client care can be continued during a disaster. The Crisis Stabilization Unit shall evaluate the emergency preparedness program annually and update as needed. Policies for the use and control of personal electrical equipment shall be developed and implemented.

(g) The Crisis Stabilization Unit shall have an emergency power system to provide lighting throughout the facility.

(h) The Crisis Stabilization Unit Facility Director shall ensure there is a written plan to respond to internal and external disasters. External disasters include, but are not limited to, tornadoes, explosions, and chemical spills.

(i) All Crisis Stabilization Units shall be inspected annually by designated fire and safety officials of the municipality who exercise fire/safety jurisdiction in the facility's location which results in the facility being allowed to continue to operate.

(j) The Crisis Stabilization Unit shall have a written Infection Control Program and staff shall be knowledgeable of Center for Disease Control (CDC) Guidelines for Tuberculosis and of the Blood Borne Pathogens Standard, location of spill kits, masks, and other personal protective equipment.

(k) The Crisis Stabilization Unit shall have a written Hazardous Communication Program and staff shall be knowledgeable of chemicals in the workplace, location of Material Safety Data Sheets, personal protective equipment; and toxic or

flammable substances shall be stored in approved locked storage cabinets.

(l) The Crisis Stabilization Unit's telephone number(s) and actual hours of operation shall be posted at all public entrances.

(m) Signs must be posted at all public entrances informing staff, clients and visitors as to the following requirements:

(1) No alcohol or illicit drugs are allowed in the Crisis Stabilization Unit facility,

(2) No firearms, or other dangerous weapons, are allowed in the Crisis Stabilization Unit facility with the exception of law enforcement while in the performance of their duties, and

(n) A copy of compliance with law Title VI/Title VII of the 1964 Civil Rights Law shall be prominently displayed within the Acute Crisis Unit Facility.

(o) Crisis Stabilization Units shall:

(1) Provide separate bedroom areas for males and females,

(2) Provide sufficient clean linens for clients, and

(3) Provide adequate barriers to divide clients.

(p) Plumbing in Crisis Stabilization Units shall be in working condition to avoid any health threat. All toilets, sinks and showers shall be clean and in working order.

(q) There shall be at least one toilet, one sink, and one shower or tub per every eight

(8) Crisis Stabilization Unit beds. This means that a Crisis Stabilization Unit shall have no less than one toilet, one sink, and one shower or tub.

(r) A secure locked storage shall be provided for client valuables when requested.

(s) Separate storage areas are provided and designated for:

(1) Food, kitchen, and eating utensils,

(2) Clean linens,

(3) Soiled linens and soiled cleaning equipment, and

(4) Cleaning supplies and equipment.

(t) When handling soiled linen or other potentially infectious material, Universal Precautions are to be followed and address in the Crisis Stabilization Unit policies and procedures. Hazardous and regulated waste shall be disposed of in accordance with federal requirements.

(u) Poisons, toxic materials and other potentially dangerous items shall be stored in a secured location.

172.00 Medication clinic, medication monitoring

(a) Medication administration; storage and control; and client reactions shall be continuously monitored.

(b) Crisis Stabilization Units shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.

(1) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.All medications shall be kept in locked, non-client accessible areas. Factors which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.

(2) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, or administered, or stored.

(3) A Crisis Stabilization Unit physician shall supervise the preparation and stock of an emergency kit which shall be readily available, but accessible only to Crisis Stabilization Unit staff.

173.000 Medication, error rates

(a) The Crisis Stabilization Unit shall have an ongoing performance improvement program that specifically, objectively, and systematically monitors medications administration or dispensing or medication orders and prescriptions to evaluate and improve the quality of client care.

174.00 Technology

(a) The Crisis Stabilization Unit shall have a written plan regarding the use of technology and systems to support and advance effective and efficient service and business practices. The plan shall include, but not be limited to:

(1) Hardware and software.

(2) Security.

(3) Confidentiality.

(4) Backup policies.

(5) Assistive technology.

(6) Disaster recovery preparedness.

(7) Virus protection.

175.00 Food and Nutrition

(a) If the Crisis Stabilization Unit prepares meals on site, the Crisis Stabilization Unit shall have a current food establishment health inspection as required by the Arkansas Department of HealthWhen meals are provided by a food service, a written contract shall be maintained and shall require the food service to have a current food establishment health inspection as required by the Arkansas Department of Health.

(b) Crisis Stabilization Units shall provide at least three meals daily, with no more than fourteen (14) hours between any two meals.

(c) All food shall be stored, prepared, and served in a safe, healthy manner.

(d) Perishable items shall not be used once they exceed their sell by date.