

ARKANSAS REGISTER

Proposed Rule Cover Sheet



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Name of Department _____

Agency or Division Name _____

Other Subdivision or Department, If Applicable _____

Previous Agency Name, If Applicable _____

Contact Person _____

Contact E-mail _____

Contact Phone _____

Name of Rule _____

Newspaper Name _____

Date of Publishing _____

Final Date for Public Comment _____

Location and Time of Public Meeting _____

Division of Provider Services and Quality Assurance (DPSQA)
COVID-19 Response Manual

~~July 1, 2021~~ January 1, 2022

DPSQA COVID-19 RESPONSE CONTENTS

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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, and ~~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, 2021the termination of the federal public health emergency, including any extensions.

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~~ the termination of the federal public health emergency, including any extensions.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services

DIVISION Division of Provider Services and Quality Assurance (DPSQA)

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 Division of Provider Services and Quality Assurance (DPSQA)
Manual Extension

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	<u>\$0</u>
Federal Funds	<u>\$0</u>
Cash Funds	_____
Special Revenue	_____
Other (Identify)	_____

Next Fiscal Year

General Revenue	<u>\$0</u>
Federal Funds	<u>\$0</u>
Cash Funds	_____
Special Revenue	_____
Other (Identify)	_____

Total	\$0		Total	\$0
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(b) What is the additional cost of the state rule?

Current Fiscal Year

General Revenue	\$0
Federal Funds	\$0
Cash Funds	
Special Revenue	
Other (Identify)	
 Total	 \$ 0

Next Fiscal Year

General Revenue	\$0
Federal Funds	\$0
Cash Funds	
Special Revenue	
Other (Identify)	
 Total	 \$ 0

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

\$ 0

Next Fiscal Year

\$ 0

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

- (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;
- (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;
- (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
- (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.

Statement of Necessity and Rule Summary

Division of Provider Services & Quality Assurance Manual Extension

Statement of Necessity:

The rule as initially promulgated was set to terminate on December 31, 2021; however, the public health emergency is ongoing, therefore DPSQA amends the termination date.

Rule Summary:

DPSQA amends the COVID-19 Response Manual to align the termination of DPSQA's waiver of pre-admission screening for prospective nursing home residents with the termination of the 1135 waiver and continues to suspend the rules for the Therapeutic Community's level of direct care. DPSQA removes the termination date from the Pre-Admission Screening for Nursing Facility Residents Potentially MI/DD section (271.000) and aligns it with 1135 waiver termination language: "upon termination of the public health emergency, including any extensions." By continuing to suspend 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.

The section waiving rules related to Therapeutic Community Direct Services Requirements (272.000) is extended to align with the termination of the public health emergency, including any extensions.

NOTICE OF RULE MAKING

The Director of the Division of Provider Services and Quality Assurance 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 rules under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§ 20-76-201, 20-77-107, 25-10-129, and 20-10-203.

Effective January 1, 2022:

The Director of the Division of Provider Services and Quality Assurance amends the COVID-19 Response Manual to remove the sunset date of December 31, 2021, to align with the termination of the federal public health emergency, including any extensions.

The proposed rules are 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 rules 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 November 8, 2021. 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 need this material in a different format, such as large print, contact the Office of Rules Promulgation at 501-396-6428.

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



Martina Smith, Director
Division of Provider Services and Quality Assurance