

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 Aging, Adult, & Behavioral Health Services

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Statutory Authority for Promulgating Rules Arkansas Code Annotated 20-76-201

Rule Title: DAABHS COVID-19 Response Manual

Intended Effective Date
(Check One)

☐ Emergency (ACA 25-15-204)

☐ 10 Days After Filing (ACA 25-15-204)

☒ Other 07/01/2021
(Must be more than 10 days after filing date.)

Legal Notice Published

Final Date for Public Comment

Reviewed by Legislative Council

Adopted by State Agency

Date

04/11/2021

05/10/2021

06/18/2021

07/01/2021

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

Renita Whitley

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06/18/2021

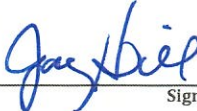
Contact Person

E-mail Address

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.)



Signature

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Director

Title

06/18/2021

Date

**Division of Aging, Adult, and Behavioral Health Services
(DAABHS)**

COVID-19 Response Manual

July 1, 2021

DAABHS 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 Aging, Adult, and Behavioral Health Services (DAABHS) Arkansas Department of Human Services (DHS) under the authority of Arkansas Code Annotated §§ 20-76-201, 20-77-107, 25-10-129, and 25-10-126.

Families First Coronavirus Response Act (Public Law 116-127 – March 18, 2020)

Coronavirus Aid, Relief, and Economic Security (CARES) Act (Public Law No. 116-136 – March 27, 2020)

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.

210.000 AGING AND ADULT

211.000 Extension of Person-Centered Service Plans -- ARChoices, Living Choices and PACE

The Person-Centered Service Plan (PCSP) serves to document the level of service need and is the official plan of care for those beneficiaries who have been found medically eligible for services.

Agency nurses should be able to extend PCSPs and authorizations based on review of current medical/functional needs. DAABHS nurses will complete an evaluation of the beneficiary's current needs and will extend the dates for qualifying beneficiaries, ensuring continued eligibility for services. PCSPs are living documents and are to be updated as goals and needs are met. During the extension period, the PCSP will continue to be updated to the level of current service needs based on continued phone contact with beneficiary.

The following rule provisions are suspended until December 31, 2021.

ARChoices: 212.312 which requires that a PCSP expiration date be 365 days from the date of the DHS RN's signature of the AAS-9503, the ARChoices PCSP.

Living Choices: 211.150 The Independent Assessment Contractor RN performs an assessment periodically (at least annually), and the Division of County Operations re-determines level of care annually. The results of the level of care determination and the re-evaluation are documented on form DHS-704.

212.200 Each Living Choices beneficiary will be evaluated at least annually by a DHS RN. The DHS RN evaluates the resident to determine whether a nursing home intermediate level of care is still appropriate and whether the plan of care should continue unchanged or be revised.

PACE: 212.200 involving involuntary dismissal of a Program of All-Inclusive Care for the Elderly (PACE) patient.

215.200 (B) and (C) require semi-annual and annual evaluations by providers.

These services will be available until December 31, 2021.

212.000 ARChoices, Living Choices and PACE Manual –Suspension of Timelines for Evaluation

Families First Corona Virus Response Act requires states to maintain an individual eligibility for amount, duration, and scope of benefits during the public health emergency ArChoices, Living Choices and PACE clients who do not receive an evaluation within 365 days of their existing eligibility date would be transitioned to traditional Medicaid or lose access to care under these programs.

This rule is suspended to allow members who do not receive a timely evaluation to remain eligible for ARChoices, Living Choices and PACE.

ARChoices	212.312 which requires functional eligibility be determined prior to the expiration of financial and functional eligibility
Living Choices	211.150 which requires that an evaluation is completed annually by DHS RN to help inform the determination of functional eligibility
PACE	212.200 which refers to involuntary dismissal of a PACE patient.

These services will be available until December 31, 2021.

213.000 Living Choices Assisted Living Facilities Reimbursement Rate

The rate reduction scheduled to occur January 1, 2021 will be suspended resulting in additional cost to the Medicaid program of \$4.36 dollars per client day.

220.000 BEHAVIORAL HEALTH

221.000 Outpatient Behavioral Health Agencies Certified as Acute Crisis Units.

DMS is suspending the Acute Crisis Unit benefit limits of 96 hours per encounter, one encounter per month, and 6 encounters per state fiscal year. The rule to be suspended is in Section 253.003 of the Outpatient Behavioral Health Services Provider Manual.

The allowable code for this rule suspension:

- Acute Crisis Unit
- H0018 U4
- Benefit Limits 96 hours or less per encounter, 1 encounter per month, 6 encounters per SFY

These services will be available until December 31, 2021.