

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 _____

TOC required**217.000 Acute Psychiatric Inpatient****12-1-25**

Adult Acute Psychiatric Inpatient Hospitalization services are designed to address severe, rapidly emerging psychiatric conditions that require immediate intervention and intensive treatment. These services are delivered in a highly secure and structured inpatient setting and exceed the level of care typically available in a general inpatient psychiatric unit. The primary goal is to stabilize acute psychiatric symptoms, manage dangerous behavior, and facilitate transition to a less intensive level of care.

Services provide a higher level of clinical intensity and supervision, including:

- A. 24-hour skilled nursing care and clinical oversight;
- B. Daily medical and psychiatric evaluation;
- C. Continuous risk assessment and crisis management;
- D. A structured treatment environment (milieu) with individualized treatment planning;
- E. Multidisciplinary team involvement, including psychiatrists, psychiatric nurses, social workers, and mental health professionals;
- F. Specialized staff trained to manage aggressive, assaultive, or otherwise dangerous behaviors;
- G. Enhanced staffing ratios to allow for increased observation and rapid intervention; and
- H. Coordination of care planning with family, community providers, and support systems in preparation for step-down care.

217.100 Criteria**12-1-25**

A person is eligible for admission based on the following criteria, all of which must be met.

A. Psychiatric Evaluation

- 1. A physician has conducted a comprehensive evaluation and determined that:
 - a. The individual has a psychiatric diagnosis or a provisional psychiatric diagnosis, excluding:
 - i. Intellectual disability,
 - ii. Substance use disorders,unless these conditions coexist with another qualifying psychiatric diagnosis or provisional diagnosis.

B. Level of Care Necessity

The individual cannot be appropriately treated at a less intensive level of care due to the need for:

- 1. 24-hour availability of services for diagnosis, monitoring, and assessment of response to treatment;
- 2. Continuous access to a physician 24 hours a day for timely and appropriate modifications to the treatment plan;
- 3. Active involvement of a psychiatrist in the development and ongoing management of the treatment program;

4. Professional nursing care available 24/7 to implement the treatment plan, monitor the patient's condition, and assess treatment response;
5. Round-the-clock clinical management and supervision.

C. Severity of Illness

The individual presents with one or more of the following conditions:

1. A **significant risk of harm** to self, others, or property;
2. A **medical condition or illness** that cannot be safely managed at a lower level of care due to compounding psychiatric and medical issues, resulting in a high risk of crisis or instability;
3. **Severely impaired judgment or functional capacity**, such that the person's ability to maintain self-care, occupational, or social functioning is critically threatened;
4. A need for **treatment that would be medically unsafe** if provided in a less intensive setting;
5. A **worsening of psychiatric symptoms** where continuation at a lower level of care cannot be expected to result in improvement or prevent deterioration, thereby posing danger to self, others, or property.

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY.

DEPARTMENT _____
BOARD/COMMISSION _____
PERSON COMPLETING THIS STATEMENT _____
TELEPHONE NO. _____ **EMAIL** _____

To comply with Ark. Code Ann. § 25-15-204(e), please complete the Financial Impact Statement and email it with the questionnaire, summary, markup and clean copy of the rule, and other documents. Please attach additional pages, if necessary.

TITLE OF THIS RULE _____

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 no, please explain:

(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 reason for adoption of the more costly rule is based on the interests of public health, safety, or welfare, and if so, how; and

(d) whether the reason for adoption of the more costly rule is within the scope of the agency's statutory authority, and if so, how.

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) _____

Total _____

Next Fiscal Year

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

Total _____

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

Current Fiscal Year

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

Total _____

Next Fiscal Year

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

Total _____

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

Current Fiscal Year

\$ _____

Next Fiscal Year

\$ _____

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

\$ _____

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

Rehabilitative Hospital Manual

Statement of Necessity

The Division of Medical Services (DMS) revises the Rehabilitative Hospital Provider Manual. New sections are added to create rules regarding Adult Acute Psychiatric Inpatient Hospitalization services and detailed criteria for admission to a Rehabilitative Hospital.

Adult Acute Psychiatric Inpatient Hospitalization services address severe, rapidly emerging psychiatric conditions that require immediate intervention and intensive treatment. The services are delivered in a highly secure and structured inpatient setting and exceed the level of care typically available in a general inpatient psychiatric unit. The primary goal is to stabilize acute psychiatric symptoms, manage dangerous behavior, and facilitate transition to a less intensive level of care.

The criteria for admission include psychiatric evaluations, level of care necessity, and severity of illness. All criteria must be met to be admitted.

Summary

DMS adds two new sections in the Rehabilitative Hospital Provider Manual. Section 217.000 creates rules regarding Adult Acute Psychiatric Inpatient Hospitalization services. Section 217.100 establishes detailed criteria for admission to a Rehabilitative Hospital.

NOTICE OF RULE MAKING

The Department of Human Services (DHS) announces for a public comment period of thirty (30) calendar days a notice of rulemaking for the following proposed rule under one or more of the following chapters, subchapters, or sections of the Arkansas Code: §§20-76-201, 20 77-107, and 25-10-129. The projected effective date of the rule is March 1, 2026, and there is no fiscal impact.

The Division of Medical Services creates new sections of the Rehabilitative Hospital Provider Manual (20 Code of Arkansas Rules Part 643). Section 217.000 creates rules regarding Adult Acute Psychiatric Inpatient Hospitalization services. Section 217.100 establishes detailed criteria for admission to a Rehabilitative Hospital. These updates will allow a rehabilitative hospital to have an Acute Psychiatric Inpatient Unit allowing it to provide a high level of clinical intensity and supervision for clients requiring immediate intervention for psychiatric conditions.

The proposed rule is available for review at the Department of Human Services (DHS) Office of Policy and Rules, 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 rule at ar.gov/dhs-proposed-rules.

Public comments can 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 December 20, 2025. 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.

A public hearing will be held by remote access through Microsoft Teams. Public comments may be submitted at the hearing. The details for attending the Microsoft Teams hearing appear at ar.gov/dhspublichearings.

If you need this material in a different format, such as large print, contact the Office of Policy and Rules at 501-320-6428. 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. **4502292178**

Elizabeth Pitman, Director
Division of Medical Services