ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Provider Services and Quality Assurance

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June 10, 2021

Centers for Youth and Families, Inc.
Attn: [redacted], Program Director
[redacted]
6501 West 12th Street
Little Rock, Arkansas 72225

The Division of Provider Services and Quality Assurance of the Arkansas Department of Human Services has contracted with Arkansas Foundation for Medical Care (AFMC) to perform Inspections of Care (IOC) for Inpatient Psychiatric for Under 21. The Medicaid Manual for Inpatient Psychiatric Services for Under Age 21 was used in the completion of this report.

Deficiencies were noted during the Inpatient Psychiatric Inspection of Care (IOC) conducted at the following service site on the specified dates:

Centers for Youth and Families, Inc.
Onsite Inspection Date: June 7, 2021

A summary of the inspection and deficiencies noted are outlined below. The provider must submit a Corrective Action Plan (CAP) designed to correct any deficiency notes in the written report of the IOC. Accordingly, you must complete and submit to AFMC a Corrective Action Plan for each deficiency noted. The Corrective Action Plan must state with the specificity the:

(a) Corrective action to be taken.
(b) Person(s) responsible for implementing and maintaining the corrective action; and
(c) Completion date or anticipated completion date for each corrective action.

The CAP must be completed within 30 calendar days of the date of the email notice of the IOC report. Please complete the attached Corrective Action Plan document and submit it via email to Inspectionteam@afmc.org.

The contractor (AFMC) will:

(a) Review the Corrective Action Plan.
(b) Determine whether the Corrective Action Plan is sufficient to credibly assure future compliance; and
(c) Provide the Corrective Action Plan to the Division of Provider Services and Quality Assurance (DPSQA).

Please see § 160 of the Medicaid Manual for an explanation of your rights to administrative reconsideration and appeal. Additionally, the imposition of this Corrective Action Plan does not prevent the Department of Human Services from prescribing additional remedial actions as may be necessary.

Inspection of Care Summary

Facility Tour:

Upon arrival to facility, AFMC staff was promptly greeted at the entrance by a Centers for Youth and Families staff member and a COVID-19 screening was conducted and temperatures noted. AFMC was immediately taken to a conference room where they were met by the Program Director. AFMC staff was given the completed and signed consent form listing approval for access to the AFMC portal.

A tour of the facility was completed with the Program Director. All facility staff and students were observed wearing face mask. The facility environment was extremely clean, well-organized, and appeared to be in good repair. A therapeutic morning group with all students was in session. Several staff members were observed interacting calmly and energetically with clients throughout the facility. There were no immediate issues noted during the facility tour. Staff were able to answer questions regarding the facility.

Upon request of DPSQA to follow up on recent allegations of staff misconduct with students. The following is a list of findings based on the survey:

- During the review of staff records none of the staff members listed in the recent allegations were currently employed at the time of the survey.
- Review of all reported incidents logs for the last 12 months was completed during survey. Each incident reviewed was precise and well documented to include the initial incident, investigation, and outcome. There was no documentation in logs found regarding the allegations sent to AFMC from DPSQA.
- Starting on November 11, 2020, the Program Director began a transition over to only female residents. There were no male residents at the time of survey.
- The Program Director is in the process of transitioning out all male staff members at night. Currently there is only one male staff member on night shift.
- Facility has put Crisis Prevention Institute (CPI) Training in place of Handle with Care. Since implementing this program, they have added float staff for safety of the residents as well as decreased their incidents of physical holds during a crisis significantly.
- The Program Director has worked to transition staff from using trauma sensitive language to trauma informed language program to prevent triggering survivors and traumatizing those survivors unnecessarily. Examples of this language change include using the word students instead of residents, dorms instead of units, and safety hug instead of physical hold.

Facility Review-Policies and Procedures:

Upon review of the site's policies and procedures, the following deficiencies were noted:

Rule	Deficiency Statement	Reviewer Notes
Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376	HR records did not indicate training in the use of nonphysical intervention skills, such as de-escalation on an annual basis.	One staff member had no proof of CPI card provided.
Medicaid IP Sec. 2; CFR 42 482.130, 483.376	HR records did not indicate that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).	Four staff members had no proof of CPR training or training was expired.

Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376	HR records did not indicate that all direct care personnel have ongoing education, training, and demonstrated knowledge of techniques to identify staff and resident behaviors that may trigger an emergency safety situation semi-annually.	According to the Program Director, they are providing frequent training to the staff, but they are not documenting this training in the HR records.

Personnel Records- Licenses, Certifications, Training:

Twenty-five percent of personnel records were requested. Of those requested, there were 4 professional staff and 11 paraprofessional staff. During the review of the personnel records, the following deficiencies were noted:

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR00[redacted] SR00[redacted] SR00[redacted] SR00[redacted]	Medicaid IP Sec. 2: 221.804C	CPR training – IP Acute	No File Received/ Expired	SR00[redacted] SR00[redacted], and SR00[redacted] had no proof of CPR training in HR record. SR00[redacted] CPR training was expired.
SR00[redacted]	Medicaid IP Sec. 2: 221.804	Restraint and Seclusion Training (CPI) - IP Acute	No File Received	SR00[redacted] had no proof of CPI training in HR record.

General Observations:

- Four staff members were observed to have driver's license or state I.D. that were expired.
- Four staff members had no proof of CPR training or training was expired.
- One staff member had no proof of CPI card provided.

Clinical Summary

As a part of the Quality of Care survey of the IOC, an active Medicaid client list was requested, client and/or guardian interviews were conducted, and a clinical record review was completed. The following is a summary of findings and noted deficiencies.

Client/Guardian Interviews:

There were no active Medicaid clients currently admitted at the time of IOC. Therefore, there were no clinical records reviewed and no client interviews were conducted.

Program Activity/Service Milieu Observation:

See facility tour details for observations during the onsite visit.

Medication Pass:

No Medicaid clients received medications during medication pass. Due to the observation of non-Medicaid clients not being complaint with the HIPAA minimal necessary rule, no medication pass was observed. AFMC RN visited with the Centers for Youth and Families medication nurse who was able to show AFMC RN the facility policies and procedures regarding medication administration and medication discrepancies. It was observed there was no policy for the count, reconciliation, and handling of

narcotics. Tour of medication room completed with the Centers for Youth and Families medication nurse and no discrepancies with medication storage, cleanliness of medication room, and knowledge of medication dispensing found.

Clinical Record Review Deficiencies:

There were no active Medicaid clients currently admitted at the time of IOC, so no clinical record review was completed.

Corrective Action Plan:

The CAP must be completed within 30 calendar days of the date of the email notice of the IOC reports. Please complete the attached Corrective Action Plan document and submit it via email to InspectionTeam@afmc.org.

**For more details on the individual related deficiencies, please log into the portal.*

Respectfully,

AFMC Inspection Team
InspectionTeam@afmc.org

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1020 W. 4TH ST., SUITE 300
LITTLE ROCK, AR 72201 • afmc.org

Addendum

AFMC identified the incorrect licensure certificate was provided for review during the time of the onsite inspection of care. With DPSQAs approval, AFMC contacted the provider to acquire the correct certificate for the agency's residential program which was inspected that day. AFMC spoke with the program director of the agency to request a copy of the certificate which was received by AFMC on June 29, 2021. No additional deficiencies noted.

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Provider Services and Quality Assurance

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July 12, 2021

Centers for Youth and Families, Inc.
6501 West 12th Street
Little Rock, AR 72225

Thank you for your timely response to the request to submit a Corrective Action Plan (CAP) for the deficiencies noted during the Inspection of Care (IOC) conducted at the following service site on the following date:

Centers for Youth and Families, Inc.
Provider ID: 115662125
Onsite Inspection Date: June 7, 2021

The Division of Provider Services and Quality Assurance of the Arkansas Department of Human Services has contracted with Arkansas Foundation for Medical Care (AFMC) to perform Inspections of Care (IOC), which will include a review of all CAPs. AFMC has completed the review and has determined the CAP is sufficient to credibly assure future compliance.

A copy of the CAP will be forwarded to the Division of Provider Services and Quality Assurance (DPSQA).

Respectfully,

Inspections of Care Team
InspectionTeam@afmc.org

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LITTLE ROCK, AR 72201 • afmc.org

ARKANSAS DEPARTMENT OF HUMAN SERVICES
Division of Provider Services and Quality Assurance

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Notice of Action Required

☒ **Corrective Action Plan** ☐ **Reconsideration Request**

Centers for Youth and Families, Inc.
6501 West 12th Street
Little Rock, Arkansas 72225

Deficiencies were noted during the Inspection of Care visit conducted at the following service site on the following dates:

Centers for Youth and Families, Inc.
Provider ID: 115662125
Onsite Inspection Date: June 7, 2021

Correction Action Plan

Deficiency Rule	Deficiency Statement	Reviewer Notes
Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376	HR records did not indicate training in the use of nonphysical intervention skills, such as de-escalation on an annual basis.	One staff member had no proof of CPI card provided.

Corrective Action:

1. **Effective immediately** individual employees who have missed their training due date will be suspended until such time they have successfully completed the required training. Upon the failure to attend the required training, the individual employee's manager will be contacted by the Chief Human Resources Officer (CHRO) and directed to suspend the employee. The employee will be suspended by their manager upon the training due date and will be unable to work until such time they have successfully completed the required training.
2. Each month a list of "employees due CPI training" for the upcoming 90 days and the scheduled training sessions for that same time period will be issued to program managers so that they will schedule their area employees to attend.
3. Attached you will find the CPI training Power Point (attachment #1) which includes the use of nonphysical intervention skills such as de-escalation. Direct care staff members are required to take this refresher course no less than twice per year. Additionally you will find a copy of the certificate provided individuals upon completion of the training with a copy retained for the Staff Development file (attachment #2). Additionally you will find a sample page of the excel spreadsheet currently used by Staff Development in tracking CPI training attendance (attachment #3).

Identify Person Responsible [redacted] *Staff Development Manager*

Completion Date:

The first series of suspensions were carried out for failure to complete required CPI training in a timely manner occurred 6/1/21. The first series of terminations were carried out for failure to complete required CPI training in a timely manner occurred on 7/9/21.

Rule	Deficiency Statement	Reviewer Notes
Medicaid IP Sec. 2; CFR 42 482.130, 483.376	HR records did not indicate that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).	Four staff members had no proof of CPR training or training was expired.

Corrective Action:

1. **Effective 8/1/2021** individual employees who have missed their training due date will be suspended until such time they have successfully completed the required training. Upon the failure to attend the required training, the individual employee's manager will be contacted by the Chief Human Resources Officer (CHRO) and directed to suspend the employee. The employee will be suspended by their manager upon the training due date and will be unable to work until such time they have successfully completed the required training.

2. Each month a list of "employees due CPR training" for the upcoming 90 days and the scheduled training sessions for that same time period will be issued to program managers so that they will schedule their area employees to attend.

Identify Person Responsible: [redacted] *Staff Development Manager*

Completion Date:
The first series of suspensions will be carried out for failure to complete required CPR training in a timely manner on 8/1/21. The first series of terminations will be carried out for failure to complete required CPR training in a timely manner on 9/1/21.

Rule	Deficiency Statement	Reviewer Notes
Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376	HR records did not indicate that all direct care personnel have ongoing education, training, and demonstrated knowledge of techniques to identify staff and resident behaviors that may trigger an emergency safety situation semi-annually.	According to the Program Director, they are providing frequent training to the staff, but they are not documenting this training in the HR records.

Corrective Action

1. The second day of CPI training includes education, training and demonstrated knowledge of techniques to identify staff and resident behaviors that may trigger an emergency safety situation. Direct care staff members are required to take this course no less than twice per year. Attached is the agenda/sign in sheet that will include the specific training areas covered (attachment #6). Also attached is the power point used in training that demonstrates the pertinent training topics as required by standards (attachment #1).

2. **Effective immediately** individual employees who have missed their training due date will be suspended until such time they have successfully completed the required training. Upon the failure to attend the required training, the individual employee's manager will be contacted by the Chief Human Resources Officer (CHRO) and directed to suspend the employee. The employee will be suspended by their

manager upon the training due date and will be unable to work until such time they have successfully completed the required training.

2. Each month a list of "employees due CPI training" for the upcoming 90 days and the scheduled training sessions for that same time period will be issued to program managers so that they will schedule their area employees to attend.

Identify Person Responsible: [redacted] *Staff Development Manager*

Completion Date:
The first series of suspensions were carried out for failure to complete required CPI training in a timely manner occurred 6/1/21. The first series of terminations were carried out for failure to complete required CPI training in a timely manner occurred on 7/7-9/21.

Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR00 [redacted] SR00 [redacted] SR00 [redacted] SR00 [redacted]	221.804C	CPR training – IP Acute	No File Received/ Expired	SR[redacted] SR[redacted] and SR[redacted] had no proof of CPR training in HR record. SR00[redacted] CPR training was expired.
SR0[redacted]	221.804	Restraint and Seclusion Training (CPI) - IP Acute	No File Received	SR00[redacted] had no proof of CPI training in HR record.

Corrective Action:

Both CPI and CPR training are conducted within the 40 hour orientation training all new direct care staff complete, most often, within the first week of employment, although occasionally within the first two weeks of employment when an employee starts out of the orientation cycle of every other week. Orientation Records are kept in the Staff Development records. Direct care staff in the residential programs are not allowed to work with clients until they have successfully completed the entire 40 hour classroom orientation program (attached #4 General Orientation Agenda and #5 Staff Development Plan).

Upon completion of this CAP, please email:

InspectionTeam@afmc.org

Or fax: 501-375-0705
Attention: Inspection of Care Team

Centers for Youth and Families — Provider Name

1156621 25 — Provider's Medicaid ID Number

EMAC - 12th Street
Provider Site

6501 W. 12th Street
Little Rock, AR 72225
Provider Site Address

[redacted]
Provider Representative

501-6666-86866
Telephone Number

For Provider reconsiderations please send your request to:

AFMC – InspectionTeam@AFMC.org

1020 West 4th, Suite 300
Little Rock, AR 72201

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services
P.O. Box 1437, Slot S401, Little Rock, AR 72203-1437
P: 501.682.8292 F: 501.682.1197

July 19, 2021

Certified Mail: 7006 3450 0003 0915 1941

Centers for Youth and Families, Inc.
Attn: Katie Crosby, Program Director
6501 West 12th Street
Little Rock, Arkansas 72225

RE: Centers for Youth and Families, Inc.
Provider ID 115662125

The Arkansas Department of Human Services (DHS) Division of Medical Services (DMS) directs the actions identified below be taken against the Centers for Youth and Families, Inc. (CYF) as a result of the Inspection of Care (IOC) report, dated June 11, 2021.

Background: On June 7, 2021, Arkansas Foundation for Medical Care (AFMC) conducted an IOC at the Elizabeth Mitchell Adolescent Center, 6501 West 12th Street, Little Rock, Arkansas, which is part of CYF. As a result of the IOC findings dated June 11, 2021, AFMC directed CYF to complete a Corrective Action Plan (CAP) within thirty (30) days of CYF receiving notice of the IOC report. A CAP was received from CYF on July 9, 2021, and has been reviewed and accepted by DMS.

An additional IOC summary, dated July 7, 2021, addressed two (2) allegations involving the restraint of a specific client. The inspection also reviewed health and safety policies at CYF. The inspection found that "[u]pon review of the identified policies, procedures, and certification requirements, no deficiencies were noted." Further, after investigation, the summary stated that "appropriate levels of restraint" were used by CYF staff members in the specific instances.

Actions: After careful review of the IOC reports and the CAP submitted by CYF, DMS has concluded that the following actions, as authorized in Section 241.700 of the Arkansas Medicaid Provider Manual (Section II) for Inpatient Psychiatric Services for Medicaid clients under the age of 21 years, are necessary and appropriate at this time:

- Monitor the corrective action plan submitted by CYF to determine level of compliance with the terms stated therein; and
- Suspend provider referrals and disallow future admissions pending progress made on the CAP submitted by CYF.
- Additionally, DMS reserves the right to recoup payments made for services determined to be not medically necessary or that fail to meet professionally-recognized standards for health care.

Based on the available information, DMS believes that the actions identified above will sufficiently address the issues identified on IOC report, which are listed on Appendix A (see attached) . If CYF fails to comply with these requirements or the approved CAP, or if further issues persist, additional action may be taken by DMS. Further actions may include without limitation, sanctions, termination, or suspension of participation in the Arkansas Medicaid Program.

Right to Reconsideration

Pursuant to Section 161.200 of Arkansas Medicaid Provider Manual (Section I) for Inpatient Psychiatric Services for Medicaid clients under the age of 21 years, a provider has a right to a reconsideration after notice of an adverse decision or action. The request must be made within thirty (30) days after notice of the decision or action. Requests for reconsideration must be in writing and include:

1. A copy of the letter or notice of adverse decision/action
2. Additional documentation that supports medical necessity

Administrative reconsideration does not postpone any adverse action that may be imposed pending appeal. Requests for Reconsideration must be made to: Division of Medical Services, PO Box 1437, Slot S401, Little Rock, AR 72203-1437.

Right to Appeal

Pursuant to Section 161.400 of Arkansas Medicaid Provider Manual (Section I) for Inpatient Psychiatric Services for Medicaid clients under the age of 21 years, within 30 calendar days of receiving notice of adverse decision/action, or 10 calendar days of receiving an administrative reconsideration decision that upholds all or part of any adverse decision/action, whichever is later, the provider may appeal. An appeal must be in writing and must specify in detail all findings, determinations, and adverse decisions/actions that the provider alleges are not supported by applicable laws; including state and federal laws and rules, applicable professional standards or both. Mail or deliver the appeal to the Director, Division of Medical Services, P.O. Box 1437, Slot S401, 7th and Main Streets, Little Rock, AR 72203-1437.

Sincerely,

Elizabeth Pitman, Director
Division of Medical Services

Appendix A

Facility Review-Policies and Procedures:

Upon review of the site's policies and procedures, the following deficiencies were noted:

Rule	Deficiency Statement	Reviewer Notes
Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376	HR records did not indicate training in the use of nonphysical intervention skills, such as de-escalation on an annual basis.	One staff member had no proof of CPI card provided.
Medicaid IP Sec. 2; CFR 42 482.130, 483.376	HR records did not indicate that all direct care personnel are currently certified in cardiopulmonary resuscitation (CPR).	Four staff members had no proof of CPR training or training was expired.
Medicaid IP Sec. 2: 221.804; CFR 42 482.130, 483.376	HR records did not indicate that all direct care personnel have ongoing education, training, and demonstrated knowledge of techniques to identify staff and resident behaviors that may trigger an emergency safety situation semi-annually.	According to the Program Director, they are providing frequent training to the staff, but they are not documenting this training in the HR records.

Personnel Records- Licenses, Certifications, Training:

Twenty-five percent of personnel records were requested. Of those requested, there were 4 professional staff and 11 paraprofessional staff. During the review of the personnel records, thefollowing deficiencies were noted:

Personnel Record Number	Rule	Credential Validated	Outcome	Reviewer Notes
SR007594 SR007596 SR007601 SR007605	221.804C	CPR training – IP Acute	No File Received/ Expired	SR007594, SR007596, and SR007605 had no proof of CPR training in HR record. SR007596 CPR training was expired.
SR007602	221.804	Restraint and Seclusion Training (CPI) - IP Acute	No File Received	SR007602 had no proof of CPI training in HR record.

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services
P.O. Box 1437, Slot S401, Little Rock, AR 72203-1437

September 7, 2021

Certified Mail: 7000 0600 0027 1421 2895

Kutak Rock LLP
ATTN: Ashley W. Hudson, Esq.
124 West Capitol Avenue, Suite 2000
Little Rock, AR 72201-3740

RE: Centers for Youth and Families, Inc.
Provider ID 115662125

The Arkansas Department of Human Services (DHS) Division of Medical Services (DMS) has received Centers for Youth and Families, Inc. (CYF)'s August 18, 2021 Request for Reconsideration of DMS's July 19, 2021 suspension of provider referrals and future Medicaid admissions. After an independent review of the correspondence sent by you, and the factual assertions and documents referenced in that correspondence, DMS denies your request for reconsideration and affirms the actions taken on July 19, 2021. The actions taken were necessary and appropriate to protect the rights of Medicaid beneficiaries in the State of Arkansas and were within the scope of authority of the DMS Director. This administrative reconsideration decision upholding the DMS Director's decision and denying CYF's request for reconsideration and reversal is being issued in compliance with Section 161.200 of the Arkansas Medicaid Provider Manual for Inpatient Psychiatric Services for Medicaid clients under the age of 21 years.

DMS Authority

The Director of DMS had the authority to take the adverse actions communicated to CYF on July 19, 2021, as specified in Section 241.700 and by reference, Section 152.000 and by reference, Section 151.000, of the Arkansas Medicaid Provider Manual for Inpatient Psychiatric Services for Medicaid clients under the age of 21 years. It states:

"241.700 Actions:

Actions that may be taken following an inspection of care review include, but are not limited to:

A. Decertification of any beneficiary determined to not meet medical necessity criteria for inpatient mental health services;
B. Decertification of any provider determined to be noncompliant with the Division of Behavioral Health Services provider certification rules;
C. On-site monitoring by the utilization review agency to verify the implementation and effectiveness of corrective actions;
D. The contractor may recommend, and DMS may require, follow-up inspections of care and/or desk reviews. Follow-up inspections may review the issues addressed by the

Corrective Action Plans or may be a complete re-inspection of care, at the sole discretion of the Division of Medical Services;
E. Review and revision of the Corrective Action Plan;
F. Review by the Arkansas Office of Medicaid Inspector General;
G. Formulation of an emergency transition plan for beneficiaries including those in custody of DCFS and DYS;
H. Suspension of provider referrals;
I. Placement in high-priority monitoring;
J. Mandatory monthly staff training by the utilization review agency;
K. Provider requirement for one of the following staff members to attend a DMS/DBHS monthly work group meeting: Clinical Director/Designee (at least a master's level mental health professional) or Executive Officer;
L. Recoupment for services that are not medically necessary or that fail to meet professionally recognized standards for health care or;
M. Any sanction identified in Section 152.000.

152.000 Sanctions

The following sanctions may be invoked against providers based on the grounds specified in Section 151.000:

A. Termination of participation in the Medicaid Program
B. Suspension of participation in the Medicaid Program
C. Suspension, withholding, recoupment, recovery or any combination thereof, of payments to a provider
D. Canceling or shortening an existing provider agreement
E. Mandatory attendance at provider education sessions
F. Requiring prior authorization of all services
G. Pre-payment review of some or all of the provider's billings
H. Referral to the State Licensing Board for investigation
I. Referral to the Medicaid Fraud Control Unit, Office of Attorney General
J. Conversion to a limited services provider agreement not to exceed 12 months
K. Referral to any appropriate federal or state legal agency for investigation and possible prosecution under applicable federal or state laws
L. Referral to the appropriate state professional health care association's peer review mechanism
M. Exclusion under current Arkansas Department of Human Services (DHS) Policy 1088, titled DHS Exclusion Rule."

<u>Confirmation of Actions Taken by DMS Director July 19, 2021</u>
The independent review of your request for reconsideration confirms the actions taken by the DMS Director on July 19, 2021. Specifically, as stated:

- Monitor the corrective action plan submitted by CYF to determine level of compliance with the terms stated therein; and

- Suspend provider referrals and disallow future admissions pending progress made on the CAP submitted by CFY; and
- Additionally, DMS reserves the right to recoup payments made for services determined to be not medically necessary or that fail to meet professionally recognized standards for health care.

Right to Appeal

Pursuant to Section 161.200 of the Arkansas Medicaid Provider Manual for Inpatient Psychiatric Services for Medicaid clients under the age of 21 years, within 30 calendar days of receiving notice of adverse decision/action, or 10 calendar days of receiving an administrative reconsideration decision that upholds all or part of any adverse decision/action, whichever is later, the provider may appeal. An appeal must be in writing and must specify in detail all findings, determinations, and adverse decisions/actions that the provider alleges are not supported by applicable laws; including state and federal laws and rules, applicable professional standards or both. Mail or deliver the appeal to the Director, Division of Medical Services, P.O. Box 1437, Slot S401, 7th and Main Streets, Little Rock, AR 72203-1437.

Sincerely,

David B. Jones, Assistant Director
Division of Medical Services

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Division of Medical Services
P O Box 1437, Slot S401, Little Rock, AR 72203-1437

November 23, 2021

To: Centers for Youth and Families, Inc.
c/o Kutak Rock LLP
ATTN: Ashley W. Hudson, Esq.
124 West Capitol Avenue, Suite 2000
Little Rock, AR 72201-3740

RE: Sanctions Pursuant to Provider Survey

To whom it may concern –

I write to update you about the actions against your facility by the Arkansas Department of Human Services (DHS), Division of Medical Services (DMS), related to the recent survey of your facility conducted by the DHS, Division of Provider Services and Quality Assurance (DPSQA). Specifically, DMS imposed the following sanctions pursuant to § 241.700 of DMS's Inpatient Psychiatric Manual, until deficiencies identified in the Inspection of Care (IOC) were resolved:

- Monitor the Corrective Action Plan (CAP) submitted by Centers for Youth and Family (CYF) to determine the level of compliance with the terms stated therein;
- Suspension of provider referrals and disallowance of future admissions pending progress made on the CAP submitted by CFY; and
- Recoupment of payments made for services determined not to be medically necessary or that fail to meet professionally recognized standards for health care.

Your CAP was previously received and approved by DPSQA. DMS has been reviewing your facility's compliance via various monitoring mechanisms. We are aware of the visits by our sister division, the Division of Child Care and Early Childhood Education (DCCECE), which noted findings on September 28, 2021 and October 28, 2021. We note that you are licensed for a census up to 49, and must maintain staffing ratios between 1:6 (for waking hours) and 1:8 (for sleeping hours).

Given the progress made by your facility, and maintaining awareness of the seriousness of the previously cited deficiencies, DMS hereby amends the sanctions against your facility. Specifically, DMS hereby lifts the suspension of new referrals to your facility to allow admissions of Medicaid clients and imposes high-priority monitoring to verify sustained compliance. In taking new admissions, we admonish you to maintain appropriate staffing ratios and to continue to employ the trainings and safeguards you undertook in response to the findings and deficiencies that led to the CAP. Provided your facility sustains compliance, DMS anticipates further adjustment and, ultimately, full resolution of the sanctions imposed.

Respectfully,

David B. Jones, Assistant Director
Division of Medical Services