



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:

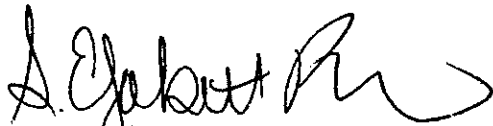
1. A copy of the letter or notice of adverse decision/action
2. Additional documentation that supports medical necessity

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, the following 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.



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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 (DCCCE), 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