



**Arkansas Department of
Human Services**

Infant Mental Health Therapist Standards



Revised: 09/2019

ARKANSAS DEPARTMENT OF HUMAN SERVICES

Infant Mental Health Therapist Standards

I. PURPOSE:

- A. To assure that Outpatient Behavioral Health Services (OBHS) which are allowable and delivered by a Department of Human Services (DHS) approved Infant Mental Health Therapist comply with applicable laws, which require, among other things, that all care reimbursed by the Arkansas Medical Assistance Program (Medicaid) must be provided efficiently, economically, only when medically necessary, and is of a quality that meets professionally recognized standards of health care.
- B. The requirements and obligations imposed by this rule are substantive, not procedural.

II. SCOPE:

- A. Current Infant Mental Health Therapist status under this policy is a requirement for reimbursement of allowable services in the Arkansas Medicaid OBHS program.
- B. The Department of Human Services Infant Mental Health Therapist status must be obtained prior to the provision of and reimbursement of allowable OBHS services.
- C. This status only allows the provision of services as indicated by the standards.
- D. In the event of any change in employment, employment eligibility status, loss of full privileges related to their professional license, or actions that would impact the ability of the Infant Mental Health Therapists' ability to appropriately perform his or her duties, the provider must notify the Department of Human Services immediately.

III. INFANT MENTAL HEALTH THERAPIST

- A. An Infant Mental Health Therapist is approved to bill Medicaid for specialized mental health treatment for children ages 0-47 months of age with their caregivers to address the unique treatment needs of younger children and their parents or other primary caregivers. An Infant Mental Health Therapist can only bill for services in the OBHS manual that allow for dyadic treatment. Dyadic Infant/Caregiver Psychotherapy is a behaviorally based therapy that involves improving the parent-child relationship by transforming the interaction between the two parties, with a primary goal of strengthening the relationship to ensure or restore a child's sense of safety, attachment, and appropriate affect. Additionally, these services contribute to the improvement of the child's cognitive, behavioral, and social functioning. Infant Mental Health services include:
 - i. Individual Behavioral Health Counseling – Dyadic Treatment
 - ii. Marital/Family Behavioral Health Counseling with Beneficiary Present – Dyadic Treatment
 - iii. Psychoeducation –Dyadic Treatment

- iv. Mental Health Diagnosis – Dyadic Treatment
 - v. Interpretation of Diagnosis – Dyadic Treatment
- B. The minimum education/experience required to become an Infant Mental Health Therapist is outlined below. A list of all approved trainings that meet this requirement will be maintained by the Arkansas Department of Human Services or designee and will be maintained on the DHS website.
- a. An Independently Licensed Clinician at the Master’s/Doctoral level who is employed by a Behavioral Health Agency, or an Independently Licensed Practitioner (ILP) currently certified by DHS and enrolled as an individual Medicaid provider;
 - b. A Non-Independently Licensed Clinician at the Master’s/Doctoral level who is employed by a Behavioral Health Agency;
 - c. Independently Licensed Clinicians, Independently Licensed Practitioners, and Non-Independently Licensed Clinicians must have completed the DC: 0-5 (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood) training (or other subsequently DHS approved training) provided by a trainer authorized by the Department of Human Services or designee; and,
 - d. Independently Licensed Clinicians, Independently Licensed Practitioners, and Non-Independently Licensed Clinicians must have completed training in an evidence-based dyadic treatment for children 0-47 months and their caregivers or are actively participating in an approved training process. Examples include, but are not limited to, Parent-Child Interaction Therapy (PCIT) and Child-Parent Psychotherapy (CPP).

Decisions for approving experienced and licensed Mental Health Professionals based on completion of similar training *as part of a specialized graduate or post-graduate training* in evidence-based interventions for children 0-47 months will be made by Arkansas DHS or its designee.

A signed letter of attestation from the Behavioral Health Agency or the Independently Licensed Practitioner stating the applicant is currently participating in an approved training process in an evidence-based dyadic treatment will be required with the application in these cases. This letter of attestation must outline the type of training, the provider of the training, timeframe for completion of the initial training and any required subsequent trainings. Upon completion of the training, the certificate of completion must be forwarded to the Department of Human Services within five (5) business days.

C. Additional requirements for an Infant Mental Health Therapist:

Completion of six (6) hours of continuing education annually focused on early childhood mental health.

IV. APPLICATION FOR INFANT MENTAL HEALTH THERAPIST:

The Infant Mental Health Application is Attachment 1 in this manual. Applicants must submit the completed application, DAABHS Form 800, and all required attachments to DHS.BehavioralHealth@dhs.arkansas.gov with **Infant Mental Health Provider Application** indicated on the subject line.

V. APPLICATION REVIEW PROCESS:

A. Timeline:

1. DHS will review all application forms and materials within thirty (30) calendar days after DHS receives a complete application package. DHS will return incomplete applications to senders without review.
2. For approved applications, DHS will furnish an approval letter via postal or electronic mail within ten (10) calendar days of issuing approval.

B. Determinations:

1. Application approved.
2. Application returned for additional information.
3. Application denied. DHS will state the reasons for denial in a written response to the applicant within ten (10) calendar days of the determination.

VI. DHS Access to Applicants/Providers:

- A. DHS may contact applicants and providers at any time.
- B. DHS may make unannounced visits to applicants/providers.
- C. Applicants/providers shall provide DHS prompt direct access to applicant/provider documents and to applicant/provider staff and contractors.
- D. DHS reserves the right to ask any questions or request any additional information related to status.

VII. ADDITIONAL REQUIREMENTS:

Care and Services must:

1. Comply with all state and federal laws, rules, and regulations applicable to the furnishing of health care funded in whole or in part by federal funds; to all state laws and policies applicable to Arkansas Medicaid generally, and to Outpatient Behavioral Health Services specifically, and to all applicable Department of Human Services (“DHS”) policies including, without limitation, DHS Participant Exclusion Policy § 1088.0.0. The Participant Exclusion Policy is available online at <https://dhsshare.arkansas.gov/DHS%20Policies/Forms/By%20Policy.aspx> ;
2. Conform to professionally recognized behavioral health rehabilitative treatment models; and,
3. Be established by contemporaneous documentation that is accurate and demonstrates compliance. Documentation will be deemed to be contemporaneous if recorded by the end of the performing provider’s first work period following the provision of the care or services to be documented, or as provided in the Outpatient Behavioral Health Services manual, whichever is longer.

VIII. REQUIREMENTS FOR INFANT MENTAL HEALTH THERAPIST STATUS:

- A. An Infant Mental Health Therapist may not furnish Outpatient Behavioral Health Services during any time this status is not current and valid.
- B. An Infant Mental Health Therapist may not furnish Outpatient Behavioral Health Services during any time the individual’s professional license is not current or valid.
- C. An applicant may not be employed or provide services for reimbursement by Arkansas Medicaid if the applicant:
 1. Is excluded from Medicare, Medicaid, or both;
 2. Is debarred under Ark. Code Ann. § 19-11-245;
 3. Is excluded under DHS Policy 1088; or,
 4. Was subject to a final determination that the provider failed to comply with professionally recognized standards of care, conduct, or both. For purposes of this subsection, “final determination” means a final court or administrative adjudication, or the result of an alternative dispute resolution process such as arbitration or mediation.

IX. PROVIDER RENEWAL:

- A. The term of DHS status approval is continuous for two (2) years from the date of approval.
- B. An application for renewal must be checked as such on the appropriate form as a renewal application.
- C. DHS must receive renewal applications and all required supporting documentation at least fifteen (15) business days before the DHS Infant Mental Health Therapist status expiration date.
- D. If DHS has not renewed the provider before the status expiration date, status is void beginning 12:00 a.m. the next day.

X. NONCOMPLIANCE

Failure to comply with the requirements outlined in this manual may result in one or more of the following:

- 1. Submission and implementation of an acceptable corrective action plan as a condition of retaining Infant Mental Health Therapist status;
- 2. Suspension of Infant Mental Health Therapist status for either a fixed period, to be determined by DHS, or until the provider meets all conditions specified in the suspension notice; or,
- 3. Termination of Infant Mental Health Therapist status.

XI. APPEAL PROCESS

- A. If DHS denies, suspends, or revokes Infant Mental Health Therapist status (takes adverse action), the affected provider may appeal the DHS adverse action. Notice of adverse action shall comply with Ark. Code Ann. §§ 20-77-1701-1705, and §§1708-1713. Appeals must be submitted in writing to the Division of Aging, Adult and Behavioral Health Services Director. The provider has thirty (30) calendar days from the date of the notice of adverse action to appeal. An appeal request received within thirty-five (35) calendar days of the date of the notice will be deemed timely. The appeal must state with particularity the error or errors asserted to have been made by DHS in denying the referenced status, and cite the legal authority for each assertion of error. The provider may elect to continue Medicaid billing under the Outpatient Behavioral Health Services program during the appeals process. If the appeal is denied, the provider must return all monies received for Infant Mental Health Therapist services provided during the appeals process.
- B. Within thirty (30) calendar days after receiving an appeal the DAABHS Director shall: (1) designate a person who did not participate in reviewing the application or in the appealed-from adverse decision to hear the appeal; (2) set a date for the appeal hearing; (3) notify the appellant in writing of the date, time, and place of the hearing. The hearing shall be set within sixty (60) calendar days of the date DBHS receives the request for appeal, unless a party to the appeal requests and receives a continuance for good cause.

- C. DHS shall tape record each hearing.
- D. The hearing official shall issue the decision within forty-five (45) calendar days of the date that the hearing record is completed and closed. The hearing official shall issue the decision in a written document that contains findings of fact, conclusions of law, and the decision. The findings, conclusions, and decision shall be mailed to the appellant except that if the appellant is represented by counsel, a copy of the findings, conclusions, and decision shall also be mailed to the appellant's counsel. The decision is the final agency determination under the Administrative Procedure Act.
- E. Delays caused by the appealing party shall not count against any deadline. Failure to issue a decision within the time required is not a decision on the merits and shall not alter the rights or status of any party to the appeal, except that any party may pursue legal process to compel the hearing official to render a decision.
- F. Except to the extent that they are inconsistent with this policy, the appeal procedures in the most current version of the Arkansas Medicaid Outpatient Behavioral Health Services Provider Manual are incorporated by reference and shall control.

Arkansas Department of Human Services Infant Mental Health Therapist Application

- Initial Application
 Renewal Application

Applicant Name					
Email					
Telephone					
Mailing Address					
City		State		Zip	

Type of License:

Independently Licensed Clinician employed by a Behavioral Health Agency:

- LCSW LMFT LPEI LPC Licensed Psychologist

Independently Licensed Practitioner (an ILP is certified by DHS and enrolled as an individual Medicaid Provider)

Non-Independently Licensed Clinician employed by a Behavioral Health Agency:

- LMSW LAMFT LPE LAC Provisionally Licensed Psychologist

Employed by a Behavioral Health Agency

Business information if Independently Licensed Practitioner

Agency Name					
Telephone					
Address					
City		State		Zip	
Medicaid Number					

Signature of Applicant

Date

Printed Name of Applicant

Arkansas Department of Human Services Infant Mental Health Therapist Application

The following information must be attached to the completed Infant Mental Health Therapist application. Applications not submitted in full will not be processed.

Initial Application must include:

1. Completed application, clearly marked as initial;
2. Current copy of Arkansas professional license to practice; and,
3. If applicable, a current copy of the DHS certification as an Independently Licensed Practitioner.
4. Documentation of completion of the DC: 0-5 (Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood) training (or other subsequently DHS approved training) provided by a trainer authorized by the Department of Human Services or designee.
5. Documentation of completion of training in an evidence-based dyadic treatment for children 0-47 months and their caregivers or active participation in an approved training process. Examples include, but are not limited to, Parent-Child Interaction Therapy, Child-Parent Psychotherapy, and Trauma-Focused Cognitive Behavioral Therapy. If applicant is involved in active participation in an approved training process, then they must provide a Letter of Attestation of current active participation in training program in evidence-based dyadic treatment for children 0-47 months. The Letter of Attestation must outline the type of training, the provider of the training, the timeframe for completion of initial training, and any subsequent required training. Upon completion of the training program, Certificate of Completion must be forwarded to DAABHS within five (5) business days.
6. If employed by a Behavioral Health Agency include the site name, physical address and Medicaid number for all sites at which the applicant will be providing services. If functioning as an Independently Licensed Practitioner, include the site name, physical address and Medicaid number for all sites at which the applicant will be providing services. If additional space is needed, the applicant may include an attachment listing the remaining sites and Medicaid numbers.

Renewal Application must include:

1. Completed application, clearly marked as renewal;
2. Current copy of Arkansas professional license to practice;
3. If applicable, a current copy of the DHS certification as an Independently Licensed Practitioner;

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- 4. A copy of the current Infant Mental Health Therapist status;
- 5. Certificate of Completion of six (6) hours of continuing education on early childhood mental health annually; and,
- 6. If employed by a Behavioral Health Agency or as an Independently Licensed Practitioner, include the site name, physical address and Medicaid number for all sites at which the applicant will be providing services. If additional space is needed, the applicant may include an attachment listing the remaining sites and Medicaid numbers.

The completed application and the required documents may be sent electronically to DHS.BehavioralHealth@dhs.arkansas.gov using **Infant Mental Health Provider Application** in the subject line.

DHS WILL REVIEW AN INITIAL APPLICATION WITHIN THIRTY (30) CALENDAR DAYS OF RECEIPT. Notification will be communicated electronically or through US mail within 10 days of approval. Applications are approved for a two-year period requiring a renewal application to be submitted.

DHS WILL REVIEW AN APPLICATION FOR RENEWAL WITHIN FIFTEEN (15) BUSINESS DAYS OF RECEIPT. Notification will be communicated electronically or through US mail within 10 days of approval. Renewal applications are approved for a two-year period.

For DHS Staff

- | | |
|--|-------|
| <input type="checkbox"/> Application/Renewal application received | Date: |
| <input type="checkbox"/> Application approved | Date: |
| <input type="checkbox"/> Application returned for additional information | Date: |
| <input type="checkbox"/> Application denied | Date: |

Reviewed by: _____