

## SECTION – ADULT BEHAVIORAL HEALTH SERVICES FOR COMMUNITY INDEPENDENCE

### CONTENTS

<b>200.000</b>	<b>ADULT BEHAVIORAL HEALTH SERVICES FOR COMMUNITY INDEPENDENCE GENERAL INFORMATION</b>
201.000	Introduction
202.000	Arkansas Medicaid Participation Requirements for Adult Behavioral Health Services for Community Independence
202.100	Certification Requirements by the Division of Provider Services and Quality Assurance (DPSQA)
<b>210.000</b>	<b>PROGRAM COVERAGE</b>
211.000	Coverage of Services
211.100	Staff Requirements
211.200	Certification of Performing Providers
211.300	Non-Refusal Requirement
212.000	Scope
213.000	Treatment Plan
213.100	Beneficiary Participation in the Development of the Treatment Plan
214.000	Covered Outpatient Services
215.000	Exclusions
216.000	Physician's Role
217.000	Prescription for Adult Behavioral Health Services for Community Independence
218.000	Authorization for Services
<b>240.000</b>	<b>REIMBURSEMENT</b>
240.100	Reimbursement
241.000	Fee Schedule
<b>250.000</b>	<b>BILLING PROCEDURES</b>
251.000	Introduction to Billing
252.000	CMS-1500 Billing Procedures
252.100	Procedure Codes for Types of Covered Services
253.000	Rehabilitative Level Services
253.001	Partial Hospitalization
253.002	Adult Rehabilitative Day Service
253.003	Supportive Employment
253.004	Supportive Housing
253.005	Adult Life Skills Development
253.006	Peer Support
253.007	Treatment Plan
253.008	Aftercare Recovery Services
254.000	Intensive Level Services
254.001	Therapeutic Communities
255.000	Place of Service Codes

## 200.000 – ADULT BEHAVIORAL HEALTH SERVICES FOR COMMUNITY INDEPENDENCE GENERAL INFORMATION

### 201.000 – Introduction 3-4-19

Medicaid (Medical Assistance) is designed to assist eligible Medicaid beneficiaries in obtaining medical care within the guidelines specified in Section I of this manual. Adult Behavioral Health Services for Community Independence are covered by Medicaid when provided to eligible Medicaid beneficiaries by enrolled providers.

~~Outpatient Behavioral Health Services may be provided to eligible Medicaid beneficiaries at provider certified/enrolled sites. Allowable places of service are found in the service definitions located in the Reimbursement section of this manual.~~

~~**202.000 — Arkansas Medicaid Participation Requirements for Adult Behavioral Health Services for Community Independence 3-1-19**~~

~~All Behavioral Health Agencies that provide Adult Behavioral Health Services for Community Independence must meet specified qualifications for their services and for their staff. Providers with multiple service sites must enroll each site separately and reflect the actual service site on billing claims.~~

~~Behavioral Health Agencies that provide Adult Behavioral Health Services for Community Independence must meet the Provider Participation and enrollment requirements contained within Section 140.000 of this manual as well as the following criteria to be eligible to participate in the Arkansas Medicaid Program:~~

- ~~A. — Providers must be located within the State of Arkansas.~~
- ~~B. — A provider must be certified by the Division of Provider Services and Quality Assurance (DPSQA). (See Section 202.100 for specific certification requirements.)~~
- ~~C. — A copy of the current DPSQA certification as a Behavioral Health Agency must accompany the provider application and Medicaid contract.~~
- ~~D. — The provider must give notification to the Office of the Medicaid Inspector General (OMIG) on or before the tenth day of each month of all covered health care practitioners who perform services on behalf of the provider. The notification must include the following information for each covered health care practitioner:
  - ~~1. — Name/Title~~
  - ~~2. — Enrolled site(s) where services are performed~~
  - ~~3. — Social Security Number~~
  - ~~4. — Date of Birth~~
  - ~~5. — Home Address~~
  - ~~6. — Start Date~~
  - ~~7. — End Date (if applicable)~~~~

~~Notification is not required when the list of covered health care practitioners remains unchanged from the previous notification.~~

~~**DMS shall exclude providers for the reasons stated in 42 U.S.C. §1320a-7(a) and implementing regulations and may exclude providers for the reasons stated in 42 U.S.C. §1320a-7(b) and implementing regulations.** The following factors shall be considered by DHS in determining whether sanction(s) should be imposed:~~

- ~~A. — Seriousness of the offense(s)~~
- ~~B. — Extent of violation(s)~~
- ~~C. — History of prior violation(s)~~
- ~~D. — Whether an indictment or information was filed against the provider or a related party as defined in DHS Policy 1088, titled DHS Participant Exclusion Rule.~~

~~**202.100 — Certification Requirements by the Division of Provider Services and Quality Assurance (DPSQA) 3-1-19**~~

~~A Behavioral Health Agency must be certified by DPSQA in order to enroll into the Medicaid program as a Behavioral Health Agency participating in the Medicaid Adult Behavioral Health Services for Community Independence Program must be certified by the DPSQA. The DPSQA Certification Rules for Providers of Outpatient Behavioral Health Services is located at [http://humanservices.arkansas.gov/dbhs/Pages/dbhs\\_docs.aspx](http://humanservices.arkansas.gov/dbhs/Pages/dbhs_docs.aspx).~~

~~Behavioral Health Agencies must have national accreditation that recognizes and includes all of the applicant's programs, services and service sites. Any Behavioral Health Agency service site associated with a hospital must have a free-standing behavioral health outpatient program national accreditation. Providers must meet all other DPSQA certification requirements in addition to accreditation.~~

## **210.000 PROGRAM COVERAGE**

### **211.000 Coverage of Services**

**3-1-19**

~~Adult Behavioral Health Services for Community Independence are limited to certified providers who offer Home and Community Based (HCBS) behavioral health services for the treatment of behavioral disorders. All Behavioral Health Agencies participating in the Adult Behavioral Health Services for Community Independence program must be certified by the Division Provider Services and Quality Assurance.~~

~~An Adult Behavioral Health Services for Community Independence provider must establish a site specific emergency response plan that complies with the DPSQA Certification Rules for Behavioral Health Agencies. Each agency site must have 24-hour emergency response capability to meet the emergency treatment needs of the beneficiaries served by the site. The provider must implement and maintain a written policy reflecting the specific coverage plan to meet this requirement. A machine recorded voice mail message to call 911 or report to the nearest emergency room in and of itself is not sufficient to meet the requirement.~~

~~All Adult Behavioral Health Services for Community Independence providers must demonstrate the capacity to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.~~

### **211.100 Staff Requirements**

**3-1-19**

~~In order to be certified to provide Adult Behavioral Health Services for Community Independence, each Behavioral Health Agency must ensure that they employ staff who are able and available to provide Adult Behavioral Health Services for Community Independence. In order to provide Adult Behavioral Health Services for Community Independence to be reimbursed on a fee for service basis by Arkansas Medicaid, the Behavioral Health Agency must meet all applicable staff requirements as required in the Behavioral Health Agency Certification manual.~~

~~Each Adult Behavioral Health Services for Community Independence service has specific provider types that are to be employed by the Behavioral Health Agency which can provide specific services. In order to provide and be reimbursed on a fee for services basis by Arkansas Medicaid, the Behavioral Health Agency must adhere to all service specific provider type requirements.~~

~~Registered Nursing (RNs) must provide services only within the scope of their individual licensure. The following chart lists the terminology used in this provider manual and explains the licensure, certification and supervision that are required for each performing provider type. Supervision for all Adult Behavioral Health Services for Community Independence service is required as outlined in the Behavioral Health Agency Certification manual.~~

PROVIDER TYPE	LICENSES	STATE CERTIFICATION REQUIRED	SUPERVISION
Qualified Behavioral Health Provider—non-degreed	N/A	Yes, to provide services within a certified behavioral health agency	Required
Qualified Behavioral Health Provider—Bachelors	N/A	Yes, to provide services within a certified behavioral health agency	Required
Registered Nurse	Registered Nurse (RN)	No, must be a part of a certified agency	Required

When a Behavioral Health Agency which provides Adult Behavioral Health Services for Community Independence files a claim with Arkansas Medicaid, the staff member who actually performed the service must be identified on the claim as the rendering provider. This action is taken in compliance with the federal Improper Payments Information Act of 2002 (IPIA), Public Law 107-300 and the resulting Payment Error Rate Measurement (PERM) program initiated by the Centers for Medicare and Medicaid Services (CMS).

**211.200 — Certification of Performing Providers**

**3-1-19**

As illustrated in the chart in § 211.200, certain Outpatient Behavioral Health performing providers are required to be certified by the Division Provider Services and Quality Assurance. The certification requirements for performing providers are located on the DPSQA website at [http://humanservices.arkansas.gov/dbhs/Pages/dbhs\\_docs.aspx](http://humanservices.arkansas.gov/dbhs/Pages/dbhs_docs.aspx).

**211.300 — Non-Refusal Requirement**

**3-1-19**

A Behavioral Health Agency may not refuse to provide an Adult Behavioral Health Services for Community Independence service to a Medicaid-eligible beneficiary who meets the requirements for Adult Behavioral Health Services for Community Independence as outlined in this manual. If a provider does not possess the services or program to adequately treat the beneficiary's behavioral health needs, the provider must communicate this with the beneficiary so that appropriate provisions can be made.

**212.000 — Scope**

**3-1-19**

Adult Behavioral Health Services for Community Independence are home and community based treatment and services which are provided by a Certified Behavioral Health Agency to individuals eligible for Medicaid based upon the following criteria:

1. Beneficiaries receiving Arkansas Medicaid healthcare benefits on a medical Spenddown basis; and
2. Beneficiaries who are eligible for Arkansas Medicaid healthcare benefits under the 06, Medically Frail, Aid Category.

Adult Behavioral Health Services for Community Independence are provided to eligible beneficiaries that have a Behavioral Health diagnosis as described in the American Psychiatric Association Diagnostic and Statistical Manual (DSM-5 and subsequent revisions).

Eligibility for services depends on the needs of the beneficiary. Beneficiaries will be deemed eligible for Adult Behavioral Health Services for Community Independence Rehabilitative Level

~~Services and Intensive Level Services based upon the results of an Independent Assessment performed by an independent entity. The goal of the Independent Assessment is to determine the care, treatment, or services that will best meet the needs of the beneficiary initially and over time. Please refer to the Independent Assessment Manual for the Independent Assessment Referral Process.~~

#### ~~REHABILITATIVE LEVEL SERVICES~~

~~Home and community based behavioral health services for the purpose of treating mental health and substance abuse conditions. Services shall be rendered and coordinated through a team based approach. A standardized Independent Assessment to determine eligibility and a Treatment Plan is required. Rehabilitative Level Services home and community based settings shall include services rendered in a beneficiary's home, community, behavioral health clinic/ office, healthcare center, physician office, and/ or school.~~

#### ~~INTENSIVE LEVEL SERVICES~~

~~The most intensive behavioral health services for the purpose of treating mental health and substance abuse conditions. Services shall be rendered and coordinated through a team based approach. Eligibility for Intensive Level services will be determined by a standardized Independent Assessment. Intensive level Adult Behavioral Health Services for Community Independence treatment services are available if deemed medically necessary and eligibility is determined by way of the standardized Independent Assessment.~~

#### ~~213.000 Treatment Plan~~

~~3-1-19~~

~~A Treatment Plan is required for eligible beneficiaries who are determined to be qualified for Adult Behavioral Health Services for Community Independence through the standardized Independent Assessment. The Treatment Plan should build upon the information from any Behavioral Health provider and information obtained during the standardized Independent Assessment.~~

~~The Treatment Plan must be included in the beneficiary's medical record and contain a written description of the treatment objectives for that beneficiary. It also must describe:~~

- ~~A. The treatment regimen—the specific medical and remedial services, therapies and activities that will be used to meet the treatment objectives.~~
- ~~B. A projected schedule for service delivery—this includes the expected frequency and duration of each type of planned therapeutic session or encounter.~~
- ~~C. The type of personnel that will be furnishing the services.~~
- ~~D. A projected schedule for completing reevaluations of the patient's condition and updating the Treatment Plan.~~

~~The Treatment Plan for a beneficiary that is eligible for Adult Behavioral Health Services for Community Independence must be completed by a mental health professional within 14 calendar days of the beneficiary entering care (first billable service) or within 14 days of an eligibility determination for beneficiaries receiving Arkansas Medicaid healthcare benefits on a medical Sponddown basis at a certified Behavioral Health Agency and must be signed and dated by a physician licensed in Arkansas. Subsequent revisions in the master treatment plan will be approved in writing (signed and dated) by the mental health professional as well as signed and dated by a physician licensed in Arkansas. Revisions to the Treatment Plan for Adult Behavioral Health Services for Community Independence must occur at least annually, in conjunction with the results from the Independent Assessment. Reimbursement for Treatment Plan revisions more frequently than once per year is not allowed unless there is a documented clinical change in circumstance of the beneficiary or if a beneficiary is re-assessed by the Independent Assessment vendor which results in a change of Tier.~~

**213.100** ~~Beneficiary Participation in the Development of the Treatment Plan~~ **3-1-19**

~~The Treatment Plan should be based on the beneficiary's articulation of the problems or needs to be addressed in treatment and the areas of need identified in the standardized Independent Assessment. Each problem or need must have one or more clearly defined behavioral goals or objectives that will allow the beneficiary, provider and others to assess progress toward achievement of the goal or objective. For each goal or objective, the Treatment Plan must specify the treatment intervention(s) determined to be medically necessary to address the problem or need and to achieve the goal(s) or objective(s).~~

**214.000** ~~Covered Outpatient Services~~ **3-1-19**

~~Covered outpatient services include home and community based services to Medicaid-eligible beneficiaries. Beneficiaries eligible for Adult Behavioral Health Services for Community Independence shall be served with an array of treatment services outlined on their Treatment Plan in an amount and duration designed to meet their medical needs.~~

**215.000** ~~Exclusions~~ **3-1-19**

~~Services not covered under the Adult Behavioral Health Services for Community Independence benefit include, but are not limited to:~~

- ~~A. Room and board residential costs;~~
- ~~B. Educational services;~~
- ~~C. Telephone contacts with patient;~~
- ~~D. Transportation services, including time spent transporting a beneficiary for services **(reimbursement Adult Behavioral Health Services for Community Independence is not allowed for the period of time the Medicaid beneficiary is in transport);**~~
- ~~E. Services to individuals with developmental disabilities which are non-psychiatric in nature;~~
- ~~F. Services which are found not to be medically necessary; and~~
- ~~G. Services provided to nursing home and ICF/IDD residents~~

**216.000** ~~Physician's Role~~ **3-1-19**

~~Certified Behavioral Health Agencies which provide Adult Behavioral Health Services for Community Independence are required to have relationships with a board-certified or board eligible psychiatrist who provides appropriate supervision and oversight for all medical and treatment services for beneficiaries with behavioral health needs. A physician will supervise and coordinate all psychiatric and medical functions as indicated in the Treatment Plan that is required for beneficiaries receiving Adult Behavioral Health Services for Community Independence. Medical responsibility shall be vested in a physician licensed in Arkansas that signs the Treatment Plan of the beneficiary.~~

- ~~A. Beneficiaries receiving Adult Behavioral Health Services for Community Independence will receive those services through a Behavioral Health Agency, which is required to employ a Medical Director. A physician must review and sign the beneficiary's Treatment Plan, including any subsequent revisions. Medical responsibility will be vested in a physician licensed in Arkansas who signs the Treatment Plan of the beneficiary. If medical responsibility is not vested in a psychiatrist for a Behavioral Health Agency, then psychiatric consultation must be available, in accordance with DPSQA certification requirements.~~

~~B. Approval of all updated or revised Treatment Plans must be documented by the physician's dated signature on the revised document and should be completed in conjunction with the beneficiary's Independent Assessment.~~

**217.000 Prescription for Adult Behavioral Health Services for Community Independence 3-1-19**

~~Beneficiaries receiving Adult Behavioral Health Services for Community Independence must have a signed prescription for services by a psychiatrist or physician. Medicaid will not cover any Adult Behavioral Health Services for Community Independence without a current prescription signed by a psychiatrist or physician and eligibility determined by a standardized Independent Assessment. The signed Treatment Plan will serve as the prescription for beneficiaries that are eligible for Rehabilitative Level Services and Therapeutic Communities in Intensive Level Services.~~

~~Prescriptions shall be based on consideration of an evaluation of the enrolled beneficiary. The prescription of the services and subsequent renewals must be documented in the beneficiary's medical record.~~

~~Beneficiaries determined through an Independent Assessment to be eligible to receive Rehabilitative Level Services (Tier 2) or Intensive Level Services (Tier 3) do not require a Primary Care Physician (PCP referral).~~

**218.000 Authorization for Services 2-1-22**

~~All Adult Behavioral Health Services for Community Independence receiving Arkansas Medicaid healthcare benefits on a medical Spenddown basis are retrospectively reviewed for medical necessity.~~

~~[View or print the procedure codes requiring retrospective review for authorization and for ABHSCI services.](#)~~

**240.000 REIMBURSEMENT**

**240.100 Reimbursement 2-1-22**

~~Reimbursement is based on the lesser of the billed amount or the Title XIX (Medicaid) maximum allowable for each procedure.~~

~~Reimbursement is contingent upon eligibility of both the beneficiary and provider at the time the service is provided and upon accurate completeness of the claim filed for the service. The provider is responsible for verifying that the beneficiary is eligible for Arkansas Medicaid prior to rendering services.~~

~~A. Outpatient Services~~

~~— Fifteen Minute Units, unless otherwise stated~~

~~— Adult Behavioral Health Services for Community Independence must be billed on a per unit basis as indicated in the service definition, as reflected in a daily total, per beneficiary, per service.~~

~~— Time spent providing services for a single beneficiary may be accumulated during a single, 24-hour calendar day. Providers may accumulatively bill for a single date of service, per beneficiary, per Adult Behavioral Health Services for Community Independence service. Providers are not allowed to accumulatively bill for spanning dates of service.~~

- All billing must reflect a daily total, per Adult Behavioral Health Services for Community Independence service, based on the established procedure codes. No rounding is allowed.
- The sum of the days' time, in minutes, per service will determine how many units are allowed to be billed. That number must not be exceeded. The total of minutes per service must be compared to the following grid, which determines the number of units allowed.

15 Minute Units	Timeframe
One (1) unit =	8-24 minutes
Two (2) units =	25-39 minutes
Three (3) units =	40-49 minutes
Four (4) units =	50-60 minutes

60 minute Units	Timeframe
One (1) unit =	50-60 minutes
Two (2) units =	110-120 minutes
Three (3) units =	170-180 minutes
Four (4) units =	230-240 minutes
Five (5) units =	290-300 minutes
Six (6) units =	350-360 minutes
Seven (7) units =	410-420 minutes
Eight (8) units =	470-480 minutes

30 Minute Units	Timeframe
One (1) unit =	25-49 minutes
Two (2) units =	50-60 minutes

- In a single claim transaction, a provider may bill only for service time accumulated within a single day for a single beneficiary. There is no "carryover" of time from one day to another or from one beneficiary to another.
- Documentation in the beneficiary's record must reflect exactly how the number of units is determined.
- No more than four (4) units may be billed for a single hour per beneficiary or provider of the service.

**NOTE:** For services provided by a Qualified Behavioral Health Provider (QBHP), the accumulated time for the Adult Behavioral Health Services for Community Independence program service, per date of service, is one total, regardless of the number of QBHPs seeing the beneficiary on that day. For example, two (2) QBHPs see the same beneficiary on the same date of service and provides Adult Life Skills Development. The first QBHP spends a total of 10 minutes with the beneficiary. Later in the day, another QBHP provides Adult Life Skills Development to the same beneficiary and spends a total of 15 minutes. A total of 25 minutes of Behavioral Assistance was provided,

~~which equals (two) 2 allowable units of service. Only one QBHP may be shown on the claim as the performing provider.~~

**View or print the procedure codes for ABHSCI services.**

**241.000 — Fee Schedule 3-1-19**

Arkansas Medicaid provides fee schedules on the Arkansas Medicaid website. The fee schedule link is located at <https://medicaid.mmis.arkansas.gov/Provider/Docs/fees.aspx> under the provider manual section. The fees represent the fee for service reimbursement methodology.

Fee schedules do not address coverage limitations or special instructions applied by Arkansas Medicaid before final payment is determined.

Procedure codes and/or fee schedules do not guarantee payment, coverage or amount allowed. Information may be changed or updated at any time to correct a discrepancy and/or error. Arkansas Medicaid always reimburses the lesser of the amount billed or the Medicaid maximum.

**250.000 — BILLING PROCEDURES**

**251.000 — Introduction to Billing 3-1-19**

Adult Behavioral Health Services for Community Independence providers use the CMS 1500 form to bill the Arkansas Medicaid Program on paper for services provided to eligible Medicaid beneficiaries. Each claim may contain charges for only one beneficiary. **View a CMS-1500 sample form.**

Section III of this manual contains information about available options for electronic claim submission.

**252.000 — CMS-1500 Billing Procedures**

**252.100 — Procedure Codes for Types of Covered Services 3-1-19**

Adult Behavioral Health Services for Community Independence are billed on a per unit or per encounter basis as listed. All services must be provided by at least the minimum staff within the licensed or certified scope of practice to provide the service.

Benefits are separated by Level of Service.

Prior to reimbursement for Rehabilitative Level Services or Intensive Level Services, a standardized Independent Assessment will determine eligibility and need for Rehabilitative Level Services or Intensive Level Services. The standardized Independent Assessment will be performed by an independent entity as indicated in the Arkansas Medicaid Independent Assessment Manual.

**253.000 — Rehabilitative Level Services**

**253.001 — Partial Hospitalization 2-1-22**

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
<b><u>View or print the procedure codes for ABHSCI services.</u></b>	Mental health partial hospitalization treatment, less than 24 hours
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS

<p>Partial Hospitalization is an intensive nonresidential, therapeutic treatment program. It can be used as an alternative to and/or a step-down service from inpatient residential treatment or to stabilize a deteriorating condition and avert hospitalization. The program provides clinical treatment services in a stable environment on a level equal to an inpatient program, but on a less than 24-hour basis. The environment at this level of treatment is highly structured and should maintain a staff-to-patient ratio of 1:5 to ensure necessary therapeutic services and professional monitoring, control, and protection. This service shall include at a minimum intake, individual therapy, group therapy, and psychoeducation. Partial Hospitalization shall be at a minimum (5) five hours per day, of which 90 minutes must be a documented service provided by a Mental Health Professional. If a beneficiary receives other services during the week but also receives Partial Hospitalization, the beneficiary must receive, at a minimum, 20 documented hours of services on no less than (4) four days in that week.</p>	<ul style="list-style-type: none"> <li>● Start and stop times of actual program participation by beneficiary</li> <li>● Place of service</li> <li>● Diagnosis and pertinent interval history</li> <li>● Brief mental status and observations</li> <li>● Rationale for and treatment used that must coincide with the master treatment plan</li> <li>● Beneficiary's response to the treatment must include current progress or lack of progress toward symptom reduction and attainment of goals</li> <li>● Rationale for continued Partial Hospitalization Services, including necessary changes to diagnosis, master treatment plan or medication(s) and plans to transition to less restrictive services</li> <li>● All services provided must be clearly documented in the medical record</li> <li>● Staff signature/credentials</li> </ul>	
<p><b>NOTES</b></p>	<p><b>UNIT</b></p>	<p><b>BENEFIT LIMITS</b></p>
<p>Partial hospitalization may include drug testing, medical care other than detoxification and other appropriate services depending on the needs of the individual.</p> <p>The medical record must indicate the services provided during Partial Hospitalization.</p>	<p>Per-Diem</p>	<p>DAILY MAXIMUM THAT MAY BE BILLED: 1</p> <p>YEARLY MAXIMUM OF DAYS THAT MAY BE BILLED (extension of benefits can be requested): 40</p>
<p><b>APPLICABLE POPULATIONS</b></p>	<p><b>SPECIAL BILLING INSTRUCTIONS</b></p>	
<p>Adults—Ages 18 and Above</p>	<p>A provider may not bill for any other services on the same date of service.</p>	
<p><b>ALLOWED MODE(S) OF DELIVERY</b></p>	<p><b>TIER</b></p>	
<p>Face-to-face</p>	<p>Rehabilitative</p>	
<p><b>ALLOWABLE PERFORMING PROVIDERS</b></p>	<p><b>PLACE OF SERVICE</b></p>	
<p>Partial Hospitalization must be provided in a facility that is certified by the Division of Behavioral Health Services as a Partial Hospitalization provider</p>	<p>11, 49, 52, 53</p>	
<p><b>EXAMPLE ACTIVITIES</b></p>		
<p>Care provided to a client who is not ill enough to need admission to facility but who has need of more intensive care in the therapeutic setting than can be provided in the community. This service shall include at a minimum intake, individual and group therapy, and psychosocial education. Partial hospitalization may include drug testing, medical care other than detoxification and other appropriate services depending on the needs of the individual.</p>		

253.002 Adult Rehabilitative Day Service

2-1-22

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
<p>QBHP-Bachelors or RN QBHP-Non-Degreed</p> <p><b>View or print the procedure codes for ABHSCI services.</b></p>	<p>Psychosocial rehabilitation services</p>
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<p>A continuum of care provided to recovering individuals living in the community based on their level of need. This service includes educating and assisting the individual with accessing supports and services needed. The service assists the recovering individual to direct their resources and support systems. Activities include training to assist the person to learn, retain, or improve specific job skills, and to successfully adapt and adjust to a particular work environment. This service includes training and assistance to live in and maintain a household of their choosing in the community. In addition, transitional services to assist individuals adjust after receiving a higher level of care. The goal of this service is to promote and maintain community integration.</p> <p>An array of face-to-face rehabilitative day activities providing a preplanned and structured group program for identified beneficiaries that aimed at long-term recovery and maximization of self-sufficiency, as distinguished from the symptom-stabilization function of acute day treatment. These rehabilitative day activities are person- and family-centered, recovery-based, culturally competent, provide needed accommodation for any disability and must have measurable outcomes. These activities assist the beneficiary with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their chronic mental illness. The intent of these services is to restore the fullest possible integration of the beneficiary as an active and productive member of his/her family, social and work community and/or culture with the least amount of ongoing professional intervention. Skills addressed may include: emotional skills, such as coping with stress, anxiety or anger; behavioral skills, such as proper use of medications, appropriate social interactions and managing overt expression of symptoms like delusions or hallucinations; daily living and self-care skills, such as personal care and hygiene, money management and daily structure/use of</p>	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Names and relationship to the beneficiary of all persons involved</li> <li>• Start and stop times of actual encounter</li> <li>• Place of Service (When 99 is used, specific location and rationale for location must be included)</li> <li>• Client diagnosis necessitating service</li> <li>• Document how treatment used address goals and objectives from the master treatment plan</li> <li>• Information gained from contact and how it relates to master treatment plan objectives</li> <li>• Impact of information received/given on the beneficiary's treatment</li> <li>• Any changes indicated for the master treatment plan which must be documented and communicated to the supervising MHP for consideration</li> <li>• Plan for next contact, if any</li> <li>• Staff signature/credentials/date of signature</li> </ul>

time; cognitive skills, such as problem solving, understanding illness and symptoms and reframing; community integration skills and any similar skills required to implement a beneficiary's master treatment plan.		
<b>NOTES</b>	<b>UNIT</b>	<b>BENEFIT LIMITS</b>
Staff to Client Ratio — 1:15 ratio maximum with the provision that client ratio must be reduced when necessary to accommodate significant issues related to acuity, developmental status and clinical needs.	60 minutes	DAILY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 6 units  QUARTERLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 90 units
<b>APPLICABLE POPULATIONS</b>	<b>SPECIAL BILLING INSTRUCTIONS</b>	
Adult — Ages 18 and Above		
<b>ALLOWED MODE(S) OF DELIVERY</b>	<b>TIER</b>	
Face to face	Rehabilitative	
<b>ALLOWABLE PERFORMING PROVIDERS</b>	<b>PLACE OF SERVICE</b>	
<ul style="list-style-type: none"> <li>• Qualified Behavioral Health Provider — Bachelors</li> <li>• Qualified Behavioral Health Provider — Non-Degreed</li> <li>• Registered Nurse</li> </ul>	04, 11, 12, 13, 14, 22, 23, 31, 32, 33, 49, 50, 52, 53, 57, 71, 72, 99	

253.003 — Supportive Employment

2-1-22

<b>CPT@/HCPCS PROCEDURE CODE</b>	<b>PROCEDURE CODE DESCRIPTION</b>
<b>View or print the procedure codes for ABHSCI services.</b>	Supportive Employment
<b>SERVICE DESCRIPTION</b>	<b>MINIMUM DOCUMENTATION REQUIREMENTS</b>
<b>Supportive Employment</b> is designed to help beneficiaries acquire and keep meaningful jobs in a competitive job market. The service actively facilitates job acquisition by sending staff to accompany beneficiaries on interviews and providing ongoing support and/or on the job training once the beneficiary is employed. This service replaces traditional vocational approaches that provide intermediate work experiences (prevocational work units, transitional employment, or sheltered workshops), which tend to isolate beneficiaries	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Names and relationship to the beneficiary of all persons involved</li> <li>• Start and stop times of actual encounter with beneficiary</li> <li>• Place of Service (If 99 is used, specific location and rationale for location must be included)</li> <li>• Client diagnosis necessitating intervention</li> </ul>

<p>from mainstream society.</p> <p>Service settings may vary depending on individual need and level of community integration, and may include the beneficiary's home.</p>	<ul style="list-style-type: none"> <li>• Document how interventions used address goals and objectives from the master treatment plan</li> <li>• Impact of information received/given on the beneficiary's treatment</li> <li>• Any changes indicated for the master treatment plan which must be documented and communicated to the supervising MHP for consideration</li> <li>• Plan for next contact, if any</li> <li>• Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
	60 Minutes	<p>QUARTERLY                      MAXIMUM OF UNITS                      THAT MAY BE BILLED                      (extension of benefits                      can be requested): 60</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Adults—Ages 18 and Above</p>	<p>A provider can bill up to 60 units per quarter (Quarters are defined as January–March, April–June, July–September, October–December) prior to an extension of benefits.</p> <p>A provider cannot bill any H2017 code on the same date of service.</p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
Face to face	Rehabilitative	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"> <li>• Qualified Behavioral Health Provider—Bachelors</li> <li>• Qualified Behavioral Health Provider—Non-Degreed</li> <li>• Registered Nurse</li> </ul>	04, 11, 12, 16, 49, 53, 57, 99	

253.004 Supportive Housing

2-1-22

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
<p><a href="#">View or print the procedure codes for ABHSCI services.</a></p>	Supportive Housing
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<p><b>Supportive Housing</b> is designed to ensure that beneficiaries have a choice of permanent, safe, and affordable housing. An emphasis is placed on the development and strengthening of natural supports in the community. This service assists beneficiaries in locating, selecting, and sustaining housing, including transitional</p>	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Names and relationship to the beneficiary of all persons involved</li> <li>• Start and stop times of actual encounter with beneficiary</li> </ul>

<p>housing and chemical free living; provides opportunities for involvement in community life; and facilitates the individual's recovery journey.</p> <p>Service settings may vary depending on individual need and level of community integration, and may include the beneficiary's home. Services delivered in the home are intended to foster independence in the community setting and may include training in menu planning, food preparation, housekeeping and laundry, money management, budgeting, following a medication regimen, and interacting with the criminal justice system.</p>	<ul style="list-style-type: none"> <li>● Place of Service (If 99 is used, specific location and rationale for location must be included)</li> <li>● Client diagnosis necessitating intervention</li> <li>● Document how interventions used address goals and objectives from the master treatment plan</li> <li>● Impact of information received/given on the beneficiary's treatment</li> <li>● Any changes indicated for the master treatment plan which must be documented and communicated to the supervising MHP for consideration</li> <li>● Plan for next contact, if any</li> <li>● Staff signature/credentials/date of signature</li> </ul>	
<p><b>NOTES</b></p>	<p><b>UNIT</b></p>	<p><b>BENEFIT LIMITS</b></p>
	<p>60 Minutes</p>	<p>QUARTERLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 60</p>
<p><b>APPLICABLE POPULATIONS</b></p>	<p><b>SPECIAL BILLING INSTRUCTIONS</b></p>	
<p>Adults—Ages 18 and Above</p>	<p>A provider can bill up to 60 units per quarter (Quarters are defined as January-March, April-June, July-September, October-December) prior to an extension of benefits.</p> <p>A provider cannot bill any H2017 code on the same date of service.</p>	
<p><b>ALLOWED MODE(S) OF DELIVERY</b></p>	<p><b>TIER</b></p>	
<p>Face-to-face</p>	<p>Rehabilitative</p>	
<p><b>ALLOWABLE PERFORMING PROVIDERS</b></p>	<p><b>PLACE OF SERVICE</b></p>	
<ul style="list-style-type: none"> <li>● Qualified Behavioral Health Provider—Bachelors</li> <li>● Qualified Behavioral Health Provider—Non-Degreed</li> <li>● Registered Nurse</li> </ul>	<p>04, 11, 12, 16, 49, 53, 57, 99</p>	

**253.005 — Adult Life Skills Development**

**2-1-22**

<p><b>CPT@/HCPCS PROCEDURE CODE</b></p>	<p><b>PROCEDURE CODE DESCRIPTION</b></p>
<p>QBHP Bachelors or RN QBHP Non-degreed</p> <p><b><u><a href="#">View or print the procedure codes for ABHSCI services.</a></u></b></p>	<p>Comprehensive community support services</p>

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p><b>Life Skills Development</b> services are designed to assist beneficiaries in acquiring the skills needed to support an independent lifestyle and promote an improved sense of self-worth. Life skills training is designed to assist in setting and achieving goals, learning independent living skills, demonstrate accountability, and making goal-directed decisions related to independent living (i.e., educational/vocational training, employment, resource and medication management, self-care, household maintenance, health, wellness and nutrition).</p> <p>Service settings may vary depending on individual need and level of community integration, and may include the beneficiary's home. Services delivered in the home are intended to foster independence in the community setting and may include training in menu planning, food preparation, housekeeping and laundry, money management, budgeting, following a medication regimen, and interacting with the criminal justice system.</p>	<ul style="list-style-type: none"> <li>● Date of Service</li> <li>● Names and relationship to the beneficiary of all persons involved</li> <li>● Start and stop times of actual encounter with beneficiary</li> <li>● Place of Service (If 99 is used, specific location and rationale for location must be included)</li> <li>● Client diagnosis necessitating intervention</li> <li>● Document how interventions used address goals and objectives from the master treatment plan</li> <li>● Impact of information received/given on the beneficiary's treatment</li> <li>● Any changes indicated for the master treatment plan which must be documented and communicated to the supervising MHP for consideration</li> <li>● Plan for next contact, if any</li> <li>● Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
	15 Minutes	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: 8</p> <p>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 292</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Adults—Ages 18 and Above		
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	Rehabilitative	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"> <li>● Qualified Behavioral Health Provider—Bachelors</li> <li>● Qualified Behavioral Health Provider—Non-Degreed</li> <li>● Registered Nurse</li> </ul>	04, 11, 12, 16, 49, 53, 57, 99	

253.006 Peer Support

2-1-22

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
---------------------------	----------------------------

<b>View or print the procedure codes for ABHSCI services.</b>		Self-help/peer services, per 15 minutes
<b>SERVICE DESCRIPTION</b>	<b>MINIMUM DOCUMENTATION REQUIREMENTS</b>	
Peer Support is a consumer-centered service provided by individuals (ages 18 and older) who self-identify as someone who has received or is receiving behavioral health services and thus is able to provide expertise not replicated by professional training. Peer providers are trained and certified peer specialists who self-identify as being in recovery from behavioral health issues. Peer support is a service to work with beneficiaries to provide education, hope, healing, advocacy, self-responsibility, a meaningful role in life, and empowerment to reach fullest potential. Specialists will assist with navigation of multiple systems (housing, supportive employment, supplemental benefits, building/rebuilding natural supports, etc.) which impact beneficiaries' functional ability. Services are provided on an individual or group basis, and in either the beneficiary's home or community environment.	<ul style="list-style-type: none"> <li>● Date of Service</li> <li>● Names and relationship to the beneficiary of all persons involved</li> <li>● Start and stop times of actual contact</li> <li>● Place of Service (When 99 is used, specific location and rationale for location must be included)</li> <li>● Client diagnosis necessitating service</li> <li>● Document how treatment used address goals and objectives from the master treatment plan</li> <li>● Information gained from contact and how it relates to master treatment plan objectives</li> <li>● Impact of information received/given on the beneficiary's treatment</li> <li>● Any changes indicated for the master treatment plan which must be documented and communicated to the supervising MHP for consideration</li> <li>● Plan for next contact, if any</li> <li>● Staff signature/credentials/date of signature</li> </ul>	
<b>NOTES</b>	<b>UNIT</b>	<b>BENEFIT LIMITS</b>
	15 minutes	YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 120
<b>APPLICABLE POPULATIONS</b>	<b>SPECIAL BILLING INSTRUCTIONS</b>	
Adults — Ages 18 and Above	Provider can only bill for 120 units (combined between H0038 and H0038, U8) per SFY	
<b>ALLOWED MODE(S) OF DELIVERY</b>	<b>TIER</b>	
Face to face	Rehabilitative	
<b>ALLOWABLE PERFORMING PROVIDERS</b>	<b>PLACE OF SERVICE</b>	
<ul style="list-style-type: none"> <li>● Certified Peer Support Specialist</li> <li>● Certified Youth Support Specialist</li> </ul>	03, 04, 11, 12, 13, 14, 15, 16, 22, 23, 31, 32, 33, 34, 49, 50, 52, 53, 57, 71, 72, 99	
<b>EXAMPLE ACTIVITIES</b>		
Peer support may include assisting their peers in articulating their goals for recovery, learning and practicing new skills, helping them monitor their progress, assisting them in their treatment, modeling effective coping techniques and self-help strategies based on the specialist's own recovery experience, and supporting them in advocating for themselves to obtain effective services.		

253.007 Treatment Plan

2-1-22

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
<p><a href="#">View or print the procedure codes for ABHSCI services.</a></p>	<p>Treatment Plan</p>	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Treatment Plan is a plan developed in cooperation with the beneficiary (or parent or guardian if under 18) to deliver specific mental health services to restore, improve, or stabilize the beneficiary's mental health condition. The Plan must be based on individualized service needs as identified in the completed Mental Health Diagnosis, independent assessment, and independent care plan. The Plan must include goals for the medically necessary treatment of identified problems, symptoms and mental health conditions. The Plan must identify individuals or treatment teams responsible for treatment, specific treatment modalities prescribed for the beneficiary, and time limitations for services. The plan must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and demonstrate cultural competence.</p>	<ul style="list-style-type: none"> <li>• Date of Service (date plan is developed)</li> <li>• Start and stop times for development of plan</li> <li>• Place of service</li> <li>• Diagnosis</li> <li>• Beneficiary's strengths and needs</li> <li>• Treatment goal(s) developed in cooperation with and as stated by beneficiary that are related specifically to the beneficiary's strengths and needs</li> <li>• Measurable objectives</li> <li>• Treatment modalities — The specific services that will be used to meet the measurable objectives</li> <li>• Projected schedule for service delivery, including amount, scope, and duration</li> <li>• Credentials of staff who will be providing the services</li> <li>• Discharge criteria</li> <li>• Signature/credentials of staff drafting the document and primary staff who will be delivering or supervising the delivery of the specific services/ date of signature(s)</li> <li>• Beneficiary's signature (or signature of parent, guardian, or custodian of beneficiaries under the age of 18)/ date of signature</li> <li>• Physician's signature indicating medical necessity/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>This service may be billed when the beneficiary is determined to be eligible for services. Revisions to the Treatment Plan for Adult Behavioral Health Services for Community Independence must occur at least annually, in conjunction with the results from the Independent Assessment. Reimbursement for Treatment Plan revisions more frequently than once per year is not allowed unless there is a documented clinical change in circumstance of the beneficiary or if a beneficiary is re-assessed by the Independent Assessment vendor which</p>	<p>30 minutes</p>	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: 2                      YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 4</p>

<p>results in a change of Tier. It is the responsibility of the primary mental health professional to insure that all individuals working with the client have a clear understanding and work toward the goals and objectives stated on the treatment plan.</p>		
<b>APPLICABLE POPULATIONS</b>	<b>SPECIAL BILLING INSTRUCTIONS</b>	
Adults—Ages 18 and Above	Must be reviewed annually	
<b>ALLOWED MODE(S) OF DELIVERY</b>	<b>TIER</b>	
Face-to-face	Rehabilitative	
<b>ALLOWABLE PERFORMING PROVIDERS</b>	<b>PLACE OF SERVICE</b>	
<ul style="list-style-type: none"> <li>● <del>Independently Licensed Clinicians—Master’s/Doctoral</del></li> <li>● <del>Non-independently Licensed Clinicians—Master’s/Doctoral</del></li> <li>● <del>Advanced Practice Nurse</del></li> <li>● <del>Physician</del></li> </ul>	03, 04, 11, 12, 14, 33, 49, 50, 53, 57, 71, 72	

**253.008 Aftercare Recovery Services**

**2-1-22**

<b>CPT®/HCPCS PROCEDURE CODE</b>	<b>PROCEDURE CODE DESCRIPTION</b>
<p>QBHP Bachelors or RN                  QBHP Non-Degreed  <a href="#">View or print the procedure codes for ABHSCI services.</a></p>	<p>Psychosocial rehabilitation services, per 15 minutes</p>
<b>SERVICE DESCRIPTION</b>	<b>MINIMUM DOCUMENTATION REQUIREMENTS</b>
<p>A continuum of care provided to recovering individuals living in the community based on their level of need. This service includes educating and assisting the individual with accessing supports and services needed. The service assists the recovering individual to direct their resources and support systems. Activities include training to assist the person to learn, retain, or improve specific job skills, and to successfully adapt and adjust to a particular work environment. This service includes training and assistance to live in and maintain a household of their choosing in the community. In addition, transitional services to assist individuals adjust after receiving a higher level of care. The goal of this service is to promote and maintain community integration.</p>	<ul style="list-style-type: none"> <li>● <del>Date of Service</del></li> <li>● <del>Names and relationship to the beneficiary of all persons involved</del></li> <li>● <del>Start and stop times of actual encounter</del></li> <li>● <del>Place of Service (When 99 is used, specific location and rationale for location must be included)</del></li> <li>● <del>Client diagnosis necessitating service</del></li> <li>● <del>Document how treatment used address goals and objectives from the master treatment plan</del></li> <li>● <del>Information gained from contact and how it relates to master treatment plan objectives</del></li> <li>● <del>Impact of information received/given on the beneficiary's treatment</del></li> </ul>

	<ul style="list-style-type: none"> <li>Any changes indicated for the master treatment plan which must be documented and communicated to the supervising MHP for consideration</li> <li>Plan for next contact, if any</li> <li>Staff signature/credentials/Date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
	15 minutes	YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 292
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Adults—Ages 18 and Above		
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	2	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"> <li>Qualified Behavioral Health Provider—Bachelors</li> <li>Qualified Behavioral Health Provider—Non-Degreed</li> </ul>	03, 04, 11, 12, 13, 14, 15, 16, 22, 23, 31, 32, 33, 34, 49, 50, 52, 53, 57, 71, 72, 99	

**254.000 Intensive Level Services**

**3-1-19**

Eligibility for intensive level services is determined by the Intensive Level Services standardized Independent Assessment.

Prior to reimbursement for any intensive level service, a beneficiary must be deemed Tier III by the Behavioral Health Independent Assessment.

Eligibility for entry into a residential setting requires adherence to appropriate Medicaid rules regarding that residential setting. Eligibility for Therapeutic Communities requires that an Individualized Treatment Plan be developed for the beneficiary.

**254.001 Therapeutic Communities**

**2-1-22**

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
Level 1 Level 2 <a href="#">View or print the procedure codes for ABHSCI services.</a>	Behavioral health; long term residential (nonmedical, non-acute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem.
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Therapeutic Communities are highly structured residential environments or continuums of care in which the primary goals are the treatment of behavioral health needs and the fostering of personal growth leading to personal	<ul style="list-style-type: none"> <li>Date of Service</li> <li>Names and relationship to the beneficiary of all persons involved</li> <li>Place of Service</li> </ul>

<p>accountability. Services address the broad range of needs identified by the person served. Therapeutic Communities employs community-imposed consequences and earned privileges as part of the recovery and growth process. In addition to daily seminars, group counseling, and individual activities, the persons served are assigned responsibilities within the therapeutic community setting. Participants and staff members act as facilitators, emphasizing personal responsibility for one's own life and self-improvement. The service emphasizes the integration of an individual within his or her community, and progress is measured within the context of that community's expectation.</p>	<ul style="list-style-type: none"> <li>• Document how interventions used address goals and objectives from the master treatment plan</li> <li>• Information gained from contact and how it relates to master treatment plan objectives</li> <li>• Impact of information received/given on the beneficiary's treatment</li> <li>• Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>Therapeutic Communities Level will be determined by the following:</p> <ul style="list-style-type: none"> <li>• Functionality based upon the Independent Assessment Score</li> <li>• Outpatient Treatment History and Response</li> <li>• Medication</li> <li>• Compliance with Medication/Treatment</li> </ul> <p>Eligibility for this service is determined by the Intensive Level Services standardized Independent Assessment.</p> <p>Prior to reimbursement for Therapeutic Communities in Intensive Level Services, a beneficiary must be eligible for Rehabilitative Level Services as determined by the standardized Independent Assessment. The beneficiary must then also be determined by an Intensive Level Services Independent Assessment to be eligible for Therapeutic Communities.</p>	<p>Per-Diem</p>	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: 1</p> <p>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>180</p> <p>185</p> <p><b><u>View or print the procedure codes for ABHSCI services.</u></b></p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Adults—Ages 18 and Above</p>	<p>A provider cannot bill any other services on the same date of service.</p>	
PROGRAM SERVICE CATEGORY		
<p>Intensive</p>		
ALLOWED MODE(S) OF DELIVERY	TIER	
<p>Face-to-face</p>	<p>N/A</p>	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<p>Therapeutic Communities must be provided in a facility that is certified by the Division of Behavioral Health Services as a Therapeutic Communities provider</p>	<p>14, 21, 51, 55</p>	

**255.000 Place of Service Codes**

3-1-19

Electronic and paper claims now require the same national place of service codes.

<b>Place of Service</b>	<b>POS Codes</b>
Homeless Shelter	04
Office (Behavioral Health Agency Facility Service Site)	11
Patient's Home	12
Assisted Living Facility	13
Group Home	14
Mobile Unit	15
Temporary Lodging	16
Inpatient Hospital	21
Custodial Care Facility	33
Independent Clinic	49
Federally Qualified Health Center	50
Psychiatric Facility – Partial Hospitalization	52
Community Mental Health Center	53
Non-Residential Substance Abuse Treatment Facility	57
Public Health Clinic	71
Rural Health Clinic	72
Other	99

## SECTION –COUNSELING SERVICES

### CONTENTS

<b>200.000</b>	<b>COUNSELING SERVICES GENERAL INFORMATION</b>
201.000	Introduction
202.000	Arkansas Medicaid Participation Requirements for Counseling Services
<b>210.000</b>	<b>PROGRAM COVERAGE</b>
211.000	Coverage of Services
211.200	Staff Requirements
211.300	Certification of Performing Providers
211.400	Facility Requirements
211.500	Non-Refusal Requirement
212.000	Scope
213.000	Counseling Services Program Entry
213.100	Independent Assessment Referral
214.000	Role of Providers of Counseling Services
214.100	Parent/Caregiver & Child (Dyadic treatment of Children age 0-47 months & Parent/Caregiver)
214.200	Medication Assisted Treatment and Opioid Use Disorder Treatment Drugs
214.300	Substance Abuse Covered Codes
217.100	Primary Care Physician (PCP) Referral
219.110	Daily Limit of Client Services
219.200	Telemedicine (Interactive Electronic Transactions) Services
223.000	Exclusions
224.000	Physician's Role
225.000	Diagnosis and Clinical Impression
226.000	Documentation/Record Keeping Requirements
226.100	Documentation
227.000	Prescription for Counseling Services
228.000	Provider Reviews
228.130	Retrospective Reviews
228.131	Purpose of the Review
228.132	Review Sample and the Record Request
228.133	Review Process
229.000	Medicaid Client Appeal Process
229.100	Electronic Signatures
229.200	Recoupment Process
<b>230.000</b>	<b>PRIOR AUTHORIZATION (PA) AND EXTENSION OF BENEFITS</b>
231.000	Introduction to Extension of Benefits
231.100	Prior Authorization
231.200	Extension of Benefits
<b>240.000</b>	<b>REIMBURSEMENT</b>
240.100	Reimbursement
241.000	Fee Schedule
242.000	Rate Appeal Process
<b>250.000</b>	<b>BILLING PROCEDURES</b>
251.000	Introduction to Billing
252.000	CMS-1500 Billing Procedures
252.100	Procedure Codes for Types of Covered Services
252.110	Counseling Level Services
252.111	Individual Behavioral Health Counseling
252.112	Group Behavioral Health Counseling
252.113	Marital/Family Behavioral Health Counseling with Client Present

252.114	Marital/Family Behavioral Health Counseling without Client Present
252.115	Psychoeducation
252.116	Multi-Family Behavioral Health Counseling
252.117	Mental Health Diagnosis
252.118	Interpretation of Diagnosis
252.119	Substance Abuse Assessment
252.121	Pharmacologic Management
252.122	Psychiatric Assessment
252.123	Intensive Outpatient Substance Abuse Treatment
255.000	Crisis Stabilization Intervention
255.001	Crisis Intervention
255.003	Acute Crisis Units
255.004	Substance Abuse Detoxification
256.200	Reserved
256.500	Billing Instructions – Paper Only
256.510	Completion of the CMS-1500 Claim Form
257.000	Special Billing Procedures
257.100	Reserved

## 200.000 COUNSELING SERVICES GENERAL INFORMATION

### 201.000 Introduction 1-1-23

Medicaid (Medical Assistance) is designed to assist eligible Medicaid clients in obtaining medical care within the guidelines specified in Section I of this manual. Counseling Services are covered by Medicaid when provided to eligible Medicaid clients by enrolled providers.

Counseling Services may be provided to eligible Medicaid clients at all provider certified/enrolled sites. Allowable places of service are found in the service definitions located in Section 252 and Section 255 of this manual.

### 202.000 Arkansas Medicaid Participation Requirements for Counseling Services 1-1-23

All behavioral health providers approved to receive Medicaid reimbursement for services to Medicaid clients must meet specific qualifications.

Providers must meet the Provider Participation and enrollment requirements contained within Section 140.000 of this manual as well as the following criteria to be eligible to participate in the Arkansas Medicaid Program:

- A. Providers must be located within the State of Arkansas.
- B. Must be certified by the Divisions of Provider Services and Quality Assurance (DPSQA) as a Behavioral Health Agency, a Community Support Systems Agency- Intensive or Enhanced, be certified by the Dept. of Education as a school-based mental health provider or be independently licensed as a:
  1. Licensed Clinical Certified Social Worker (LCSW)
  2. Licensed Marital and Family Therapist (LMFT)
  3. Licensed Psychologist (LP)
  4. Licensed Psychological Examiner – Independent (LPEI)
  5. Licensed Professional Counselor (LPC)
  6. Licensed Alcohol and Drug Abuse Counselor (LADAC)

- C. The provider must give notification to the Office of the Medicaid Inspector General (OMIG) on or before the tenth day of each month of all covered health care practitioners who perform services on behalf of the provider. The notification must include the following information for each covered health care practitioner:
1. Name/Title
  2. Enrolled site(s) where services are performed
  3. Social Security Number
  4. Date of Birth
  5. Home Address
  6. Start Date
  7. End Date (if applicable)

Notification is not required when the list of covered health care practitioners remains unchanged from the previous notification.

**DMS shall exclude providers for the reasons stated in 42 U.S.C. §1320a-7(a) and implementing regulations and may exclude providers for the reasons stated in 42 U.S.C. §1320a-7(b) and implementing regulations.** The following factors shall be considered by DHS in determining whether sanction(s) should be imposed:

- A. Seriousness of the offense(s)
- B. Extent of violation(s)
- C. History of prior violation(s)
- D. Whether an indictment or information was filed against the provider or a related party as defined in DHS Policy 1088, titled DHS Participant Exclusion Rule.

## 210.000 PROGRAM COVERAGE

### 211.000 Coverage of Services

1-1-23

Counseling Services are limited to enrolled providers as indicated in 202.000 who offer core counseling services for the treatment of behavioral disorders.

An Counseling Services providers must establish an emergency response plan. Each provider must have 24-hour emergency response capability to meet the emergency treatment needs of the Counseling Services clients served by the provider. The provider must implement and maintain a written policy reflecting the specific coverage plan to meet this requirement. A machine recorded voice mail message to call 911 or report to the nearest emergency room in and of itself is not sufficient to meet the requirement.

All Counseling Services providers must demonstrate the capacity to provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

### 211.200 Staff Requirements

1-1-23

Each Counseling Services provider must ensure that they employ staff which are able and available to provide appropriate and adequate services offered by the provider. Counseling Services staff members must provide services only within the scope of their individual licensure.

The following chart lists the terminology used in this provider manual and explains the licensure, certification, and supervision that are required for each performing provider type.

PROVIDER TYPE	LICENSES	STATE CERTIFICATION REQUIRED	SUPERVISION
Independently Licensed Clinicians – Master’s/Doctoral	Licensed Certified Social Worker (LCSW) Licensed Marital and Family Therapist (LMFT) Licensed Psychologist (LP) Licensed Psychological Examiner – Independent (LPEI) Licensed Professional Counselor (LPC)	Yes, must be licensed through the relevant licensing board to provide services	Not Required
Non-independently Licensed Clinicians – Master’s/Doctoral	Licensed Master Social Worker (LMSW) Licensed Associate Marital and Family Therapist (LAMFT) Licensed Associate Counselor (LAC) Licensed Psychological Examiner (LPE) Provisionally Licensed Psychologist (PLP) Provisionally Licensed Master Social Worker (PLMSW)	Yes, must be licensed through the relevant licensing board to provide services and be employed or contracted by a certified Behavioral Health Agency, Community Support System Agency, or certified by the Dept. of Education as a school-based mental health provider	Required
Licensed Alcoholism and Drug Abuse Counselor Master’s	Licensed Alcoholism and Drug Abuse Counselor (LADAC) Master’s Doctoral	Yes, must be licensed through the relevant licensing board to provide services	
Advanced Practice Nurse (APN)	Adult Psychiatric Mental Health Clinical Nurse Specialist Child Psychiatric	Must be employed or contracted by a certified Behavioral Health Agency, or Community Support System Agency	Collaborative Agreement with Physician Required

PROVIDER TYPE	LICENSES	STATE CERTIFICATION REQUIRED	SUPERVISION
	Mental Health Clinical Nurse Specialist  Adult Psychiatric Mental Health APN  Family Psychiatric Mental Health APN		
Physician	Doctor of Medicine (MD)  Doctor of Osteopathic Medicine (DO)	Must be employed or contracted by a certified Behavioral Health Agency, or Community Support System Agency	Not Required

The services of a medical records librarian are required. The medical records librarian (or person performing the duties of the medical records librarian) shall be responsible for ongoing quality controls, for continuity of patient care, and patient traffic flow. The librarian shall assure that records are maintained, completed and preserved; that required indexes and registries are maintained, and that statistical reports are prepared. This staff member will be personally responsible for ensuring that information on enrolled patients is immediately retrievable, establishing a central records index, and maintaining service records in such a manner as to enable a constant monitoring of continuity of care.

When a Counseling Services provider files a claim with Arkansas Medicaid, the staff member who actually performed the service must be identified on the claim as the rendering provider. This action is taken in compliance with the federal Improper Payments Information Act of 2002 (IPIA), Public Law 107-300, and the resulting Payment Error Rate Measurement (PERM) program initiated by the Centers for Medicare and Medicaid Services (CMS).

### 211.300 Certification of Performing Providers

1-1-23

As illustrated in the chart in § 211.200, certain Counseling Services billing providers are required to be certified by the Division of Provider Services and Quality Assurance. The certification requirements for performing providers are located on the [DPSQA website](#).

### 211.400 Facility Requirements

1-1-23

The Counseling Services provider shall be responsible for providing physical facilities that are structurally sound and meet all applicable federal, state and local regulations for adequacy of construction, safety, sanitation and health. These standards apply to buildings in which care, treatment or services are provided. In situations where Counseling Services are not provided in buildings, a safe and appropriate setting must be provided.

### 211.500 Non-Refusal Requirement

1-1-23

The Counseling Services provider may not refuse services to a Medicaid-eligible client who meets the requirements for Counseling Services as outlined in this manual. If a provider does not possess the services or program to adequately treat the client's behavioral health needs, the provider must communicate this with the Primary Care Physician (PCP) or Patient-Centered Medical Home (PCMH) for clients receiving Counseling Services so that appropriate provisions can be made.

**212.000**      **Scope**      **1-1-23**

The Counseling Services Program provides treatment and services which are provided by a certified Behavioral Health Services provider to Medicaid-eligible clients that have a Behavioral Health diagnosis as described in the American Psychiatric Association Diagnostic and Statistical Manual (DSM-5 and subsequent revisions).

Eligibility for services depends on the needs of the client. Counseling services and Crisis Services can be provided to any client as long as the services are medically necessary

**COUNSELING SERVICES**

Time-limited behavioral health services provided by qualified licensed practitioners in an allowable setting for the purpose of assessing and treating mental health and/or substance abuse conditions. Counseling Services settings shall mean a behavioral health clinic/office, healthcare center, physician office, child advocacy center, home, shelter, group home, and/or school.

**213.000**      **Counseling Services Program Entry**      **1-1-23**

The intake assessment, either the Mental Health Diagnosis, Substance Abuse Assessment, or Psychiatric Assessment, must be completed prior to the provision of counseling services in the Counseling Services program manual. This intake will assist providers in determining services needed and desired outcomes for the client. The intake must be completed by a behavioral health professional qualified by licensure and experienced in the diagnosis and treatment of behavioral health disorders.

Prior to continuing provision of counseling services, the provider must document medical necessity of Counseling Services. The documentation of medical necessity is a written intake assessment that evaluates the client's mental condition, and, based on the client's diagnosis, determines whether treatment in the Counseling Services Program is appropriate. This documentation must be made part of the client's medical record.

[View or print the procedure codes for counseling services.](#)

**213.100**      **Independent Assessment Referral**      **1-1-23**

Please refer to the Independent Assessment Manual or the PASSE Manual for Independent Assessment Referral Process.

**214.000**      **Role of Providers of Counseling Services**      **1-1-23**

Counseling Services providers provide counseling services by qualified licensed practitioners in an outpatient-based setting for the purpose of assessing and treating behavioral health conditions.

**214.100**      **Parent/Caregiver & Child (Dyadic treatment of Children age 0-47 months & Parent/Caregiver)**      **1-1-23**

Counseling Services providers may provide dyadic treatment of clients age zero through forty-seven (0-47) months and the parent/caregiver of the eligible client. A prior authorization will be required for all dyadic treatment services (the Mental Health Diagnosis and Interpretation of Diagnosis DO NOT require a prior authorization). All performing providers of parent/caregiver and child Counseling Services MUST be certified by DAABHS to provide those services.

Providers will diagnose children through the age of forty-seven (47) months based on the most current version of the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood. Providers will then crosswalk the diagnosis to a DMS diagnosis.

---

Specified Z and T codes and conditions that may be the focus of clinical attention according to DSM 5 or subsequent editions will be allowable for this population.

**214.200 Medication Assisted Treatment and Opioid Use Disorder Treatment Drugs 1-1-23**

Effective for dates of service on and after September 1, 2020, Medication Assisted Treatment for Opioid Use Disorders is available to all qualifying Medicaid clients when provided by providers who possess an X-DEA license on file with Arkansas Medicaid Provider Enrollment for billing purposes. All rules and regulations promulgated within the Physician's provider manual for provision of this service must be followed.

**214.300 Substance Abuse Covered Codes 1-1-23**

Certain Counseling Services are covered by Arkansas Medicaid for an individual whose primary diagnosis is substance abuse. Licensed Practitioners may provide Substance Abuse Service within the scope of their practice. Individuals solely licensed as Licensed Alcoholism and Drug Abuse Counselors (LADAC) may only provide services to individuals with a primary substance use diagnosis. Behavioral Health Agency and Community Support System Providers Intensive and Enhanced sites must be licensed by the Divisions of Provider Services and Quality Assurance in order to provide Substance Abuse Services.

**217.100 Primary Care Physician (PCP) Referral 1-1-23**

Each client that receives counseling services in the Counseling Services program can receive a limited amount of counseling services. Once those limits are reached, a Primary Care Physician (PCP) referral or PCMH approval will be necessary to continue treatment. This referral or approval must be retained in the client's medical record.

A client can receive ten (10) counseling services before a PCP/PCMH referral is necessary. Crisis Intervention (Section 255.001) does not count toward the ten (10) counseling services. The PCP/PCMH referral must be kept in the client's medical record.

The Patient Centered Medical Home (PCMH) will be responsible for coordinating care with a client's PCP or physician for counseling services. Medical responsibility for clients receiving counseling services shall be vested in a physician licensed in Arkansas.

The PCP referral or PCMH authorization for counseling services will serve as the prescription for those services.

Verbal referrals from PCPs or PCMHs are acceptable to Medicaid as long as they are documented in the client's chart as described in Section 171.410.

See Section I of this manual for an explanation of the process to obtain a PCP referral.

**219.110 Daily Limit of Client Services 1-1-23**

For services that are not reimbursed on a per diem or per encounter rate, Medicaid has established daily benefit limits for all services. Clients will be limited to a maximum of eight (8) hours per twenty-four (24) hour day of Counseling Services. Clients will be eligible for an extension of the daily maximum amount of services based on a medical necessity review by the contracted utilization management entity (See Section 231.000 for details regarding extension of benefits).

**219.200 Telemedicine (Interactive Electronic Transactions) Services 1-1-23**

See Section I for Telemedicine policy and Section III for Telemedicine billing protocol

**223.000 Exclusions 1-1-23**

Services not covered under the Counseling Services Program include, but are not limited to:

- A. Room and board residential costs
- B. Educational services
- C. Telephone contacts with patient
- D. Transportation services, including time spent transporting a client for services **(reimbursement for other Counseling Services is not allowed for the period of time the Medicaid client is in transport)**
- E. Services to individuals with developmental disabilities that are non-behavioral health in nature
- F. Services which are found not to be medically necessary
- G. Services provided to nursing home and ICF/IDD residents other than those specified in the applicable populations sections of the service definitions in this manual

#### **224.000 Physician's Role**

**1-1-23**

Counseling services providers are responsible for communication with the client's primary care physician in order to ensure psychiatric and medical conditions are monitored and addressed by appropriate physician oversight and that medication evaluation and prescription services are available to individuals requiring pharmacological management.

#### **225.000 Diagnosis and Clinical Impression**

**1-1-23**

Diagnosis and clinical impression are required in the terminology of ICD.

#### **226.000 Documentation/Record Keeping Requirements**

##### **226.100 Documentation**

**1-1-23**

All Counseling Services providers must develop and maintain sufficient written documentation to support each medical or remedial therapy, service, activity, or session for which Medicaid reimbursement is sought. This documentation, at a minimum, must:

- A. Be individualized to the client and specific to the services provided, duplicated notes are not allowed
  - B. Include the date and actual time the services were provided
  - C. Contain original signature, name, and credentials of the person, who provided the services
  - D. Document the setting in which the services were provided. For all settings other than the provider's enrolled sites, the name and physical address of the place of service must be included
  - E. Document the relationship of the services to the treatment regimen described in the Treatment Plan
  - F. Contain updates describing the patient's progress
  - G. Document involvement, for services that require contact with anyone other than the client, evidence of conformance with HIPAA regulations, including presence in documentation of Specific Authorizations, if required
-

Documentation must be legible and concise. The name and title of the person providing the service must reflect the appropriate professional level in accordance with the staffing requirements found in Section 211.200.

All documentation must be available to representatives of the Division of Medical Services or Office of Medicaid Inspector General at the time of an audit. All documentation must be available at the provider's place of business. A provider will have 30 (thirty) days to submit additional documentation in response to a request from DMS or OMIG. Additional documentation will not be accepted after this thirty (30) day period.

#### **227.000 Prescription for Counseling Services 1-1-23**

The approval by the PCP or PCMH will serve as the prescription for counseling services in the Counseling Services program. Please see Section 217.100 for limits. Medicaid will not cover any service outside of the established limits without a current prescription signed by the PCP or PCMH.

Prescriptions shall be based on consideration of an evaluation of the enrolled client. The prescription for the services and subsequent renewals must be documented in the client's medical record.

#### **228.000 Provider Reviews 1-1-23**

The Utilization Review Section of the Arkansas Division of Medical Services has the responsibility for assuring quality medical care for its clients, along with protecting the integrity of both state and federal funds supporting the Medical Assistance Program.

#### **228.130 Retrospective Reviews 1-1-23**

The Division of Medical Services (DMS) of the Arkansas Department of Human Services has contracted with a Quality Improvement Organization (QIO) or QIO-like organization to perform retrospective (post payment) reviews of counseling services provided by Counseling Services providers. [View or print current contractor contact information.](#)

The reviews will be conducted by licensed mental health professionals who will examine the medical record for compliance with federal and state laws and regulations.

#### **228.131 Purpose of the Review 1-1-23**

The purpose of the review is to:

- A. Ensure that services are delivered in accordance with the counselor's plan of care documented at intake for service delivery and conform to generally accepted professional standards.
- B. Evaluate the medical necessity of services provided to Medicaid clients.
- C. Evaluate the clinical documentation to determine if it is sufficient to support the services billed during the requested period of authorized services.
- D. Safeguard the Arkansas Medicaid program against unnecessary or inappropriate use of services and excess payments in compliance with 42 CFR § 456.3(a).

#### **228.132 Review Sample and the Record Request 1-1-23**

On a calendar quarterly basis, the contractor will select a statistically valid random sample from an electronic data set of all Counseling Services clients whose dates of service occurred during the three (3) -month selection period. If a client was selected in any of the three (3) calendar quarters prior to the current selection period, then they will be excluded from the sample and an

alternate client will be substituted. The utilization review process will be conducted in accordance with 42 CFR § 456.23.

A written request for medical record copies will be mailed to each provider who provided services to the clients selected for the random sample along with instructions for submitting the medical record. The request will include the client's name, date of birth, Medicaid identification number and dates of service. The request will also include a list of the medical record components that must be submitted for review. The time limit for a provider to request reconsideration of an adverse action/decision stated in § 1 of the Medicaid Manual shall be the time limit to furnish requested records. If the requested information is not received by the deadline, a medical necessity denial will be issued.

All medical records must be submitted to the contractor via fax, mail or electronic medium. [View or print current contractor contact information.](#) Records will not be accepted via email.

### 228.133 Review Process

1-1-23

The record will be reviewed using a review tool based upon the promulgated Medicaid Counseling Services manual. The review tool is designed to facilitate review of regulatory compliance, incomplete documentation and medical necessity. All reviewers must have a professional license in therapy (LP, LCSW, LMSW, LPE, LPE-I, LPC, LAC, LMFT, LAMFT, etc.). The reviewer will screen the record to determine whether complete information was submitted for review. If it is determined that all requested information was submitted, then the reviewer will review the documentation in more detail to determine whether it meets medical necessity criteria based upon the reviewer's professional judgment.

If a reviewer cannot determine that the services were medically necessary, then the record will be given to a psychiatrist for review. If the psychiatrist denies some or all of the services, then a denial letter will be sent to the provider and the client. Each denial letter contains a rationale for the denial that is record specific and each party is provided information about requesting reconsideration review or a fair hearing.

The reviewer will also compare the paid claims data to the progress notes submitted for review. When documentation submitted does not support the billed services, the reviewer will deny the services which are not supported by documentation. If the reviewer sees a deficiency during a retrospective review, then the provider will be informed that it has the opportunity to submit information that supports the paid claim. If the information submitted does not support the paid claim, the reviewer will send a denial letter to the provider and the client. Each denial letter contains a rationale for the denial that is record-specific and each party is provided information about requesting reconsideration review or a fair hearing.

Each retrospective review, and any adverse action resulting from a retrospective review, shall comply with the Medicaid Fairness Act. DMS will ensure that its contractor(s) is/are furnished a copy of the Act.

### 229.000 Medicaid Client Appeal Process

1-1-23

When an adverse decision is received, the client may request a fair hearing of the denial decision.

The appeal request must be in writing and received by the Appeals and Hearings Section of the Department of Human Services within thirty (30) days of the date on the letter explaining the denial of services.

### 229.100 Electronic Signatures

1-1-23

Medicaid will accept electronic signatures provided the electronic signatures comply with Arkansas Code 25-31-103 et seq.

---

## 229.200      **Recoupment Process**      1-1-23

The Division of Medical Services (DMS), Utilization Review Section (UR) is required to initiate the recoupment process for all claims that the current contractor has denied because the records submitted do not support the claim of medical necessity.

Arkansas Medicaid will send the provider an Explanation of Recoupment Notice that will include the claim date of service, Medicaid client name and ID number, service provided, amount paid by Medicaid, amount to be recouped, and the reason the recoupment is initiated.

## 230.000      **PRIOR AUTHORIZATION (PA) AND EXTENSION OF BENEFITS**

### 231.000      **Introduction to Extension of Benefits**      1-1-23

The Division of Medical Services contracts with third-party vendor to complete the prior authorization and extension of benefit processes.

### 231.100      **Prior Authorization**      1-1-23

Prior Authorization is required for certain Counseling Services provided to Medicaid-eligible clients under the age of four (4).

Information related to clinical management guidelines and authorization request processes is available at **current contractor's website**.

[View or print procedure codes that require prior authorization for Counseling Services](#)

### 231.200      **Extension of Benefits**      1-1-23

Extension of benefits is required for all services when the maximum benefit for the service is exhausted. Yearly service benefits are based on the state fiscal year running from July 1 to June 30. Extension of Benefits is also required whenever a client exceeds eight (8) hours of outpatient services in one 24-hour day, with the exception of any service that is paid on a per diem basis.

Extension of benefit requests must be sent to the DMS contracted entity to perform extensions of benefits for clients. [View or print current contractor contact information](#). Information related to clinical management guidelines and authorization request processes is available at **current contractor's website**.

## 240.000      **REIMBURSEMENT**

### 240.100      **Reimbursement**      1-1-23

Reimbursement is based on the lesser of the billed amount or the Title XIX (Medicaid) maximum allowable for each procedure.

Reimbursement is contingent upon eligibility of both the client and provider at the time the service is provided and upon accurate completeness of the claim filed for the service. The provider is responsible for verifying that the client is eligible for Arkansas Medicaid prior to rendering services.

#### A.      Counseling Services

Fifteen (15) -Minute Units, unless otherwise stated

Counseling Services must be billed on a per unit basis as indicated in the service definition, as reflected in a daily total, per client, per service.

Time spent providing services for a single client may be accumulated during a single, 24-hour calendar day. Providers may accumulatively bill for a single date of service, per client, per counseling service. Providers are not allowed to accumulatively bill for spanning dates of service.

All billing must reflect a daily total, per Counseling service, based on the established procedure codes. No rounding is allowed.

The sum of the days' time, in minutes, per service will determine how many units are allowed to be billed. That number must not be exceeded. The total of minutes per service must be compared to the following grid, which determines the number of units allowed.

15 Minute Units	Timeframe
One (1) unit =	8 – 24 minutes
Two (2) units =	25 – 39 minutes
Three (3) units =	40 – 49 minutes
Four (4) units =	50 – 60 minutes

60 minute Units	Timeframe
One (1) unit =	50-60 minutes
Two (2) units =	110-120 minutes
Three (3) units =	170-180 minutes
Four (4) units =	230-240 minutes
Five (5) units =	290-300 minutes
Six (6) units =	350-360 minutes
Seven (7) units=	410-420 minutes
Eight (8) units=	470-480 minutes

In a single claim transaction, a provider may bill only for service time accumulated within a single day for a single client. There is no "carryover" of time from one day to another or from one client to another.

Documentation in the client's record must reflect exactly how the number of units is determined.

No more than four (4) units may be billed for a single hour per client or provider of the service.

## 241.000 Fee Schedule

1-1-23

Arkansas Medicaid provides fee schedules on the [DMS website](#). The fees represent the fee-for-service reimbursement methodology.

Fee schedules do not address coverage limitations or special instructions applied by Arkansas Medicaid before final payment is determined.

Procedure codes and/or fee schedules do not guarantee payment, coverage or amount allowed. Information may be changed or updated at any time to correct a discrepancy and/or error. Arkansas Medicaid always reimburses the lesser of the amount billed or the Medicaid maximum.

#### 242.000      **Rate Appeal Process**      1-1-23

A provider may request reconsideration of a Program decision by writing to the Assistant Director, Division of Medical Services. This request must be received within twenty (20) calendar days following the application of policy and/or procedure or the notification of the provider of its rate. Upon receipt of the request for review, the Assistant Director will determine the need for a Program/Provider conference and will contact the provider to arrange a conference if needed. Regardless of the Program decision, the provider will be afforded the opportunity for a conference, if he or she so wishes, for a full explanation of the factors involved and the Program decision. Following review of the matter, the Assistant Director will notify the provider of the action to be taken by the Division within twenty (20) calendar days of receipt of the request for review or the date of the Program/Provider conference.

If the decision of the Assistant Director, Division of Medical Services is unsatisfactory, the provider may then appeal the question to a standing Rate Review Panel, established by the Director of the Division of Medical Services, which will include one member of the Division of Medical Services, a representative of the provider association and a member of the Department of Human Services (DHS) Management Staff, who will serve as chairman.

The request for review by the Rate Review Panel must be postmarked within fifteen (15) calendar days following the notification of the initial decision by the Assistant Director, Division of Medical Services. The Rate Review Panel will meet to consider the question(s) within fifteen (15) calendar days after receipt of a request for such appeal. The question(s) will be heard by the panel and a recommendation will be submitted to the Director of the Division of Medical Services.

### 250.000      **BILLING PROCEDURES**

#### 251.000      **Introduction to Billing**      1-1-23

Counseling Services providers use the CMS-1500 form to bill the Arkansas Medicaid Program on paper for services provided to eligible Medicaid clients. Each claim may contain charges for only one (1) client. [View a CMS-1500 sample form.](#)

Section III of this manual contains information about available options for electronic claim submission.

#### 252.000      **CMS-1500 Billing Procedures**

#### 252.100      **Procedure Codes for Types of Covered Services**      1-1-23

Covered counseling services are outpatient services. Specific Counseling Services are available to inpatient hospital patients (as outlined in Sections 240.000 and 220.100), through telemedicine, and to nursing home residents. Counseling Services are billed on a per unit or per encounter basis as listed. All services must be provided by at least the minimum staff within the licensed scope of practice to provide the service.

The allowable services differ by the age of the client and are addressed in the Applicable Populations section of the service definitions in this manual.

#### 252.110      **Counseling Level Services**

#### 252.111      **Individual Behavioral Health Counseling**      1-1-23

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
<a href="#">View or print the procedure codes for counseling services.</a>	Psychotherapy, 30 min Psychotherapy, 45 min Psychotherapy, 60 min	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Individual Behavioral Health Counseling is a face-to-face treatment provided to an individual in an outpatient setting for the purpose of treatment and remediation of a condition as described in the current allowable DSM. The treatment service must reduce or alleviate identified symptoms related to either (a) Mental Health or (b) Substance Abuse condition, and maintain or improve level of functioning, and/or prevent deterioration. Additionally, tobacco cessation counseling is a component of this service.</p>	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Start and stop times of face-to-face encounter with client</li> <li>• Place of service</li> <li>• Diagnosis and pertinent interval history</li> <li>• Brief mental status and observations</li> <li>• Rationale and description of the treatment used that must coincide with the most recent intake assessment</li> <li>• Client's response to treatment that includes current progress or regression and prognosis</li> <li>• Any revisions indicated for the diagnosis, or medication concerns</li> <li>• Plan for next individual therapy session, including any homework assignments and/or advanced psychiatric directive or crisis plans</li> <li>• Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>Services provided must be congruent with the objectives and interventions articulated on the most recent intake assessment. Services must be consistent with established behavioral healthcare standards. Individual Psychotherapy is not permitted with clients who do not have the cognitive ability to benefit from the service.</p> <p>This service is not for clients under four (4) years of age except in documented exceptional cases. This service will require a Prior Authorization for clients four (4) years of age.</p>	30 minutes 45 minutes 60 minutes <a href="#">View or print the procedure codes for counseling services.</a>	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED:</p> <p>One (1) encounter between all three (3) codes.</p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>Twelve (12) encounters between all three (3) codes</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Children, Youth, and Adults Residents of Long-Term Care Facilities	<p>A provider may only bill one (1) Individual Behavioral Health Counseling Code per day per client. A provider cannot bill any other Individual Behavioral Health Counseling Code on the same date of service for the same client. There are twelve (12) total individual counseling encounters allowed per year regardless of code billed for</p>	

	Individual Behavioral Health Counseling, unless prior to an extension of benefits approved by the Quality Improvement Organization contracted with Arkansas Medicaid.
<b>ALLOWED MODE(S) OF DELIVERY</b>	<b>TIER</b>
Face-to-face Telemedicine (Adults, Youth, and Children)	Counseling
<b>ALLOWABLE PERFORMING PROVIDERS</b>	<b>PLACE OF SERVICE (POS)</b>
<ul style="list-style-type: none"> <li>• Independently Licensed Clinicians – Master’s/Doctoral</li> <li>• Non-independently Licensed Clinicians – Master’s/Doctoral</li> <li>• Licensed Alcoholism and Drug Abuse Counselor Master’s</li> <li>• Advanced Practice Nurses</li> <li>• Physicians</li> <li>• Providers of services for clients under four (4) years of age must be trained and certified in specific evidence-based practices to be reimbursed for those services             <ul style="list-style-type: none"> <li>○ Independently Licensed Clinicians – Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider</li> <li>○ Non-independently Licensed Clinicians – Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider</li> </ul> </li> </ul>	02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client’s Home), 11 (Office) 12 (Patient’s Home), 32 (Nursing Facility), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)

252.112

Group Behavioral Health Counseling

1-1-23

<b>CPT®/HCPCS PROCEDURE CODE</b>	<b>PROCEDURE CODE DESCRIPTION</b>
<a href="#">View or print the procedure codes for counseling services.</a>	Group psychotherapy (other than of a multiple-family group)
<b>SERVICE DESCRIPTION</b>	<b>MINIMUM DOCUMENTATION REQUIREMENTS</b>
Group Behavioral Health Counseling is a face-to-face treatment provided to a group of clients. Services leverage the emotional interactions of the group’s members to assist in each client’s treatment process, support their rehabilitation effort, and to minimize relapse. Services pertain to a client’s (a) Mental Health or (b) Substance Abuse condition, or both. Additionally, tobacco cessation counseling is a component of this	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Start and stop times of actual group encounter that includes identified client</li> <li>• Place of service</li> <li>• Number of participants</li> <li>• Diagnosis and pertinent interval history</li> <li>• Focus of group</li> </ul>

<p>service.</p> <p>Services must be congruent with the age and abilities of the client, client-centered, and strength-based; with emphasis on needs as identified by the client and provided with cultural competence.</p>	<ul style="list-style-type: none"> <li>• Brief mental status and observations</li> <li>• Rationale for group counseling must coincide with the most recent intake assessment</li> <li>• Client's response to the group counseling that includes current progress or regression and prognosis</li> <li>• Any revisions indicated for diagnosis, or medication concerns</li> <li>• Plan for next group session, including any homework assignments or crisis plans, or both</li> <li>• Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>This does NOT include psychosocial groups. Clients eligible for Group Behavioral Health Counseling must demonstrate the ability to benefit from experiences shared by others, the ability to participate in a group dynamic process while respecting the others' rights to confidentiality, and must be able to integrate feedback received from other group members. For groups of clients eighteen (18) years of age and over, the minimum number that must be served in a specified group is two (2). The maximum that may be served in a specified group is twelve (12). For groups of clients under eighteen (18) years of age, the minimum number that must be served in a specified group is two (2). The maximum that may be served in a specified group is ten (10). A client must be at least four (4) years of age to receive group therapy. Group treatment must be age and developmentally appropriate, (i.e., sixteen (16) year-olds and four (4) year-olds must not be treated in the same group). Providers may bill for services only at times during which clients participate in group activities.</p>	<p>Encounter</p>	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: One (1)</p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>Twelve (12) encounters</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p>	<p>A provider can only bill one (1) Group Behavioral Health Counseling encounter per day. There are twelve (12) total group behavioral health counseling encounters allowed per year, unless an extension of benefits is allowed by the Quality Improvement Organization contracted with Arkansas Medicaid.</p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
<p>Face-to-face</p> <p>Telemedicine (Adults, eighteen (18) years of age and above)</p>	<p>Counseling</p>	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	

<ul style="list-style-type: none"> <li>• Independently Licensed Clinicians – Master’s/Doctoral</li> <li>• Non-independently Licensed Clinicians – Master’s/Doctoral</li> <li>• Licensed Alcoholism and Drug Abuse Counselor Master’s</li> <li>• Advanced Practice Nurses</li> <li>• Physicians</li> </ul>	<p>02 (Telemedicine), 03 (School), 10 (Telehealth Provided in Client’s Home), 11 (Office), 49 (Independent Clinic), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substances Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)</p>
---	---

252.113

Marital/Family Behavioral Health Counseling with Client Present

1-1-23

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
<p><a href="#">View or print the procedure codes for counseling services.</a></p>	<p>Family psychotherapy (conjoint psychotherapy) (with patient present)</p>
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<p>Marital/Family Behavioral Health Counseling with Client Present is a face-to-face treatment provided to one (1) or more family members in the presence of a client. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems, and needs. Services pertain to a client’s (a) Mental Health or (b) Substance Abuse condition, or both. Additionally, tobacco cessation counseling is a component of this service.</p> <p>Services must be congruent with the age and abilities of the client, client-centered, and strength-based; with emphasis on needs as identified by the client and provided with cultural competence.</p> <p><b>*Dyadic treatment is available for parent/caregiver and child for dyadic treatment of children who are from zero through forty-seven (0-47) months of age and parent/caregiver. Dyadic treatment must be prior authorized. Dyadic Infant/Caregiver Psychotherapy is a behaviorally based therapy that involves improving the parent-child relationship by transforming the interaction between the two parties. The primary goal of Dyadic Infant/Parent Psychotherapy is to strengthen the relationship between a child and his or her parent (or caregiver) as a vehicle for restoring the child's sense of safety, attachment, and appropriate affect and improving the</b></p>	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Start and stop times of actual encounter with client and spouse/family</li> <li>• Place of service</li> <li>• Participants present and relationship to client</li> <li>• Diagnosis and pertinent interval history</li> <li>• Brief mental status of client and observations of client with spouse/family</li> <li>• Rationale, and description of treatment used must coincide with the most recent intake assessment and improve the impact the client's condition has on the spouse/family or improve marital/family interactions between the client and the spouse/family, or both</li> <li>• Client and spouse/family's response to treatment that includes current progress or regression and prognosis</li> <li>• Any revisions indicated for the diagnosis, or medication concerns</li> <li>• Plan for next session, including any homework assignments or crisis plans, or both</li> <li>• Staff signature/credentials/date of signature</li> <li>• HIPAA compliant Release of Information, completed, signed, and dated</li> </ul>

<p><b>child's cognitive, behavioral, and social functioning. This service uses child directed interaction to promote interaction between the parent and the child in a playful manner. Providers must utilize a nationally recognized evidence-based practice. Practices include, but are not limited to, Child-Parent Psychotherapy (CPP) and Parent Child Interaction Therapy (PCIT).</b></p> <p><b>**Dyadic treatment by telemedicine must continue to assure adherence to the evidence-based protocol for the treatment being provided, i.e. PCIT would require a video component sufficient for the provider to be able to see both the parent and child, have a communication device (ear phones, ear buds, etc.) to enable the provider to communicate directly with the parent only while providing directives related to the parent/child interaction.</b></p>		
NOTES	UNIT	BENEFIT LIMITS
<p>Natural supports may be included in these sessions if justified in service documentation and if supported in the documentation in the Mental Health Diagnosis. Only one (1) client per family, per therapy session, may be billed.</p>	<p>Encounter</p>	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: One (1)</p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>Twelve (12) encounters</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p>	<p>A provider can only bill one (1) Marital/Family Behavioral Health Counseling with (or without) Patient encounter per day. There are twelve (12) total Marital/Family Behavioral Health Counseling with Client Present encounters allowed, per year, unless an extension of benefits is allowed by the Quality Improvement Organization contracted with Arkansas Medicaid.</p> <p><b>The following services cannot be billed on the Same Date of Service:</b></p> <p>Multi-Family Behavioral Health Counseling</p> <p>Marital/Family Behavioral Health Counseling without Client Present</p>	

	Psychoeducation <a href="#">View or print the procedure codes for counseling services.</a>
<b>ALLOWED MODE(S) OF DELIVERY</b>	<b>TIER</b>
Face-to-face Telemedicine (Adults, Youth, and Children)	Counseling
<b>ALLOWABLE PERFORMING PROVIDERS</b>	<b>PLACE OF SERVICE</b>
<ul style="list-style-type: none"> <li>• Independently Licensed Clinicians - Master's/Doctoral</li> <li>• Non-independently Licensed Clinicians – Master's/Doctoral</li> <li>• Licensed Alcoholism and Drug Abuse Counselor Master's</li> <li>• Advanced Practice Nurses</li> <li>• Physicians</li> <li>• Providers of dyadic services must be trained and certified in specific evidence-based practices to be reimbursed for those services <ul style="list-style-type: none"> <li>○ Independently Licensed Clinicians - Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider</li> <li>○ Non-independently Licensed Clinicians - Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider</li> </ul> </li> </ul>	02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client's Home), 11 (Office) 12 (Patient's Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)

252.114

Marital/Family Behavioral Health Counseling without Client Present

1-1-23

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
<a href="#">View or print the procedure codes for counseling services.</a>	Family psychotherapy (without the patient present)
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Marital/Family Behavioral Health Counseling without Client Present is a face-to-face treatment provided to one (1) or more family members outside the presence of a client. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support, and develop alternative strategies to address familial issues, problems, and needs. Services pertain to a client's (a) Mental Health or (b) Substance Abuse condition, or both. Additionally, tobacco	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Start and stop times of actual encounter with spouse/family</li> <li>• Place of service</li> <li>• Participants present and relationship to client</li> <li>• Diagnosis and pertinent interval history</li> <li>• Brief observations with spouse/family</li> </ul>

<p>cessation counseling is a component of this service.</p> <p>Services must be congruent with the age and abilities of the client or family member(s), client-centered, and strength-based; with emphasis on needs as identified by the client and family and provided with cultural competence.</p>	<ul style="list-style-type: none"> <li>• Rationale, and description of treatment used must coincide with the most recent intake assessment and improve the impact the client's condition has on the spouse/family, or improve marital/family interactions between the client and the spouse/family, or both</li> <li>• Client and spouse/family's response to treatment that includes current progress or regression and prognosis</li> <li>• Rationale for excluding the identified client</li> <li>• Any revisions indicated for the diagnosis, or medication concerns</li> <li>• Plan for next session, including any homework assignments or crisis plans, or both</li> <li>• Staff signature/credentials/date of signature</li> <li>• HIPAA compliant Release of Information, completed, signed, and dated</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>Natural supports may be included in these sessions, if justified in service documentation, and if supported in Mental Health Diagnosis. Only one (1) client per family per therapy session may be billed.</p>	<p>Encounter</p>	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: One (1)</p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested):</p> <p>Twelve (12) encounters</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p>	<p>A provider can only bill one (1) Marital/Family Behavioral Health Counseling with (or without) Client encounter per day.</p> <p><b>The following codes cannot be billed on the Same Date of Service:</b></p> <p>Multi-Family Behavioral Health Counseling</p> <p>Marital/Family Behavioral Health Counseling with Client Present</p> <p>Psychoeducation</p> <p>Infant mental health providers may provide up to (four) 4 encounters of family therapy with or without beneficiary present in a single date of service.</p> <p><a href="#">View or print the procedure codes for counseling services.</a></p>	

ALLOWED MODE(S) OF DELIVERY	TIER
Face-to-face Telemedicine (Adults, Youth, and Children)	Counseling
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE
<ul style="list-style-type: none"> <li>Independently Licensed Clinicians - Master's/Doctoral</li> <li>Non-independently Licensed Clinicians – Master's/Doctoral</li> <li>Advanced Practice Nurses</li> <li>Physicians</li> <li>Providers of dyadic services must be trained and certified in specific evidence-based practices to be reimbursed for those services</li> <li>Independently Licensed Clinicians - Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider</li> <li>Non-independently Licensed Clinicians - Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider</li> </ul>	02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client's Home), 11 (Office) 12 (Patient's Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)

252.115

Psychoeducation

1-1-23

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
<a href="#">View or print the procedure codes for counseling services.</a>	Psychoeducational service; per fifteen (15) minutes
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<p>Psychoeducation provides clients and their families with pertinent information regarding mental illness, substance abuse, and tobacco cessation, and teaches problem-solving, communication, and coping skills to support recovery. Psychoeducation can be implemented in two (2) formats: multifamily group and/or single-family group. Due to the group format, clients and their families are also able to benefit from support of peers and mutual aid. Services must be congruent with the age and abilities of the client, client-centered, and strength-based; with emphasis on needs as identified by the client and provided with cultural competence.</p> <p><b>*Dyadic treatment is available for parent/caregiver and child for dyadic treatment of children from zero through</b></p>	<ul style="list-style-type: none"> <li>Date of Service</li> <li>Start and stop times of actual encounter with client and spouse/family</li> <li>Place of service</li> <li>Participants present</li> <li>Nature of relationship with client</li> <li>Rationale for excluding the identified client, if applicable</li> <li>Diagnosis and pertinent interval history</li> <li>Rationale and objective used must coincide with the most recent intake assessment and improve the impact the client's condition has on the spouse/family or improve marital/family interactions between the client and the</li> </ul>

<p><b>forty-seven (0-47) months of age and parent/caregiver. Dyadic treatment must be prior authorized. Providers must utilize a national recognized evidence-based practice. Practices include, but are not limited to, Nurturing Parents and Incredible Years.</b></p>	<p>spouse/family, or both</p> <ul style="list-style-type: none"> <li>Client and Spouse/family response to treatment that includes current progress or regression and prognosis</li> <li>Any revisions indicated for the diagnosis, or medication concerns</li> <li>Plan for next session, including any homework assignments or crisis plans, or both</li> <li>HIPAA compliant Release of Information forms, completed, signed, and dated</li> <li>Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>Information to support the appropriateness of excluding the identified client must be documented in the service note and medical record. Natural supports may be included in these sessions when the nature of the relationship with the client and that support's expected role in attaining treatment goals is documented. Only one (1) client per family per therapy session may be billed.</p>	<p>Fifteen (15) minutes</p>	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: Four (4)</p> <p>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): forty-eight (48)</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p>	<p>A provider can only bill a total of forty-eight (48) units of Psychoeducation</p> <p><b>The following cservices cannot be billed on the Same Date of Service:</b></p> <p>Marital/Family Behavioral Health Counseling with Client Present</p> <p>Marital/Family Behavioral Health Counseling without Client Present</p> <p><a href="#">View or print the procedure codes for counseling services.</a></p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
<p>Face-to-face</p> <p>Telemedicine (Adults, Youth, and Children)</p>	<p>Counseling</p>	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"> <li>Independently Licensed Clinicians - Master's/Doctoral</li> <li>Non-independently Licensed Clinicians – Master's/Doctoral</li> <li>Licensed Alcoholism and Drug Abuse Counselor Master's</li> <li>Advanced Practice Nurse</li> </ul>	<p>02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client's Home), 11 (Office) 12 (Patient's Home), 14 (Group Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)</p>	

<ul style="list-style-type: none"> <li>• Physician</li> <li>• Providers of dyadic services must be trained and certified in specific evidence-based practices to be reimbursed for those services             <ul style="list-style-type: none"> <li>○ Independently Licensed Clinicians - Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider</li> <li>○ Non-independently Licensed Clinicians - Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider</li> </ul> </li> </ul>	
--	--

252.116

Multi-Family Behavioral Health Counseling

1-1-23

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
<a href="#">View or print the procedure codes for counseling services.</a>	Multiple-family group psychotherapy	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Multi-Family Behavioral Health Counseling is a group therapeutic intervention using face-to-face verbal interaction between two (2) to a maximum of nine (9) clients and their family members or significant others. Services are a more cost-effective alternative to Marital/Family Behavioral Health Counseling, designed to enhance members' insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services may pertain to a client's (a) Mental Health or (b) Substance Abuse condition. Additionally, tobacco cessation counseling is a component of this service. Services must be congruent with the age and abilities of the client, client-centered and strength-based; with emphasis on needs as identified by the client and family and provided with cultural competence.</p>	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Start and stop times of actual encounter with client and/or spouse/family</li> <li>• Place of service</li> <li>• Participants present</li> <li>• Nature of relationship with client</li> <li>• Diagnosis and pertinent interval history</li> <li>• Rationale for and objective used to improve the impact the client's condition has on the spouse/family and/or improve marital/family interactions between the client and the spouse/family.</li> <li>• Client and Spouse/Family response to treatment that includes current progress or regression and prognosis</li> <li>• Any revisions indicated for the diagnosis or medication(s)</li> <li>• Plan for next session, including any homework assignments and/or crisis plans</li> <li>• HIPAA compliant Release of Information forms, completed, signed, and dated</li> <li>• Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS

May be provided independently if patient is being treated for substance abuse diagnosis only. Comorbid substance abuse should be provided as integrated treatment utilizing Family Psychotherapy.	Encounter	DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: one (1) YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested): twelve (12)
<b>APPLICABLE POPULATIONS</b>	<b>SPECIAL BILLING INSTRUCTIONS</b>	
Children, Youth, and Adults	<p>There are twelve (12) total Multi-Family Behavioral Health Counseling encounters allowed per year.</p> <p><b>The following services cannot be billed on the Same Date of Service:</b></p> <p>Marital/Family Behavioral Health Counseling without Client Present</p> <p>Marital/Family Behavioral Health Counseling with Client Present</p> <p>Interpretation of Diagnosis</p> <p>Interpretation of Diagnosis, Telemedicine</p> <p><a href="#">View or print the procedure codes for counseling services.</a></p>	
<b>ALLOWED MODE(S) OF DELIVERY</b>	<b>TIER</b>	
Face-to-face	Counseling	
<b>ALLOWABLE PERFORMING PROVIDERS</b>	<b>PLACE OF SERVICE</b>	
<ul style="list-style-type: none"> <li>Independently Licensed Clinicians - Master's/Doctoral</li> <li>Non-independently Licensed Clinicians – Master's/Doctoral</li> <li>Licensed Alcoholism and Drug Abuse Counselor Master's</li> <li>Advanced Practice Nurse</li> <li>Physician</li> </ul>	03 (School), 11 (Office), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)	

252.117 Mental Health Diagnosis

1-1-23

<b>CPT®/HCPCS PROCEDURE CODE</b>	<b>PROCEDURE CODE DESCRIPTION</b>
<a href="#">View or print the procedure codes for counseling services.</a>	Psychiatric diagnostic evaluation (with no medical services)
<b>SERVICE DESCRIPTION</b>	<b>MINIMUM DOCUMENTATION REQUIREMENTS</b>
Mental Health Diagnosis is a clinical service for the purpose of determining the existence, type,	<ul style="list-style-type: none"> <li>Date of Service</li> <li>Start and stop times of the face-to-face</li> </ul>

<p>nature, and appropriate treatment of a mental illness, or related disorder, as described in the current allowable DSM. This service may include time spent for obtaining necessary information for diagnostic purposes. The psychodiagnostics process may include but is not limited to: a psychosocial and medical history, diagnostic findings, and recommendations. This service must include a face-to-face or telemedicine component and will serve as the basis for documentation of modality and issues to be addressed (plan of care). Services must be congruent with the age and abilities of the client, client-centered, and strength-based; with emphasis on needs as identified by the client and provided with cultural competence.</p>	<p>encounter with the client and the interpretation time for diagnostic formulation</p> <ul style="list-style-type: none"> <li>• Place of service</li> <li>• Identifying information</li> <li>• Referral reason</li> <li>• Presenting problem(s), history of presenting problem(s) including duration, intensity, and response(s) to prior treatment</li> <li>• Culturally and age-appropriate psychosocial history and assessment</li> <li>• Mental status (Clinical observations and impressions)</li> <li>• Current functioning plus strengths and needs</li> <li>• DSM diagnostic impressions</li> <li>• Treatment recommendations</li> <li>• Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>This service may be billed for face-to-face contact as well as for time spent obtaining necessary information for diagnostic purposes; however, this time may NOT be used for development or submission of required paperwork processes</p> <p>This service can be provided via telemedicine</p> <p><b>*Dyadic treatment is available for parent/caregiver and child for dyadic treatment of children from zero through forty-seven (0-47) months of age and parent/caregiver. A Mental Health Diagnosis will be required for all children through forty-seven (47) months of age to receive services. This service includes up to four (4) encounters for children through the age of forty-seven (47) months of age and can be provided without a prior authorization. This service must include an assessment of:</b></p> <ul style="list-style-type: none"> <li>○ Presenting symptoms and behaviors</li> <li>○ Developmental and medical history</li> <li>○ Family psychosocial and medical history</li> <li>○ Family functioning, cultural and communication patterns, and current environmental conditions and stressors</li> </ul>	<p>Encounter</p>	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: One (1)</p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested): One (1)</p>

<ul style="list-style-type: none"> <li>○ <b>Clinical interview with the primary caregiver and observation of the caregiver-infant relationship and interactive patterns and</b></li> <li>○ <b>Child's affective, language, cognitive, motor, sensory, self-care, and social functioning</b></li> </ul>		
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Children, Youth, and Adults Residents of Long-Term Care	<b>The following codes cannot be billed on the Same Date of Service:</b> Psychiatric Assessment <a href="#">View or print the procedure codes for counseling services.</a>	
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face Telemedicine (Adults, Youth, and Children)	Counseling	
ALLOWABLE PERFORMING PROVIDER	PLACE OF SERVICE	
<ul style="list-style-type: none"> <li>• Independently Licensed Clinicians – Master's/Doctoral</li> <li>• Non-independently Licensed Clinicians – Master's/Doctoral</li> <li>• Advanced Practice Nurses</li> <li>• Physicians</li> <li>• Providers of dyadic services must be trained and certified in specific evidence-based practices to be reimbursed for those services               <ul style="list-style-type: none"> <li>○ Independently Licensed Clinicians – Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider</li> <li>○ Non-independently Licensed Clinicians – Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider</li> </ul> </li> </ul>	02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client's Home), 11 (Office) 12 (Patient's Home), 32 (Nursing Facility), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)	

252.118

Interpretation of Diagnosis

1-1-23

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
<a href="#">View or print the procedure codes for counseling services.</a>	Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data, to family or other responsible persons (or advising them how to assist patient)

SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Interpretation of Diagnosis is a direct service provided for the purpose of interpreting the results of psychiatric or other medical exams, procedures, or accumulated data. Services may include diagnostic activities or advising the client and their family. Services pertain to a client’s (a) Mental Health or (b) Substance Abuse condition, or both. Consent forms may be required for family or significant other involvement. Services must be congruent with the age and abilities of the client, client-centered, and strength-based; with emphasis on needs as identified by the client and provided with cultural competence.</p>	<ul style="list-style-type: none"> <li>• Date of service</li> <li>• Start and stop times of face-to-face encounter with client and/or parent(s) or guardian(s)</li> <li>• Place of service</li> <li>• Participants present and relationship to client</li> <li>• Diagnosis and pertinent interval history</li> <li>• Rationale for and description of the treatment used that must coincide with the most recent intake assessment</li> <li>• Participant(s) response and feedback</li> <li>• Recommendation for additional supports including referrals, resources, and information</li> <li>• Staff signature/credentials/date of signature(s)</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>For clients under eighteen (18) years of age, the time may be spent face-to-face with the client; the client and the parent(s) or guardian(s); or alone with the parent(s) or guardian(s). For clients over eighteen (18) years of age, the time may be spent face-to-face with the client and the spouse, legal guardian, or significant other.</p> <p>This service can be provided via telemedicine to clients eighteen (18) years of age and above. This service can also be provided via telemedicine to clients seventeen (17) years of age and under with documentation of parental or guardian involvement during the service. This documentation must be included in the medical record.</p> <p><b>*Dyadic treatment is available for parent/caregiver and child for dyadic treatment of children from zero through forty-seven (0-47) months of age and parent/caregiver. Interpretation of Diagnosis will be required in order for all children, through forty-seven (47) months of age, to receive services. This service includes up to four (4) encounters for children through forty-seven (47) months of age and can be provided without a prior authorization. The Interpretation of Diagnosis is a direct service that includes an interpretation from a broader perspective, based on the history and information collected through the Mental Health Diagnosis. This interpretation</b></p>	<p>Encounter</p>	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: One (1)</p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested): One (1)</p>

<p><b>identifies and prioritizes the infant's needs, establishes a diagnosis, and helps to determine the care and services to be provided.</b></p>		
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p>	<p><b>The following services cannot be billed on the Same Date of Service:</b></p> <p>Psychoeducation          Psychiatric Assessment          Multi-Family Behavioral Health Counseling          Substance Abuse Assessment</p> <p><a href="#">View or print the procedure codes for counseling services.</a></p> <p>This service can be provided via telemedicine to clients eighteen (18) years of age and above. This service can also be provided via telemedicine to clients seventeen (17) years of age and under with documentation of parental or guardian involvement during the service. This documentation must be included in the medical record.</p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
<p>Face-to-face          Telemedicine Adults, Youth and Children</p>	<p>Counseling</p>	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"> <li>• Independently Licensed Clinicians – Master's/Doctoral</li> <li>• Non-independently Licensed Clinicians – Master's/Doctoral</li> <li>• Licensed Alcoholism and Drug Abuse Counselor Master's</li> <li>• Advanced Practice Nurses</li> <li>• Physicians</li> <li>• Providers of dyadic services must be trained and certified, in specific evidence-based practices, to be reimbursed for those services             <ul style="list-style-type: none"> <li>○ Independently Licensed Clinicians – Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and Parent/Caregiver) Provider</li> <li>○ Non-independently Licensed Clinicians – Parent/Caregiver and Child (Dyadic treatment of Children from zero through forty-seven (0-47) months of age and</li> </ul> </li> </ul>	<p>02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client's Home), 11 (Office) 12 (Patient's Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)</p>	

Parent/Caregiver) Provider	
----------------------------	--

252.119

Substance Abuse Assessment

1-1-23

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
<a href="#">View or print the procedure codes for counseling services.</a>	Alcohol and/or drug assessment	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Substance Abuse Assessment is a service that identifies and evaluates the nature and extent of a client's substance abuse condition using the Addiction Severity Index (ASI) or an assessment instrument approved by DAABHS and DMS. The assessment must screen for and identify any existing co-morbid conditions. The assessment should assign a diagnostic impression to the client, resulting in a treatment recommendation and referral appropriate to effectively treat the condition(s) identified.</p> <p>Services must be congruent with the age and abilities of the client, client-centered, and strength-based; with emphasis on needs, as identified by the client, and provided with cultural competence.</p>	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Start and stop times of the face-to-face encounter with the client and the interpretation time for diagnostic formulation</li> <li>• Place of service</li> <li>• Identifying information</li> <li>• Referral reason</li> <li>• Presenting problem(s), history of presenting problem(s) including duration, intensity, and response(s) to prior treatment</li> <li>• Cultural and age-appropriate psychosocial history and assessment</li> <li>• Mental status (Clinical observations and impressions)</li> <li>• Current functioning and strengths in specified life domains</li> <li>• DSM diagnostic impressions</li> <li>• Treatment recommendations and prognosis for treatment</li> <li>• Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
The assessment process results in the assignment of a diagnostic impression, client recommendation for treatment regimen appropriate to the condition and situation presented by the client, initial plan (provisional) of care, and referral to a service appropriate to effectively treat the condition(s) identified. If indicated, the assessment process must refer the client for a psychiatric consultation.	Encounter	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: One (1)</p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested): One (1)</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Children, Youth, and Adults	<p><b>The following codes cannot be billed on the Same Date of Service:</b></p> <p>Interpretation of Diagnosis</p>	

	<a href="#">View or print the procedure codes for counseling services.</a>
<b>ALLOWED MODE(S) OF DELIVERY</b>	<b>TIER</b>
Face-to-face Telemedicine (Adults, Youth, Children)	Counseling
<b>ALLOWABLE PERFORMING PROVIDERS</b>	<b>PLACE OF SERVICE</b>
<ul style="list-style-type: none"> <li>Independently Licensed Clinicians – Master’s/Doctoral</li> <li>Non-independently Licensed Clinicians – Master’s/Doctoral</li> <li>Advanced Practice Nurses</li> <li>Physicians</li> <li>Licensed Alcoholism and Drug Abuse Counselor Master’s</li> </ul>	02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client’s Home), 11 (Office) 12 (Patient’s Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)

## 252.121 Pharmacologic Management

1-1-23

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
<a href="#">View or print the procedure codes for counseling services.</a>	<p>Office or other outpatient encounter for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: A problem focused history; A problem focused examination; or straightforward medical decision making.</p> <p>Office or other outpatient encounter for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: An expanded problem-focused history; An expanded problem-focused examination; or medical decision making of low complexity.</p> <p>Office or other outpatient encounter for the evaluation and management of an established patient, which requires at least two (2) of these three (3) key components: A detailed history, A detailed examination; or medical decision making of moderate complexity.</p> <p><a href="#">View or print the procedure codes for counseling services.</a></p>
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Pharmacologic Management is a service tailored to reduce, stabilize, or eliminate psychiatric symptoms, with the goal of improving functioning, including management and reduction of symptoms. This service includes evaluation of the medication prescription, administration, monitoring, and	<ul style="list-style-type: none"> <li>Date of Service</li> <li>Start and stop times of actual encounter with client</li> <li>Place of service</li> <li>Diagnosis and pertinent interval history</li> </ul>

<p>supervision, as well as informing clients regarding potential effects and side effects of medication(s), in order to make informed decisions regarding the prescribed medications. Services must be congruent with the age, strengths, and accommodations necessary for disability and cultural framework.</p> <p>Services must be congruent with the age and abilities of the client, client-centered, and strength-based; with emphasis on needs as identified by the client and provided with cultural competence.</p>	<ul style="list-style-type: none"> <li>• Brief mental status and observations</li> <li>• Rationale for and treatment used that must coincide with the Psychiatric Assessment</li> <li>• Client's response to treatment that includes current progress or regression and prognosis</li> <li>• Revisions indicated for the diagnosis, or medication(s)</li> <li>• Plan for follow-up services, including any crisis plans</li> <li>• If provided by physician that is not a psychiatrist, then any off-label uses of medications should include documented consult with the overseeing psychiatrist within twenty-four (24) hours of the prescription being written</li> <li>• Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>Applies only to medications prescribed to address targeted symptoms as identified in the Psychiatric Assessment.</p>	<p>Encounter</p>	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: One (1)</p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested): Twelve (12)</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p>		
ALLOWED MODE(S) OF DELIVERY	TIER	
<p>Face-to-face Telemedicine (Adults, Youth, and Children)</p>	<p>Counseling</p>	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"> <li>• Advanced Practice Nurse</li> <li>• Physician</li> </ul>	<p>02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client's Home), 11 (Office), 12 (Patient's Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)</p>	

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
---------------------------	----------------------------

<p><a href="#">View or print the procedure codes for counseling services.</a></p>	<p>Psychiatric diagnostic evaluation with medical services</p>
<p><b>SERVICE DESCRIPTION</b></p>	<p><b>MINIMUM DOCUMENTATION REQUIREMENTS</b></p>
<p>Psychiatric Assessment is a face-to-face psychodiagnostics assessment conducted by a licensed physician or Advanced Practice Nurse (APN), preferably one with specialized training and experience in psychiatry (child and adolescent psychiatry for clients under eighteen (18) years of age). This service is provided to determine the existence, type, nature, and most appropriate treatment of a behavioral health disorder. This service is not required for clients to receive counseling services.</p>	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Start and stop times of the face-to-face encounter with the client and the interpretation time for diagnostic formulation</li> <li>• Place of service</li> <li>• Identifying information</li> <li>• Referral reason</li> <li>• The interview should obtain or verify the following:             <ol style="list-style-type: none"> <li>1. The client's understanding of the factors leading to the referral</li> <li>2. The presenting problem (including symptoms and functional impairments)</li> <li>3. Relevant life circumstances and psychological factors</li> <li>4. History of problems</li> <li>5. Treatment history</li> <li>6. Response to prior treatment interventions</li> <li>7. Medical history (and examination as indicated)</li> </ol> </li> <li>• For clients under eighteen (18) years of age             <ol style="list-style-type: none"> <li>1. an interview of a parent (preferably both), the guardian (including the responsible DCFS caseworker), and the primary caretaker (including foster parents) as applicable in order to:                 <ol style="list-style-type: none"> <li>a) Clarify the reason for the referral</li> <li>b) Clarify the nature of the current symptoms</li> <li>c) Obtain a detailed medical, family, and developmental history</li> </ol> </li> </ol> </li> <li>• Culturally and age-appropriate psychosocial history and assessment</li> <li>• Mental status/Clinical observations and impressions</li> <li>• Current functioning and strengths in specified life domains</li> <li>• DSM diagnostic impressions</li> <li>• Treatment recommendations</li> </ul>

	<ul style="list-style-type: none"> <li>Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
This service may be billed for face-to-face contact as well as for time spent obtaining necessary information for diagnostic purposes; however, this time may NOT be used for development or submission of required paperwork processes (i.e. treatment plans, etc.).	Encounter	<p>DAILY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED: One (1)</p> <p>YEARLY MAXIMUM OF ENCOUNTERS THAT MAY BE BILLED (extension of benefits can be requested): One (1)</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children, Youth, and Adults</p> <p>Telemedicine (Adults, Youth, and Children)</p>	<p><b>The following services cannot be billed on the Same Date of Service:</b></p> <p>Mental Health Diagnosis</p> <p><a href="#">View or print the procedure codes for counseling services.</a></p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	Counseling	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<p>A. an Arkansas-licensed physician, preferably someone with specialized training and experience in psychiatry (child and adolescent psychiatry for clients under eighteen (18) years of age)</p> <p>B. an Adult Psychiatric Mental Health Advanced Nurse Practitioner/Family Psychiatric Mental Health Advanced Nurse Practitioner (PMHNP-BC)</p> <p><b>The PMHNP-BC must meet all of the following requirements:</b></p> <p>A. Licensed by the Arkansas State Board of Nursing</p> <p>B. Practicing with licensure through the American Nurses Credentialing Center</p> <p>C. Practicing under the supervision of an Arkansas-licensed psychiatrist with whom the PMHNP-BC has a collaborative agreement. The findings of the Psychiatric Assessment conducted by the PMHNP-BC, must be discussed with the supervising psychiatrist within forty-five (45) days of the client entering care. The collaborative agreement must comply</p>	<p>02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client's Home), 11 (Office), 12, (Patient's Home), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic)</p>	

<p>with all Board of Nursing requirements and must spell out, in detail, what the nurse is authorized to do and what age group they may treat</p> <p>D. Practicing within the scope of practice as defined by the Arkansas Nurse Practice Act</p> <p>E. Practicing within a PMHNP-BC's experience and competency level</p>	
--	--

252.123

**Intensive Outpatient Substance Abuse Treatment**

1-1-23

PROCEDURE CODES	PROCEDURE CODE DESCRIPTION	
<a href="#">View or print the procedure codes for counseling services.</a>	Intensive outpatient treatment for alcohol and/or substance abuse. Treatment program must operate a minimum of three (3) hours per day and at least three (3) days per week. The treatment is based on an individualized plan of care including assessment, counseling, crisis intervention, activity therapies or education.	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Intensive Outpatient Services provide group based, non-residential, intensive, structured interventions consisting primarily of counseling and education to improve symptoms that may significantly interfere with functioning in at least one (1) life domain (e.g., familial, social, occupational, educational, etc.). Services are goal-oriented interactions with the individual or in group/family settings. This community-based service allows the individual to apply skills in "real world" environments. Such treatment may be offered during the day, before or after work or school, in the evening or on a weekend. The services follow a defined set of policies and procedures or clinical protocols. The service also provides a coordinated set of individualized treatment services to persons who are able to function in a school, work, and home environment but are in need of treatment services beyond traditional outpatient programs. Treatment may appropriately be used to transition persons from higher levels of care or may be provided for persons at risk of being admitted to higher levels of care. Intensive outpatient programs provide nine (9) or more hours per week of skilled treatment, three to five (3-5) times per week in groups of no fewer than three (3) and no more than twelve (12) clients.	<ul style="list-style-type: none"> <li>• Date of service</li> <li>• Start and stop times of the face-to-face encounter with the client and the interpretation time for diagnostic formulation</li> <li>• Place of service</li> <li>• Identifying information</li> <li>• Referral reason</li> <li>• Presenting problem(s), history of presenting problem(s) including duration, intensity, and response(s) to prior treatment</li> <li>• Diagnostic impressions</li> <li>• Rationale for service including consistency with plan of care</li> <li>• Brief mental status and observations</li> <li>• Current functioning and strengths in specified life domains</li> <li>• Client's response to the intervention that includes current progress or regression and prognosis</li> <li>• Staff signature/credentials/date of signature(s)</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
	Per Diem	YEARLY MAXIMUM

	OF UNITS THAT MAY BE BILLED: (extension of benefits can be requested) Twenty-four (24)
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS
Adults and Youth	A provider may not bill for any other service on the same date of service.
ALLOWED MODE(S) OF DELIVERY	TIER
Face-to-face	Counseling
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE
Intensive Outpatient Substance Abuse Treatment must be provided in a facility that is licensed by the Division of Provider Services and Quality Assurance as an Intensive Outpatient Substance Abuse Treatment Provider.	11 (Office) 14 (Group Home), 22 (On Campus – OP Hospital), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic),

255.000

Crisis Stabilization Intervention

1-1-23

PROCEDURE CODES	PROCEDURE CODE DESCRIPTION
<a href="#">View or print the procedure codes for counseling services.</a>	Crisis Stabilization service, per fifteen (15) minutes
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<p>Crisis Stabilization Intervention is a scheduled face-to-face (or telemedicine) treatment activity provided to a client who has recently experienced a psychiatric or behavioral health crisis that is expected to further stabilize, prevent deterioration, and serve as an alternative to twenty-four (24) -hour inpatient care.</p> <p>Services are to be congruent with the age, strengths, needed accommodation for any disability, and cultural framework of the client and their family.</p>	<ul style="list-style-type: none"> <li>• Date of service</li> <li>• Start and stop time of actual encounter with client and possible collateral contacts with caregivers or informed persons</li> <li>• Place of service</li> <li>• Specific persons providing pertinent information and relationship to client</li> <li>• Diagnosis and synopsis of events leading up to crisis situation</li> <li>• Brief mental status and observations</li> <li>• Utilization of previously established psychiatric advance directive or crisis plan as pertinent to current situation OR rationale for crisis intervention activities utilized</li> <li>• Client’s response to the intervention that includes current progress or regression and prognosis</li> <li>• Clear resolution of the current crisis and/or plans for further services</li> <li>• Development of a clearly defined crisis plan or revision to existing plan</li> </ul>

	<ul style="list-style-type: none"> <li>Staff signature/credentials/date of signature(s)</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>A psychiatric or behavioral crisis is defined as an acute situation in which an individual is experiencing a serious mental illness or emotional disturbance to the point that the client or others are at risk for imminent harm or in which to prevent significant deterioration of the client's functioning.</p> <p>This service is a planned intervention that MUST be on the client's treatment plan to serve as an alternative to twenty-four (24) -hour inpatient care.</p>	Fifteen (15) minutes	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: Twelve (12) units</p> <p>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): Seventy-two (72) units</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Children, Youth, and Adults		
ALLOWED MODE(S) OF DELIVERY	TIER	
<p>Face-to-face</p> <p>Telemedicine (Adults, Youth, and Children)</p>	Crisis	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"> <li>Independently Licensed Clinicians – Master's/Doctoral</li> <li>Non-independently Licensed Clinicians – Master's/Doctoral</li> <li>Licensed Alcoholism and Drug Abuse Counselor Master's</li> <li>Advanced Practice Nurses</li> <li>Physicians</li> </ul>	<p>02 (Telemedicine) 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client's Home), 11 (Office) 12 (Patient's Home), 15 (Mobile Unit), 23 (Emergency Room), 33 (Custodial Care facility), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57(Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic), 99 (Other Location)</p>	

255.001

Crisis Intervention

1-1-23

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
<a href="#">View or print the procedure codes for counseling services.</a>	Crisis intervention service, per fifteen (15) minutes
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<p>Crisis Intervention is unscheduled, immediate, short-term treatment activities provided to a Medicaid-eligible client who is experiencing a psychiatric or behavioral crisis. Services are to be congruent with the age, strengths, needed accommodation for any disability, and cultural framework of the client and his/her family. These services are designed to stabilize the person in crisis, prevent further deterioration and provide immediate indicated treatment in the least restrictive setting. (These activities include evaluating a Medicaid-eligible client to</p>	<ul style="list-style-type: none"> <li>Date of service</li> <li>Start and stop time of actual encounter with client and possible collateral contacts with caregivers or informed persons</li> <li>Place of service</li> <li>Specific persons providing pertinent information and relationship to client</li> <li>Diagnosis and synopsis of events leading up to crisis situation</li> </ul>

<p>determine if the need for crisis services is present.)</p> <p>Services are to be congruent with the age, strengths, needed accommodation for any disability, and cultural framework of the client and their family.</p>	<ul style="list-style-type: none"> <li>• Brief mental status and observations</li> <li>• Utilization of previously established psychiatric advance directive or crisis plan as pertinent to current situation OR rationale for crisis intervention activities utilized</li> <li>• Client's response to the intervention that includes current progress or regression and prognosis</li> <li>• Clear resolution of the current crisis and/or plans for further services</li> <li>• Development of a clearly defined crisis plan or revision to existing plan</li> <li>• Staff signature/credentials/date of signature(s)</li> </ul>
--	--

NOTES	UNIT	BENEFIT LIMITS
-------	------	----------------

<p>A psychiatric or behavioral crisis is defined as an acute situation, in which an individual is experiencing a serious mental illness or emotional disturbance to the point that the client or others are at risk for imminent harm, or in which to prevent significant deterioration of the client's functioning.</p> <p>This service can be provided to clients that have not been previously assessed or have not previously received behavioral health services. No PCP referral is required for crisis intervention</p> <p>The provider of this service MUST complete a Mental Health Diagnosis within seven (7) days of provision of this service, if provided to a client who is not currently a client.</p> <p><a href="#">View or print the procedure codes for counseling services.</a></p> <p>If the client cannot be contacted or does not return for a Mental Health Diagnosis appointment, attempts to contact the client must be placed in the client's medical record. If the client needs more time to be stabilized, this must be noted in the client's medical record and the Division of Medical Services Quality Improvement Organization (QIO) must be notified.</p>	<p>Fifteen (15) minutes</p>	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: twelve (12)</p> <p>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): seventy-two (72)</p>
--	-----------------------------	--

APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS
------------------------	------------------------------

<p>Children, Youth, and Adults</p>	
------------------------------------	--

ALLOWED MODE(S) OF DELIVERY	TIER
-----------------------------	------

<p>Face-to-face</p> <p>Telemedicine (Adults, Youth, and Children)</p>	<p>Crisis</p>
---	---------------

ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE
<ul style="list-style-type: none"> <li>Independently Licensed Clinicians – Master’s/Doctoral</li> <li>Non-independently Licensed Clinicians – Master’s/Doctoral</li> <li>Advanced Practice Nurses</li> <li>Physicians</li> </ul>	02 (Telemedicine), 03 (School), 04 (Homeless Shelter), 10 (Telehealth Provided in Client’s Home), 11 (Office) 12 (Patient’s Home), 15 (Mobile Unit), 23 (Emergency Room), 33 (Custodial Care facility), 49 (Independent Clinic), 50 (Federally Qualified Health Center), 53 (Community Mental Health Center), 57 (Non-Residential Substance Abuse Treatment Facility), 71 (Public Health Clinic), 72 (Rural Health Clinic), 99 (Other Location)

255.003

Acute Crisis Units

1-1-23

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
<a href="#">View or print the procedure codes for counseling services.</a>	Behavioral Health; short-term residential
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Acute Crisis Units provide brief (96 hours or less) crisis treatment services to persons eighteen (18) years of age and over, who are experiencing a psychiatric or substance abuse-related crisis, or both, and may pose an escalated risk of harm to self or others. Acute Crisis Units provide hospital diversion and step-down services in a safe environment with psychiatry and substance abuse services on-site at all times, as well as on-call psychiatry available twenty-four (24) hours a day. Services provide ongoing assessment and observation; crisis intervention; psychiatric, substance, and co-occurring treatment; and initiate referral mechanisms for independent assessment and care planning as needed.	<ul style="list-style-type: none"> <li>Date of service</li> <li>Assessment information including mental health and substance abuse psychosocial evaluation, initial discharge plan, strengths and abilities to be considered for community re-entry</li> <li>Place of service</li> <li>Specific persons providing pertinent information and relationship to client</li> <li>Diagnosis and synopsis of events leading up to acute crisis admission</li> <li>Interpretive summary</li> <li>Brief mental status and observations</li> <li>Utilization of previously established psychiatric advance directive or crisis plan as pertinent to current situation OR rationale for crisis intervention activities utilized</li> <li>Client’s response to the intervention that includes current progress or regression and prognosis</li> <li>Clear resolution of the current crisis and/or plans for further services</li> <li>Development of a clearly defined crisis plan or revision to existing plan</li> <li>Thorough discharge plan including treatment and community resources</li> <li>Staff signature/credentials/date of signature(s)</li> </ul>
NOTES	EXAMPLE ACTIVITIES

APPLICABLE POPULATIONS	UNIT	BENEFIT LIMITS
Adults	Per Diem	<ul style="list-style-type: none"> <li>Ninety-six (96) hours or less per admission; Extension of Benefits required for additional days</li> </ul>
<b>PROGRAM SERVICE CATEGORY</b>		
Crisis Services		
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	N/A	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
Acute Crisis Units must be certified by the Division of Provider Services and Quality Assurance as an Acute Crisis Unit Provider.	55 (Residential Substance Abuse Treatment Facility), 56 (Psychiatric Residential Treatment Center)	

255.004

Substance Abuse Detoxification

1-1-23

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
<a href="#">View or print the procedure codes for counseling services.</a>	Alcohol and/or drug services; detoxification
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<p>Substance Abuse Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal from alcohol or other drugs. Services help stabilize clients by clearing toxins from the client's body. Services are short-term and may be provided in a crisis unit, inpatient, or outpatient setting, and may include evaluation, observation, medical monitoring, and addiction treatment. Detoxification seeks to minimize the physical harm caused by the abuse of substances and prepares the client for ongoing treatment.</p>	<ul style="list-style-type: none"> <li>Date of service</li> <li>Assessment information including mental health and substance abuse psychosocial evaluation, initial discharge plan, strengths and abilities to be considered for community re-entry</li> <li>Place of service</li> <li>Specific persons providing pertinent information and relationship to client</li> <li>Diagnosis and synopsis of events leading up to acute crisis admission</li> <li>Interpretive summary</li> <li>Brief mental status and observations</li> <li>Utilization of previously established psychiatric advance directive or crisis plan as pertinent to current situation OR rationale for crisis intervention activities utilized</li> <li>Client's response to the intervention that includes current progress or regression and prognosis Clear resolution of the current crisis and/or plans for further services</li> </ul>

	<ul style="list-style-type: none"> <li>• Development of a clearly defined crisis plan or revision to existing plan</li> <li>• Thorough discharge plan including treatment and community resources</li> <li>• Staff signature/credentials/date of signature(s)</li> </ul>	
<b>NOTES</b>	<b>EXAMPLE ACTIVITIES</b>	
<b>APPLICABLE POPULATIONS</b>	<b>UNIT</b>	<b>BENEFIT LIMITS</b>
Youth and Adults	N/A	<ul style="list-style-type: none"> <li>• Six (6) encounters per SFY; Extension of Benefits required for additional encounters</li> </ul>
	<b>PROGRAM SERVICE CATEGORY</b>	
	Crisis Services	
<b>ALLOWED MODE(S) OF DELIVERY</b>	<b>TIER</b>	
Face-to-face	N/A	
<b>ALLOWABLE PERFORMING PROVIDERS</b>	<b>PLACE OF SERVICE</b>	
Substance Abuse Detoxification must be provided in a facility that is licensed by the Division of Provider Services and Quality Assurance as a Substance Abuse Detoxification provider.	21 (Inpatient Hospital), 55 (Residential Substance Abuse Treatment Facility)	

**256.200**      **Reserved**      **1-1-23**

**256.500**      **Billing Instructions – Paper Only**      **1-1-23**

To bill for Counseling Services, use the CMS-1500 form. The numbered items correspond to numbered fields on the claim form. [View a CMS-1500 sample form.](#)

When completing the CMS-1500, accuracy, completeness, and clarity are important. Claims cannot be processed if applicable information is not supplied or is illegible. Claims should be typed whenever possible.

Completed claim forms should be forwarded to the Arkansas Medicaid fiscal agent. [View or print Claims contact information.](#)

**NOTE: A provider rendering services without verifying eligibility for each date of service does so at the risk of not being reimbursed for the services.**

**256.510**      **Completion of the CMS-1500 Claim Form**      **1-1-23**

Field Name and Number	Instructions for Completion
1. (type of coverage)	Not required.
1a. INSURED'S I.D. NUMBER (For Program in Item 1)	Client's or participant's 10-digit Medicaid or ARKids First-A or ARKids First-B identification number.

Field Name and Number	Instructions for Completion
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	Client's or participant's last name and first name.
3. PATIENT'S BIRTH DATE	Client's or participant's date of birth as given on the individual's Medicaid or ARKids First-A or ARKids First-B identification card. Format: MM/DD/YY.
SEX	Check M for male or F for female.
4. INSURED'S NAME (Last Name, First Name, Middle Initial)	Required if insurance affects this claim. Insured's last name, first name, and middle initial.
5. PATIENT'S ADDRESS (No., Street)	Optional. Client's or participant's complete mailing address (street address or post office box).
CITY	Name of the city in which the client or participant resides.
STATE	Two-letter postal code for the state in which the client or participant resides.
ZIP CODE	Five-digit zip code; nine digits for post office box.
TELEPHONE (Include Area Code)	The client's or participant's telephone number or the number of a reliable message/contact/ emergency telephone
6. PATIENT RELATIONSHIP TO INSURED	If insurance affects this claim, check the box indicating the patient's relationship to the insured.
7. INSURED'S ADDRESS (No., Street)	Required if insured's address is different from the patient's address.
CITY	
STATE	
ZIP CODE	
TELEPHONE (Include Area Code)	
8. PATIENT STATUS	Not required.
9. OTHER INSURED'S NAME (Last name, First Name, Middle Initial)	If patient has other insurance coverage as indicated in Field 11d, the other insured's last name, first name, and middle initial.
a. OTHER INSURED'S POLICY OR GROUP NUMBER	Policy and/or group number of the insured individual.
b. OTHER INSURED'S DATE OF BIRTH	Not required.
SEX	Not required.
c. EMPLOYER'S NAME OR SCHOOL NAME	Required when items 9 a-d are required. Name of the insured individual's employer and/or school.
d. INSURANCE PLAN NAME OR PROGRAM NAME	Name of the insurance company.

Field Name and Number	Instructions for Completion
10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) b. AUTO ACCIDENT? PLACE (State) c. OTHER ACCIDENT? 10d. RESERVED FOR LOCAL USE	Check YES or NO. Required when an auto accident is related to the services. Check YES or NO. If 10b is YES, the two-letter postal abbreviation for the state in which the automobile accident took place. Required when an accident other than automobile is related to the services. Check YES or NO. Not used.
11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH SEX b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	Not required when Medicaid is the only payer. Not required. Not required. Not required. Not required. When private or other insurance may or will cover any of the services, check YES and complete items 9a through 9d.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	Not required.
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	Not required.
14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)	Required when services furnished are related to an accident, whether the accident is recent or in the past. Date of the accident.
15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE	Not required.
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	Not required.
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	Primary Care Physician (PCP) referral or PCMH sign-off is required for Counseling Services for all clients after ten (10) counseling services. If services are the result of a Child Health Services (EPSDT) screening/referral, enter the referral source, including name and title.

Field Name and Number	Instructions for Completion
17a. (blank)	Not required.
17b. NPI	Enter NPI of the referring physician.
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	When the serving/billing provider's services charged on this claim are related to a client's or participant's inpatient hospitalization, enter the individual's admission and discharge dates. Format: MM/DD/YY.
19. RESERVED FOR LOCAL USE	Not applicable to Counseling Services.
20. OUTSIDE LAB?	Not required.
\$ CHARGES	Not required.
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY	<p>Enter the applicable ICD indicator to identify which version of ICD codes is being reported.</p> <p>Use "9" for ICD-9-CM.</p> <p>Use "0" for ICD-10-CM.</p> <p>Enter the indicator between the vertical, dotted lines in the upper right-hand portion of the field.</p> <p>Diagnosis code for the primary medical condition for which services are being billed. Use the appropriate International Classification of Diseases (ICD). List no more than 12 diagnosis codes. Relate lines A-L to the lines of service in 24E by the letter of the line. Use the highest level of specificity.</p>
22. MEDICAID RESUBMISSION CODE	Reserved for future use.
ORIGINAL REF. NO.	Reserved for future use.
23. PRIOR AUTHORIZATION NUMBER	The prior authorization or benefit extension control number if applicable.
24A. DATE(S) OF SERVICE	<p>The "from" and "to" dates of service for each billed service. Format: MM/DD/YY.</p> <ol style="list-style-type: none"> <li>1. On a single claim detail (one charge on one line), bill only for services provided within a single calendar month.</li> <li>2. Providers may bill on the same claim detail for two or more sequential dates of service within the same calendar month when the provider furnished equal amounts of the service on each day of the date sequence.</li> </ol>
B. PLACE OF SERVICE	Two-digit national standard place of service code. See Section 252.200 for codes.
C. EMG	Enter "Y" for "Yes" or leave blank if "No". EMG identifies if the service was an emergency.
D. PROCEDURES, SERVICES, OR SUPPLIES	

Field Name and Number	Instructions for Completion
CPT/HCPCS	Enter the correct CPT or HCPCS procedure codes from Sections 252.100 through 252.150.
MODIFIER	Use applicable modifier.
E. DIAGNOSIS POINTER	Enter the diagnosis code reference letter (pointer) as shown in Item Number 21 to relate to the date of service and the procedures performed to the primary diagnosis. When multiple services are performed, the primary reference letter for each service should be listed first; other applicable services should follow. The reference letter(s) should be A-L or multiple letters as applicable. The "Diagnosis Pointer" is the line letter from Item Number 21 that relates to the reason the service(s) was performed.
F. \$ CHARGES	The full charge for the service(s) totaled in the detail. This charge must be the usual charge to any client, patient, or other client of the provider's services.
G. DAYS OR UNITS	The units (in whole numbers) of service(s) provided during the period indicated in Field 24A of the detail.
H. EPSDT/Family Plan	Enter E if the services resulted from a Child Health Services (EPSDT) screening/referral.
I. ID QUAL	Not required.
J. RENDERING PROVIDER ID #	Enter the 9-digit Arkansas Medicaid provider ID number of the individual who furnished the services billed for in the detail or
NPI	Enter NPI of the individual who furnished the services billed for in the detail.
25. FEDERAL TAX I.D. NUMBER	Not required. This information is carried in the provider's Medicaid file. If it changes, please contact Provider Enrollment.
26. PATIENT'S ACCOUNT NO.	Optional entry that may be used for accounting purposes; use up to 16 numeric or alphabetic characters. This number appears on the Remittance Advice as "MRN."
27. ACCEPT ASSIGNMENT?	Not required. Assignment is automatically accepted by the provider when billing Medicaid.
28. TOTAL CHARGE	Total of Column 24F—the sum all charges on the claim.
29. AMOUNT PAID	Enter the total of payments previously received on this claim. Do not include amounts previously paid by Medicaid. Do not include in this total the automatically deducted Medicaid or ARKids First-B co-payments.
30. RESERVED	Reserved for NUCC use.

Field Name and Number	Instructions for Completion
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	The provider or designated authorized individual must sign and date the claim certifying that the services were personally rendered by the provider or under the provider's direction. "Provider's signature" is defined as the provider's actual signature, a rubber stamp of the provider's signature, an automated signature, a typewritten signature, or the signature of an individual authorized by the provider rendering the service. The name of a clinic or group is not acceptable.
32. SERVICE FACILITY LOCATION INFORMATION a. (blank) b. Service Site Medicaid ID number	Enter the name and street, city, state, and zip code of the facility where services were performed. Not required. Enter the 9-digit Arkansas Medicaid provider ID number of the service site.
33. BILLING PROVIDER INFO & PH # a. (blank) b. (blank)	Billing provider's name and complete address. Telephone number is requested but not required. Enter NPI of the billing provider or Enter the 9-digit Arkansas Medicaid provider ID number of the billing provider.

257.000      **Special Billing Procedures**

257.100      **Reserved**

1-1-23

**Rules for the Division of Medical Services**  
**Licensure Manual for Community Support System Providers**



**LAST UPDATED: January 1, 2023**

**Subchapter 1.        General.**

**101.    Authority.**

- (a)    These standards are promulgated under the authority of Ark. Code Ann. §§ 20-38-101 to -113, Ark. Code Ann. §§ 20-48-101 to 1108, Ark. Code Ann. § 25-10-102, and Ark. Code Ann. § 25-15-217.
- (b)    The Division of Provider Services and Quality Assurance (DPSQA) shall perform all regulatory functions regarding the licensure and monitoring of Community Support System Providers.
- (c)    Providers certified and enrolled as a Base CSSP Agency or an Outpatient Behavioral Health Agency that meet the certification requirements of Intensive CSSP Agency certification or Enhanced CSSP Agency certification, can receive provisional Intensive CSSP Agency certification or Enhanced CSSP Agency certification until July 1, 2023, by executing a provisional certification attestation from DPSQA.

**102.    Purpose.**

The purpose of these standards is to:

- (1)    Serve as the minimum standards for home and community-based services and facilities;
- (2)    Ensure there are providers of home and community-based services that serve the needs of clients, including clients with behavioral health, intellectual disability, and developmental disability service needs; and
- (3)    Allow a client to receive from one provider all home and community-based services identified in the client's individualized plan of care.

**103.    Definitions.**

- (a)    “Adverse agency action” means:
  - (1)    A denial of CSSP Agency certification;
  - (2)    Any enforcement action taken by DPSQA pursuant to sections 703 through 707; and
  - (3)    Any other adverse regulatory action or claim covered by the Medicaid Fairness Act, Ark. Code Ann §§ 20-77-1701 to -1718.

- (b) “Applicant” means an applicant for a CSSP Agency Certification.
- (c) “Change of ownership” means fifty percent (50%) or greater change of the financial interests, governing body, operational control, or other operational or ownership interests of a CSSP within a twelve (12) month period.
- (d) “Approved accrediting organization” means:
  - (1) The Commission on Accreditation of Rehabilitation Facilities;
  - (2) The Joint Commission;
  - (3) The Council on Accreditation; and
  - (4) The Council on Quality and Leadership.
- (e) “Base CSSP Agency certification” means a CSSP that has been certified by DPSQA to perform the following services each as defined in the Home and Community-Based Services for Clients with Intellectual Disabilities and Behavioral Health Needs Medicaid manual:
  - (1) Adult life skills development;
  - (2) Supportive Housing;
  - (3) Supportive Employment;
  - (4) Supportive Life Skills Development (individual and group);
  - (5) Respite;
  - (6) Supported Employment;
  - (7) Supportive Living;
  - (8) Specialized Medical Supplies;
  - (9) Adaptive Equipment;
  - (10) Community Transition Services;
  - (11) Consultation;
  - (12) Environmental Modifications;

- (13) Supplemental Support;
  - (14) Pharmacological Counseling; and
  - (15) Therapeutic Host Homes.
- (f) “Client” means any person receiving or who has received one (1) or more home and community-based services from a CSSP.
- (g) “Chemical restraint” means the use of medication or any drug that:
- (1) Is administered to manage a client’s behavior;
  - (2) Has the temporary effect of restricting the client; and
  - (3) Is not a standard treatment for the client’s medical or psychiatric condition.
- (h) “Complex care home” means a CSSP owned, leased, or controlled residential setting where each client residing in the home has been diagnosed with an intellectual or developmental disability and a significant co-occurring deficit, which includes without limitation individuals with an intellectual disability and significant:
- (1) Behavioral health needs; or
  - (2) Physical health needs.
- (i) “CSSP” means an entity that:
- (1) Has received CSSP Agency certification; and
  - (2) Is enrolled with DMS as a Community Support System provider.
- (j) “CSSP Agency certification” means one of the following certifications issued by DPSQA
- (1) Base CSSP Agency certification;
  - (2) Intensive CSSP Agency certification; or
  - (3) Enhanced CSSP Agency certification.
- (k) “DHS” means the Arkansas Department of Human Services.
- (l) “Directed in-service training plan” means a plan of action that:
- (1) Provides training to a CSSP to correct noncompliance with these standards;

- (2) Establishes the topics covered and materials used in the training;
  - (3) Specifies the length of the training;
  - (4) Specifies the employees required to attend the training; and
  - (5) Is approved by DPSQA.
- (m) “DMS” means the Arkansas Department of Human Services, Division of Medical Services.
  - (n) “DPSQA” means the Arkansas Department of Human Services, Division of Provider Services and Quality Assurance.
  - (o) “Employee” means an employee, owner, independent contractor, or other agent of a CSSP who has or will have direct contact with a client or their personal property or funds, including without limitation any employee, independent contractor, sub-contractor, intern, volunteer, trainee, or agent..
  - (p) “Enhanced CSSP Agency certification” means a CSSP that has been certified by DPSQA to perform:
    - (1) All services available under Base CSSP Agency certification;
    - (2) All services available under Intensive CSSP Agency certification;
    - (3) All services available under the Counseling Services Medicaid manual; and
    - (4) The following services each as defined in the Home and Community-Based Services for Clients with Intellectual Disabilities and Behavioral Health Needs Medicaid manual:
      - (A) Therapeutic Communities;
      - (B) Residential Community Reintegration;
      - (C) Adult Rehabilitation Day Treatment;
      - (D) Substance Abuse Detox (Observational);
      - (E) Partial Hospitalization; and
      - (F) Complex care homes.
  - (q) “Home and community-based services” means services that are available under the Home and Community-Based Services for Clients with Intellectual Disabilities and Behavioral Health Needs Medicaid manual.

- (r) “Intensive CSSP Agency certification” means a CSSP that has been certified by DPSQA to perform:
- (1) All services available under Base CSSP Agency certification;
  - (2) All services available under the Counseling Services Medicaid manual; and
  - (3) The following services each as defined in the Home and Community-Based Services for Clients with Intellectual Disabilities and Behavioral Health Needs Medicaid manual:
    - (A) Assertive Community Treatment;
    - (B) Peer Support;
    - (C) Aftercare Recovery Support (Substance Abuse);
    - (D) Intensive In Home Services;
    - (E) Behavioral Assistance;
    - (F) Child and Youth Support;
    - (G) Family Support Partners; and
    - (H) Crisis Stabilization Intervention.
- (s) “Licensed professional” means a person who holds an Arkansas professional license in good standing in Arkansas operating within the scope of practice of their license.
- (t)
- (1) “Market” means the accurate and honest advertisement of a CSSP that does not also constitute an attempt to solicit.
  - (2) “Market” includes without limitation:
    - (A) Advertising using traditional media;
    - (B) Distributing brochures or other informational materials regarding the services offered by a CSSP;
    - (C) Conducting tours of a CSSP to interested clients and their families;
    - (D) Mentioning services offered by a CSSP in which the client or their family might have an interest;

- (E) Hosting informational gatherings during which the services offered by a CSSP are described.
- (u) “Mechanical restraint” means the use of any device attached or adjacent to the client that:
  - (1) The client cannot easily remove; and
  - (2) Restricts the client’s freedom of movement.
- (v) “Medication error” means any one of the following:
  - (1) Loss of medication;
  - (2) Unavailability of medication;
  - (3) Falsification of medication logs;
  - (4) Theft of medication;
  - (5) Missed dose of medication;
  - (6) Incorrect medications administered;
  - (7) Incorrect dose of medication administered;
  - (8) Incorrect time of administration;
  - (9) Incorrect route of administration; and
  - (10) The discovery of an unlocked medication container that is always supposed to be locked.
- (w) “Mental health professional” or “MHP” means a person who holds an Arkansas professional license in good standing to provide one or more of the services set out in the Counseling Services Medicaid manual.
- (x) “Multidisciplinary team” means a team of employees lead by a mental health professional who are responsible for the development of a client’s treatment plan and the delivery of all home and community-based services in accordance with the treatment plan.
- (y) “PASSE” means a client’s assigned Provider-led Arkansas Shared Savings Entity.
- (z) “PCSP” means a client’s person-centered service plan, which is a written, individualized service and support plan developed by the client’s PASSE care coordinator, which sets out the home and community-based services to be received by the client.

- (aa) “Plan of correction” means a plan of action that:
  - (1) Provides the steps a CSSP must take to correct noncompliance with these standards;
  - (2) Establishes a timeframe for each specific action provided in the plan; and
  - (3) Is approved by DPSQA.
- (bb) “Provider” means an entity that is certified by DHS and enrolled by DMS as a CSSP.
- (cc)
  - (1) “Restraint” means the application of force for the purpose of restraining the free movement of a client, which includes without limitation any chemical restraint and mechanical restraint.
  - (2) “Restraint” does not include:
    - (A) Briefly holding, without undue force, a client to calm or comfort the client;  
or
    - (B) Holding a client’s hand to safely escort the client from one area to another.
- (dd) “Risk mitigation plan” means individualized risk management plan developed by a client’s PASSE care coordinator outlining a client’s risk factors and the action steps that must be taken to mitigate those risks.
- (ee) “Seclusion” means the involuntary confinement of a client alone or in a room or an area from which the client is physically prevented from leaving.
- (ff) “Serious injury” means any injury to a client that:
  - (1) May cause death;
  - (2) May result in substantial permanent impairment;
  - (3) Requires hospitalization; and
  - (4) Requires the attention of:
    - (A) An emergency medical technician;
    - (B) A paramedic; or
    - (C) An emergency room

(gg)

- (1) “Solicit” means when a CSSP intentionally initiates contact with a client (or their family) that is currently receiving services from another provider and the CSSP is attempting to convince the client or their family to switch to or otherwise use the services of the CSSP.
- (2) “Solicit” includes without limitation the following acts to induce a client or their family by:
  - (A) Contacting a client or the family of a client that is currently receiving services from another provider;
  - (B) Offering cash or gift incentives to a client or their family;
  - (C) Offering free goods or services not available to other similarly situated clients or their families;
  - (D) Making negative comments to a client or their family regarding the quality of services performed by another service provider;
  - (E) Promising to provide services in excess of those necessary;
  - (F) Giving a client or their family the false impression, directly or indirectly, that the CSSP is the only service provider that can perform the services desired by the client or their family; or
  - (G) Engaging in any activity that DPSQA reasonably determines to be “solicitation.”

(hh) “Treatment plan” means a CSSP’s written, individualized service plan for a client, outlining the specific method, schedule, and goals for home and community-based service(s) delivery by the CSSP.

## **Subchapter 2.        Certification.**

### **201.    Certification Requirements.**

- (a) A CSSP must have one of the following certifications issued by DPSQA pursuant to these standards:
  - (1) Base CSSP Agency certification;
  - (2) Intensive CSSP Agency certification; or
  - (3) Enhanced CSSP Agency certification.
- (b) A CSSP cannot provide services outside of the authority provided through its CSSP Agency certification without obtaining a separate credential to provide such services independent of its CSSP Agency certification.
- (c) A CSSP must comply with all requirements of these standards for all home and community-based services included within its CSSP Agency certification.
- (d) A CSSP must demonstrate accreditation by an approved accrediting organization for all home and community-based services offered or intended to be offered by the CSSP before DPSQA may issue any CSSP Agency certification.
- (e) A CSSP must comply with all requirements of its accreditations.
- (f) A loss of a CSSP Agency's accreditation constitutes a violation of these standards.
- (g) In the event of a conflict between these standards and the requirements of a CSSP's accreditations, the stricter requirement shall apply.
- (h) In the event of an irreconcilable conflict between these standards and the requirements of a CSSP's accreditations, these standards shall govern.

### **202.    Application for CSSP Agency Certification.**

- (a) To apply for a CSSP Agency certification, an applicant must submit a complete application to DPSQA.
- (b) A complete application includes:
  - (1) Documentation demonstrating the applicant's entire ownership, including without limitation all the applicant's financial, governing body, and business interests;

- (2) Documentation of the applicant's management, including without limitation the management structure and members of the management team;
- (3) Documentation of the employees that the applicant intends to use as part of operating the CSSP;
- (4) Documentation of all drug screens and criminal background, maltreatment, and other registry checks and searches required pursuant to section 302(c);;
- (5) Documentation demonstrating compliance with these standards; and
- (6) All other documentation or other information requested by DPSQA.

**203. Certification Process.**

- (a) DPSQA may approve an application for CSSP Agency certification and issue a CSSP Agency certification if:
  - (1) The applicant submits a complete application under section 202;
  - (2) DPSQA determines that all employees have successfully passed all required drug screens and criminal background, maltreatment, and other registry checks and searches required pursuant to section 302(c); and
  - (3) DPSQA determines that the applicant satisfies these standards.
- (b) DPSQA may approve an application to change the ownership of an existing CSSP and change the ownership of an existing CSSP Agency certification if:
  - (1) The applicant submits a complete application under section 202;
  - (2) DPSQA determines that all employees and operators have successfully passed all drug screens and criminal background, maltreatment, and other registry checks and searches required pursuant to section 302(c); and
  - (3) DPSQA determines that the applicant satisfies these standards.
- (c) A CSSP Agency certification does not expire until terminated under these standards.

**Subchapter 3.        Administration.**

**301.    Organization and Ownership.**

- (a) A CSSP must be authorized and in good standing to do business under the laws of the State of Arkansas.
- (b)
  - (1) A CSSP must appoint a single manager as the point of contact for all DAABH, DDS, DMS, and DPSQA matters and provide DAABH, DDS, DMS, and DPSQA with updated contact information for that manager.
  - (2) This manager must have authority over the CSSP and all employees and be responsible for ensuring that requests, concerns, inquires, and enforcement actions are addressed and resolved to the satisfaction of DAABH, DDS, DMS, and DPSQA.
- (c)
  - (1) A CSSP cannot transfer its CSSP Agency certification to any person or entity.
  - (2) A CSSP cannot change its ownership unless DPSQA approves the application of the new ownership pursuant to sections 202 and 203.
  - (3) A CSSP cannot change its name or otherwise operate under a different name than the listed on its CSSP Agency certification without notice to DPSQA.
- (d) A CSSP must maintain documentation of all accreditations, including without limitation:
  - (1) Initial accreditations;
  - (2) Accreditation renewals;
  - (3) Accreditation surveys or other reviews; and
  - (4) Accreditation enforcement actions.

**302.    Employees and Staffing Requirements.**

- (a) A CSSP must appropriately supervise all clients based on each client's needs.
- (b) A CSSP must meet the minimum staffing-to-client ratio for each client as provided in each client's treatment plan.

(c)

- (1) Except as provided in subsection (c)(2) of this part, each employee must successfully pass the following:
  - (A) All criminal history record checks required pursuant to Ark. Code Ann. § 20-38-103, both prior to hiring and at least every five (5) years thereafter;
  - (B) An Arkansas Child Maltreatment Central Registry check both prior to hiring and at least every two (2) years thereafter;
  - (C) An Arkansas Adult and Long-term Care Facility Resident Maltreatment Central Registry check both prior to hiring and at least every two (2) years thereafter;
  - (D) At least a five (5) panel drug screen both prior to hiring and as required thereafter by Ark. Code Ann. §20-77-128(b); and
  - (E) An Arkansas Sex Offender Central Registry search both prior to hiring and at least every two (2) years thereafter.
- (2) The drug screens, criminal background and registry checks and searches prescribed in subsection (c)(1) of this part are not required for any licensed professional.

(d)

- (1) Employees must be eighteen (18) years of age or older.
  - (2) Employees must have a:
    - (A) High school diploma; or
    - (B) A GED.
- (e) A CSSP must verify an employee meets all requirements under these standards upon the request of DPSQA or whenever a CSSP receives information after hiring that would create a reasonable belief that an employee no longer meets all requirements under these standards.
- (f) A CSSP must document all scheduled and actual employee staffing, including without limitation employee names, job title or credential, shift role, shift days, and shift times.

**303. Employee Training.**

- (a) Prior to having any direct contact with clients, all employees must meet each of the following:
  - (1) Have at least one (1) year of experience working with persons with:
    - (A) Developmental disabilities; or
    - (B) Behavioral support needs; and
  - (2) Receive training on the following topics:
    - (A) The Health Insurance Portability and Accountability Act (HIPAA), and other applicable state and federal laws and regulations governing the protection of medical, social, personal, financial, and electronically stored records;
    - (B) Mandated reporter requirements and procedures;
    - (C) Incident and accident reporting;
    - (D) Basic health and safety practices;
    - (E) Infection control practices;
    - (F) Verbal intervention; and
    - (G) De-escalation techniques.
- (b)
  - (1) All employees must receive client-specific training in the amount necessary to safely meet the client's individualized needs prior to providing services to those clients.
  - (2) Every employee's client-specific training must at a minimum must include training on the client's:
    - (A) Treatment plan;
    - (B) Diagnosis and medical records;
    - (C) Medication management plan, if applicable;
    - (D) Positive behavioral support plan, if applicable;

- (E) Behavioral prevention and intervention plan; if applicable;
- (F) Permitted interventions; if applicable; and
- (G) Setting-specific emergency and evacuation procedures.

(3)

- (A) Appropriate client-specific training on the additional topics listed in (3)(B) below are required for employees performing home and community-based services:
  - (i) Available under Intensive CSSP Agency certification;
  - (ii) Available under Enhanced CSSP Agency certification;
  - (iii) In a complex care home; and
  - (iv) Available under the Counseling Services Medicaid manual.

(B)

- (i) Home and community-based service record keeping;
- (ii) Appropriate relationships with a client;
- (iii) Group interaction;
- (iv) Listening techniques;
- (v) Confidentiality;
- (vi) Community resources available to individuals within community settings;
- (vii) Cultural competency;
- (viii) Direct care ethics; and
- (ix) Childhood development, if serving a child or adolescent client.

- (c) All employees must receive appropriate refresher training on the topics listed in subsections 303(a)(2) and 303 (b) at least once every calendar year

- (d)
  - (1) All employees must obtain and maintain in good standing the following credentials when performing home and community-based services on behalf of a CSSP:
    - (A) CPR certification from one of the following:
      - (i) American Heart Association;
      - (ii) Medic First Aid, or
      - (iii) American Red Cross; and
    - (B) First aid certification from one of the following:
      - (i) American Heart Association;
      - (ii) Medic First Aid; or
      - (iii) American Red Cross.
  - (2) Employees who have not completed the required certifications cannot be counted towards staffing requirements.
- (e) A licensed professional is not required to receive the training prescribed in this section 303.

**304. Employee Records.**

- (a) A CSSP must maintain a personnel file for each employee that includes:
  - (1) A detailed job description;
  - (2) All required criminal background checks;
  - (3) All required Child Maltreatment Central Registry checks;
  - (4) All required Adult and Long-term Care Facility Resident Maltreatment Central Registry checks;
  - (5) All conducted drug screens;
  - (6) All required sex offender registry searches;
  - (7) Signed statement that the employee will comply with the CSSP's drug screen and drug use policies;

- (8) Copy of current state or federal identification;
  - (9) Copy of valid state-issued driver's license, if driving as required in the job description;
  - (10) Documentation demonstrating that the employee received all required trainings and certifications;
  - (11) Documentation demonstrating that the employee obtained and maintained in good standing all professional licenses, certifications, or credentials required for the employee or the home and community-based service the employee is performing; and
  - (12) Documentation demonstrating the employee meets all continuing education, in-service, or other training requirements applicable to that employee under these standards and any professional licensures, certifications, or credentials held by that employee.
- (b) A CSSP must retain all employee personnel records for five (5) years from the date an employee ceases providing services to the CSSP or, if longer, the final conclusion of all reviews, appeals, investigations, administrative actions, or judicial actions related to that employee that are pending at the end of the five (5)-year period.

**305. Client Service Records.**

- (a)
- (1) A CSSP must maintain a separate, updated, and complete service record for each client documenting the home and community-based services provided to the client and all other documentation required under these standards.
  - (2) A CSSP must maintain each client service record in a uniformly organized manner.
- (b) A client's service record must include a summary document at the front that includes:
- (1) The client's:
    - (A) Full name;
    - (B) Address and county of residence;
    - (C) Telephone number and email address, if available;
    - (D) Date of birth;

- (E) Primary language;
  - (F) Diagnoses;
  - (G) Medications, dosage, and frequency, if applicable;
  - (H) Known allergies;
  - (I) Social Security Number;
  - (J) Medicaid number;
  - (K) Commercial or private health insurance information, if applicable; and
  - (L) Assigned Provider-Led Arkansas Shared Savings Entity (PASSE);
- (2) The date client began receiving home and community-based services from the CSSP;
  - (3) The date client exited from the CSSP, if applicable;
  - (4) The name, address, phone number, and email address, if available, of the client's legal guardian, if applicable; and
  - (5) The name, address, and phone number of the client's primary care provider (PCP).
- (c) A client's service record must include at least the following information and documentation:
- (1) Client PSCP;
  - (2) The treatment plan developed by CSSP for the client;
  - (3) All home and community-based service authorizations;
  - (4) Positive behavioral support plan, as applicable;
  - (5) Behavioral prevention and intervention plan, as applicable;
  - (6) Service logs or other documentation for each home and community-based service;
  - (7) Medication management plan, if applicable;
  - (8) Medication logs, if applicable;

- (9) Copies of all completed client assessments and evaluations;
  - (10) Copies of any court orders that place the client in the custody of another person or entity; and
  - (11) Copies of any leases or residential agreements related to the client's care.
- (d)
- (1) A CSSP must ensure that each client service record is kept confidential and available only to:
    - (A) Employees who need to know the information contained in the client's service record;
    - (B) The client's assigned PASSE;
    - (C) DPSQA and any governmental entity with jurisdiction or other authority to access the client's service record;
    - (D) The client's legal guardian, if applicable; and
    - (E) Any other individual authorized in writing by the client or, if applicable, the client's legal guardian.
  - (2)
    - (A) A CSSP must keep client service records in a file cabinet or room that is always locked.
    - (B)
      - (i) A CSSP may use electronic records in addition to or in place of physical records to comply with these standards.
      - (ii) A CSSP that uses electronic records must take reasonable steps to backup all electronic records and reconstruct a client's service record in the event of a breakdown in the CSSP's electronic records system.
- (e) A CSSP must retain all client service records for five (5) years from the date the client last exits from the CSSP or, if longer, the conclusion of all reviews, appeals, investigations, administrative actions, or judicial actions related to client that are pending at the end of the five (5)-year period.

**306. Marketing and Solicitation.**

- (a) A CSSP can market its services.
- (b) A CSSP cannot solicit a client or his or her family.

**307. Third-party Service Agreements.**

- (a) A CSSP may contract in writing with third-party vendors to provide services or otherwise satisfy requirements under these standards.
- (b) A CSSP must ensure that all third-party vendors comply with these standards and all other applicable laws, rules, and regulations.

**308. Financial Safeguards.**

- (a)
  - (1) A client must have full use and access to a client's own funds or other assets.
  - (2) A CSSP may not limit a client's use or access to a client's own funds or other assets, unless:
    - (A) The client or, if applicable, the client's legal guardian, provides informed written consent; or
    - (B) The CSSP otherwise has the legal authority.
  - (3) A CSSP is deemed to be limiting a client's use or access to the client's own funds includes without limitation the following:
    - (A) Designating the amount of funds a client may use or access;
    - (B) Limiting the amount of funds a client may use for a particular purpose; and
    - (C) Limiting the timeframes during which a client may use or access the client's funds or other assets.
- (b) A CSSP may use, manage, or access a client's funds or other assets only when:
  - (1)
    - (A) The client, or, if applicable, the client's legal guardian, provides informed written consent; or

- (B) The CSSP otherwise has the legal authority.
  - (2) A CSSP is deemed to be managing, using, or accessing a client's funds or other assets when:
    - (A) Serving as a representative payee of a client;
    - (B) Receiving benefits on behalf of the client; and
    - (C) Safeguarding funds or personal property for the client.
  - (3) A CSSP may only use, manage, or access a client's funds or other assets for the benefit of the client.
  - (4) A CSSP may use, manage, or access a client's funds or other assets only to the extent permitted by law.
  - (5) A CSSP must ensure that a client receives the benefit of the goods and services for which the client's funds or other assets are used.
  - (6) A CSSP must safeguard client funds and other assets whenever a CSSP manages, uses, or has access to a client's funds or other assets.
- (c)
- (1) A CSSP must maintain financial records that document all uses of a client's funds or other assets.
  - (2) Financial records for client funds must be maintained in accordance with generally accepted accounting practices .
  - (3) A CSSP must make client financial records available to a client or a client's legal guardian upon request.
- (d)
- (1) A CSSP must maintain separate accounts for each client whenever the CSSP uses, manages, or accesses a client's funds or other assets.
  - (2) All interest derived from a client's funds or other assets shall accrue to the client's account.

**309. Infection Control.**

- (a)
  - (1) A CSSP must follow all applicable guidance and directives from the Arkansas Department of Health related to infection control.
  - (2) A CSSP must provide personal protective equipment for all employees and clients as may be required in the circumstances.
  - (3) Employees and clients must wash their hands with soap before eating, after toileting, and as otherwise appropriate to prevent the spread of infectious diseases.
- (b) If applicable, a CSSP must notify a client's legal guardian if the client becomes ill.

**310. Compliance with State and Federal Laws, Rules, and Other Standards.**

- (a) A CSSP must comply with all applicable local, state, and federal laws, regulations, and rules, and a violation of any applicable local, state, or federal law, regulation, or rule constitutes a violation of these standards.
- (b)
  - (1) In the event of a conflict between these standards and other applicable local, state, or federal laws, rules, or regulation, the stricter requirement shall apply.
  - (2) In the event of an irreconcilable conflict between these standards and another applicable local, state, or federal laws, rules, or regulation these standards shall govern to the extent not governed by local, state, or federal law.

**311. Restraints and Other Restrictive Interventions.**

- (a)
  - (1) A CSSP cannot use a restraint on a client unless:
    - (A) The restraint is required as an emergency safety intervention; and
    - (B) The use of the restraint is covered by the CSSP's accreditation.
  - (2) An emergency safety intervention is required when:
    - (A) An immediate response with a restraint is required to address an unanticipated client behavior; and

- (B) The client's behavior places the client or others at serious threat of harm if no intervention occurs.
- (b) If a CSSP uses a restraint, the CSSP must:
  - (1) Comply with the use of the restraint as prescribed by the client's:
    - (A) Treatment plan;
    - (B) Behavioral prevention and intervention plan, if applicable; and
    - (C) Positive behavior support plan, if applicable;
  - (2) Continuously monitor the client during the entire use of the restraint; and
  - (3) Maintain in-person visual and auditory observation of the client by an employee during the entire use of the restraint.
- (c)
  - (1) A CSSP must document each use of a restraint whether the use was permitted or not.
  - (2) The documentation must include at least the following:
    - (A) The behavior precipitating the use of the restraint;
    - (B) The length of time the restraint was used;
    - (C) The name of the individual that authorized the use of the restraint;
    - (D) The names of all individuals involved in the use of the restraint; and
    - (E) The outcome of the use of the restraint.

**312. General Nutrition and Food Service Requirements.**

- (a)
  - (1) A CSSP must ensure that any meals, snacks, or other food services provided to clients by the CSSP conform to U.S. Department of Agriculture guidelines, Arkansas Department of Health (ADH) requirements, and other applicable laws and regulations.

- (2) In the event of a conflict between these standards and U.S. Department of Agriculture guidelines, ADH requirements, or other applicable laws or regulations related to nutrition and food service, the stricter requirement shall apply.
- (b) All pre-prepared food obtained or purchased by a CSSP from outside sources for client consumption must be:
- (1) From restaurants and other food service providers approved by ADH and transported per ADH requirements; or
  - (2) In individual, commercially pre-packaged containers.
- (c)
- (1) A CSSP must ensure that food provided to clients meet the specialized diet requirements of each client arising from medical conditions or other individualized needs, including without limitation allergies, diabetes, and hypertension.
  - (2) A CSSP must ensure that all food prepared by an employee is prepared, cooked, served, and stored in a manner that protects against contamination and spoilage.
  - (3) A CSSP must not use a perishable food item after its expiration date.
  - (4) A CSSP must ensure all surfaces used by employees to prepare or serve food to clients are clean and in sanitary condition.
  - (5) A CSSP must serve food to clients on individual plates, bowls, or other dishes that can be sanitized or discarded.
  - (6) A CSSP must ensure that all food scraps are placed in garbage cans with airtight lids and bag liners that are emptied as necessary and no less than once every day.
  - (7) A CSSP must store all food separately from medications, medical items, or hazardous items.
  - (8)
    - (A) A CSSP must ensure that refrigerators used for food storage are maintained at a temperature of forty-one (41) degrees Fahrenheit or below.
    - (B) A CSSP must ensure that freezers used for food storage are maintained at a temperature of zero (0) degrees Fahrenheit or below.

**313. Medications.**

(a)

- (1) A client, or, if applicable, the client's legal guardian, can self-administer medication.
- (2) The election to self-administer medication must:
  - (A) Document the medications to be self-administered; and
  - (B) Be signed and dated by the client, or, if applicable, the client's legal guardian.

(b)

- (1) A CSSP can administer medication only as:
  - (A) Provided in the client's treatment plan; or
  - (B) Otherwise ordered by:
    - (i) A physician; or
    - (ii) Other health care professional authorized to prescribe or otherwise order the administration of medication.
- (2) A CSSP must administer medication in accordance with the Nurse Practice Act and the Consumer Directed Care Act.

(c)

- (1) A CSSP must develop a medication management plan for any prescribed medication and routinely administered over-the-counter medication that is not self-administered.
- (2) A medication management plan must include without limitation:
  - (A) The name of each medication;
  - (B) The name of the prescribing physician or other health care professional if the medication is by prescription;
  - (C) A description of the symptom or symptoms to be addressed by each medication;

- (D) How each medication will be administered, including without limitation time(s) of administration, dose(s), route of administration, and persons who may lawfully administer each medication;
- (E) A list of the most common potential side effects caused by each medication; and
- (F) The consent to the administration of each medication by the client or, if applicable, the client's legal guardian.

(d)

- (1) A CSSP must maintain a medication log for each client to document the CSSP's administration of all prescribed and over-the-counter medications.
- (2) A medication log must be available at each location a client receives home and community-based services and must document the following for each administration of a medication:
  - (A) The name and dosage of medication administered;
  - (B) The route of medication administration;
  - (C) The date and time the medication was administered;
  - (D) The name of the employee who administered the medication or assisted in the administration of the medication;
  - (E) If an over-the-counter medication administered for a specific symptom, the specific symptom addressed and the effectiveness of the medication;
  - (F) Any adverse reaction or other side effect from the medication;
  - (G) Any transfer of medication by an employee that is not self-administered from its original container into individual dosage containers by the client, or, if applicable, the client's legal guardian;
  - (H) Any error in administering the medication; and
  - (I) The prescription and the name of the prescribing physician or other health care professional if the medication was not previously listed in the medication management plan.
- (3) Medication errors must be:
  - (A) Immediately reported to a supervisor;

- (B) Documented in the medication log; and
  - (C) Reported as required under all applicable laws and rules including without limitation the laws and rules governing controlled substances.
- (4) A supervisory level employee must review and sign each medication log on at least a monthly basis.
- (e) All medications stored for a client by a CSSP must be:
- (1) Kept in the original medication container unless the client, or, if applicable, the client's legal guardian, transfers the medication into individual dosage containers;
  - (2) Labeled with the client's name; and
  - (3) Stored in an area, medication cart, or container that is always locked.
- (f) If a medication stored by a CSSP is no longer to be administered to the client, then the medication must be:
- (1) Returned to a client's legal guardian, if applicable;
  - (2) Destroyed; or
  - (3) Otherwise disposed of in accordance with applicable laws and rules.

**314. Service Logs.**

- (a)
- (1) A CSSP must document the delivery of each home and community-based service to a client.
  - (2) The documentation requirement may be satisfied by a daily service log or other electronic or paper documenting method.
- (b) The service log or other documentation of home and community-based service delivery by a CSSP must include at least:
- (1) The specific home and community-based service performed;
  - (2) The date the home and community-based service was performed;
  - (3) The beginning and ending time of the home and community-based service;

- (4) The name, title, and credential of each person performing the home and community-based service for each date and time;
  - (5) The relationship of the home and community-based service to the goals and objectives described in the client's treatment plan; and
  - (6) Progress notes that describe each client's status and progress toward the client's goals and objectives.
- (c)
- (1) Each service log entry must be signed by the employee responsible for the performance of the home and community-based service.
  - (2) Each service log entry must be included in the client's service record.

**315. Behavioral Management Plans for IDD Clients.**

- (a) The requirements of this section 315 apply only to clients with a diagnosed intellectual or developmental disability as defined in Ark. Code. Ann. § 20-48-101.
- (b)
  - (1)
    - (A) A CSSP must develop a behavioral prevention and intervention plan if a client's risk mitigation plan identifies the client as a **low** risk to display behaviors that can lead to harm to self or others.
    - (B) A behavioral prevention and intervention plan must address:
      - (i) Behavior shaping and management to reduce inappropriate behaviors; and
      - (ii) How the client will safely remain residing in the community and avoid an acute placement.
  - (2)
    - (A) A CSSP must develop a positive behavioral support plan if a client's risk mitigation plan identifies the client as a **moderate or high** risk to display behaviors that can lead to harm to self or others.
    - (B) A positive behavior support plan must include:

- (i) Each behavior to be decreased or increased:
  - (ii) Events or other stimuli that may trigger a client's behavior to be decreased or increased;
  - (iii) What should be provided or avoided in a client's environment to incentivize or disincentivize behaviors to be decreased or increased;
  - (iv) Specific methods employees should use to manage a client's behaviors;
  - (v) Interventions or other actions for employees to take if a triggering event occurs; and
  - (vi) Interventions or other actions for employees to take if a behavior to be decreased or increased occurs.
- (C) A positive behavior support plan must be developed and implemented by one of the following licensed or certified professionals:
- (i) Psychologist;
  - (ii) Psychological examiner;
  - (iii) Positive behavior support specialist;
  - (iv) Board certified behavior analyst;
  - (v) Licensed clinical social worker; or
  - (vi) Licensed professional counselor.
- (c) A CSSP must reevaluate behavioral prevention and intervention plans and positive behavior support plans at least quarterly.
- (d) A CSSP must refer the client to an appropriate licensed professional for reevaluation if the behavioral prevention and intervention plan or positive behavior support plan is not achieving the desired results.
- (e)
- (1) A CSSP must regularly collect and review data regarding the use and effectiveness of all behavioral prevention and intervention plans and positive behavior support plans.

- (2) The collection and review of data regarding the use and effectiveness of behavioral prevention and intervention plans and positive behavior support plans must include at least:
  - (A) The date and time any intervention is used;
  - (B) The duration of each intervention;
  - (C) The employee(s) involved in each intervention; and
  - (D) The event or circumstances that triggered the need for the intervention.
- (3) Behavioral prevention and intervention plans and positive behavior support plans:
  - (A) Must involve the fewest and shortest interventions possible; and
  - (B) Cannot punish or use interventions that:
    - (i) Are physically or emotionally painful to the client;
    - (ii) Frighten the client; or
    - (iii) Put the client at medical risk.

**Subchapter 4.           Entries and Exits.**

**401.   Request to Change Provider.**

- (a)   A client or, if applicable, the client’s legal guardian, may initiate a request to change their selected CSSP at any time by contacting their assigned PASSE care coordinator.
- (c)   If requested by DHS, the client, or, if applicable, the client’s legal guardian, a CSSP will remain responsible for the delivery of home and community-based services until such time as the client’s transition to the new CSSP is complete.
- (d)   A CSSP will remain responsible for the health, safety, and welfare of the client until all transitions to new service providers are complete.

**402.   Entries.**

- (a)   A CSSP may enroll and provide those home and community-based services it is certified to delivery pursuant to its CSSP Agency certification to an eligible client.
- (b)   A CSSP must document the enrollment of all clients in its program.

**403.   Exits.**

- (a)   A CSSP may exit a client:
  - (1)   If the client becomes ineligible for home and community-based services;
  - (2)   If the client chooses to use another CSSP; or
  - (3)   For any other lawful reason.
- (b)   A CSSP must document the exit of all clients regardless of reason.
- (c)   A CSSP must provide reasonable assistance to all exiting clients , which at a minimum includes:
  - (1)   Assisting the client in transferring to another CSSP or other service provider, when applicable;
  - (2)   Submitting all necessary transfer paperwork to the Social Security Administration and any other necessary agency or financial institution, when the CSSP is serving as the client’s representative payee; and

(3)

(A) Providing copies of the client's service records to:

- (i) The client,;
- (ii) The client's legal guardian, if applicable; and
- (iii) Any new CSSP or other service provider to which the client transfers after exiting.

(B) Service records include:

- (i) The client's treatment plan;
- (ii) Medication logs; and
- (iii) Any other records requested by the client in compliance with clinical discretion as allowed by law and accreditation.

**Subchapter 5.            Settings Requirements.**

**501.    Emergency Plans and Drills.**

- (a)    A CSSP must have a written emergency plan for all CSSP owned, leased, or controlled locations at which the CSSP performs home and community-based services.
- (b)    A written emergency plan must address all foreseeable emergencies, including without limitation:
  - (1)    Fire;
  - (2)    Flood;
  - (3)    Tornado;
  - (4)    Utility disruption;
  - (5)    Bomb threat;
  - (6)    Active shooter; and
  - (7)    Infectious disease outbreak.
- (c)    A CSSP must evaluate and update written emergency plans at least annually.
- (d)    Each written emergency plan must at a minimum include:
  - (1)    Designated relocation sites and evacuation routes;
  - (2)    Procedures for notifying legal guardians of relocation;
  - (3)    Procedures for ensuring each client’s safe return;
  - (4)    Procedures to address the special needs of each client;
  - (5)    Procedures to address interruptions in the delivery of services;
  - (6)    Procedures for reassigning employee duties in an emergency; and
  - (7)    Procedures for annual training of employees regarding the emergency plan.
- (e)
  - (1)    A CSSP must conduct emergency fire drills at least once a month.

- (2) A CSSP must conduct all other emergency drills set out in subsection (d) at least annually.
- (3) A CSSP must document all emergency drills which must include:
  - (A) The date and time of the emergency drill;
  - (B) The type of emergency drill;
  - (C) The number of clients participating in the emergency drill;
  - (D) The length of time taken to complete the emergency drill; and
  - (E) Notes regarding any aspects of the emergency drill that need improvement.

**502. General CSSP Owned Service Setting Requirements.**

- (a) Each CSSP owned, leased, or controlled home and community-based service setting must meet the home and community-based service setting regulations as established by 42 CFR 441.301(c) (4)-(5).
- (b) All CSSP owned, leased, or controlled home and community-based service locations must meet the following requirements:
  - (1) The interior of the location must:
    - (A) Be maintained at a comfortable temperature;
    - (B) Have appropriate interior lighting;
    - (C) Be well-ventilated;
    - (D) Have a running source of potable water in each bathroom, and, if applicable, kitchen;
    - (E) Be maintained in a safe, clean, and sanitary condition;
    - (F) Be free of:
      - (i) Offensive odors;
      - (ii) Pests;
      - (iii) Lead-based paint; and

- (iv) Hazardous materials.
  - (2) The exterior of each CSSP owned, leased, or controlled home and community-based service location's physical structure must be maintained in good repair, and free of holes, cracks, and leaks, including without limitation the:
    - (A) Roof;
    - (B) Foundation;
    - (C) Doors;
    - (D) Windows;
    - (E) Siding;
    - (F) Porches;
    - (G) Patios;
    - (H) Walkways;
    - (I) Driveways; and
    - (J) Parking lots.
  - (3) The surrounding grounds of each CSSP owned, leased, or controlled home and community-based service location must be maintained in a safe, clean, and manicured condition free of trash and other objects.
  - (4) Broken equipment, furniture, and appliances on or about the premises of each CSSP owned, leased, or controlled home and community-based service location must be either immediately repaired or appropriately discarded off premises and replaced.
- (c) CSSP owned, leased, or controlled home and community-based service locations must at a minimum include:
- (1) A functioning hot water heater;
  - (2) A functioning HVAC unit(s) able to heat and cool;
  - (3) An operable on-site telephone that is available at all hours and reachable with a phone number for outside callers;

- (4) All emergency contacts and other necessary contact information related to a client's health, welfare, and safety in a readily available location, including without limitation:
  - (A) Poison control;
  - (B) The client's personal care provider (PCP); and
  - (C) Local police;
- (5) One (1) or more working flashlights;
- (6) A smoke detector;
- (7) A carbon monoxide detector;
- (8) A first aid kit that includes at least the following:
  - (A) Adhesive band-aids of various sizes;
  - (B) Sterile gauze squares;
  - (C) Adhesive tape;
  - (D) Antiseptic;
  - (E) Thermometer;
  - (F) Scissors;
  - (G) Disposable gloves; and
  - (H) Tweezers;
- (9) Fire extinguishers in number and location to satisfy all applicable laws and rules, but at least one (1) functioning fire extinguisher is required at each location;
- (10) Screens for all windows and doors used for ventilation;
- (11) Screens or guards attached to the floor or wall to protect floor furnaces, heaters, hot radiators, exposed water heaters, air conditioners, and electric fans;
- (12) Written instructions and diagrams noting emergency evacuation routes to be used in case of fire, severe weather, or other emergency posted at least every twenty-five (25) feet, in all stairwells, in and by all elevators, and in each room used by clients;

- (13) Have lighted “exit” signs at all exit locations; and
  - (14) Lockable storage containers or closets for any chemicals, toxic substances, and flammable substances that must be stored at the location.
- (d) Each bathroom in a CSSP owned, leased, or controlled home and community-based service location must have the following:
- (1) Toilet;
  - (2) Sink with running hot and cold water;
  - (3) Toilet tissue;
  - (4) Liquid soap; and
  - (5) Towels or paper towels;

**503. Specific CSSP Owned Residential Settings Requirements.**

- (a) Each CSSP owned, leased, or controlled home and community-based service residential setting must meet all the requirements of section 502 and this section 503.
- (b)
- (1) The following home and community-based service residential setting locations are limited to no more than sixteen (16) clients:
    - (A) Therapeutic Community; and
    - (B) Residential Community Reintegration.
  - (2) A home and community-based service residential setting that is a complex care home is limited to no more than eight (8) clients.
  - (3) Previously grandfathered group home locations continuously licensed by DDS since July 1, 1995, may continue to serve up to fourteen (14) unrelated adult clients with intellectual or developmental disabilities.
  - (4) CSSP owned, leased, or controlled home and community-based service residential settings that house at least one (1) client with an intellectual or development disability are limited to no more than four (4) clients.
- (c) Each CSSP owned, leased, or controlled home and community-based service residential setting must provide each client with a bedroom that has:

- (1) An individual bed measuring at least thirty-six (36) inches wide with:
    - (A) A firm mattress that is:
      - (i) At least four (4) inches thick; and
      - (ii) Covered with moisture repellent material;
    - (B) Pillows; and
    - (C) Linens, which must be cleaned or replaced at least weekly;
  - (2) Bedroom furnishings, which at a minimum includes:
    - (A) Shelf space;
    - (B) Storage space for personal items; and
    - (C) Adequate closet space for clothes and other belongings;
  - (3) An entrance that can be accessed without going through a bathroom or another person's bedroom;
  - (4) An entrance with a lockable door; and
  - (5) One (1) or more windows that can open and provide an outside view.
- (d) Each CSSP owned, leased, or controlled home and community-based service residential setting must meet the following bathroom requirements:
- (1) At least one (1) bathroom must have a shower or bathtub;
  - (2) All toilets, bathtubs, and showers must provide for individual privacy; and
  - (3) All toilets, bathtubs, and showers must be designed and installed in an accessible manner for clients.
- (e) Each CSSP owned, leased, or controlled home and community-based service residential setting that houses more than one (1) client must provide:
- (1) Fifty (50) or more square feet of separate bedroom space for each client;
  - (2) At least one (1) bathroom with a shower/bathtub, sink, and toilet for every four (4) clients; and
  - (3) Each client with their own locked storage container for client valuables.

- (f) Male and female clients cannot share a bedroom in a CSSP owned, leased, or controlled home and community-based service residential setting.
- (g) Each CSSP owned, leased, or controlled home and community-based service residential setting must provide:
  - (1) A reasonably furnished living room;
  - (2) A reasonably furnished dining area; and
  - (3) A kitchen with equipment, utensils, and supplies necessary to properly store, prepare, and serve three (3) or more meals a day for up to one (1) week.

**504. CSSP Owned Residential Setting Exceptions and Variations.**

- (a) Any client need or behavior that requires a variation or exception to the setting requirements set out in section 503 must be justified in the client's treatment plan.
- (b) The justification for a variation or exception to any settings requirement must at a minimum include:
  - (1) The specific, individualized need or behavior that requires a variation or exception;
  - (2) The positive interventions and supports used prior to the implementation of the variation or exception;
  - (3) The less intrusive methods of meeting the need or managing the behavior that were attempted but did not work;
  - (4) A clear description of the applicable variation or exception;
  - (5) The regular data collection and reviews that will be conducted to measure the ongoing effectiveness of the variation or exception;
  - (6) A schedule of periodic reviews to determine if the variation or exception is still necessary or can be terminated;
  - (7) The informed consent of the client, or, if applicable, the client's legal guardian; and
  - (8) An assurance that interventions and supports will cause no harm to the client.

**Subchapter 6.            Incident and Accident Reporting.**

**601.    Incidents to be Reported.**

A CSSP must report all alleged, suspected, observed, or reported occurrences of any of the following events while a client is receiving a home and community-based service:

- (1)    Death of a client;
- (2)    Serious injury to a client;
- (3)    Maltreatment of a client;
- (4)    Any event where an employee threatens or strikes a client;
- (5)    Use of a restrictive intervention on a client, including without limitation:
  - (A)    Seclusion;
  - (B)    A restraint;
  - (C)    A chemical restraint; or
  - (D)    A mechanical restraint;
- (6)    Any situation the whereabouts of a client are unknown for more than one (1) hour;
- (7)    Any unscheduled situation where a client's services are interrupted for more than two (2) hours;
- (8)    Events involving a risk of death, serious physical or psychological injury, or serious illness to a client;
- (9)    Medication errors that cause or have the potential to cause death, serious injury, or serious illness to a client;
- (10)    Any act or admission that jeopardizes the health, safety, or quality of life of a client;
- (11)    Motor vehicle accidents involving a client;
- (12)    A client or employee testing positive for any infectious disease that is the subject of a public health emergency declared by the Governor, Arkansas Department of Health, the President of the United States, or the United States Department of Health and Human Services; and

(13) Any event that requires notification of the police, fire department, or coroner.

**602. Reporting Requirements.**

(a) A CSSP must:

(1) Submit all reports of the following events within one (1) hour of the event:

(A) Death of a client;

(B) Serious injury to a client; and

(C) Any incident that a CSSP should reasonably know might be of interest to the public or the media.

(2) Submit reports of all other incidents within forty-eight (48) hours of the event.

(b) A CSSP must submit all reports to the client's assigned PASSE and to DPSQA through DPSQA's website: <https://humanservices.arkansas.gov/about-dhs/dpsqa>.

(c) Reporting under these standards does not relieve a CSSP from complying with other applicable reporting or disclosure requirements under state or federal laws, rules, or regulations.

**603. Notification to Legal Guardians.**

(a) A CSSP Agency must notify the client's legal guardian of any reportable incident involving the client.

(b) A CSSP should maintain documentation evidencing notification required in (a).

**Subchapter 7.        Enforcement.**

**701.    Monitoring.**

- (a)
  - (1)    DPSQA shall monitor a CSSP to ensure compliance with these standards.
  - (2)
    - (A)    A CSSP must cooperate and comply with all monitoring, enforcement, and any other regulatory or law enforcement activities performed or requested by DPSQA or law enforcement.
    - (B)    Cooperation required under these standards includes without limitation cooperation and compliance with respect to investigations, surveys, site visits, reviews, and other regulatory actions taken by DPSQA or any third-party contracted by DHS to monitor, enforce, or take other regulatory action on behalf of DHS, DDS, DAABH, DMS, or DPSQA.
- (b)    Monitoring includes without limitation:
  - (1)    On-site surveys and other visits including without limitation complaint surveys and initial site visits;
  - (2)    On-site or remote file reviews;
  - (3)    Requests for documentation and records required under these standards;
  - (4)    Requests for information; and
  - (5)    Investigations related to complaints received.
- (c)    DHS may contract with a third party to monitor, enforce, or take other regulatory action on behalf of DHS, DDS, DAABH, DMS, or DPSQA.

**702.    Written Notice of Enforcement Action.**

- (a)    DPSQA shall provide written notice to a CSSP of all enforcement actions taken against a CSSP.
- (b)    DPSQA shall provide written notice to the CSSP by mailing the imposition of the enforcement action to the manager appointed by the CSSP pursuant to section 301.

**703. Enforcement Actions.**

- (a)
  - (1) DPSQA shall not impose an enforcement action unless:
    - (A) The CSSP is given written notice pursuant to section 702 and an opportunity to be heard pursuant to subchapter 9; or
    - (B) DPSQA determines that public health, safety, or welfare imperatively requires emergency action;
  - (2) If DPSQA imposes an enforcement action as an emergency action before the CSSP receives written notice and an opportunity to be heard pursuant to (a)(1), DPSQA shall:
    - (A) Provide immediate notice to the CSSP of the enforcement action; and
    - (B) Allow the CSSP an opportunity to be heard pursuant to Subchapter 9.
- (b) DPSQA may impose on a CSSP any of the following enforcement actions for a failure to comply with these standards:
  - (1) Plan of correction;
  - (2) Directed in-service training plan;
  - (3) Moratorium on new admissions;
  - (4) Transfer of clients;
  - (5) Monetary penalties;
  - (6) Suspension of CSSP Agency certification;
  - (7) Revocation of CSSP Agency certification; and
  - (8) Any remedy authorized by law or rule including without limitation Ark. Code Ann. § 25-15-217.
- (c) DPSQA shall determine the imposition and severity of these enforcement actions on a case-by-case basis using the following factors:
  - (1) Frequency of non-compliance;
  - (2) Number of non-compliance issues;

- (3) Impact of non-compliance on a client's health, safety, or well-being;
- (4) Responsiveness in correcting non-compliance;
- (5) Repeated non-compliance in the same or similar areas;
- (6) Non-compliance with previously or currently imposed enforcement remedies;
- (7) Non-compliance involving intentional fraud or dishonesty; and
- (8) Non-compliance involving violation of any law, rule, or other legal requirement.

(d)

- (1) DPSQA shall report any noncompliance, action, or inaction by a CSSP to appropriate agencies for investigation and further action.
- (2) DPSQA shall report non-compliance involving Medicaid billing requirements to DMS, the Arkansas Attorney General's Medicaid Fraud Control Unit, and the Office of Medicaid Inspector General.

- (e) These enforcement actions are not mutually exclusive and DPSQA may apply multiple actions simultaneously to a failure to comply with these standards.
- (f) The failure to comply with an enforcement actions imposed by DPSQA constitutes a separate violation of these standards.

**704. Moratorium.**

- (a) DPSQA may prohibit a CSSP from accepting new clients.
- (b) A CSSP prohibited from accepting new admissions may continue to provide services to existing clients.

**705. Transfer of Clients.**

- (a) DPSQA may require a CSSP to transfer a client to another CSSP if DPSQA finds that the CSSP cannot adequately provide services to the client.
- (b) If directed by DPSQA, a CSSP must continue providing services until the client is transferred to their new service provider of choice.
- (c) A transfer of a client may be permanent or for a specific term depending on the circumstances.

**706. Monetary Penalties.**

- (a) DPSQA may impose on a CSSP a civil monetary penalty not to exceed five hundred dollars (\$500) for each violation of these standards.
- (b)
  - (1) DPSQA may file suit to collect a civil monetary penalty assessed pursuant to these standards if the CSSP does not pay the civil monetary penalty within sixty (60) calendar days from the date DPSQA provides written notice to the CSSP of the imposition of the civil monetary penalty.
  - (2) DPSQA may file suit in Pulaski County Circuit Court or the circuit court of any county in which the CSSP is located.

**707. Suspension and Revocation of CSSP Certification.**

- (a)
  - (1) DPSQA may temporarily suspend a CSSP Agency certification if the CSSP fails to comply with these standards.
  - (2) If a CSSP Agency certification is suspended, the CSSP must immediately stop providing services until DPSQA reinstates its certification
- (b)
  - (1) DPSQA may permanently revoke a CSSP Agency certification if the CSSP fails to comply with these standards.
  - (2) If a CSSP Agency certification is revoked, the CSSP must immediately stop providing services and comply with the permanent closure requirements in section 801(a).

**Subchapter 8.        Closure.**

**801.    Closure.**

(a)

- (1) A CSSP Agency certification ends if a CSSP permanently closes, whether voluntarily or involuntarily, and is effective the date of the permanent closure as determined by DPSQA.
- (2) A CSSP that intends to permanently close, or does permanently close without warning, whether voluntarily or involuntarily, must immediately:
  - (A) Provide the client, or, if applicable, the client's legal guardian, with written notice of the closure;
  - (B) Provide the client, or, if applicable, the client's legal guardian, with written referrals to at least three (3) other appropriate service providers;
  - (C) Assist each client and, if applicable, the client's legal guardian, in transferring services and copies of client records to any new service providers;
  - (D) Assist each client and, if applicable, the client's legal guardian, in transitioning to new service providers; and
  - (E) Arrange for the storage of client records to satisfy the requirements in section 305.

(b)

- (1) A CSSP that intends to voluntarily close temporarily due to natural disaster, pandemic, completion of needed repairs or renovations, or for similar circumstances may request to temporarily close its facility while maintaining its CSSP Agency certification for up to one (1) year from the date of the request.
- (2) A CSSP must comply with subdivision (a)(2)'s requirements for notice, referrals, assistance, and storage of client records if DPSQA grants a CSSP request for a temporary closure.
- (3)
  - (A) DPSQA may grant a temporary closure if the CSSP demonstrates that it is reasonably likely it will be able to reopen after the temporary closure.

(B) DPSQA shall end a CSSP temporary closure and direct that the CSSP permanently close if the CSSP fails to demonstrate that it is reasonably likely that it will be able to reopen after the temporary closure.

(4)

(A) DPSQA may end a CSSP's temporary closure if the CSSP demonstrates that it is in full compliance with these standards.

(B) DPSQA shall end a CSSP's temporary closure and direct that the CSSP permanently close if the CSSP fails to become fully compliant with these standards within one (1) year from the date of the request.

**Subchapter 9.        Appeals.**

**901.    Reconsideration of Adverse Regulatory Actions.**

(a)

- (1) A CSSP may ask for reconsideration of any adverse regulatory action taken by DPSQA by submitting a written request for reconsideration to: Division of Provider Services and Quality Assurance, Office of the Director: Requests for Reconsideration of Adverse Regulatory Actions, P.O. Box 1437, Slot 427, Little Rock, Arkansas 72203.
- (2) The written request for reconsideration of an adverse regulatory action taken by DPSQA must be submitted by the CSSP and received by DPSQA within thirty (30) calendar days of the date the CSSP received written notice of the adverse regulatory action.
- (3) The written request for reconsideration of an adverse regulatory action taken by DPSQA must include without limitation the specific adverse regulatory action taken, the date of the adverse regulatory action, the name of the CSSP against whom the adverse regulatory action was taken, the address and contact information for the CSSP against whom the adverse regulatory action was taken, and the legal and factual basis for reconsideration of the adverse regulatory action.

(b)

- (1) DPSQA shall review each timely received written request for reconsideration and determine whether to affirm or reverse the adverse regulatory action taken based on these standards.
- (2) DPSQA may request, at its discretion, additional information as needed to review the adverse regulatory action and determine whether the adverse regulatory action taken should be affirmed or reversed based on these standards.

(c)

- (1) DPSQA shall issue in writing its determination on reconsideration within thirty (30) days of receiving the written request for reconsideration or within thirty (30) days of receiving all information requested by DPSQA under subdivision (b)(2), whichever is later.
- (2) DPSQA shall issue its determination to the CSSP using the address and contact information provided in the request for reconsideration.

- (d) DPSQA may also decide to reconsider any adverse regulatory action on its own accord any time it determines, in its discretion, that an adverse regulatory action is not consistent with these standards.

**902. Appeal of Regulatory Actions.**

- (a)
  - (1) A CSSP may administratively appeal any adverse regulatory action covered by the Medicaid Fairness Act, Ark. Code Ann §§ 20-77-1701 to -1718, which shall be governed by that Act.
  - (2) OAH shall conduct administrative appeals of adverse regulatory actions pursuant to DHS Policy 1098 and other applicable laws and rules.
- (b) A CSSP may appeal any adverse regulatory action or other agency action to circuit court as allowed by the Administrative Procedures Act, Ark. Code Ann. §§ 25-15-201 to -220.

**Subchapter 10. Intensive CSSP Agency Certification.**

**1001. Intensive CSSP Agency Certification Requirements.**

- (a) A CSSP with Intensive CSSP Agency certification must meet all standards applicable to Base CSSP Agency certification found in subchapters three (3) to nine (9), in addition to the requirements set out in this subchapter ten (10).

**1002. Employee and Staffing Requirements.**

- (a)
- (1) Each CSSP with Intensive CSSP Agency certification must employ or contract with a medical director who is a licensed physician in good standing with the Arkansas Medical Board.
  - (2) The medical director is responsible for:
    - (A) Oversight of all medical services performed by the CSSP;
    - (B) Oversight of the CSSP's medical care quality and compliance; and
    - (C) Ensuring all medical services performed by the CSSP are provided:
      - (i) Within each practitioner's scope of practice under Arkansas law; and
      - (ii) Under such supervision as required by law for practitioners not licensed to practice independently.
  - (3) The medical director must ensure appropriate medical services are accessible twenty-four (24) hours a day, seven (7) days a week for all clients receiving home and community-based services available under Intensive CSSP Agency certification.
  - (4) If the medical director is not a licensed psychiatrist, then the medical director must contact the licensed psychiatrist contracted or employed by the CSSP within twenty-four (24) hours in the following situations:
    - (A) When antipsychotic or stimulant medications are used in dosages higher than recommended in guidelines published by DMS;
    - (B) When two (2) or more medications from the same pharmacological class are used; and

(C) When there is a client clinical deterioration or crisis causing risk of danger to the client or others.

(b)

(1) Each CSSP with Intensive CSSP Agency Certification must employ or contract with a licensed psychiatrist certified by one of the specialties of the American Board of Medical Specialties to serve as a consultant to the medical director and other employees, as needed.

(2) If the medical director is certified by one of the specialties of the American Board of Medical Specialties, then a CSSP is not required to retain a second licensed psychiatrist.

(c)

(1) Each CSSP with Intensive CSSP Agency certification serving clients under the age of twenty-one (21) must employ or contract with a board-certified child psychiatrist to serve as a consultant to the CSSP medical director and other employees, as needed.

(2) If the medical director is a board-certified child psychiatrist, then a CSSP is not required to retain a second board-certified child psychiatrist.

(d)

(1) Each CSSP with Intensive CSSP Agency certification must employ or contract with a full-time clinical director (or functional equivalent) who holds one (1) of the following State of Arkansas licenses or certifications:

(A) Psychologist;

(B) Certified Social Worker;

(C) Psychological Examiner – Independent;

(D) Professional Counselor;

(E) Marriage and Family Therapist ;

(F) Advanced Practice Nurse with:

(i) A specialty in psychiatry or mental health; and

- (ii) A minimum of two (2) years' clinical experience post master's degree; or
  - (G) Clinical Nurse Specialist with:
    - (i) A specialty in psychiatry or mental health; and
    - (ii) A minimum of two (2) years' clinical experience post master's degree.
- (2) The clinical director is responsible for:
  - (A) Oversight of all home and community-based services (professional and paraprofessional) conducted by a CSSP pursuant to its Intensive CSSP Agency certification;
  - (B) Oversight of the CSSP's care and service quality and compliance;
  - (C) Ensuring all home and community-based services (professional and paraprofessional) conducted by a CSSP pursuant to its Intensive CSSP Agency certification are provided:
    - (i) Within each employee's or practitioner's scope of practice under Arkansas law; and
    - (ii) Under such supervision as required by law for employees and practitioners not licensed to practice independently;
  - (D) Ensuring all licensed professionals appropriately supervise the delivery of all home and community-based services in accordance with the client's treatment plan;
- (e)
  - (1) A CSSP must assign a multidisciplinary team to each client receiving one (1) or more home and community-based services pursuant to its Intensive CSSP Agency certification.
  - (2) The multidisciplinary team is responsible for:
    - (A) The development of the client's treatment plan for those home and community-based services to be performed by the CSSP; and
    - (B) The CSSP's delivery of all home and community-based services included in client's treatment plan.

- (3)
  - (A) Each multidisciplinary team must have a designated multidisciplinary team leader.
  - (B) Each multidisciplinary team leader must be a mental health professional (MHP).
  - (C) The designated multidisciplinary team leader must have licensure and training applicable to the treatment of the client as indicated in the client's PCSP.
  - (D) Each multidisciplinary team leader is responsible for:
    - (i) Overseeing the development of the treatment plan for those home and community-based services to be performed by the CSSP;
    - (ii) Monitoring the CSSP's delivery of all home and community-based services included in the client's treatment plan;
    - (iii) Directly supervising the CSSP employees performing the home and community-based services included in the client's treatment plan;
    - (iv) Providing case consultation and in-service training to members of the multidisciplinary team, as needed.

**1003. Behavioral Health Crisis Response Services.**

- (a) A CSSP must establish, implement, and maintain a site-specific crisis response plan for all CSSP owned, leased, or controlled locations at which the CSSP performs home and community-based services pursuant to its Intensive CSSP Agency certification.
- (b) Each site-specific crisis response plan must include a twenty-four (24) hour emergency telephone number that provides for a:
  - (1) Direct access call with a mental health professional (MHP) within fifteen (15) minutes of an emergency/crisis;
  - (2) Face-to-face crisis assessment of a client within two (2) hours of an emergency/crisis (which may be conducted through telemedicine) unless a different time frame is within clinical standards guidelines and mutually agreed upon by the requesting party and the responding MHP; and
  - (3) Clinical review by the clinical director within twenty-four (24) hours of the emergency/crisis.

- (c) A CSSP must:
- (1) Provide the twenty-four (24)-hour emergency telephone number to all clients;
  - (2) Post the twenty-four (24)-hour emergency telephone number on all public entrances to each location; and
  - (3) Include the twenty-four (24)-hour emergency telephone phone number on all answering machine greetings.

**Subchapter 11. Enhanced CSSP Agency Certification.**

**1101. Enhanced CSSP Agency Certification Requirements.**

A CSSP with Enhanced CSSP Agency certification must meet all standards applicable to Base CSSP Agency certification and Intensive CSSP Agency certification in subchapters three (3) through ten (10) in addition to the requirements set out in this subchapter.

**1102. Enhanced Certification Medical Director Requirements.**

(a)

- (1) Each CSSP with Enhanced CSSP Agency certification must always have its medical director on-site or on-call during hours of operation.
- (2) An on-call medical director must respond:
  - (A) Within twenty (20) minutes of initial contact; and
  - (B) In-person if required by the circumstances.

(b) A CSSP must document each after-hours contact with a its medical director, including without limitation:

- (1) The date and time the medical director was contacted;
- (2) The date and time the medical director responded; and
- (3) The date and time an on-call medical director came on-site when called in due to circumstances.



**Arkansas Department of  
Human Services**

**Behavioral Health  
Independently Licensed  
Practitioners Certification  
Manual**



[www.arkansas.gov/dhs/dhs](http://www.arkansas.gov/dhs/dhs)

~~**ARKANSAS DEPARTMENT OF  
HUMAN SERVICES**~~

~~**Independently Licensed Practitioner**~~

---

~~**Provider Certification Rules**~~

---

**~~I. PURPOSE:~~**

- ~~A. To assure that Outpatient Behavioral Health Services (“OBHS”) care and services provided by certified Independently Licensed Practitioners 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 §§ I-XIII of this rule are substantive, not procedural.~~

**~~II. SCOPE:~~**

- ~~A. Current Independently Licensed Practitioner certification under this policy is a condition of Medicaid provider enrollment.~~
- ~~B. Division of Behavioral Health Services (“DHS”) Independently Licensed Practitioner certification must be obtained for each site before application for Medicaid provider enrollment. An applicant may submit one application for multiple sites, but DHS will review each site separately and take separate certification action for each site.~~

**~~III. DEFINITIONS:~~**

- ~~A. “Adverse license action” means any action by a licensing authority that is related to client care, any act or omission warranting exclusion under DHS Policy 1088, or that imposes any restriction on the licensee’s practice privileges. The action is deemed to exist when the licensing entity imposes the adverse action except as provided in Ark. Code Ann. § 25-15-211 (c).~~
- ~~B. “Applicant” means an Independently Licensed Practitioner that is seeking DHS certification as an Independently Licensed Practitioner.~~
- ~~C. “Certification” means a written designation, issued by DHS, declaring that the provider has demonstrated compliance as declared within and defined by this rule.~~
- ~~D. “Client” means any person for whom an Independently Licensed Practitioner furnishes, or has agreed or undertaken to furnish, Counseling Level Outpatient Behavioral Health services.~~
- ~~E. “Client Information System” means a comprehensive, integrated system of clinical, administrative, and financial records that provides information necessary and useful to deliver client services. Information may be maintained electronically, in hard copy, or both.~~
- ~~F. “Compliance” means conformance with:
  - ~~1. Applicable state and federal laws, rules, and regulations including, without limitation:~~~~

- ~~a. Titles XIX and XXI of the Social Security Act and implementing regulations;~~
- ~~b. Other federal laws and regulations governing the delivery of health care funded in whole or in part by federal funds, for example, 42 U.S.C. § 1320c-5;~~
- ~~c. All state laws and rules applicable to Medicaid generally and to an Independently Licensed Practitioner services specifically;~~
- ~~d. Title VI of the Civil Rights Act of 1964 as amended, and implementing regulations;~~
- ~~e. The Americans With Disabilities Act, as amended, and implementing regulations;~~
- ~~f. The Health Insurance Portability and Accountability Act (“HIPAA”), as amended and implementing regulations.~~
  
- ~~G. “Contemporaneous” means by the end of the performing provider’s first work period following the provision of care of services to be documented, or as provided in the Outpatient Behavioral Health Services manual, whichever is longer.~~
- ~~H. “Coordinated Management Plan” means a plan that the provider develops and carries out to assure compliance and quality improvement.~~
- ~~I. “Corrective Action Plan” (CAP) means a document that describes both short-term remedial steps to achieve compliance and permanent practices and procedures to sustain compliance.~~
- ~~J. “Cultural Competency” means the ability to communicate and interact effectively with people of different cultures, including people with disabilities and atypical lifestyles.~~
- ~~K. “DHS” means the Arkansas Department of Human Services Division of Behavioral Health Services.~~
- ~~L. “Deficiency” means an item or area of noncompliance.~~
- ~~M. “DHS” means the Arkansas Department of Human Services.~~
- ~~N. “Emergency an Independently Licensed Practitioner services” means nonscheduled an Independently Licensed Practitioner services delivered under circumstances where a prudent layperson with an average knowledge of behavioral health care would reasonably believe that an Independently Licensed Practitioner services are immediately necessary to prevent death or serious impairment of health.~~
- ~~O. “Independently Licensed Practitioner” is an individual that is licensed to engage in private/independent practice by the appropriate State Board. The following licensure can qualify as Independently Licensed Practitioners:
  - ~~1. Licensed Certified Social Worker (LCSW)~~
  - ~~2. Licensed Marital and Family Therapist (LMFT)~~~~

~~3.—Licensed Psychologist (LP)~~

~~4.—Licensed Psychological Examiner—Independent (LPEI)~~

~~5.—Licensed Professional Counselor (LPC)~~

~~P. “Mobile care” means a face-to-face intervention with the client at a place other than a certified site operated by the provider. Mobile care must be:~~

~~1.—Either clinically indicated in an emergent situation or necessary for the client to have access to care in accordance with the care plan;~~

~~2.—Delivered in a clinically appropriate setting; and~~

~~3.—Delivered where Medicaid billing is permitted if delivered to a Medicaid-eligible client.~~

~~Q. “NPDB” means the United States Department of Health and Human Services, Health Resources and Services Administration National Provider Data Bank.~~

~~R. “Performing provider” means an Independently Licensed Practitioner who personally delivers a care or service directly to a client.~~

~~S. “Professionally recognized standard of care” means that degree of skill and learning commonly applied under all the circumstances in the community by the average prudent reputable member of the profession. Conformity with Substance Abuse and Mental Health Services Administration (SAMHSA) evidence-based practice models is evidence of compliance with professionally recognized standards of care.~~

~~T. “Provider” means an Independently Licensed Practitioner that is certified by DHS and enrolled by DMS to provide Outpatient Behavioral Health Services.~~

~~U. “Reviewer” means a person employed or engaged by:~~

~~1.—DHS or a division or office thereof;~~

~~2.—An entity that contracts with DHS or a division or office thereof.~~

~~V. “Site” means a distinct place of business dedicated to the delivery of Outpatient Behavioral Health Services. Each site where an Independently Licensed Practitioner performs services at must be certified by the Division of Behavioral Health Services. Colocation within an office or clinic of a physician or psychologist is allowed for an Independently Licensed Practitioner. However, an Independently Licensed Practitioner site cannot be an adjunct to a school, a day care facility, or a long-term care facility. Each site shall be a bona fide an Independently Licensed Practitioner site.~~

~~W. “Site relocation” means closing an existing site and opening a new site.~~

~~X. “Site transfer” means moving existing staff, program, and clients from one physical~~

~~location to a second location.~~

~~Y. "Supervise" as used in this rule means to direct, inspect, observe, and evaluate performance.~~

~~Z. "Supervision documentation" means written records of the time, date, subject(s), and duration of supervisory contact maintained in the provider's official records.~~

#### ~~IV. COMPLIANCE TIMELINE:~~

~~A. All Independently Licensed Practitioner sites must receive an on-site inspection in order to obtain DHS certification as an Independently Licensed Practitioner site.~~

~~B. DHS may authorize temporary compliance exceptions for Independently Licensed Practitioners, if deemed necessary by DHS.~~

#### ~~V. APPLICATION FOR DHS INDEPENDENTLY LICENSED PRACTITIONER CERTIFICATION:~~

~~A. Applicants must complete form DMS-633, which can be found at the following website:  
<http://humanservices.arkansas.gov/dhs/Documents/LMHP%20Form%20633.pdf>~~

~~B. Applicants must submit the completed application forms and all required attachments for each proposed site to:~~

~~Department of Human Services  
Division of Behavioral Health Services  
Attn. Certification Office  
305 S. Palm  
Little Rock, AR 72205~~

~~C. Each applicant must be an Independently Licensed Practitioner:~~

~~1. Whose primary purpose is the delivery of a continuum of outpatient behavioral health services in a free-standing independent clinic;~~

~~2. That is independent of any DHS-certified Behavioral Health Agency.~~

~~D. Independently Licensed Practitioner certification is not transferable or assignable.~~

~~E. The privileges of an Independently Licensed Practitioners certification are limited to the certified site.~~

~~F. Providers may file Medicaid claims only for Outpatient Behavioral Health Services delivered by an Independently Licensed Practitioner.~~

~~G. Applications must be made in the name used to identify the business entity to the Secretary of State and for tax purposes.~~

~~H. The applicant must attach the Independently Licensed Practitioner family involvement policy to each application.~~

## ~~VI. APPLICATION REVIEW PROCESS:~~

### ~~A. Timeline:~~

- ~~1. DHS will review Independently Licensed Practitioner application forms and materials within ninety (90) calendar days after DHS receives a complete application package. (DHS will return incomplete applications to senders without review.)~~
- ~~2. For approved applications, a site survey will be scheduled within forty-five (45) calendar days of the approval date.~~
- ~~3. DHS will mail a survey report to the applicant within twenty-five (25) calendar days of the site visit. Providers having deficiencies on survey reports must submit an approvable corrective action plan to DHS within thirty-five (35) calendar days after the date of a survey report.~~
- ~~4. DHS will accept or reject each corrective action plan in writing within twenty (20) calendar days after receipt.~~
- ~~5. Within thirty (30) calendar days after DHS approves a corrective action plan, the applicant must document implementation of the plan and correction of the deficiencies listed in the survey report. Applicants who are unable, despite the exercise of reasonable diligence, to correct deficiencies within the time permitted may obtain up to ten (10) additional days based on a showing of good cause.~~
- ~~6. DHS will furnish site specific certificates via postal or electronic mail within ten (10) calendar days of issuing a site certification.~~

~~B. Survey Components: Each site survey will ensure that the site is in compliance with facility environment requirements, location in Section <000.000> of this certification manual. The site survey will also ensure that the Independently Licensed Practitioner complies with policy requirements and record keeping requirements.~~

### ~~C. 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.~~

## ~~VII. 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 certification.~~

**VIII. ~~ADDITIONAL CERTIFICATION REQUIREMENTS:~~**

~~A. 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.~~
- ~~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.~~

~~B. Applicants and Independently Licensed Practitioners must:~~

- ~~1. Be a legal entity in good standing;~~
- ~~2. Maintain all required business licenses;~~
- ~~3. Adopt a mission statement to establish goals and guide activities;~~
- ~~4. Maintain a current organizational chart that identifies administrative and clinical chains of command.~~

~~C. Applicants/providers must establish and comply with operating policy that at a minimum implements credible practices and standards for:~~

- ~~1. Compliance;~~
- ~~2. Cultural competence;~~
- ~~3. Provision of services, including referral services, for clients that are indigent, have no source of third party payment, or both, including:
  - ~~a. Procedures to follow when a client is rejected for lack of a third party payment source or when a client is discharged for nonpayment of care.~~~~

~~b. Coordinated referral plans for clients that the provider lacks the capacity to provide medically necessary Outpatient Behavioral Health Services. Coordinated referral plans must:~~

~~i. Identify in the client record the medically necessary Outpatient Behavioral Health Services that the provider cannot or will not furnish;~~

~~ii. State the reason(s) in the client record that the provider cannot or will not furnish the care;~~

~~iii. Provide quality control processes that assure compliance with care, discharge, and transition plans.~~

## ~~IX. REQUIREMENTS FOR CERTIFICATION~~

~~A. Independently Licensed Practitioner may not furnish Outpatient Behavioral Health Services during any time the professional's license is subject to adverse license action.~~

~~B. Applicants/providers may not employ/engage a covered health care practitioner after learning that the practitioner:~~

~~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.~~

~~C. Independently Licensed Practitioner must maintain copies of disclosure forms signed by the client, or by the client's parent or guardian before Outpatient Behavioral Health Services are delivered except in emergencies. Such forms must at a minimum:~~

~~1. Disclose that the services to be provided are Outpatient Behavioral Health Services;~~

~~2. Explain Outpatient Behavioral Health Services eligibility, SED and SMI criteria;~~

~~3. Contain a brief description of the Independently Licensed Practitioner services;~~

~~4. Explain that all Outpatient Behavioral Health Services care must be medically necessary;~~

~~5. Disclose that third party (e.g., Medicaid or insurance) Outpatient Behavioral Health Service payments may be denied based on the third party payer's policies or rules;~~

- ~~6. Identify and define any services to be offered or provided in addition to those offered by the Independently Licensed Practitioner, state whether there will be a charge for such services, and if so, document payment arrangements;~~
- ~~7. Notify that services may be discontinued by the client at any time;~~
- ~~8. Offer to provide copies of Independently Licensed Practitioner and Outpatient Behavioral Health Services rules;~~
- ~~9. Provide and explain contact information for making complaints to the provider regarding care delivery, discrimination, or any other dissatisfaction with care provided by the Independently Licensed Practitioner;~~
- ~~10. Provide and explain contact information for making complaints to state and federal agencies that enforce compliance under § III(G)(1).~~

~~D. Outpatient Behavioral Health Services maintained by the Independently Licensed Practitioner must include:~~

- ~~1. Outpatient Services, including individual and family therapy at a minimum.~~
- ~~2. Ability to provide Pharmacologic Management at the certified site or the agreement of collaboration with a physician to provide Pharmacologic Management for clients of the Independently Licensed Practitioner.~~
- ~~3. Ability to refer clients to other practitioners or agencies for Outpatient Behavioral Health Services.~~

~~E. Providers must tailor all Outpatient Behavioral Health Services care to individual client need. If client records contain entries that are materially identical, DHS and the Division of Medical Services will, by rebuttable presumption, that this requirement is not met.~~

~~F. Outpatient Behavioral Health Services for individuals under age eighteen (18): Providers must establish and implement policies for family identification and engagement in treatment for persons under age eighteen (18), including strategies for identifying and overcoming barriers to family involvement.~~

~~G. Emergency Response Services: Applicants/providers must establish, implement, and maintain a site specific emergency response plan, which must include:~~

- ~~1. A 24-hour emergency telephone number;~~
- ~~2. The applicant/provider must:
  - ~~a. Provide the 24-hour emergency telephone number to all clients;~~
  - ~~b. Post the 24-hour emergency number on all public entries to each site;~~
  - ~~c. Include the 24-hour emergency phone number on answering machine greetings;~~~~

- ~~d. Identify local law enforcement and medical facilities within a 50-mile radius that may be emergency responders to client emergencies.~~
- ~~3. Direct access to a mental health professional within fifteen (15) minutes of an emergency/crisis call and face-to-face crisis assessment within two (2) hours;~~
- ~~4. Response strategies based upon:
  - ~~a. Time and place of occurrence;~~
  - ~~b. Individual's status (client/non-client);~~
  - ~~c. Contact source (family, law enforcement, health care provider, etc.).~~~~
- ~~5. Requirements for a face-to-face response to requests for emergency intervention received from a hospital or law enforcement agency regarding a current client.~~
- ~~6. All face-to-face emergency responses shall be:
  - ~~a. Available 24 hours a day, 7 days a week;~~
  - ~~b. Made by a mental health professional within two (2) hours of request (unless a different time frame is within clinical standards guidelines and mutually agreed upon by the requesting party and the MHP responding to the call).~~~~
- ~~7. Emergency services training requirements to ensure that emergency service are age-appropriate and comply with accreditation requirements. Providers shall maintain documentation of all emergency service training in each trainee's personnel file.~~
- ~~8. Requirements for clinical review by the clinical supervisor or emergency services director within 24 hours of each after-hours emergency intervention with such additional reporting as may be required by the provider's policy.~~
- ~~9. Requirements for documentation of all crisis calls, responses, collaborations, and outcomes;~~
- ~~10. Requirements that emergency responses not vary based on the client's funding source. If a client is eligible for inpatient behavioral health care funded through the community mental health centers and the provider is not a community mental health center with access to these funds, the provider must:
  - ~~a. Determine whether the safest, least restrictive alternative is psychiatric hospitalization; and~~
  - ~~b. Contact the appropriate community mental health center (CMHC) for consult and to request the CMHC to access local acute care funds for those over 21.~~~~
- ~~11. The above crisis response requirements can be addressed through an agreement with another provider (i.e., Behavioral Health Agency, Independently Licensed~~

~~Practitioner). Crisis response plans must be discussed with clients and must be available for review.~~

~~O. Each applicant/provider must establish and maintain procedures, competence, and capacity:~~

- ~~1. For assessment and individualized care planning and delivery;~~
- ~~2. For discharge planning integral to treatment;~~
- ~~3. For mobile care;~~
- ~~4. To assure that each mental health professional makes timely clinical disposition decisions;~~
- ~~5. To make timely referrals to other services;~~
- ~~6. To refer for inpatient services or less restrictive alternative;~~

~~P. Each applicant/provider must establish, maintain, and document a quality improvement program, to include:~~

- ~~1. Evidence based practices;~~
- ~~2. Requirements for informing all clients and clients' responsible parties of the client's rights while accessing services.~~
- ~~3. Regular (at least quarterly) quality assurance meetings that include:~~

#### ~~X. SITE REQUIREMENTS:~~

~~A. All Independently Licensed Practitioner sites must be located inside the State of Arkansas;~~

~~B. The Independently Licensed Practitioner site shall obtain an annual fire and safety inspection from the State Fire Marshall or local authorities which documents approval for continued occupancy.~~

~~C. All Independently Licensed Practitioner site staff shall know the exact location, contents, and use of first aid supply kits and fire fighting equipment and fire detection systems. All fire fighting equipment shall be annually maintained in appropriately designated areas within the facility.~~

~~D. The Independently Licensed Practitioner site shall post written plans and diagrams noting emergency evacuation routes in case of fire, and shelter locations in case of severe weather. All exits must be clearly marked.~~

~~E. The Independently Licensed Practitioner site shall be maintained in a manner, which provides a safe environment for clients, personnel, and visitors.~~

~~F. The Independently Licensed Practitioner site telephone number(s) and actual hours of operation shall be posted at all public entrances.~~

~~G. The Independently Licensed Practitioner site shall establish policies for maintaining client records, including policies designating where the original records are stored.~~

~~H. Each Independently Licensed Practitioner site shall maintain an organized medical record keeping system to collect and document information appropriate to the treatment processes. This system shall be organized, easily retrievable, usable medical records stored under confidential conditions and with planned retention and disposition.~~

~~**XI. SITE RELOCATION, OPENING, AND CLOSING** (Note: temporary service disruptions caused by inclement weather or power outages are not "closings.")~~

~~A. Planned Closings:~~

- ~~1. Upon deciding to close a site either temporarily or permanently, the Independently Licensed Practitioner immediately must provide written notice to clients and to the Department of Human Services, Division of Behavioral Health Services.~~
- ~~2. Notice of site closure must state the site closure date;~~
- ~~3. If site closure is permanent, the site certification expires at 12:00 a.m. the day following the closure date stated in the notice;~~
- ~~4. If site closing is temporary, and is for reasons unrelated to adverse governmental action, DHS may suspend the site certification for up to one (1) year if the Independently Licensed Practitioner maintains possession and control of the site. If the site is not operating and in compliance within the time specified in the site certification suspension, the site certification expires at 12:00 a.m. the day after the site certification suspension ends.~~

~~B. Unplanned Closings:~~

- ~~1. If an Independently Licensed Practitioner must involuntarily close a site due to, for example, fire, natural disaster, or adverse governmental action, the provider must immediately notify clients and families, DHS, the Division of Medical Services, the Medicaid fiscal agent, and the accrediting organization of the closure and the reason(s) for the closure.~~
- ~~2. Site certification expires in accordance with any pending regulatory action, or, if no regulatory action is pending, at 12:00 a.m. the day following permanent closure.~~

~~C. All Closings:~~

- ~~1. Independently Licensed Practitioner must assure and document continuity of care~~

for all clients who receive Outpatient Behavioral Health Services at the site;

~~2. Notice of Closure and Continuing Care Options:~~

- ~~a. Independently Licensed Practitioner must assure and document that clients and families receive actual notice of the closure, the closure date, and any information and instructions necessary for the client to obtain transition services;~~
- ~~b. After documenting that actual notice to a specific client was impossible despite the exercise of due diligence, Independently Licensed Practitioners may satisfy the client notice requirement by mailing a notice containing the information described in subsection (a), above, to the last known address provided by the client; and~~
- ~~c. Before closing, Independently Licensed Practitioner must post a public notice at the site entry.~~

~~3. An acceptable transition plan is described below:~~

**Transition Plan:**

~~1. Provide clients/families with the referral information and have them sign a transfer of records form/release of information to enable records to be transferred to the provider of their choice.~~

~~2. Transfer records to the designated provider.~~

~~4. Designate a records retrieval process as specified in Section I of the Arkansas Medicaid Outpatient Behavioral Health Services Provider Policy Manual § 142.300.~~

~~5. Submit a reporting of transfer to DHS (Attn: Policy & Certification Office) including a list of client names and the disposition of each referral. See example below:~~

<del>Name</del>	<del>Referred to:</del>	<del>Records Transfer Status:</del>	<del>RX Needs Met By:</del>
<del>Johnny</del>	<del>OP Provider Name</del>	<del>to be delivered 4/30/20XX</del>	<del>Provided 1-month RX</del>
<del>Mary</del>	<del>Private Provider Name</del>	<del>Delivered 4/28/20XX</del>	<del>No Meds</del>
<del>Judy</del>	<del>Declined Referral</del>	<del>XX</del>	

~~6. DHS may require additional information regarding documentation of client transfers to ensure that client needs are addressed and met.~~

A site closing Form is available at: [www.arkansas.gov/dhs/dhs](http://www.arkansas.gov/dhs/dhs) See appendix #9

~~D. New Sites: Providers may apply for a new site by completing the new site Form available at [www.arkansas.gov/dhs/dhs](http://www.arkansas.gov/dhs/dhs)~~

~~See appendix # 10 DHS Form # 5 (Adding Site)~~

~~E. Site Transfer:~~

- ~~1. At least forty five (45) calendar days before a proposed transfer of a certified site, the provider must apply to DHS to transfer site certification.~~
- ~~2. The provider must notify clients and families at least thirty (30) calendar days before the transfer;~~
- ~~3. DHS requires an on-site survey prior to allowance of service at the new site. The Division of Medical Services does not require a new Medicaid provider number. The moving or transferring site form is available at: [www.arkansas.gov/dhs/dhs](http://www.arkansas.gov/dhs/dhs)~~

~~See appendix # 9 DHS Form # 4 (Closing and Moving Sites)~~

~~F. Site Relocation: The provider must follow the rules for closing the original site, and the rules for opening a new site.~~

## ~~XII. PROVIDER RE-CERTIFICATION:~~

~~A. The term of DHS site certification is continuous for 3 years from the date of Certification as long as the site is not transferred and the Independently Licensed Practitioner maintains appropriate Licensure. If an Independently Licensed Practitioner loses appropriate licensure, the site that they operate in will lose certification.~~

~~B. Providers must furnish DHS a copy of:~~

- ~~1. An application for provider and site recertification:
  - ~~a. DHS must receive provider and site recertification applications at least fifteen (15) business days before the DHS Independently Licensed Practitioner certification expiration date;~~
  - ~~b. The Re-Certification form with required documentation is available at [www.arkansas.gov/dhs/dhs](http://www.arkansas.gov/dhs/dhs)~~~~

~~See Appendix # 11 DHS Form 3 (Re-certification)~~

~~C. If DHS has not recertified the provider and site(s) before the certification expiration date, certification is void beginning 12:00 a.m. the next day.~~

## ~~XIII. MAINTAINING DHS INDEPENDENTLY LICNESED PRACTITIONER CERTIFICATION:~~

~~A. Providers must:~~

- ~~1. Maintain compliance;~~

- ~~2. Assure that DHS certification information is current, and to that end must notify DHS within thirty (30) calendar days of any change affecting the accuracy of the provider's certification records;~~
- ~~3. Display the Independently Licensed Practitioner certificate for each site at a prominent public location within the site~~

~~B. Annual Reports:~~

- ~~1. Providers must furnish annual reports to DHS before July 1 of each year that the provider has been in operation for the preceding twelve (12) months.~~
- ~~1. Annual report shall be prepared by completing forms provided by DHS. The annual report form is available at [www.arkansas.gov/dhs/dhs](http://www.arkansas.gov/dhs/dhs) and at Appendix # 12 DHS Form # 6~~

#### ~~XIV. NONCOMPLIANCE~~

~~A. Failure to comply with this rule may result in one or more of the following:~~

- ~~1. Submission and implementation of an acceptable corrective action plan as a condition of retaining Independently Licensed Practitioner certification;~~
- ~~2. Suspension of Independently Licensed Practitioner certification for either a fixed period or until the provider meets all conditions specified in the suspension notice;~~
- ~~3. Termination of Independently Licensed Practitioner certification.~~

#### ~~XV. APPEAL PROCESS~~

~~A. If DHS denies, suspends, or revokes any Independently Licensed Practitioner certification (takes adverse action), the affected proposed provider or 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 DHS 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 certification, 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 Independently Licensed Practitioner services provided during the appeals process.~~

~~B. Within thirty (30) calendar days after receiving an appeal the DHS 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 DHS 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 Arkansas Medicaid Outpatient Behavioral Health Services Provider Manual are incorporated by reference and shall control.~~

## SECTION II - DIAGNOSTIC AND EVALUATION SERVICES

### CONTENTS

<b>200.000</b>	<b>DIAGNOSTIC AND EVALUATION SERVICES GENERAL INFORMATION</b>
201.000	Arkansas Medicaid Participation Requirements
202.000	Eligible Clients for this Manual
<b>210.000</b>	<b>REQUIREMENTS FOR CONFIRMING BEHAVIORAL HEALTH DIAGNOSIS</b>
210.100	Client Requirements
210.200	Evaluator Requirements
210.300	Evaluation Requirements
<b>220.000</b>	<b>REQUIREMENTS FOR ESTABLISHING A DIAGNOSIS OF AUTISM SPECTRUM DISORDER</b>
220.100	Client Requirements
220.200	Evaluator Requirements
220.300	Evaluation Requirements
<b>230.000</b>	<b>REQUIREMENTS FOR ESTABLISHING OR CONFIRMING INSTITUTIONAL LEVEL OF CARE FOR CLIENTS WITH IDD</b>
230.100	Client Requirements
230.200	Evaluator Requirements
230.300	Evaluation Requirements
<b>240.000</b>	<b>REIMBURSEMENT</b>
240.100	Fee Schedules
241.000	Rate Appeal Process

## 200.000 DIAGNOSTIC AND EVALUATION SERVICES GENERAL INFORMATION

### 201.000 Arkansas Medicaid Participation Requirements 1-1-23

The Division of Medical Services (DMS) is authorizing providers to become providers of diagnostic and evaluation services. Diagnostic and evaluation services will be specific to the Divisions of Developmental Disabilities (DDS) and Aging, Adult and Behavioral Health Services (DAABHS), where appropriate to determine eligibility for services (DDS) and treatment planning/diagnostic clarification (DAABHS).

### 202.000 Eligible Clients for this Manual 1-1-23

- A. Clients who have received a mental health diagnostic assessment by an allowable licensed professional, and have begun mental health counseling services, can receive a psychological evaluation to confirm the diagnosis in order to guide continued behavioral health counseling services.
- B. Clients who have a DMS-693 prescription specifying an Autism diagnosis from their primary care provider or attending licensed physician and display symptoms of Autism Spectrum Disorder and require an adaptive behavior and/or intellectual assessment to complete one of the two clinical prongs for a diagnosis of Autism.
- C. Clients who either have a diagnosis of a developmental or intellectual disability or display symptoms of a qualifying developmental or intellectual disability and have a referral from their primary care provider or attending licensed physician who require an adaptive behavior and/or intellectual assessment to either establish or confirm that the diagnosis meets the criteria for Institutional Level of Care.

**210.000 REQUIREMENTS FOR CONFIRMING BEHAVIORAL HEALTH DIAGNOSIS****210.100 Client Requirements 1-1-23**

- A. The client has completed a mental health diagnostic evaluation by a licensed professional enrolled as an Arkansas Medicaid behavioral health service provider;
- B. The client is currently engaged in mental health counseling services through an Arkansas Medicaid behavioral health service provider;
- C. The client is currently being treated to address symptoms of the diagnosed condition; and
- D. The client is forty-eight (48) months or older.

**210.200 Evaluator Requirements 1-1-23**

- A. To perform a Psychological Evaluation to Confirm a Behavioral Health Diagnosis, the clinician must be one of the following:
  - 1. A Licensed Psychologist (LP)
  - 2. A Licensed Psychological Examiner (LPE)
  - 3. A Licensed Psychological Examiner-Independent (LPEI)
- B. If the evaluator, through psychological testing leads to a diagnosis of Autism, the Evaluator must have a referral to the Division of Developmental Disabilities Services (DDS).

**210.300 Evaluation Requirements 1-1-23**

- A. A Psychological Evaluation (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality, and psychopathology, e.g. MMPI, Rorschach®, WAIS®) is allowed if the following criteria is met:
  - 1. The Evaluation is conducted in person;
  - 2. The Evaluation is necessary to establish a differential diagnosis of behavioral or psychiatric conditions;
  - 3. The Evaluation is necessary because the client's history and symptomatology are not readily attributable to a particular psychiatric condition; and
  - 4. The Evaluation is necessary because questions to be answered by the Evaluation could not be resolved by a psychiatric or diagnostic interview, observation in therapy, or an assessment for level of care at a mental health facility.
- B. Minimum Documentation Requirements must be met and are as follows:
  - 1. Date of Service;
  - 2. Start and stop times of actual encounter with the client;
  - 3. Start and stop times of scoring, interpretation, and report preparation;
  - 4. Place of Service;
  - 5. Identifying information;
  - 6. Rationale for referral;
  - 7. Presenting problem(s);
  - 8. Culturally and age-appropriate psychosocial history and assessment;
  - 9. Mental status and clinical observations and impressions;

10. Tests used, results, and interpretations, as indicated;
  11. DSM diagnostic impressions to include in all axes, if applicable;
  12. Treatment recommendations and findings related to rationale for service and guided by test results; and
  13. Staff signature/credentials/date of signature(s).
- C. If psychological testing leads to a diagnosis of Autism Spectrum Disorder, the treating licensed professional must document referral to appropriate autism treatment provider.

## 220.000 REQUIREMENTS FOR ESTABLISHING A DIAGNOSIS OF AUTISM SPECTRUM DISORDER

### 220.100 Client Requirements 1-1-23

- A. The client is less than 21 years of age; and
- B. The client is an enrolled in Arkansas Medicaid; and
- C. The client has a DMS-693 prescription specifying an Autism diagnosis from their primary care provider or attending licensed physician and displays symptoms of Autism Spectrum Disorder.

### 220.200 Evaluator Requirements 1-1-23

- A. To perform an adaptive behavior and/or intellectual assessment to establish an Autism Spectrum Diagnosis, the clinician must be one of the following:
  1. A Licensed Psychologist (LP)
  2. A Licensed Psychological Examiner (LPE)
  3. A Licensed Psychological Examiner-Independent (LPEI)
  4. A Licensed Speech Language Pathologist

### 220.300 Evaluation Requirements 1-1-23

- A. An adaptive behavior and/or intellectual assessment to establish a diagnosis of Autism Spectrum Disorder is allowed if the following criteria is met:
  1. The adaptive behavior and/or intellectual assessment is conducted in person; and
  2. The adaptive behavior and/or intellectual assessment is necessary to establish a diagnosis of Autism Spectrum Disorder; and
  3. The assessment administered is within the clinician's scope of practice and is on [the approved assessment list](#).
- B. Minimum Documentation Requirements must be met and are as follows:
  1. Date of Service;
  2. Start and stop times of actual encounter with the client;
  3. Start and stop times of scoring, interpretation and report preparation;
  4. Place of Service;
  5. Identifying information;
  6. Rationale for referral;
  7. Presenting problem(s);

8. Culturally and age-appropriate psychosocial history and assessment;
9. Clinical observations and impressions;
10. Tests used, results, and interpretations, as indicated;
11. DSM diagnostic impressions to include in all axes, if applicable;
12. Treatment recommendations and findings related to rationale for service and guided by test results; and
13. Staff signature/credentials/date of signature(s).

## 230.000 REQUIREMENTS FOR ESTABLISHING OR CONFIRMING INSTITUTIONAL LEVEL OF CARE FOR CLIENTS WITH IDD

### 230.100 Client Requirements

1-1-23

- A. In order to confirm Institutional Level of Care for clients with IDD, the client has a diagnosis of the following developmental disabilities and an evaluation(s) is needed:
  1. Epilepsy
  2. Cerebral Palsy
  3. Down Syndrome
  4. Spina Bifida
  5. Autism Spectrum Disorder
- B. In order to establish Institutional Level of Care for clients with IDD, the client displays symptoms of the following qualifying intellectual disabilities and has a referral or DMS 693 prescription from their primary care provider or attending licensed physician and an evaluation(s) is needed:
  1. Intellectual Disability or related condition

### 230.200 Evaluator Requirements

1-1-23

- A. To perform an adaptive behavior and/or intellectual assessment to establish or confirm Institutional Level of Care, the clinician must be one of the following:
  1. A Licensed Psychologist (LP)
  2. A Licensed Psychological Examiner (LPE)
  3. A Licensed Psychological Examiner-Independent (LPEI)

### 230.300 Evaluation Requirements

1-1-23

- A. An adaptive behavior and/or intellectual assessment to establish or confirm Institutional Level of Care is allowed if the following criteria is met:
  1. The adaptive behavior and/or intellectual assessment is conducted in person;
  2. The adaptive behavior and/or intellectual assessment is necessary to establish or confirm Institutional Level of Care; and
  3. The assessment administered is within the clinician's scope of practice and is on [the approved assessment list](#).
- B. Minimum Documentation Requirements must be met and are as follows:
  1. Date of Service;

2. Start and stop times of actual encounter with the client;
3. Start and stop times of scoring, interpretation, and report preparation;
4. Place of Service;
5. Identifying information;
6. Rationale for referral;
7. Presenting problem(s);
8. Culturally and age-appropriate psychosocial history and assessment;
9. Clinical observations and impressions;
10. Tests used, results, and interpretations, as indicated;
11. DSM diagnostic impressions to include in all axes, if applicable;
12. Treatment recommendations and findings related to rationale for service and guided by test results; and
13. Staff signature/credentials/date of signature(s).

## 240.000 REIMBURSEMENT

Reimbursement is based on the lesser of the billed amount or the Title XIX (Medicaid) maximum allowable for each procedure.

Reimbursement is contingent upon eligibility of both the client and provider at the time the service is provided and upon accurate completeness of the claim filed for the service. The provider is responsible for verifying that the client is eligible for Arkansas Medicaid prior to rendering services.

Services must be billed on a per unit basis as indicated in the service definition, as reflected in a daily total, per client, per service.

- A. Time spent providing services for a single client may be accumulated during a single, 24-hour calendar day. Providers may accumulatively bill for a single date of service, per client, per Evaluation service. Providers are not allowed to accumulatively bill for spanning dates of service.
- B. All billing must reflect a daily total, per Evaluation service, based on the established procedure codes. No rounding is allowed.
- C. The sum of the days' time, in minutes, per service will determine how many units are allowed to be billed. That number must not be exceeded.

In a single claim transaction, a provider may bill only for service time accumulated within a single day for a single client. There is no "carryover" of time from one day to another or from one client to another.

- A. Documentation in the client's record must reflect exactly how the number of units is determined.
- B. No more than four (4) units may be billed for a single hour per client or provider of the service.

### 240.100 Fee Schedules

1-1-23

Arkansas Medicaid provides [fee schedules on the DMS website](#). The fees represent the fee-for-service reimbursement methodology.

Fee schedules do not address coverage limitations or special instructions applied by Arkansas Medicaid before final payment is determined.

[Procedure codes](#) and/or fee schedules do not guarantee payment, coverage or amount allowed. Information may be changed or updated at any time to correct a discrepancy and/or error. Arkansas Medicaid always reimburses the lesser of the amount billed or the Medicaid maximum.

**241.000****Rate Appeal Process****1-1-23**

A provider may request reconsideration of a Program decision by writing to the Assistant Director, Division of Medical Services. This request must be received within twenty (20) calendar days following the application of policy and/or procedure or the notification of the provider of its rate. Upon receipt of the request for review, the Assistant Director will determine the need for a Program/Provider conference and will contact the provider to arrange a conference if needed. Regardless of the Program decision, the provider will be afforded the opportunity for a conference, if he or she so wishes, for a full explanation of the factors involved and the Program decision. Following review of the matter, the Assistant Director will notify the provider of the action to be taken by the Division within twenty (20) calendar days of receipt of the request for review or the date of the Program/Provider conference.

If the decision of the Assistant Director, Division of Medical Services is unsatisfactory, the provider may then appeal the question to a standing Rate Review Panel, established by the Director of the Division of Medical Services, which will include one member of the Division of Medical Services, a representative of the provider association and a member of the Department of Human Services (DHS) Management Staff, who will serve as chairman.

The request for review by the Rate Review Panel must be postmarked within fifteen (15) calendar days following the notification of the initial decision by the Assistant Director, Division of Medical Services. The Rate Review Panel will meet to consider the question(s) within fifteen (15) calendar days after receipt of a request for such appeal. The question(s) will be heard by the panel and a recommendation will be submitted to the Director of the Division of Medical Services.

## SECTION II - HOME AND COMMUNITY-BASED SERVICES FOR CLIENTS WITH INTELLECTUAL DISABILITIES AND BEHAVIORAL HEALTH NEEDS

### CONTENTS

#### **200.000 GENERAL INFORMATION**

- 201.000 Introduction
- 202.000 Arkansas Medicaid Participation Requirements for Home and Community-Based Services
- 203.000 Provider Certification Requirements

#### **210.000 HOME AND COMMUNITY-BASED SERVICES UNDER ABHSCI**

- 210.100 Partial Hospitalization
- 210.110 Adult Rehabilitative Day Service
- 210.120 Supportive Employment
- 210.130 Supportive Housing
- 210.140 Adult Life Skills Development
- 210.150 Peer Support
- 210.160 Treatment Plan
- 210.170 Aftercare Recovery Support (for Substance Abuse)
- 210.180 Therapeutic Communities
- 210.190 Assertive Community Treatment

#### **220.000 HOME AND COMMUNITY-BASED SERVICES UNDER PASSE**

- 220.100 Behavioral Assistance
- 220.110 Crisis Stabilization Intervention
- 220.120 Assertive Community Treatment
- 220.130 Intensive In-Home (IIH for Children)
- 220.140 Adult Rehabilitative Day Service
- 220.150 Peer Support
- 220.160 Family Support Partners
- 220.170 Pharmacologic Counseling by RN
- 220.180 Respite
- 220.190 Supportive Life Skills Development
- 220.200 Child and Youth Support Services
- 220.210 Supportive Employment
- 220.220 Supportive Housing
- 220.230 Partial Hospitalization
- 220.240 Therapeutic Host Homes
- 220.250 Aftercare Recovery Support (for Substance Abuse)
- 220.260 Substance Abuse Detox (Observational)
- 220.270 Therapeutic Communities
- 220.280 Residential Community Reintegration Program
- 220.290 CES Supported Employment
- 220.300 Supportive Living
- 220.310 Complex Care Homes for IDD
- 220.320 Adaptive Equipment
- 220.330 Community Transition Services
- 220.340 Consultation
- 220.350 Environmental Modifications
- 220.360 Supplemental Support
- 220.370 Respite
- 220.380 Specialized Medical Supplies

#### **230.000 REIMBURSEMENT**

- 230.100 Method of Reimbursement
- 230.200 Fee Schedules

## 200.000 GENERAL INFORMATION

### 201.000 Introduction 1-1-23

Home and Community-Based Services are person-centered care delivered in the home or community to address a functional deficit or limitation. They are designed to keep clients in their communities.

The services outlined in this manual are contained in either the 1915(i) State Plan Amendment or the 1915(c) Community and Employment Supports Waiver for Provider-led Arkansas Shared Savings Entity (PASSE).

### 202.000 Arkansas Medicaid Participation Requirements for Home and Community-Based Services 1-1-23

Home and Community Based Services are limited to the following populations: PASSE members and Behavioral Health Adults receiving 1915i HCBS services outside of the PASSE.

### 203.000 Provider Certification Requirements 1-1-23

Providers who perform HCBS under this manual must be certified by the Division of Provider Services and Quality Assurance (DPSQA) or the Division of Developmental Disabilities Services (DDS) as one of the following:

- A. An Outpatient Behavioral Health Agency (OBHA)
- B. A Community and Employment Support Waiver Provider (CES Waiver Provider)
- C. A Community Support Systems Provider (CSSP)

In addition to certification, providers who perform HCBS under this manual must be enrolled in Medicaid, and in good standing.

Providers who serve PASSE members must also be credentialed as a home and community-based provider with the PASSEs.

## 210.000 HOME AND COMMUNITY-BASED SERVICES UNDER ABHSCI

### 210.100 Partial Hospitalization 1-1-23

Partial Hospitalization is an intensive nonresidential, therapeutic treatment program. It can be used as an alternative to and/or a step-down service from inpatient residential treatment or to stabilize a deteriorating condition and avert hospitalization. The program provides clinical treatment services in a stable environment on a level equal to an inpatient program, but on a less than 24-hour basis. The environment at this level of treatment is highly structured and should maintain a staff-to-patient ratio of no more than 1:5 to ensure necessary therapeutic services and professional monitoring, control, and protection. This service shall include at a minimum: intake, individual therapy, group therapy, and psychoeducation. Partial Hospitalization shall be at a minimum of (5) five hours per day, of which 90 minutes must be a documented service provided by a Mental Health Professional. If a client member receives other services during the week but also receives Partial Hospitalization, the client member must receive, at a minimum, 20 documented hours of services on no less than (4) four days in that week. Partial Hospitalization can occur in a variety of clinical settings for adults, similar to adult day cares or adult day clinics. All Partial Hospitalization sites must be certified by the Division of Provider Services and Quality Assurance as a Partial Hospitalization Provider. All medically necessary 1905(a) services are covered for EPSDT eligible individuals in accordance with 1905(r) of the Social Security.

**210.110 Adult Rehabilitative Day Service**

**1-1-23**

A continuum of care provided to recovering individuals living in the community-based on their level of need. This service includes educating and assisting the individual with accessing supports and services needed. The service assists the recovering individual to direct their resources and support systems. Activities include training to assist the person to learn, retain, or improve specific job skills, and to successfully adapt and adjust to a particular work environment. This service includes training and assistance to live in and maintain a household of their choosing in the community. In addition, transitional services help individuals adjust after receiving a higher level of care. The goal of this service is to promote and maintain community integration.

An array of face-to-face rehabilitative day activities providing a preplanned and structured group program for identified clients that aimed at long-term recovery and maximization of self-sufficiency, as distinguished from the symptom stabilization function of acute day treatment. These rehabilitative day activities are person- and family-centered, recovery-based, culturally competent, provide needed accommodation for any disability and must have measurable outcomes. These activities assist the client with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their chronic mental illness. The intent of these services is to restore the fullest possible integration of the client as an active and productive member of his/her family, social and work community and/or culture with the least amount of ongoing professional intervention. Skills addressed may include: emotional skills, such as coping with stress, anxiety or anger; behavioral skills, such as proper use of medications, appropriate social interactions and managing overt expression of symptoms like delusions or hallucinations; daily living and self-care skills, such as personal care and hygiene, money management and daily structure/use of time; cognitive skills, such as problem solving, understanding illness and symptoms and reframing; community integration skills and any similar skills required to implement a client's master treatment plan.

**210.120 Supportive Employment**

**1-1-23**

Supportive Employment is designed to help clients acquire and keep meaningful jobs in a competitive job market. The service actively facilitates job acquisition by sending staff to accompany clients on interviews and providing ongoing support and/or on-the-job training once the client is employed.

Service settings may vary depending on individual need and level of community integration, and may include the client's home. Services delivered in the home are intended to foster independence in the community setting and may include training in menu planning, food preparation, housekeeping and laundry, money management, budgeting, following a medication regimen, and interacting with the criminal justice system.

**210.130 Supportive Housing**

**1-1-23**

Supportive Housing is designed to ensure that clients have a choice of permanent, safe, and affordable housing. An emphasis is placed on the development and strengthening of natural supports in the community. This service assists clients in locating, selecting, and sustaining housing, including transitional housing and chemical free living; provides opportunities for involvement in community life; fosters independence; and facilitates the individual's recovery journey. Supportive Housing includes assessing the client's individual housing needs and presenting options, assisting in securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history), searching for housing, communicating with landlords, coordinating the move, providing training in how to be a good tenant, and establishing procedures and contacts to retain housing.

Supportive Housing can occur in the following:

- The individual's home;
- In community settings such as school, work, church, stores, or parks; and
- In a variety of clinical settings for adults, similar to adult day cares or adult day clinics.

**210.140 Adult Life Skills Development**

**1-1-23**

A service that provides support and training for youth and adults on a one-on-one or group basis. This service should be a strength-based, culturally appropriate process that integrates the member into their community as they develop their recovery plan or habilitation plan. This service is designed to assist members in acquiring the skills needed to support as independent a lifestyle as possible, enable them to reside in their community (in their own home, with family, or in an alternative living setting), and promote a strong sense of self-worth. In addition, it aims to assist members in setting and achieving goals, learning independent life skills, demonstrating accountability, and making goal-oriented decisions related to independent living.

Topics may include: educational or vocational training, employment, resource and medication management, self-care, household maintenance, health, socialization, community integration, wellness, and nutrition. For clients with developmental or intellectual disability, supportive life skills development may focus on acquiring skills to complete activities of daily living (ADLs) and instrumental activities of daily living (IADLs), such as communication, bathing, grooming, cooking, shopping, or budgeting.

**210.150 Peer Support**

**1-1-23**

Peer Support is a consumer centered service provided by individuals (ages 18 and older) who self-identify as someone who has received or is receiving behavioral health services and thus is able to provide expertise not replicated by professional training. Peer providers are trained and certified peer specialists who self-identify as being in recovery from behavioral health issues. Peer support is a service to work with clients to provide education, hope, healing, advocacy, self-responsibility, a meaningful role in life, and empowerment to reach fullest potential. Specialists will assist with navigation of multiple systems (housing, supportive employment, supplemental benefits, building/rebuilding natural supports, etc.) which impact clients' functional ability. Services are provided on an individual or group basis, and in either the client's home or community environment.

Peer support may include assisting their peers in articulating their goals for recovery, learning and practicing new skills, helping them monitor their progress, assisting them in their treatment, modeling effective coping techniques and self-help strategies based on the specialist's own recovery experience, and supporting them in advocating for themselves to obtain effective services.

**210.160 Treatment Plan**

**1-1-23**

A plan that is developed in cooperation with the client to deliver specific mental health services to restore, improve, or stabilize the client's mental health condition. Treatment Plans must be updated annually or more frequently if circumstances or needs change significantly, or if the client requests.

Treatment Plans can only be developed by the following clinicians:

- A. Independently Licensed Clinicians (Masters/Doctoral)
- B. Non-independently Licensed Clinicians (Masters/Doctoral)
- C. Advanced Practice Nurse (APN)
- D. Physician

**210.170 Aftercare Recovery Support (for Substance Abuse)**

**1-1-23**

A continuum of care provided to recovering members living in the community-based on their level of need. This service includes educating and assisting the individual with accessing supports and services needed. The service assists the recovering client member to direct their resources and support systems. In addition, transitional services to assist individuals adjust after receiving a higher level of care. The goal of this service is to promote and maintain community integration. Meals and transportation are not included in the rate for Aftercare Recovery Support. Aftercare Recovery Support can occur in the following:

- The individual's home;
- In community settings such as school, work, church, stores, or parks; and
- In a variety of clinical settings for adults, similar to adult day cares or adult day clinics.

All medically necessary 1905(a) services are covered for EPSDT eligible members in accordance with 1905(r) of the Social Security Act.

**210.180 Therapeutic Communities**

**1-1-23**

Therapeutic Communities are highly structured residential environments or continuums of care in which the primary goals are the treatment of behavioral health needs and the fostering of personal growth leading to personal accountability. Services address the broad range of needs identified by the person served. Therapeutic Communities employs community-imposed consequences and earned privileges as part of the recovery and growth process. In addition to daily seminars, group counseling, and individual activities, the persons served are assigned responsibilities within the therapeutic community setting. Participants and staff members act as facilitators, emphasizing personal responsibility for one's own life and self-improvement. The service emphasizes the integration of an individual within his or her community, and progress is measured within the context of that community's expectation.

Level 1 provides the highest level of supervision, support and treatment as well as ensuring community safety in a facility of no more than sixteen (16) beds

- Clients who receive this level of care may have treatment needs that are severe enough to require inpatient care in a hospital but don't need the full resources of a hospital setting
- The emphasis in this level is intensive services delivered using a multi-disciplinary approach including physicians, licensed counselors, and highly trained paraprofessionals.

Level 2 provides supervision, support, and treatment, but at a lower level than Level 1 above and can be used as a step down from Level 1 to begin the transition back into a community setting that will not provide twenty-four-hour/seven day (24/7) supervision, service and support

- Interventions shift from clinical to addressing the clients educational or vocational needs, socially dysfunctional behavior, and the need for stable housing
- Arranging for the full array of clinical and HCBS is critical for successful discharge
- Assertive Community Treatment (ACT) would be an ideal step-down service

**210.190 Assertive Community Treatment**

**1-1-23**

Assertive Community Treatment (ACT) is an evidence-based practice provided by a multidisciplinary team providing comprehensive treatment and support services available twenty-

four (24) hours a day, seven (7) days a week wherever and whenever needed. Services are provided in the most integrated community setting possible to enhance independence and positive community involvement. An individual appropriate for services through an ACT team has needs that are so pervasive and/or unpredictable that it is unlikely that they can be met effectively by other combinations of available community services, or in circumstances where other levels of outpatient care have not been successful to sustain stability in the community. Typically, this service is targeted to individuals who have serious mental illness or co-occurring disorders, multiple diagnoses, and the most complex and expensive treatment needs.

## **220.000 HOME AND COMMUNITY-BASED SERVICES UNDER PASSE**

### **220.100 Behavioral Assistance**

**1-1-23**

Behavioral Assistance is a specific outcome oriented intervention provided individually or in a group setting with the child/youth and/or his/her caregiver(s) that will provide the necessary support to attain the goals of the treatment plan. Services involve applying positive behavioral interventions and supports within the community to foster behaviors that are rehabilitative and restorative in nature. The intervention should result in sustainable positive behavioral changes that improve functioning, enhance the quality of life, and strengthen skills in a variety of life domains.

Behavioral Assistance is designed to support youth and their families in meeting behavioral goals in various community settings. The service is targeted for children and adolescents who are at risk of out-of-home placement or who have returned home from residential placement and need flexible wrap-around supports to ensure safety and support community integration. The service is tied to specific treatment goals and is developed in coordination with the youth and their family. Behavioral Assistance aids the family in implementing safety plans and behavioral management plans when youth are at risk for offending behaviors, aggressions, and oppositional defiance. Staff provides supports to youth and their families during periods when behaviors have been typically problematic – such as during morning preparation for school, at bedtime, after school, or other times when there is evidence of a pattern of escalation of problem difficult behaviors. The service may be provided in school classrooms or on school busses for short periods of time to help a youth's transition from hospitals or residential settings but is not intended as a permanent solution to problem difficult behaviors at school.

### **220.110 Crisis Stabilization Intervention**

**1-1-23**

Crisis Stabilization Intervention is a scheduled face-to-face treatment activity provided to a client who has recently experienced a psychiatric or behavioral health crisis that is expected to further stabilize, prevent deterioration, and serve as an alternative to twenty-four (24) -hour inpatient care. Services are to be congruent with the age, strengths, needed accommodation for any disability and cultural framework of the member and his/her family. Additional needs-based criteria for receiving the service, if applicable (specify): Specify limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration, and scope than those services available to a medically needy client, and services must be equal for any individual within a group. States must also separately address standard state plan service questions related to sufficiency of services.

### **220.120 Assertive Community Treatment**

**1-1-23**

Assertive Community Treatment (ACT) is an evidence-based practice provided by a multidisciplinary team providing comprehensive treatment and support services available twenty-four (24) hours a day, seven (7) days a week wherever and whenever needed. Services are provided in the most integrated community setting possible to enhance independence and positive community involvement. An individual appropriate for services through an ACT team has

needs that are so pervasive and/or unpredictable that it is unlikely that they can be met effectively by other combinations of available community services, or in circumstances where other levels of outpatient care have not been successful to sustain stability in the community. Typically, this service is targeted to individuals who have serious mental illness or co-occurring disorders, multiple diagnoses, and the most complex and expensive treatment needs.

**220.130 Intensive In-Home (IIH for Children)**

**1-1-23**

Intensive In-Home service for children is a team approach that is used to address serious and chronic emotional or behavioral issues for children (youth) who are unable to remain stable in the community without intensive interventions. Services are multifaceted: counseling, skills training, interventions, or resource coordination, and are delivered in the client's home or in a community setting. The parent or caregiver must be an active participant in the treatment and individualized services that are developed in full partnership with the family. IIH team provides a variety of interventions that are available at the time the family needs. These interventions include "first responder" crisis response, as indicated in the care plan: twenty-four (24) hours per day, seven (7) days per week, three hundred sixty-five (365) days per year. The licensed professional is responsible for monitoring and documenting the status of the client's progress and the effectiveness of the strategies and interventions outlined in the care plan. The licensed professional then consults with identified medical professionals (such as primary care and psychiatric) and non-medical providers (child welfare and juvenile justice), engages community and natural supports, and includes their input in the care planning process.

Intensive In-Home service must be a recognized model of care, clearly outline the duration and scope and be prior approved by a PASSE.

**220.140 Adult Rehabilitative Day Service**

**1-1-23**

A continuum of care provided to recovering individuals living in the community-based on their level of need. This service includes educating and assisting the individual with accessing supports and services needed. The service assists the recovering individual to direct their resources and support systems. Activities include training to assist the person to learn, retain, or improve specific job skills, and to successfully adapt and adjust to a particular work environment. This service includes training and assistance to live in and maintain a household of their choosing in the community. In addition, transitional services to assist individuals adjust after receiving a higher level of care. The goal of this service is to promote and maintain community integration.

An array of face-to-face rehabilitative day activities providing a preplanned and structured group program for identified clients that aimed at long-term recovery and maximization of self-sufficiency, as distinguished from the symptom stabilization function of acute day treatment. These rehabilitative day activities are person- and family-centered, recovery-based, culturally competent, provide needed accommodation for any disability and must have measurable outcomes. These activities assist the client with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their chronic mental illness. The intent of these services is to restore the fullest possible integration of the client as an active and productive member of his/her family, social and work community and/or culture with the least amount of ongoing professional intervention. Skills addressed may include: emotional skills, such as coping with stress, anxiety or anger; behavioral skills, such as proper use of medications, appropriate social interactions and managing overt expression of symptoms like delusions or hallucinations; daily living and self-care skills, such as personal care and hygiene, money management and daily structure/use of time; cognitive skills, such as problem solving, understanding illness and symptoms and reframing; community integration skills and any similar skills required to implement a client's master treatment plan.

**220.150 Peer Support**

**1-1-23**

Peer Support is a consumer centered service provided by individuals (ages eighteen (18) and older) who self-identify as someone who has received or is receiving behavioral health services and thus is able to provide expertise not replicated by professional training. Peer providers are trained and certified peer specialists who self-identify as being in recovery from behavioral health issues. Peer support is a service to work with clients to provide education, hope, healing, advocacy, self-responsibility, a meaningful role in life, and empowerment to reach fullest potential. Specialists will assist with navigation of multiple systems (housing, supportive employment, supplemental benefits, building/rebuilding natural supports, etc.) which impact clients' functional ability. Services are provided on an individual or group basis, and in either the client's home or community environment.

Peer support may include assisting their peers in articulating their goals for recovery, learning, and practicing new skills, helping them monitor their progress, assisting them in their treatment, modeling effective coping techniques, and self-help strategies based on the specialist's own recovery experience, and supporting them in advocating for themselves to obtain effective services.

**220.160 Family Support Partners**

**1-1-23**

A service provided by peer counselors, of Family Support Partners (FSP), who model recovery and resiliency for caregivers of children and youth with behavioral health care needs or developmental disabilities. FSP come from legacy families and use their lived experience, training, and skills to help caregivers and their families identify goals and actions that promote recovery and resiliency and maintain independence. A FSP may assist, teach, and model appropriate child-rearing strategies, techniques, and household management skills. This service provides information on child development, age-appropriate behavior, parental expectations, and childcare activities. It may also assist the member's family in securing resources and developing natural supports.

Family Support Partners serve as a resource for families with a child, youth, or adolescent receiving behavioral health or developmental disability services. Family Support Partners help families identify natural supports and community resources, provide leadership and guidance for support groups, and work with families on: individual and family advocacy, social support for assigned families, educational support, systems advocacy, lagging skills development, problem solving techniques, and self-help skills.

**220.170 Pharmacologic Counseling by RN**

**1-1-23**

A specific, time limited one-to-one intervention by a nurse with a client and/or caregivers, related to their psycho-pharmacological treatment. Pharmaceutical Counseling involves providing medication information orally or in written form to the client and/or caregivers. The service should encompass all the parameters to make the client and/or family understand the diagnosis prompting the need for the medication and any lifestyle modification required.

**220.180 Respite**

**1-1-23**

Temporary direct care and supervision for a client due to the absence or need for relief of the non-paid primary caregiver. Respite can occur at medical or specialized camps, day-care programs, the member's home or place of residence, the respite care provider's home or place of residence, foster homes, or a licensed respite facility. Respite does not have to be listed in the PCSP. The primary purpose of Respite is to relieve the member's principal care giver of the member with a behavioral health need so that stressful situations are de-escalated, and the care giver and member have a therapeutic and safe outlet. Respite must be temporary in nature. Any services provided for less than fifteen (15) days will be deemed temporary. Respite provided for more than fifteen (15) days should trigger a need to review the PCSP.

**220.190 Supportive Life Skills Development**

**1-1-23**

A service that provides support and training for youth and adults on a one-on-one or group basis. This service should be a strength-based, culturally appropriate process that integrates the member into their community as they develop their recovery plan or habilitation plan. This service is designed to assist members in acquiring the skills needed to support as independent a lifestyle as possible, enable them to reside in their community (in their own home, with family, or in an alternative living setting), and promote a strong sense of self-worth. In addition, it aims to assist members in setting and achieving goals, learning independent life skills, demonstrating accountability, and making goal-oriented decisions related to independent living.

Topics may include: educational or vocational training, employment, resource and medication management, self-care, household maintenance, health, socialization, community integration, wellness, and nutrition. For clients with developmental or intellectual disability, supportive life skills development may focus on acquiring skills to complete activities of daily living (ADLs) and instrumental activities of daily living (IADLs), such as communication, bathing, grooming, cooking, shopping, or budgeting.

**220.200 Child and Youth Support Services 1-1-23**

Child and Youth Support Services are clinical, time-limited services for principal caregivers designed to increase a child's positive behaviors and encourage compliance with parents at home; working with teachers/schools to modify classroom environment to increase positive behaviors in the classroom; and increase a child's social skills, including understanding of feelings, conflict management, academic engagement, school readiness, and cooperation with teachers and other school staff. This service is intended to increase parental skill development in managing their child's symptoms of their illness and training the parents in effective interventions and techniques for working with the schools.

Services might include an In-Home Case Aide. An In-Home Case Aide is an intensive, time-limited therapy for youth in the client's home or, in rare instances, a community-based setting. Youth served may be in imminent risk of out-of-home placement or have been recently reintegrated from an out of-home placement. Services may deal with family issues related to the promotion of healthy family interactions, behavior training, and feedback to the family.

**220.210 Supportive Employment 1-1-23**

Supportive Employment is designed to help clients acquire and keep meaningful jobs in a competitive job market. The service actively facilitates job acquisition by sending staff to accompany clients on interviews and providing ongoing support and/or on-the-job training once the client is employed.

Service settings may vary depending on individual need and level of community integration, and may include the client's home. Services delivered in the home are intended to foster independence in the community setting and may include training in menu planning, food preparation, housekeeping and laundry, money management, budgeting, following a medication regimen, and interacting with the criminal justice system.

**220.220 Supportive Housing 1-1-23**

Supportive Housing is designed to ensure that clients have a choice of permanent, safe, and affordable housing. An emphasis is placed on the development and strengthening of natural supports in the community. This service assists clients in locating, selecting, and sustaining housing, including transitional housing and chemical free living; provides opportunities for involvement in community life; fosters independence; and facilitates the individual's recovery journey. Supportive Housing includes assessing the client's individual housing needs and presenting options, assisting in securing housing, including the completion of housing applications and securing required documentation (e.g., Social Security card, birth certificate, prior rental history), searching for housing, communicating with landlords, coordinating the move,

providing training in how to be a good tenant, and establishing procedures and contacts to retain housing.

Supportive Housing can occur in the following:

- The individual's home;
- In community settings such as school, work, church, stores, or parks; and
- In a variety of clinical settings for adults, similar to adult day cares or adult day clinics.

**220.230 Partial Hospitalization**

**1-1-23**

Partial Hospitalization is an intensive nonresidential, therapeutic treatment program. It can be used as an alternative to and/or a step-down service from inpatient residential treatment or to stabilize a deteriorating condition and avert hospitalization. The program provides clinical treatment services in a stable environment on a level equal to an inpatient program, but on a less than twenty-four (24) hour basis. The environment at this level of treatment is highly structured and should maintain a staff-to-patient ratio of no more than one to five (1:5) to ensure necessary therapeutic services and professional monitoring, control, and protection. This service shall include at a minimum: intake, individual therapy, group therapy, and psychoeducation. Partial Hospitalization shall be at a minimum of five (5) hours per day, of which ninety (90) minutes must be a documented service provided by a Mental Health Professional. If a client member receives other services during the week but also receives Partial Hospitalization, the client member must receive, at a minimum, twenty (20) documented hours of services on no less than four (4) days in that week. Partial Hospitalization can occur in a variety of clinical settings for adults, similar to adult day cares or adult day clinics. All Partial Hospitalization sites must be certified by the Division of Provider Services and Quality Assurance as a Partial Hospitalization Provider. All medically necessary 1905(a) services are covered for EPSDT eligible individuals in accordance with 1905(r) of the Social Security

**220.240 Therapeutic Host Homes**

**1-1-23**

A home or family setting that that consists of high intensive, individualized treatment for the member whose behavioral health or developmental disability needs are severe enough that they would be at risk of placement in a restrictive residential setting.

A therapeutic host parent is trained to implement the key elements of the member's PCSP in the context of family and community life, while promoting the PCSP's overall objectives and goals. The host parent should be present at the PCSP development meetings and should act as an advocate for the member.

**220.250 Aftercare Recovery Support (for Substance Abuse)**

**1-1-23**

A continuum of care provided to recovering members living in the community-based on their level of need. This service includes educating and assisting the individual with accessing supports and services needed. The service assists the recovering client member to direct their resources and support systems. In addition, transitional services to assist individuals adjust after receiving a higher level of care. The goal of this service is to promote and maintain community integration. Meals and transportation are not included in the rate for Aftercare Recovery Support.

Aftercare Recovery Support can occur in the following:

- The individual's home;
- In community settings such as school, work, church, stores, or parks; and
- In a variety of clinical settings for adults, similar to adult day cares or adult day clinics.

All medically necessary 1905(a) services are covered for EPSDT eligible members in accordance with 1905(r) of the Social Security Act.

**220.260 Substance Abuse Detox (Observational)**

**1-1-23**

A set of interventions aimed at managing acute intoxication and withdrawal from alcohol or other drugs. Services help stabilize the member by clearing toxins from his or her body. Detoxification (detox) services are short term and may be provided in a crisis unit, inpatient, or outpatient setting. Detox services may include evaluation, observation, medical monitoring, and addiction treatment. The goal of detox is to minimize the physical harm caused by the abuse of substances and prepare the member for ongoing substance abuse treatment.

**220.270 Therapeutic Communities**

**1-1-23**

Therapeutic Communities are highly structured residential environments or continuums of care in which the primary goals are the treatment of behavioral health needs and the fostering of personal growth leading to personal accountability. Services address the broad range of needs identified by the person served. Therapeutic Communities employs community-imposed consequences and earned privileges as part of the recovery and growth process. In addition to daily seminars, group counseling, and individual activities, the persons served are assigned responsibilities within the therapeutic community setting. Participants and staff members act as facilitators, emphasizing personal responsibility for one's own life and self-improvement. The service emphasizes the integration of an individual within his or her community, and progress is measured within the context of that community's expectation.

- Level 1 provides the highest level of supervision, support and treatment as well as ensuring community safety in a facility of no more than sixteen (16) beds
- Clients who receive this level of care may have treatment needs that are severe enough to require inpatient care in a hospital but don't need the full resources of a hospital setting
  - The emphasis in this level is intensive services delivered using a multi-disciplinary approach include physicians, licensed counselors, and highly trained paraprofessionals.
- Level 2 provides supervision, support, and treatment, but at a lower level than Level 1 above and can be used as a step down from Level 1 to begin the transition back into a community setting that will not provide twenty-four-hour/seven day (24/7) supervision, service and support
- Interventions shift from clinical to addressing the clients educational or vocational needs, socially dysfunctional behavior, and the need for stable housing
  - Arranging for the full array of clinical and HCBS is critical for successful discharge
  - Assertive Community Treatment (ACT) would be an ideal step-down service

**220.280 Residential Community Reintegration Program**

**1-1-23**

The Residential Community Reintegration Program is designed to serve as an intermediate level of care between Inpatient Psychiatric Facilities and home and community-based behavioral health services. The program provides twenty-four (24) hour per day intensive therapeutic care provided in a small group home setting for children and youth with emotional and/or behavior problems which cannot be remedied by less intensive treatment. The program is intended to prevent acute or sub-acute hospitalization of youth, or incarceration. The program is also offered as a step-down or transitional level of care to prepare a youth for less intensive treatment. A Residential Community Reintegration Program shall be appropriately certified by the Department of Human Services to ensure quality of care and the safety of clients and staff.

A Residential Community Reintegration Program shall ensure the provision of educational services to all clients in the program. This may include education occurring on campus of the Residential Community Reintegration Program or the option to attend a school off campus if deemed appropriate in accordance with the Arkansas Department of Education.

**220.290 CES Supported Employment**

**1-1-23**

CES Supported Employment is a tailored array of services that offers ongoing support to members with the most significant disabilities to assist in their goal of working in competitive integrated work settings for at least minimum wage. It is intended for individuals for whom competitive employment has not traditionally occurred, or has been interrupted or intermittent as a result of a significant disability, and who need ongoing supports to maintain their employment.

CES Supported Employment includes any combination of the following services:

Vocational/job related discovery and assessment, person centered employment planning, job placement, job development, negotiation with prospective employers, job analysis, job carving, training and systematic instructions, job coaching, benefits support, training and planning, transportation, asset development, and career advancement services, extended supported employment supports, and other workplace support services including services not specifically related to job skill training that enable the waiver client to be successful in integrating into the job setting. The service array may also be utilized to support individuals who are self-employed.

Transportation between the member's place of residence and the employment site is included as a component of supported employment services when there is no other resource for transportation available.

**220.300 Supportive Living**

**1-1-23**

Supportive living is an array of individually tailored services and activities to enable members to reside successfully in their own home, with family or in an alternative living setting (apartment, or provider owned group home). Supportive living services must be provided in an integrated community setting.

Supportive living includes care, supervision, and activities that directly relate to active treatment goals and objectives set forth in the member's PCSP. It excludes room and board expenses, including general maintenance, upkeep, or improvement to the home.

Supportive living supervision and activities are meant to assist the member to acquire, retain, or improve skills in a wide variety of areas that directly affect the person's ability to reside as independently as possible in the community. The habilitation objective to be served by each activity should be documented in the member's PCSP. Examples of supervision and activities that may be provided as part of supportive living include:

- A. Decision making, including the identification of and response to dangerously threatening situations, making decisions and choices affecting the member's life, and initiating changes in living arrangements or life activities;
- B. Money management, including training, assistance or both in handling personal finances, making purchase and meeting personal financial obligations;
- C. Daily living skills, including training in accomplishing routine housekeeping tasks, meal preparation, dressing, personal hygiene, administration of medication (to the extent permitted by state law), proper use of adaptive and assistive devices and household appliances, training on home safety, first aid, and emergency procedures;
- D. Socialization, including training and assistance in participating in general community activities and establishing relationships with peers. Activity training includes assisting the member to continue to participate in an ongoing basis;

- E. Community integration experiences, including activities intended to instruct the member in daily living and community living in integrated settings, such as shopping, church attendance, sports, and participation sports;
- F. Mobility, including training and assistance aimed at enhancing movement within the member's living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel or movement within the community;
- G. Communication, including training in vocabulary building, use of augmentative communication devices, and receptive and expressive language;
- H. Behavior shaping and management, including training and assistance in appropriate expression of emotions or desires, compliance, assertiveness, acquisition of socially appropriate behaviors or reduction of inappropriate behaviors; the supportive living provider is responsible for developing and overseeing the Behavioral Prevention and Intervention Plan;
- I. Reinforcement of therapeutic services, including conducting exercises reinforcing physical, occupational, speech, behavioral or other therapeutic programs;
- J. Companion activities and therapies, or the use of animals as modalities to motivate members to meet functional goals established for the member's habilitative training, including language skills, increased range of motion, socialization, and the development of self-respect, self-esteem, responsibility, confidence, an assertiveness; and
- K. Health maintenance activities, which include tasks that members would otherwise do for themselves or have a family member do, with the exception of injections and IV medication administration. It is not considered administration, with the exception of injections and IV medications, when the paid staff assist the client by getting the medication out of the bottle or blister pack. Supportive living may be provided in clinic setting (physician office, wound clinic) to facilitate appropriate care and follow-up. If health maintenance activity is performed in a hospital setting for supportive care of the individual while receiving medical care, supportive living cannot exceed fourteen (14) consecutive days nor exceed approved prior authorized rate for the service in place prior to hospitalization.

**220.310 Complex Care Homes for IDD**

**1-1-23**

Individuals who receive supportive living and require a higher level of care to acuity may receive supportive living in congregant home settings of no more than eight (8) unrelated persons.

Each client residing in the Complex Care Home must be diagnosed with an intellectual disability and a significant co-occurring deficit, which includes without limitation individuals with an intellectual disability and significant:

- A. Behavioral health needs; or
- B. Physical health needs.

A Provider is required to maintain the client to staff ratio required to meet each client's needs as provided in their Person Centered Service Plan and ensure client and staff health and safety, but under no circumstances may there be less than a four-to-one (4:1) client to staff ratio in the home at any time.

**220.320 Adaptive Equipment**

**1-1-23**

Adaptive equipment is a piece of equipment, or product system that is used to increase, maintain, or improve functional capabilities of members, whether commercially purchased, modified, or customized. The adaptive equipment services include adaptive, therapeutic, or

augmentative equipment that enables a member to increase, maintain, or improve their functional capacity to perform daily life tasks that would not be possible otherwise.

Consultation by a medical professional must be conducted to ensure the adaptive equipment will meet the needs of the member.

Adaptive equipment includes enabling technology, such as safe home modifications, that empower members to gain independence through customizable technologies that allow them to safely perform activities of daily living without assistance while still providing monitoring and response for those members, as needed. Enabling technology allows members to be proactive about their daily schedule and integrates member choice.

Adaptive equipment also includes Personal Emergency Response Systems (PERS), which is a stationary or portable electronic device used in the member's place of residence and that enables the member to secure help in an emergency. The system is connected to a response center staffed by trained professionals who respond to activation of the device. PERS services may include the assessment, purchase, installation, and monthly rental fee.

Computer equipment, including software, can be included as adaptive equipment. Specifically, computer equipment includes equipment that allows the member increased control of their environment, to gain independence, or to protect their health and safety.

Vehicle modifications are also included as adaptive equipment. Vehicle modifications are adaptations to an automobile or van to accommodate the special needs of the member. The purpose of vehicle modifications is to enable the member to integrate more fully into the community and to ensure the health, safety, and welfare of the member. Vehicle modifications exclude: adaptations or modifications to the vehicle that are of general utility and not of direct medical or habilitative benefit to the member; purchase, down payment, monthly car payment or lease payment; or regularly scheduled maintenance of the vehicle.

**220.330 Community Transition Services**

**1-1-23**

Community Transition Services are non-recurring set-up expenses for members who are transitioning from an institutional or provider-operated living arrangement, such as an ICF or group home, to a living arrangement in a private residence where the member or his or her guardian is directly responsible for his or her own living expenses.

Community Transition service activities include those necessary to enable a member to establish a basic household, not including room and board, and may include:

- A. security deposits that are required to obtain a lease on an apartment or home;
- B. essential household furnishings required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens;
- C. set-up fees or deposits for utility or service access, including telephone, electricity, heating and water;
- D. services necessary for the member's health and safety such as pest eradication and one-time cleaning prior to occupancy; and
- E. moving expenses.

Community Transition Services should not include payment for room and board; monthly rental or mortgage expense; regular food expenses, regular utility charges; and/or household appliances, or items that are intended for purely diversional/recreational purposes.

**220.340 Consultation**

**1-1-23**

Consultation services are clinical and therapeutic services which assist the individual, parents, legally responsible persons, responsible individuals, and service providers in carrying out the member's PCSP. These services are direct in nature. The PASSE will be responsible for maintaining the necessary information to document staff qualifications. Staff, who meets the certification criteria necessary for other consultation functions, may also provide these activities.

These activities include, but are not limited to:

- A. Provision of updated psychological and adaptive behavior assessments; allowable providers: psychologist, psychological examiner, speech therapist, physical therapist, occupational therapist within the scope of their practice area;
- B. Screening, assessing and developing CES waiver services treatment plans; allowable providers: Qualified Developmental Disabled Professional (QDDP), psychologist, psychological examiner, speech therapist, physical therapist, occupational therapist, dietitian, positive behavior support (PBS) specialist, licensed clinical social worker, professional counselor, registered nurse, certified communication and environmental control specialist, board certified behavior analyst (BCBA) within the scope of their practice area;
- C. Training of direct services staff or family members in carrying out special community living services strategies identified in the member's PCSP as applicable to the consultation specialty;
- D. Providing information and assistance to the persons responsible for developing the member's PCSP as applicable to the consultation specialty;
- E. Participating on the interdisciplinary team, when appropriate to the consultant's specialty;
- F. Consulting with and providing information and technical assistance with other service providers or with direct service staff or family members in carrying out the member's PCSP specific to the consultant's specialty;
- G. Assisting direct services staff or family members to make necessary program adjustments in accordance with the member's PCSP and applicable to the consultant's specialty;
- H. Determining the appropriateness and selection of adaptive equipment to include communication devices, computers, and software consistent with the consultant's specialty;
- I. Training or assisting members, direct services staff, or family members in the set up and use of communication devices, computers, and software consistent with the consultant's specialty;
- J. Training of direct services staff or family members by a professional consultant in:
  - 1. activities to maintain specific behavioral management programs applicable to the member.
  - 2. activities to maintain speech pathology, occupational therapy, or physical therapy program treatment modalities specific to the member.
  - 3. The provision of medical procedures not previously prescribed but now necessary to sustain the member in the community;
- K. Training or assisting by advocacy consultants to members and family members on how to self-advocate;
- L. Rehabilitation counseling;
- M. The PASSE is responsible for developing a Risk Mitigation Plan for each client that outlines risk factors and action steps that must be taken to mitigate the risk. CES Waiver

clients who are at low risk of displaying behaviors that can lead to harm to self, and/or community members must have a Behavioral Prevention and Intervention Plan that is overseen and implemented by the client's supportive living provider. The goal is to keep the member in his or her place of residence and avoid an acute placement. Supportive living staff developing, overseeing, and implementing Behavioral Prevention and Intervention Plans must receive training in verbal de-escalation, trauma informed care, verbal intervention training. Behavioral Prevention and Intervention Plan development must be by staff who meet minimum qualification of a Positive Behavior Support Specialist in accordance with CES Waiver standards;

- N. Screening, assessing, and developing positive behavior support plans, assisting staff in implementation, monitoring, reassessment, and plan modifications; A positive behavior support plan is required when high level of behavioral related risk is identified in the PASSE Risk Mitigation Plan. Allowable providers include Psychologist, Psychological Examiners, Positive Behavior Support (PBS) Specialist, Board Certified Behavior Analyst (BCBA) within the scope of their practice area. licensed clinical social worker and licensed professional counselors;
- O. Training and assisting members, direct service staff, or family members in proper nutrition and special dietary needs.

**220.350 Environmental Modifications**

**1-1-23**

Modifications made to the member's place of residence that are necessary to ensure the health, welfare, and safety of the member or that enable the member to function with greater independence and without which, the member would require institutionalization. Examples of environmental modifications include the installation of wheelchair ramps, widening doorways, modification of bathroom facilities, installation of specialized electrical and plumbing systems to accommodate medical equipment, installation of sidewalks or pads, and fencing to ensure non-elopement, wandering, or straying of members with decreased mental capacity or aberrant behaviors.

Exclusions include modifications or repairs to the home which are of general utility and not for a specific medical or habilitative benefit; modifications or improvements which are of an aesthetic value only; and modifications that add to the total square footage of the home.

Environmental modifications that are permanent fixtures to rental property require written authorization and release of current or future liability from the property owner.

**220.360 Supplemental Support**

**1-1-23**

Supplemental Support services meet the needs of the client to improve or enable the continuance of community living. Supplemental Support Services will be based upon demonstrated needs as identified in a member's PCSP as unforeseen problems arise that, unless remedied, could cause a disruption in the member's services or placement, or place the member at risk of institutionalization.

**220.370 Respite**

**1-1-23**

Respite services are provided periodically on a short term basis in accordance with the member's PCSP. They may be provided in an emergency situation due to the absence of or need for relief to the no-paid primary caregiver. Respite services may include the cost of room and board charges when allowable.

Receipt of respite does not necessarily preclude a member from receiving other services on the same day. For example, a member may receive day services, such as supported employment, on the same day as caregiver respite services.

When caregiver respite is furnished for the relief of a foster care provider, foster care services may not be billed during the period that respite is furnished. Caregiver respite should not be furnished for the purpose of compensating relief or substitute staff for supportive living services. Caregiver respite services are not to supplant the responsibility of the parent or guardian.

**220.380 Specialized Medical Supplies 1-1-23**

Specialized medical equipment and supplies include:

- A. Items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items;
- B. Such other durable and non-durable medical equipment not available under the State plan that is necessary to address the member's functional limitations and has been deemed medically necessary by the prescribing physician;
- C. Necessary medical supplies not available under the State plan. Items reimbursed with Waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the member. All items shall meet applicable standards of manufacture, design, and installation. The most cost effective item should be considered first;

Additional supply items are covered as a Waiver service when they are considered essential and medically necessary for home and community care;

- D. Nutritional supplements;
- E. Non-prescription medications. Alternative medicines not Federal Drug Administration approved are excluded from coverage;
- F. Prescription drugs minus the cost of drugs covered by Medicare Part D when extended benefits available under state plan are exhausted.

**230.000 REIMBURSEMENT**

**230.100 Method of Reimbursement 1-1-23**

Home and Community-Based Services outlined in this Manual for the Behavioral Health Adults receiving HCBS services outside of the PASSE are reimbursed on a fee for service basis by Medicaid. Service rates are set on a unit or daily rate basis. A full unit or day must be rendered in order to bill a unit of service.

**230.200 Fee Schedules 1-1-23**

Arkansas Medicaid provides [fee schedules on the DMS website](#). The fees represent the fee-for-service reimbursement methodology.

Fee schedules do not address coverage limitations or special instructions applied by Arkansas Medicaid before final payment is determined.

Procedure codes and/or fee schedules do not guarantee payment, coverage or amount allowed. Information may be changed or updated at any time to correct a discrepancy and/or error. Arkansas Medicaid always reimburses the lesser of the amount billed or the Medicaid maximum.

**TOC required****272.800 State Plan Requirement****3-1-19**

The PASSE Provider Agreement with a PASSE must provide that payments provided for under the contract will be denied for new enrollees when, and for so long as, payment for those enrollees is denied by CMS under § 438.730(e).

**280.000 HOME AND COMMUNITY BASED SPECIALTY SERVICES****281.000 Home and Community Based Service Providers****3-1-19**

The PASSE is responsible for the credentialing of home and community based service (HCBS) providers. All HCBS providers must be enrolled in Arkansas Medicaid as an HCBS provider. In order to enroll in Arkansas Medicaid as a Home and Community Based Service provider, the HCBS provider must be credentialed as such by the PASSE.

**282.000 Rehabilitative Level Services****3-1-19**

The PASSE is responsible for providing Rehabilitative Level Behavioral Health Services that will improve the health of beneficiaries who need intensive levels of specialized care due to the behavioral health issues. Rehabilitative Level Behavioral Health Services are for individuals who have been identified to meet Tier II Level of Care as determined by DHS through the Behavioral Health Independent Assessment. At this level of need, services are provided in a counseling services setting but the level of need requires a broader array of services.

Rehabilitative Level Services are Home and community based behavioral health services with care coordination for the purpose of treating mental health and/or substance abuse conditions. Services shall be rendered and coordinated through a team based approach. Rehabilitative Level Services home and community based settings shall include services rendered in, but not limited to, a beneficiary's home, community, behavioral health clinic/ office, healthcare center, physician office, and/ or school.

**282.001 Behavioral Assistance****3-1-19**

Behavioral Assistance is a specific outcome-oriented intervention provided individually or in a group setting with the child/youth and/or his/her caregiver(s) that will provide the necessary support to attain the goals of the treatment plan. Services involve applying positive behavioral interventions and supports within the community to foster behaviors that are rehabilitative and restorative in nature. The intervention should result in sustainable positive behavioral changes that improve functioning, enhance the quality of life and strengthen skills in a variety of life domains.

Behavioral Assistance is designed to support youth and their families in meeting behavioral goals in various community settings. The service is targeted for children and adolescents who are at risk of out-of-home placement or who have returned home from residential placement and need flexible wrap-around supports to ensure safety and support community integration. The service is tied to specific treatment goals and is developed in coordination with the youth and their family. Behavioral Assistance aids the family in implementing safety plans and behavioral management plans when youth are at risk for offending behaviors, aggressions, and oppositional defiance. Staff provides supports to youth and their families during periods when behaviors have been typically problematic—such as during morning preparation for school, at bedtime, after school, or other times when there is evidence of a pattern of escalation of problem difficult behaviors. The service may be provided in school classrooms or on school busses for short periods of time to help a youth's transition from hospitals or residential settings but is not intended as a permanent solution to problem difficult behaviors at school.

**282.002 Adult Rehabilitative Day Service****3-1-19**

A continuum of care provided to recovering individuals living in the community based on their level of need. This service includes educating and assisting the individual with accessing supports and services needed. The service assists the recovering individual to direct their resources and support systems. Activities include training to assist the person to learn, retain, or improve specific job skills, and to successfully adapt and adjust to a particular work environment. This service includes training and assistance to live in and maintain a household of their choosing in the community. In addition, transitional services to assist individuals adjust after receiving a higher level of care. The goal of this service is to promote and maintain community integration.

An array of face-to-face rehabilitative day activities providing a preplanned and structured group program for identified beneficiaries that aimed at long-term recovery and maximization of self-sufficiency, as distinguished from the symptom stabilization function of acute day treatment. These rehabilitative day activities are person- and family-centered, recovery-based, culturally competent, provide needed accommodation for any disability and must have measurable outcomes. These activities assist the beneficiary with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their chronic mental illness. The intent of these services is to restore the fullest possible integration of the beneficiary as an active and productive member of his/her family, social and work community and/or culture with the least amount of ongoing professional intervention. Skills addressed may include: emotional skills, such as coping with stress, anxiety or anger; behavioral skills, such as proper use of medications, appropriate social interactions and managing overt expression of symptoms like delusions or hallucinations; daily living and self-care skills, such as personal care and hygiene, money management and daily structure/use of time; cognitive skills, such as problem solving, understanding illness and symptoms and reframing; community integration skills and any similar skills required to implement a beneficiary's master treatment plan.

**282.003 Peer Support****3-1-19**

Peer Support is a consumer centered service provided by individuals (ages 18 and older) who self-identify as someone who has received or is receiving behavioral health services and thus is able to provide expertise not replicated by professional training. Peer providers are trained and certified peer specialists who self-identify as being in recovery from behavioral health issues. Peer support is a service to work with beneficiaries to provide education, hope, healing, advocacy, self-responsibility, a meaningful role in life, and empowerment to reach fullest potential. Specialists will assist with navigation of multiple systems (housing, supportive employment, supplemental benefits, building/rebuilding natural supports, etc.) which impact beneficiaries' functional ability. Services are provided on an individual or group basis, and in either the beneficiary's home or community environment.

Peer support may include assisting their peers in articulating their goals for recovery, learning and practicing new skills, helping them monitor their progress, assisting them in their treatment, modeling effective coping techniques and self-help strategies based on the specialist's own recovery experience, and supporting them in advocating for themselves to obtain effective services.

**282.004 Family Support Partners****3-1-19**

A service provided by peer counselors, or Family Support Partners (FSP), who model recovery and resiliency for caregivers of children and youth with behavioral health care needs or developmental disabilities. FSP come from legacy families and use their lived experience, training, and skills to help caregivers and their families identify goals and actions that promote recovery and resiliency and maintain independence. A FSP may assist, teach and model appropriate child-rearing strategies, techniques and household management skills. This service provides information on child development, age-appropriate behavior, parental expectations, and

childcare activities. It may also assist the member's family in securing resources and developing natural supports.

Family Support Partners serve as a resource for families with a child, youth, or adolescent receiving behavioral health or developmental disability services. Family Support Partners help families identify natural supports and community resources, provide leadership and guidance for support groups, and work with families on: individual and family advocacy, social support for assigned families, educational support, systems advocacy, lagging skills development, problem solving techniques and self-help skills.

**282.005 Pharmacologic Counseling by RN****3-1-19**

A specific, time limited one-to-one intervention by a nurse with a beneficiary and/or caregivers, related to their psychopharmacological treatment. Pharmaceutical Counseling involves providing medication information orally or in written form to the beneficiary and/or caregivers. The service should encompass all the parameters to make the beneficiary and/or family understand the diagnosis prompting the need for the medication and any lifestyle modification required.

**282.006 Supportive Life Skills Development****3-1-19**

A service that provides support and training for youth and adults on a one-on-one or group basis. This service should be a strength-based, culturally appropriate process that integrates the member into their community as they develop their recovery plan or habilitation plan. This service is designed to assist members in acquiring the skills needed to support as independent a lifestyle as possible, enable them to reside in their community (in their own home, with family, or in an alternative living setting), and promote a strong sense of self-worth. In addition, it aims to assist members in setting and achieving goals, learning independent life skills, demonstrating accountability, and making goal-oriented decisions related to independent living.

Topics may include: educational or vocational training, employment, resource and medication management, self-care, household maintenance, health, socialization, community integration, wellness, and nutrition. For clients with developmental or intellectual disability, supportive life skills development may focus on acquiring skills to complete activities of daily living (ADLs) and instrumental activities of daily living (IADLs), such as communication, bathing, grooming, cooking, shopping, or budgeting.

**282.007 Child and Youth Support Services****3-1-19**

Child and Youth Support Services are clinical, time limited services for principal caregivers designed to increase a child's positive behaviors and encourage compliance with parents at home; working with teachers/schools to modify classroom environment to increase positive behaviors in the classroom; and increase a child's social skills, including understanding of feelings, conflict management, academic engagement, school readiness, and cooperation with teachers and other school staff. This service is intended to increase parental skill development in managing their child's symptoms of their illness and training the parents in effective interventions and techniques for working with the schools.

Services might include an In-Home Case Aide. An In-Home Case Aide is an intensive, time-limited therapy for youth in the beneficiary's home or, in rare instances, a community based setting. Youth served may be in imminent risk of out of home placement or have been recently reintegrated from an out of home placement. Services may deal with family issues related to the promotion of healthy family interactions, behavior training, and feedback to the family.

**282.008 Supportive Employment****3-1-19**

Supportive Employment is designed to help beneficiaries acquire and keep meaningful jobs in a competitive job market. The service actively facilitates job acquisition by sending staff to

accompany beneficiaries on interviews and providing ongoing support and/or on the job training once the beneficiary is employed.

Service settings may vary depending on individual need and level of community integration, and may include the beneficiary's home. Services delivered in the home are intended to foster independence in the community setting and may include training in menu planning, food preparation, housekeeping and laundry, money management, budgeting, following a medication regimen, and interacting with the criminal justice system.

### **282.009 Supportive Housing**

**3-1-19**

Supportive Housing is designed to ensure that beneficiaries have a choice of permanent, safe, and affordable housing. An emphasis is placed on the development and strengthening of natural supports in the community. This service assists beneficiaries in locating, selecting, and sustaining housing, including transitional housing and chemical free living; provides opportunities for involvement in community life; and fosters independence.

Service settings may vary depending on individual need and level of community integration, and may include the beneficiary's home. Services delivered in the home are intended to foster independence in the community setting and may include training in menu planning, food preparation, housekeeping and laundry, money management, budgeting, following a medication regimen, and interacting with the criminal justice system.

### **282.011 Partial Hospitalization**

**3-1-19**

Partial Hospitalization is an intensive nonresidential, therapeutic treatment program. It can be used as an alternative to and/or a step-down service from inpatient residential treatment or to stabilize a deteriorating condition and avert hospitalization. The program provides clinical treatment services in a stable environment on a level equal to an inpatient program, but on a less than 24-hour basis. The environment at this level of treatment is highly structured, and there should be a staff-to-patient ratio sufficient to ensure necessary therapeutic services. Partial Hospitalization may be appropriate as a time-limited response to stabilize acute symptoms, transition (step-down from inpatient), or as a stand-alone service to stabilize a deteriorating condition and avert hospitalization.

### **282.012 Mobile Crisis Intervention**

**3-1-19**

A short term, on-site, face-to-face therapeutic response to a member experiencing a behavioral health crisis for the purpose of identifying, assessing, treating and stabilizing the situation and reducing immediate risk of danger to the member or others consistent with the member's risk management/safety plan, if available. This service is available 24 hours per day, seven days per week, and 365 days per year; and is available after hours and on weekends when access to immediate response is not available through appropriate agencies.

The service includes a crisis assessment, engagement in a crisis planning process, which may result in the development /update of one or more Crisis Planning Tools (Safety Plan, Advanced Psychiatric Directive, etc.) that contain information relevant to and chosen by the beneficiary and family, crisis intervention and/or stabilization services including on-site face-to-face therapeutic response, psychiatric consultation, and urgent psychopharmacology intervention, as needed; and referrals and linkages to all medically necessary behavioral health services and supports, including access to appropriate services and supports, including access to appropriate services along the behavioral health continuum of care.

### **282.013 Therapeutic Host Homes**

**3-1-19**

A home or family setting that that consists of high intensive, individualized treatment for the member whose behavioral health or developmental disability needs are severe enough that they would be at risk of placement in a restrictive residential setting.

A therapeutic host parent is trained to implement the key elements of the member's PCSP in the context of family and community life, while promoting the PCSP's overall objectives and goals. The host parent should be present at the PCSP development meetings and should act as an advocate for the member.

**282.014 Recovery Support Partners (for Substance Abuse)**

**3-1-19**

A continuum of care provided to recovering members living in the community. Recovery Support partners may educate and assist the individual with accessing supports and needed services, including linkages to housing and employment services. Additionally, the Recovery Support Partner assists the recovering member with directing their resources and building support systems. The goal of the Recovery Support Partner is to help the member integrate into the community and remain there.

**282.015 Substance Abuse Detox (Observational)**

**3-1-19**

A set of interventions aimed at managing acute intoxication and withdrawal from alcohol or other drugs. Services help stabilize the member by clearing toxins from his or her body. Detoxification (detox) services are short term and may be provided in a crisis unit, inpatient, or outpatient setting. Detox services may include evaluation, observation, medical monitoring, and addiction treatment. The goal of detox is to minimize the physical harm caused by the abuse of substances and prepare the member for ongoing substance abuse treatment.

**283.000 Intensive Level Services**

**3-1-19**

The PASSE is responsible for providing Intensive Level Behavioral Health Services that will improve the health of beneficiaries who need intensive levels of specialized care due to the behavioral health issues. Intensive Level Behavioral Health Services are for individuals who have been identified to meet Tier III Level of Care as determined by DHS through the Behavioral Health Independent Assessment. Eligibility for this level of need will be identified by additional criteria, which could lead to inpatient admission or residential placement.

Intensive Level Services are the most intensive behavioral health services for the purpose of treating mental health and/or substance abuse conditions. Services shall be rendered and coordinated through a team based approach with a focus on discharge planning.

**283.001 Therapeutic Communities**

**3-1-19**

Therapeutic Communities are highly structured residential environments or continuums of care in which the primary goals are the treatment of behavioral health needs and the fostering of personal growth leading to personal accountability. Services address the broad range of needs identified by the person served. Therapeutic Communities employs community imposed consequences and earned privileges as part of the recovery and growth process. In addition to daily seminars, group counseling, and individual activities, the persons served are assigned responsibilities within the therapeutic community setting. Participants and staff members act as facilitators, emphasizing personal responsibility for one's own life and self improvement. The service emphasizes the integration of an individual within his or her community, and progress is measured within the context of that community's expectation.

**283.002 Residential Community Reintegration Program**

**3-1-19**

The Residential Community Reintegration Program is designed to serve as an intermediate level of care between Inpatient Psychiatric Facilities and home and community based behavioral health services. The program provides twenty four hour per day intensive therapeutic care provided in a small group home setting for children and youth with emotional and/or behavior problems which cannot be remedied by less intensive treatment. The program is intended to prevent acute or sub-acute hospitalization of youth, or incarceration. The program is also offered as a step-down or transitional level of care to prepare a youth for less intensive treatment. A

Residential Community Reintegration Program shall be appropriately certified by the Department of Human Services to ensure quality of care and the safety of beneficiaries and staff.

A Residential Community Reintegration Program shall ensure the provision of educational services to all beneficiaries in the program. This may include education occurring on campus of the Residential Community Reintegration Program or the option to attend a school off campus if deemed appropriate in accordance with the Arkansas Department of Education.

**283.003 — Planned Respite**

**3-1-19**

Temporary direct care and supervision for a beneficiary due to the absence or need for relief of the non-paid primary caregiver. Planned respite can occur at medical or specialized camps, day care programs, the member's home or place of residence, the respite care provider's home or place of residence, foster homes, a Human Development Center, or a licensed respite facility.

The primary purpose of Planned Respite is to relieve the principal care giver of the member with a behavioral health or developmental disability need so that stressful situations are de-escalated and the care giver and member have a therapeutic and safe outlet.

**283.004 — Emergency Respite**

**3-1-19**

Emergency Respite is temporary direct care and supervision for a member who is experiencing an acute behavioral crisis or developmental disability need. Emergency respite can in a facility setting, including a Human Development Center.

The primary purpose of Emergency Respite is to de-escalate stressful situations and return the member back into the community.

**284.000 — Community and Employment Supports (CES) Waiver Services**

**3-1-19**

The purpose of Community and Employment Support (CES) Waiver services are to support individuals of all ages who have a developmental disability, meet ICF level of care and require waiver support services to live in the community and prevent institutionalization.

The goals of the CES Waiver are to support beneficiaries in all major life activities, promote community inclusion through integrated employment options and community experiences, and provide comprehensive care coordination and service delivery under the 1915(b) PASSE Waiver Program.

**284.001 — CES Supported Employment**

**3-1-19**

CES Supported Employment is a tailored array of services that offers ongoing support to members with the most significant disabilities to assist in their goal of working in competitive integrated work settings for at least minimum wage. It is intended for individuals for whom competitive employment has not traditionally occurred, or has been interrupted or intermittent as a result of a significant disability, and who need ongoing supports to maintain their employment.

CES Supported Employment consists of the following supports:

- A. — Discovery Career Planning — Information is gathered about a member's interests, strengths, skills, the types of supports that are most effective, and the types of environments and activities where the member is at his or her best. Discovery/Career Planning services should result in the development of the Individual Career Profile which includes specific recommendations regarding the member's employment support needs, preferences, abilities and characteristic of optimal work environment. The following activities may be a component of Discovery/Career Planning: review of the member's work history, interest and skills; job exploration; job shadowing; informational interviewing including mock interviews; job and task analysis activities; situational assessments to assess the member's interest and aptitude in a particular type of job; employment

preparation (i.e. resume development); benefits counseling; business plan development for self-employment; and volunteerism.

- B. — Employment Path — Members receiving Employment Path services must have goals related to employment in integrated community settings in their Person-Centered Support Plan (PCSP). Service activities must be designed to support such employment goals. Employment Path services can replace non-work services. Activities under Employment Path should develop and teach soft skills utilized in integrated employment which include but are not limited to following directions, attending to tasks, problem solving skills and strategies, mobility training, effective and appropriate communication-verbal and nonverbal, and time management.
- C. — Employment Supports — Job Development services are individualized services that are specific in nature to obtaining certain employment opportunity. The initial outcome of Job Development Services is a Job Development Plan to be incorporated with the Individual Career Profile. The Job development plan should specify at a minimum the short and long term employment goals, target wages, tasks hours and special conditions that apply to the worksite for that member; jobs that will be developed and/or a description of customized tasks that will be negotiated with potential employers; initial list of employer contacts and plan for how many employers will be contacted each week; conditions for use of on-site job coaching.
- D. — Employment Supports Job Coaching — Employment Supports Job Coaching are on-site activities that may be provided to a member once employment is obtained. Activities provided under this services may include, but are not limited to, the following: Complete job duty and task analysis; assist the member in learning to do the job by the least intrusive method; develop compensatory strategies if needed to cue member to complete job; analyze work environment during initial training/learning of the job, and make determinations regarding modifications or assistive technology.

#### 284.002 — Supportive Living

3-1-19

Supportive living is an array of individually tailored services and activities to enable members to reside successfully in their own home, with family or in an alternative living setting (apartment, or provider owned group home). Supportive living services must be provided in an integrated community setting.

Supportive living includes care, supervision, and activities that directly relate to active treatment goals and objectives set forth in the member's PCSP. It excludes room and board expenses, including general maintenance, upkeep, or improvement to the home.

Supportive living supervision and activities are meant to assist the member to acquire, retain, or improve skills in a wide variety of areas that directly affect the person's ability to reside as independently as possible in the community. The habilitation objective to be served by each activity should be documented in the member's PCSP. Examples of supervision and activities that may be provided as part of supportive living include:

- A. — Decision making, including the identification of and response to dangerously threatening situations, making decisions and choices affecting the member's life, and initiating changes in living arrangements or life activities.
- B. — Money management, including training, assistance or both in handling personal finances, making purchase and meeting personal financial obligations;
- C. — Daily living skills, including training in accomplishing routine housekeeping tasks, meal preparation, dressing, personal hygiene, administration of medication (to the extent permitted by state law), proper use of adaptive and assistive devices and household appliances, training on home safety, first aid, and emergency procedures;

- D. Socialization, including training and assistance in participating in general community activities and establishing relationships with peers. Activity training includes assisting the member to continue to participate in an ongoing basis;
- E. Community integration experiences, including activities intended to instruct the member in daily living and community living in integrated settings, such as shopping, church attendance, sports, and participation sports.
- F. Mobility, including training and assistance aimed at enhancing movement within the member's living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel or movement within the community;
- G. Communication, including training in vocabulary building, use of augmentative communication devices, and receptive and expressive language;
- H. Behavior shaping and management, including training and assistance in appropriate expression of emotions or desires, compliance, assertiveness, acquisition of socially appropriate behaviors or reduction of inappropriate behaviors;
- I. Reinforcement of therapeutic services, including conducting exercises reinforcing physical, occupational, speech, behavioral or other therapeutic programs;
- J. Companion activities and therapies, or the use of animals as modalities to motivate members to meet functional goals established for the member's habilitative training, including language skills, increased range of motion, socialization, and the development of self respect, self-esteem, responsibility, confidence, an assertiveness; and
- K. Health maintenance activities, which include tasks that members would otherwise do for themselves or have a family member do, with the exception of injections and IV medication administration.

**284.003 Adaptive Equipment****3-1-19**

Adaptive equipment is a piece of equipment, or product system that is used to increase, maintain, or improve functional capabilities of members, whether commercially purchased, modified, or customized. The adaptive equipment services include adaptive, therapeutic, or augmentative equipment that enables a member to increase, maintain, or improve their functional capacity to perform daily life tasks that would not be possible otherwise.

Consultation by a medical professional must be conducted to ensure the adaptive equipment will meet the needs of the member.

Adaptive equipment includes enabling technology, such as safe home modifications, that empower members to gain independence through customizable technologies that allow them to safely perform activities of daily living without assistance while still providing monitoring and response for those members, as needed. Enabling technology allows members to be proactive about their daily schedule and integrates member choice.

Adaptive equipment also includes Personal Emergency Response Systems (PERS), which is a stationary or portable electronic device used in the member's place of residence and that enables the member to secure help in an emergency. The system is connected to a response center staffed by trained professionals who respond to activation of the device. PERS services may include the assessment, purchase, installation, and monthly rental fee.

Computer equipment, including software, can be included as adaptive equipment. Specifically, computer equipment includes equipment that allows the member increased control of their environment, to gain independence, or to protect their health and safety.

Vehicle modifications are also included as adaptive equipment. Vehicle modifications are adaptations to an automobile or van to accommodate the special needs of the member. The purpose of vehicle modifications is to enable the member to integrate more fully into the community and to ensure the health, safety, and welfare of the member. Vehicle modifications exclude: adaptations or modifications to the vehicle that are of general utility and not of direct medical or habilitative benefit to the member; purchase, down payment, monthly car payment or lease payment; or regularly scheduled maintenance of the vehicle.

**284.004 Community Transition Services****3-1-19**

Community Transition Services are non-recurring set-up expenses for members who are transitioning from an institutional or provider-operated living arrangement, such as an ICF or group home, to a living arrangement in a private residence where the member or his or her guardian is directly responsible for his or her own living expenses.

Community Transition service activities include those necessary to enable a member to establish a basic household, not including room and board, and may include: (a) security deposits that are required to obtain a lease on an apartment or home; (b) essential household furnishings required to occupy and use a community domicile, including furniture, window coverings, food preparation items, and bed/bath linens; (c) set-up fees or deposits for utility or service access, including telephone, electricity, heating and water; (d) services necessary for the member's health and safety such as pest eradication and one-time cleaning prior to occupancy; and (e) moving expenses.

Community Transition Services should not include payment for room and board; monthly rental or mortgage expense; regular food expenses; regular utility charges; and/or household appliances or items that are intended for purely diversional/recreational purposes.

**284.005 Consultation****3-1-19**

Consultation services are clinical and therapeutic services which assist the individual, parents, legally responsible persons, responsible individuals and service providers in carrying out the member's PCSP. Consultation activities are provided by professionals licensed as one of the following:

- A. Psychologist
- B. Psychological Examiner
- C. Mastered Social Worker
- D. Professional counselor
- E. Speech pathologist
- F. Occupational therapist
- G. Registered Nurse
- H. Certified parent educator or provider trainer
- I. Certified communication and environmental control specialist
- J. Qualified Developmental Disabled Professional (QDDP)
- K. Positive Behavior Support (PBS) Specialist
- L. Physical therapist
- M. Rehabilitation counselor

N. Dietitian

O. Recreational Therapist

P. Board Certified Behavior Analyst (BCBA)

These services are direct in nature. The PASSE will be responsible for maintaining the necessary information to document staff qualifications. Staff, who meets the certification criteria necessary for other consultation functions, may also provide these activities. These activities include, but are not limited to:

Q. Provision of updated psychological and adaptive behavior assessments;

R. Screening, assessing and developing therapeutic treatment plans;

S. Assisting in the design and integration of individual objectives as part of the overall individual service planning process as applicable to the consultation specialty;

T. Training of direct services staff or family members in carrying out special community living services strategies identified in the member's PCSP as applicable to the consultation specialty;

U. Providing information and assistance to the persons responsible for developing the member's PCSP as applicable to the consultation specialty;

V. Participating on the interdisciplinary team, when appropriate to the consultant's specialty;

W. Consulting with and providing information and technical assistance with other service providers or with direct service staff or family members in carrying out the member's PCSP specific to the consultant's specialty;

X. Assisting direct services staff or family members to make necessary program adjustments in accordance with the member's PCSP and applicable to the consultant's specialty;

Y. Determining the appropriateness and selection of adaptive equipment to include communication devices, computers and software consistent with the consultant's specialty;

Z. Training or assisting members, direct services staff or family members in the set up and use of communication devices, computers and software consistent with the consultant's specialty;

AA. Screening, assessing and developing positive behavior support plans; assisting staff in implementation, monitoring, reassessment and plan modification consistent with the consultant's specialty;

BB. Training of direct services staff or family members by a professional consultant in:

1. Activities to maintain specific behavioral management programs applicable to the member;

2. Activities to maintain speech pathology, occupational therapy or physical therapy program treatment modalities specific to the member;

3. The provision of medical procedures not previously prescribed but now necessary to sustain the member in the community.

CC. Training or assisting by advocacy consultants to members and family members on how to self-advocate;

DD. Rehabilitation Counseling for the purposes of supported employment supports.

EE. Training and assisting members, direct services staff or family members in proper nutrition and special dietary needs.

**284.006 Crisis Intervention****3-1-19**

Crisis Intervention is delivered in the member's place of residence or other local community site by a mobile intervention team or professional. Intervention shall be available 24 hours a day, 365 days a year. Intervention services shall be targeted to provide technical assistance and training in the areas of behavior already identified. Services are limited to a geographic area conducive to rapid intervention as defined by the provider responsible to deploy the team or professional. Services may be provided in a setting as determined by the nature of the crisis; i.e., residence where behavior is happening, neutral ground, local clinic or school setting, etc., for persons participating in the Waiver program and who are in need of non-physical intervention to maintain or re-establish a behavior management or positive programming plan.

**284.007 Environmental Modifications****3-1-19**

Modifications made to the member's place of residence that are necessary to ensure the health, welfare and safety of the member or that enable the member to function with greater independence and without which, the member would require institutionalization. Examples of environmental modifications include the installation of wheelchair ramps, widening doorways, modification of bathroom facilities, installation of specialized electrical and plumbing systems to accommodate medical equipment, installation of sidewalks or pads, and fencing to ensure non-elopement, wandering or straying of members with decreased mental capacity or aberrant behaviors.

Exclusions include modifications or repairs to the home which are of general utility and not for a specific medical or habilitative benefit; modifications or improvements which are of an aesthetic value only; and modifications that add to the total square footage of the home.

Environmental modifications that are permanent fixtures to rental property require written authorization and release of current or future liability from the property owner.

**284.008 Supplemental Support****3-1-19**

Supplemental Support services meet the needs of the member to improve or enable the continuance of community living. Supplemental Support Services will be based upon demonstrated needs as identified in a member's PCSP as unforeseen problems arise that, unless remedied, could cause a disruption in the member's services or placement, or place the member at risk of institutionalization.

**284.009 Caregiver Respite****3-1-19**

Caregiver respite services are provided on a short term basis to members unable to care for themselves due to the absence of or need for relief to the non-paid primary caregiver. Caregiver respite services do not include room and board charges.

Receipt of respite does not necessarily preclude a member from receiving other services on the same day. For example, a member may receive day services, such as supported employment, on the same day as caregiver respite services.

When caregiver respite is furnished for the relief of a foster care provider, foster care services may not be billed during the period that respite is furnished. Caregiver respite should not be furnished for the purpose of compensating relief or substitute staff for supportive living services. Caregiver respite services are not to supplant the responsibility of the parent or guardian.

Caregiver respite services may be provided through a combination of basic child care & support services required to meet the needs of a child.

~~Caregiver respite may be provided in the following locations:~~

- ~~A. Member's home or private place of residence;~~
- ~~B. The private residence of a respite care provider;~~
- ~~C. Foster home;~~
- ~~D. Licensed respite facility; or~~
- ~~E. Other community residential facility approved by the member's PASSE, not a private residence. Respite care may occur in a licensed or accredited residential mental health facility.~~

**284.010 Specialized Medical Supplies**

**3-1-19**

~~Specialized medical equipment and supplies include:~~

- ~~A. Items necessary for life support or to address physical conditions along with ancillary supplies and equipment necessary to the proper functioning of such items;~~
- ~~B. Such other durable and non-durable medical equipment not available under the State plan that is necessary to address the member's functional limitations and has been deemed medically necessary by the prescribing physician;~~
- ~~C. Necessary medical supplies not available under the State plan. Items reimbursed with Waiver funds are in addition to any medical equipment and supplies furnished under the State plan and exclude those items that are not of direct medical or remedial benefit to the member. All items shall meet applicable standards of manufacture, design and installation. The most cost effective item should be considered first.~~

~~Additional supply items are covered as a Waiver service when they are considered essential and medically necessary for home and community care.~~

- ~~D. Nutritional supplements;~~
- ~~E. Non-prescription medications. Alternative medicines not Federal Drug Administration approved are excluded from coverage.~~
- ~~F. Prescription drugs minus the cost of drugs covered by Medicare Part D when extended benefits available under state plan are exhausted.~~

**TOC required****203.270 Physician's Role in Behavioral Health Services 1-1-23**

Medicaid covers behavioral health services when furnished by qualified providers to eligible Medicaid beneficiaries. A primary care physician referral is required for some behavioral health services when provided outside the physician's office.

For additional information about services that may not require PCP referral, refer to Section 172.100 of this manual.

**205.100 Physician's Supervision in the Provision of Behavioral Health Counseling Services 1-1-23**

The counseling procedures covered under the Physician Program are allowed as a covered service for providers enrolled in the Primary Care Case Management (PCCM) program and when provided by the physician or by a qualified practitioner authorized by State licensure to provide them. For additional information about qualified practitioners who can provide counseling services, refer to Section II of the [Counseling Services Medicaid Provider Manual](#).

When a practitioner other than a physician provides the services, the practitioner must be under supervision of a physician in the clinic that is billing for the services. For counseling services only, the term supervision means the following:

- A. The person who is performing the covered service must be either of the following:
  - 1. A paid employee of the physician who is billing the Medicaid Program. A W-4 must be on file in the physician's office; or
  - 2. A subcontractor of the physician who is billing the Medicaid Program. A contract between the physician and the subcontractor must be on file in the physician's office;And
  - 3. The paid employee or subcontractor must be enrolled with Arkansas Medicaid as a performing provider in a program that allows them to provide counseling services.
- B. The physician must monitor and be responsible for the quality of work performed by the employee or subcontractor under his/her supervision. The physician must be immediately available to give assistance and direction throughout the time the service is being performed.
- C. Psychological testing is not covered, except as defined in the Arkansas Medicaid [Diagnostic and Evaluation manual](#).

Refer to Section 292.740 of this manual for more information.

**292.740 Counseling Services 1-1-23**

The [counseling procedures](#) covered under the Physician Program are allowed as a covered service when provided by the physician or when provided by a qualified practitioner who by State licensure is authorized to provide them.

Counseling Services must be provided by a physician or qualified performing provider in the physician's office or the outpatient hospital. Counseling codes may not be billed in conjunction with an inpatient hospital visit, or inpatient psychiatric facility visit and may not be billed when services are performed as Medicaid Behavioral Health Counseling Services at another enrolled Arkansas Medicaid provider type site. Only one (1) counseling visit per day is allowed in the physician's office, the outpatient hospital, or nursing home. Counseling Services provided and

billed by a physician's office are defined in the Arkansas Medicaid [Counseling Services provider manual](#). The rules set forth in the Counseling Services manual will apply with the exception of the place of service codes. Place of service will be limited to the following place of service codes: Place of Service Code 22 Outpatient Hospital, 11 Doctor's Office and 12 Patient's Home. Any additional services provided by a psychiatrist enrolled in the physician's program will count against the sixteen (16) visits per State Fiscal Year physician benefit limit. Record Review is not covered.

**292.741 Behavioral Health Screen****1-1-23**

A physician, physician's assistant, or advanced nurse practitioner may administer a brief standardized emotional/behavioral assessment screening to a client along with an office visit. The allowable screening is up to two (2) units per visit and is allowable up to four (4) times per state fiscal year without prior authorization. An extension of benefits may be requested if additional screening is medically necessary. If a client is under the age of eighteen (18), and the parent/legal guardian appears depressed, he or she can be screened as well, and the screening billed under the minor's Medicaid number. The provider cannot prescribe meds for the parent under the child's Medicaid number. A parent/legal guardian session will count towards the four (4) counseling screening limit. The physician must have the capacity to treat or refer the parent/guardian for further treatment if the screening results indicate a need, regardless of payor source.

## SECTION II – SCHOOL-BASED MENTAL HEALTH SERVICES

### CONTENTS

#### **200.000 — SCHOOL-BASED MENTAL HEALTH SERVICES GENERAL INFORMATION**

- 201.000 — Introduction
- 202.000 — Arkansas Medicaid Participation Requirements for a School District or Education Services Cooperative (ESC) to Provide School-Based Mental Health Services
- 202.110 — School Based Mental Health Services When School is not in Session or a Child is not in School
- 202.120 — Liability Insurance

#### **210.000 — PROGRAM COVERAGE**

- 211.000 — Introduction
- 211.100 — Continuity of Care and/or Services
- 211.200 — Non-Refusal Requirement
- 211.300 — Primary Care Physician (PCP) Referral
- 211.310 — When a Child is Ineligible for Medicaid at Time of Service
- 211.320 — Renewal of PCP Referral
- 212.000 — Scope
- 212.100 — Physician Referral
- 212.200 — Comprehensive Assessment
- 212.300 — Treatment Plan Requirements
- 212.400 — Place of Service
- 213.000 — Exclusions
- 214.000 — Covered Services
- 215.000 — Diagnosis and Clinical Impression
- 216.000 — Record Keeping Requirements
- 217.000 — Documentation
- 217.100 — Electronic Signatures
- 218.000 — Beneficiary Appeal Process
- 219.000 — Utilization Review
- 219.100 — Record Reviews
- 219.200 — Utilization Review Section
- 228.130 — Retrospective Reviews
- 228.131 — Purpose of a Review
- 229.000 — Medicaid Beneficiary Appeal Process
- 229.200 — Recoupment Process

#### **260.000 — REIMBURSEMENT**

- 261.000 — Method of Reimbursement
- 261.010 — Fee Schedule
- 262.000 — Rate Appeal Process

#### **270.000 — BILLING PROCEDURES**

- 271.000 — Introduction to Billing
- 272.000 — CMS-1500 Billing Procedures
- 272.100 — School-Based Mental Health Services Procedure Codes
- 272.110 — Mental Health Diagnosis
- 272.120 — Psychological Evaluation
- 272.130 — Interpretation of Diagnosis
- 272.140 — Marital/Family Behavioral Health Counseling with Beneficiary Present
- 272.150 — Crisis Intervention
- 272.160 — Individual Behavioral Health Counseling
- 272.170 — Group Outpatient — Group Therapy
- 272.200 — National Place of Service Code
- 272.300 — Billing Instructions — Paper Only
- 272.310 — Completion of the CMS-1500 Claim Form

272.400—Special Billing Procedures

## 200.000—SCHOOL-BASED MENTAL HEALTH SERVICES GENERAL INFORMATION

### 201.000—Introduction

10-13-03

In order to ensure quality and continuity of care, school districts and/or Education Services Cooperatives (ESC) that are providers of School-Based Mental Health Services, approved to receive Medicaid reimbursement for services provided to the under age 21 Medicaid population, must ensure that contractors and personnel engaged as licensed school-based mental health practitioners meet specific qualifications in order for school districts and ESC providers to bill Medicaid for their services.

### 202.000—Arkansas Medicaid Participation Requirements for a School District or Education Services Cooperative (ESC) to Provide School-Based Mental Health Services

10-13-03

School-Based Mental Health Services providers must meet the Provider Participation and enrollment requirements contained within Section 140.000 of this manual as well as the following criteria to be eligible to participate in the Arkansas Medicaid Program:

- A.—Arkansas Medicaid will enroll as providers only school districts and ESCs that are located within the State of Arkansas.
- B.—The Arkansas Department of Education (ADE) will ensure that a school district or ESC interested in becoming a Medicaid provider of school-based mental health services meets Medicaid provider requirements. Notification of approval by the Arkansas Department of Education must be presented to the Arkansas Division of Medical Services at the time application for enrollment is made. Subsequent decisions by ADE must be provided when issued.

### 202.100—Requirements for Certification of Provider Staff or Contracted Professionals Who Provide School-Based Mental Health Services

7-1-17

School-Based Mental Health Services provider employees and contractors will provide services only in those areas in which they are licensed or credentialed.

School-Based Mental Health Services provider employees and contractors will be under the supervision and jurisdiction of the school district and/or ESC and will provide services twelve months of each year.

School district and Educational Services Cooperative (ESC) mental health provider employee and contractor requirements are as follows:

- A.—Licensed Certified Social Worker (LCSW)
  - 1.—The LCSW must possess a master's degree in social work from a graduate school of social work accredited by the Council on Social Work Education (CSWE).
  - 2.—The LCSW must be state licensed and certified to practice as a licensed certified social worker in the State of Arkansas and in good standing with the Arkansas Social Work Licensing Board.
  - 3.—The LCSW must provide to the school district or ESC proof of two (2) years post-licensure experience treating children and adolescents with mental illness.
  - 4.—The LCSW shall not provide services beyond those for which he or she has been trained and are within his or her scope of practice and licensure.

~~**NOTE: A licensed certified social worker employed or contracted with the school district or ESC may not be enrolled in the Targeted Case Management (TCM) Program. He or she must choose only one of these programs in which to participate.**~~

~~B. Licensed Master Social Worker (LMSW)~~

- ~~1. The LMSW must have a master's degree from an accredited social work program in an accredited institution approved by the Council on Social Work Education (CSWE).~~
- ~~2. The LMSW must be state licensed and certified to practice as a licensed master social worker in the State of Arkansas and in good standing with the Arkansas Social Work Licensing Board.~~
- ~~3. The LMSW must work under the supervision of an LCSW.~~
- ~~4. The LMSW shall not provide services beyond those for which he or she has been trained and are within his or her scope of practice and licensure.~~
- ~~5. The LMSW shall not provide services beyond those for which he or she has been trained and are within his or her scope of practice and licensure.~~

~~**NOTE: A licensed certified social worker employed or contracted with the school district or ESC may not be enrolled in the Targeted Case Management (TCM) Program. He or she must choose only one of these programs in which to participate.**~~

~~C. Licensed Professional Counselor (LPC)~~

- ~~1. The LPC must have received a graduate (master's) degree that is primarily professional counseling in content from a regionally accredited institution of higher education. The LPC must have accumulated at least 48 graduate semester hours to meet the academic and training content standard established by the Arkansas Board of Examiners in Counseling.~~
- ~~2. The LPC has three (3) years of supervised full-time experience in professional counseling acceptable to the Arkansas Board of Examiners in Counseling. One (1) year of experience may be gained for each 30 graduate semester hours earned beyond the master's degree provided that the hours are clearly related to the field of counseling and are acceptable to the Board. In no case may the applicant have less than one (1) year of supervised professional experience.~~
- ~~3. The LPC must be licensed as a licensed professional counselor and be in good standing with the Arkansas Board of Examiners in Counseling.~~
- ~~4. The LPC must meet all licensure requirements as set forth in Arkansas Code Annotated § 17-27-301 for licensed Professional Counselors (LPC).~~
- ~~5. The LPC must provide proof to the school district or ESC of two (2) years post-licensure experience treating children and adolescents with mental illness.~~
- ~~6. The LPC shall not provide services beyond those for which he or she has been trained and are within his or her scope of practice and licensure.~~

~~D. Licensed Associate Counselor (LAC)~~

- ~~1. The LAC must be licensed as a licensed associate counselor and in good standing with the Arkansas Board of Examiners in Counseling.~~
- ~~2. The LAC must meet all licensure requirements as held forth in Arkansas Code Annotated § 17-27-302.~~
- ~~3. The LAC may practice only under direct supervision of an LPC.~~
- ~~4. The plan for supervision of the LAC must be approved by the Board of Examiners in Counseling prior to any actual performance of counseling on the part of the LAC.~~

5. ~~The LAC must provide proof to the school district or ESC of two (2) years post-licensure experience treating children and adolescents with mental illness.~~
6. ~~The LAC shall not provide services beyond those for which he or she has been trained and are within his or her scope of practice and licensure.~~
7. ~~The LAC shall provide to the school district or ESC a copy of his or her supervision plan including the name and license number of his or her supervising LPC before the LAC provides any service for which he or she is required to be under the supervision of a LPC.~~

~~E. Licensed School Psychology Specialist (LSPS)~~

1. ~~The LSPS must possess a minimum of 60 graduate semester hours sixth year/specialist program with an appropriate graduate degree from a North Central Accreditation for Teacher Education (NCATE) accredited institution of higher learning or one authorized by the Arkansas Department of Education.~~
2. ~~The LSPS must hold a valid license from the Arkansas State Board of Education and be licensed as a school psychology specialist.~~
3. ~~The LSPS must have completed an internship that consists of one academic year or its equivalent with a minimum of 1200 clock hours of supervised experience, at least 600 of which must be in a school setting.~~
4. ~~The LSPS shall not provide services beyond those for which he or she has been trained and are within his or her scope of practice and licensure.~~

~~F. Licensed Psychological Examiner (LPE)~~

1. ~~The LPE must have two (2) academic years of graduate training in psychology, including a master's degree from an accredited educational institution recognized by the Arkansas Board of Examiners in Psychology as maintaining satisfactory standards or, in lieu thereof, such training and experience as the Board shall consider equivalent.~~
2. ~~The LPE must be licensed as a licensed psychological examiner and be in good standing with the Arkansas Board of Examiners in Psychology.~~
3. ~~The LPE shall provide to the school district or ESC the name and licensure number of his or her supervising psychologist before the LPE provides any service for which he or she is required to be under the supervision of a psychologist licensed by the Arkansas Board of Examiners in Psychology.~~
4. ~~The LPE shall not provide services beyond those for which he or she has been trained and are within his or her scope of practice and licensure.~~

~~G. Psychologist~~

1. ~~The psychologist must have at least two (2) years of experience in psychology of a type considered by the Board to be qualifying in nature with at least one (1) of those years being postdoctoral work.~~
2. ~~The psychologist must be licensed as a psychologist by the Arkansas Board of Examiners in Psychology.~~
3. ~~The psychologist shall not provide services beyond those for which he or she has been trained and are within his or her scope of practice and licensure.~~

**202.110 School-Based Mental Health Services When School is not in Session or a Child is not in School**

**40-13-03**

School-based mental health services providers (school districts and ESCs) will provide services twelve months of each year, either directly or by arrangement with other appropriately licensed personnel.

Examples of periods of time a child is not in school but the school district or ESC is required to provide services are:

- A. Summer school break;
- B. Holidays;
- C. Nights and weekends;
- D. When a child is out of school due to disciplinary action or
- E. Other times a child may be out of school but the school district or ESC is responsible for providing services to the child.

#### **202.120 Liability Insurance**

**10-13-03**

Each practitioner must be covered by liability insurance. The school district or ESC may have a W-4 relationship of employment with an individual practitioner, contract with an individual practitioner or contract with an organization that employs individual practitioners. The requirement regarding liability insurance must be met in one of the following ways:

- A. When school-based mental health services practitioners are employed by the local school district, the school district's liability insurance covers the practitioner.
- B. When the school district enters into a professional services contract with an individual who is in private practice, the individual will be responsible for carrying liability insurance.
- C. When the district contracts with an organization, such as a Community Mental Health Center, which employs mental health practitioners, the organization employing the practitioner is responsible for carrying liability insurance.

### **210.000 PROGRAM COVERAGE**

#### **211.000 Introduction**

**10-13-03**

Medicaid (Arkansas Medical Assistance Program) is designed to assist eligible beneficiaries in obtaining medical care within the guidelines specified in Section I of the manual. Reimbursement will be made for allowed services rendered by a Medicaid-enrolled school-based provider within the Medicaid Program limitations as outlined in this manual.

#### **211.100 Continuity of Care and/or Services**

**10-13-03**

In accordance with existing ADE policy, public education agencies are required to work cooperatively with other providers of services to children and youth. Likewise, providers of mental health services other than public education agencies are also required by state policy to work collaboratively to coordinate the delivery of mental health services with other sources of similar services and care and to make appropriate disclosure consistent with privacy and confidentiality rights of the treatment plan to all parties involved with mental health services. The school counselor will be informed as to the need for services.

#### **211.200 Non-Refusal Requirement**

**10-13-03**

The school-based mental health services provider may not refuse services to a Medicaid-eligible beneficiary under age 21 in a school setting unless, based upon the primary mental health diagnosis, the provider does not possess the services or program to adequately treat the beneficiary's mental health needs.

#### **211.300 Primary Care Physician (PCP) Referral**

**6-1-22**

Each beneficiary who receives School-Based Mental Health Services can receive a limited amount of services. Once those limits are reached, a Primary Care Physician (PCP) referral or Patient Centered Medical Home (PCMH) approval will be necessary to continue treatment. This referral or approval must be retained in the beneficiary's medical record.

A beneficiary can receive **ten (10)** School-Based Mental Health Services before a PCP/PCMH referral is necessary. No services will be allowed to be provided without appropriate PCP/PCMH referral. The PCP/PCMH referral must be kept in the beneficiary's medical record.

The Patient Centered Medical Home (PCMH) will be responsible for coordinating care with a beneficiary's PCP or physician for School-Based Mental Health Services. Medical responsibility for beneficiaries receiving School-Based Mental Health Services shall be vested in a physician licensed in Arkansas.

The PCP referral or PCMH authorization for School-Based Mental Health Services will serve as the prescription for those services.

See Section I of this manual for the PCP procedures. A PCP referral is generally obtained prior to providing service to Medicaid-eligible children. However, a PCP is given the option of providing a referral after a service is provided. If a PCP chooses to make a referral after a service has been provided, the referral must be received by the SBMH provider no later than 45 calendar days after the date of service. The PCP has no obligation to give a retroactive referral.

The SBMH provider may not file a claim and will not be reimbursed for any services provided that require a PCP referral unless the referral is received.

#### **211.310 — When a Child is Ineligible for Medicaid at Time of Service 7-1-05**

- A. When a child who is not eligible for Medicaid receives an outpatient mental health service, an application for Medicaid eligibility may be filed by the child or his or her representative.
- B. If the application for Medicaid coverage is approved, a PCP referral is not required for the period prior to the Medicaid authorization date. This period is considered **retroactive** eligibility and does not require a referral.
- C. A PCP referral is required no later than forty five calendar days after the authorization date. If the PCP referral is not obtained within forty five calendar days of the Medicaid authorization date, reimbursement will begin, if all other requirements are met, the date the PCP referral is received. To verify the authorization date, a provider may call the Arkansas Medicaid fiscal agent or the local DHS Office.

However, a PCP is given the option of providing a referral after a service is provided. If a PCP chooses to make a referral after a service has been provided, the referral must be received by the SBMH provider no later 45 calendar days after the date of authorization. The PCP has no obligation to give a retroactive referral.

The SBMH provider may not file a claim and will not be reimbursed for any services provided that require a PCP referral unless the referral is received.

**[View or print PAC contact information.](#) [View or print DHS contact information.](#)**

#### **211.320 — Renewal of PCP Referral 40-13-03**

If a beneficiary continues to require outpatient mental health services for six months or more, the PCP referral must be renewed every six months.

#### **212.000 — Scope 7-1-17**

The School-Based Mental Health Services program consists of a range of mental health diagnostic, therapeutic, rehabilitative or palliative services provided by the employees and

~~contractors described in Section 202.100 of this manual to Medicaid-eligible beneficiaries (including ARKids B) under age twenty-one (21) suffering from psychiatric conditions as described in the current allowable American Psychiatric Association Diagnostic and Statistical Manual (DSM).~~

~~Medicaid-covered school-based mental health services may be provided only when:~~

- ~~A. Referred, in writing or verbally, by a Medicaid-enrolled physician. See Section 212.100 for details.~~
- ~~B. Provided to Medicaid recipients under age 21.~~
- ~~C. Provided to outpatients.~~
- ~~D. Provided by School-Based Mental Health Services provider employees or contractors.~~
- ~~E. A comprehensive assessment indicates the need for services (see Section 212.200 for details).~~
- ~~F. Included in a treatment plan.~~

#### **212.100 Physician Referral**

**4-1-07**

~~The Medicaid beneficiary must be referred verbally or in writing for school-based mental health services by a Medicaid-enrolled physician. The referral must establish that services are medically necessary. **The referral must be renewed every six (6) months.** The written referral or documentation of the verbal referral must include:~~

- ~~A. The name of the referring Medicaid-enrolled physician;~~
- ~~B. The referring Medicaid-enrolled physician's provider identification number and~~
- ~~C. The date of the referral.~~

#### **212.200 Comprehensive Assessment**

**10-13-03**

~~Documentation of the comprehensive assessment shall include at a minimum:~~

- ~~A. Complete demographic information;~~
- ~~B. Presenting problem(s);~~
- ~~C. History of present problem(s);~~
- ~~D. Psychiatric history;~~
- ~~E. Substance abuse history;~~
- ~~F. Medical and Developmental history;~~
- ~~G. Family and social history;~~
- ~~H. Mental status examination and~~
- ~~I. Clinical impression and diagnosis.~~

#### **212.300 Treatment Plan Requirements**

**10-13-03**

~~An individualized, written treatment plan must be developed and included in the patient medical record for each beneficiary receiving mental health services. The treatment plan must include at a minimum:~~

- A. Demographic data;
- B. Presenting problem;
- C. History of problem;
- D. Social history;
- E. Defined goals and objectives with documented input of beneficiary. The input of family, where applicable, must also be documented and
- F. Date(s) of treatment plan review, with updates to occur no less than every 90 days.

A student's IEP, Behavior Intervention and Support Plan or family services plan shall be considered to meet the definition of the individualized treatment plan only when containing the information specified above.

#### **212.400 Place of Service**

**10-13-03**

School Based Mental Health Services are reimbursable by Arkansas Medicaid only when provided in the following locations:

- A. School: School can be defined for purposes of these services to include an area on or off site based on accessibility for the child.
- B. Home: When the home is considered to be an educational setting for a child who is enrolled in the public school system. (The home is not considered a place of service when the parent elects to home school the child.)

#### **213.000 Exclusions**

**7-1-17**

The following are non-covered School-Based Mental Health Services:

- A. Services provided in a supervised living or residential treatment facility.
- B. Educational services.
- C. Telephone contacts with the patient or telephone contacts with the collateral in regard to the beneficiary.
- D. Services to individuals with developmental disabilities that are non-psychiatric in nature, except for testing purposes.
- E. Inpatient Hospital Services.  
"Inpatient" means a patient who has been admitted to a medical institution on recommendation of a physician or dentist and is receiving room, board and professional services in the institution on a continuous 24-hour-a-day basis, or who is expected by the institution to receive room, board and professional services for a 24-hour period or longer even though it later develops that the patient dies, is discharged or is transferred to another facility and does not actually stay in the institution for 24 hours.
- F. Inpatient Psychiatric Services.  
See E. above for definition of inpatient.
- G. A School Based Mental Health Services provider will not be reimbursed for the same procedure code for a service provided on the same date of service as services provided by a Counseling Level Outpatient Behavioral Health Services Provider or Outpatient Behavioral Health Services Provider certified by the Division of Behavioral Health Services.

#### **214.000 Covered Services**

**4-1-18**

**Outpatient Services**

Fifteen minute units, unless otherwise stated.

School Based Mental Health Services must be billed on a per unit basis, as reflected in a daily total, per beneficiary, per service.

One (1) unit =	8–24 minutes
Two (2) units =	25–39 minutes
Three (3) units =	40–49 minutes
Four (4) units =	50–60 minutes

Time spent providing services for a single beneficiary may be accumulated during a single, 24-hour calendar day. Providers may accumulatively bill for a single date of service, per beneficiary, per Outpatient Behavioral Health service. Providers are not allowed to accumulatively bill for spanning dates of service.

All billing must reflect a daily total, per Outpatient Behavioral Health service, based on the established procedure codes. No rounding is allowed.

The sum of the days' time, in minutes, per service will determine how many units are allowed to be billed. That number must not be exceeded. The total number of minutes per service must be compared to the following grid, which determines the number of units allowed.

One (1) unit =	8–24 minutes
Two (2) units =	25–39 minutes
Three (3) units =	40–49 minutes
Four (4) units =	50–60 minutes

In a single-claim transaction, a provider may bill only for service time accumulated within a single day for a single beneficiary. There is no "carryover" of time from one day to another or from one beneficiary to another.

Documentation in the beneficiary's record must reflect exactly how the number of units is determined.

No more than four (4) units may be billed for a single hour per beneficiary or provider of the service.

Refer to Section 272.100 of this manual for descriptions of procedure codes that are reimbursable by Arkansas Medicaid for School-Based Mental Health providers.

**215.000 — Diagnosis and Clinical Impression**

**9-1-14**

Diagnosis and clinical impression shall be required in the terminology of ICD for billing purposes.

**216.000 — Record Keeping Requirements**

**10-13-03**

All medical records that support the provision of medical services billed to Medicaid shall be completed promptly, filed and retained by the school district or ESC in which the child attends school. The records must be available for audit. Specific record-keeping requirements are listed below:

- A. ~~The school district or ESC must keep all required documentation and records for a period of five (5) years from the date of service or until all audit questions, appeal hearings, investigations or court cases are resolved, whichever period is longer.~~
  - B. ~~The school district or ESC must furnish requested records and documentation to authorized representatives of the Arkansas Division of Medical Services and the Arkansas Attorney General's Office Medicaid Fraud Unit, as well as to representatives, authorized agents or officials of the United States Department of Health and Human Services. Failure to furnish records upon request may result in sanctions being imposed.~~
  - C. ~~All documentation must be made available to representatives of the Arkansas Division of Medical Services (DMS) at the time of an audit by the Arkansas Medicaid Field Audit Unit.
 
    - 1. ~~All documentation must be available at the provider's place of business.~~
    - 2. ~~If an audit determines that recoupment is necessary, there will be no more than thirty (30) days allowed after the date of the recoupment notice in which additional documentation will be accepted.~~~~
- ~~See Section 217.000 of this manual for a complete listing of required documentation.~~

**217.000 Documentation****4-1-07****~~The documentation must be maintained in the student's medical record.~~**

~~The school district or ESC must properly maintain written records for each child receiving school-based mental health services that include, at a minimum, the following:~~

- A. ~~A referral from a Medicaid-enrolled physician must be obtained and filed in the medical record of each child receiving school-based mental health services. The referral may be verbal or written and must contain the physician's name and provider identification number and the date of the referral. If the referral is verbal, the school district or ESC must document the referral in the child's medical record by stating the name of the physician and the date of the verbal referral. The referral must be renewed every six (6) months.~~
- B. ~~Comprehensive assessment. See Section 212.200 for details.~~
- C. ~~Written treatment plan which meets the requirements of Section 212.300.~~
- D. ~~Provider of services signature and title.~~
- E. ~~Beneficiary of service(s).~~
- F. ~~Date of service(s).~~
- G. ~~Place the service(s) were provided.~~
- H. ~~Actual time of services (beginning and ending time of each service).~~
- I. ~~Length of time over which a service was provided.~~
- J. ~~Specific service(s) rendered (type of activity provided).~~
- K. ~~Progress notes for each service provided, which include information on patient response to treatment rendered.~~

**NOTE:** ~~Each progress note should relate to treatment plan goals and objectives and describe the student's progress toward established goals. Progress notes may be kept in narrative form or on logs, if all required components are present.~~

L. Discharge plan, to include input of the beneficiary, the beneficiary's family, or both as appropriate.

**217.100 Electronic Signatures 10-8-10**

Medicaid will accept electronic signatures provided the electronic signatures comply with Arkansas Code § 25-31-103 et seq.

**218.000 Beneficiary Appeal Process 10-13-03**

When an adverse decision is received, the beneficiary may request a fair hearing of the denial decision.

The appeal request must be in writing and received by the Appeals and Hearings Section of the Department of Human Services within thirty days of the date on the letter explaining the denial of services. Appeal requests must be submitted to the Department of Human Services, Appeals and Hearings Section. [View or print the Appeals and Hearings Section contact information.](#)

**219.000 Utilization Review 7-1-17**

The Utilization Review Section of the Arkansas Medicaid Program has the responsibility for assuring quality medical care for its beneficiaries along with protecting the integrity of both state and federal funds supporting the Medical Assistance Program.

**219.100 Record Reviews 4-1-18**

The Division of Medical Services (DMS) of the Arkansas Department of Human Services (DHS) has contracted with an independent contractor to perform on-site inspections of care (IOC) and retrospective reviews of outpatient mental health services provided by School-Based Mental Health Services providers. [View or print current contractor contact information.](#) The reviews are conducted by licensed mental health professionals and are based on applicable federal and state laws, rules and professionally recognized standards of care.

**219.200 Utilization Review Section 10-13-03**

If a claim is rejected due to the same service being billed by more than one provider on the same date, the provider whose claim was rejected may contact the Utilization Review (UR) Section of the Division of Medical Services to request a review for medical necessity. If medical necessity is established the UR Section will authorize payment of the claim.

Division of Medical Services Utilization Review Section may be contacted in writing. [View or print the Utilization Review Section contact information.](#)

**228.130 Retrospective Reviews 7-1-17**

The Division of Medical Services (DMS) of the Arkansas Department of Human Services has contracted with a Quality Improvement Organization (QIO) or QIO-like organization to perform retrospective (post payment) reviews of outpatient mental health services provided by Outpatient Behavioral Health providers. [View or print current contractor contact information.](#)

The reviews will be conducted by licensed mental health professionals who will examine the medical record for compliance with federal and state laws and regulations.

**228.131 Purpose of a Review 7-1-17**

The purpose of a review is to:

A. Ensure that services are delivered in accordance with the treatment plan and conform to generally accepted professional standards.

- ~~B. Evaluate the medical necessity of services provided to Medicaid beneficiaries.~~
- ~~C. Evaluate the clinical documentation to determine if it is sufficient to support the services billed during the requested period of authorized services.~~
- ~~D. Safeguard the Arkansas Medicaid program against unnecessary or inappropriate use of services and excess payments in compliance with 42 CFR § 456.3(a).~~

**229.000 Medicaid Beneficiary Appeal Process**

7-1-17

~~If an adverse decision is received, the beneficiary may request a fair hearing of the denial decision.~~

~~The appeal request must be in writing and received by the Appeals and Hearings Section of the Department of Human Services within thirty days of the date on the letter explaining the denial of services.~~

**229.200 Recoupment Process**

7-1-17

~~The Division of Medical Services (DMS), Utilization Review Section (UR) is required to initiate the recoupment process for all claims that the current contractor has denied because the records submitted do not support the claim of medical necessity.~~

~~Arkansas Medicaid will send the provider an Explanation of Recoupment Notice that will include the claim date of service, Medicaid beneficiary name and ID number, service provided, amount paid by Medicaid, amount to be recouped, and the reason the recoupment is initiated.~~

**260.000 REIMBURSEMENT****261.000 Method of Reimbursement**

10-13-03

~~Reimbursement is based on the lesser of the billed amount or the Title XIX maximum allowable for each procedure.~~

**261.010 Fee Schedule**

12-1-12

~~Arkansas Medicaid provides fee schedules on the Arkansas Medicaid website. The fee schedule link is located at <https://medicaid.mmis.arkansas.gov/> under the provider manual section. The fees represent the fee for service reimbursement methodology.~~

~~Fee schedules do not address coverage limitations or special instructions applied by Arkansas Medicaid before final payment is determined.~~

~~Procedure codes and/or fee schedules do not guarantee payment, coverage or amount allowed. Information may be changed or updated at any time to correct a discrepancy and/or error. Arkansas Medicaid always reimburses the lesser of the amount billed or the Medicaid maximum.~~

**262.000 Rate Appeal Process**

10-13-03

~~A provider may request reconsideration of a Program decision by writing to the Assistant Director, Division of Medical Services. This request must be received within 20 calendar days following the application of policy and/or procedure or the notification of the provider of its rate. Upon receipt of the request for review, the Assistant Director will determine the need for a Program/Provider conference and will contact the provider to arrange a conference if needed. Regardless of the Program decision, the provider will be afforded the opportunity for a conference, if he or she so wishes, for a full explanation of the factors involved and the Program decision. Following review of the matter, the Assistant Director will notify the provider of the~~

action to be taken by the Division within 20 calendar days of receipt of the request for review or the date of the Program/Provider conference.

If the decision of the Assistant Director, Division of Medical Services is unsatisfactory, the provider may then appeal the question to a standing Rate Review Panel established by the Director of the Division of Medical Services which will include one member of the Division of Medical Services, a representative of the provider association and a member of the Department of Human Services (DHS) Management Staff, who will serve as chairman.

The request for review by the Rate Review Panel must be postmarked within 15 calendar days following the notification of the initial decision by the Assistant Director, Division of Medical Services. The Rate Review Panel will meet to consider the question(s) within 15 calendar days after receipt of a request for such appeal. The question(s) will be heard by the panel and a recommendation will be submitted to the Director of the Division of Medical Services.

**270.000 BILLING PROCEDURES**

**271.000 Introduction to Billing**

7-1-20

School-based mental health providers use the CMS-1500 form to bill the Arkansas Medicaid Program on paper for services provided to eligible Medicaid beneficiaries. Each claim should contain charges for only one (1) beneficiary.

Section III of this manual contains information about available options for electronic claim submission.

**272.000 CMS-1500 Billing Procedures**

**272.100 School-Based Mental Health Services Procedure Codes**

9-1-13

The following is a list of covered services available in the School-Based Mental Health Services Program. Practitioners enrolled as school-based mental health services provider personnel may provide the services on this list according to their scope of practice as identified by the licensure requirements.

**272.110 Mental Health Diagnosis**

2-1-22

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
<a href="#"><u>View or print the procedure codes for SBMH services.</u></a>	Psychiatric diagnostic evaluation (with no medical services)
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Mental Health Diagnosis is a clinical service for the purpose of determining the existence, type, nature and appropriate treatment of a mental illness or related disorder as described in the current allowable DSM. This service may include time spent for obtaining necessary information for diagnostic purposes. The psychodiagnostic process may include, but is not limited to, a psychosocial and medical history, diagnostic findings, and recommendations. This service must include a face-to-face component and will serve as the basis for documentation of modality and issues to be addressed (Plan of Care). Services must be congruent with the age and abilities of the beneficiary, client-centered and	<ul style="list-style-type: none"> <li>• Date of service</li> <li>• Start and stop times of the face-to-face encounter with the beneficiary and the interpretation time for diagnostic formulation</li> <li>• Place of service</li> <li>• Identifying information</li> <li>• Referral reason</li> <li>• Presenting problem(s), history of presenting problem(s) including duration, intensity and response(s) to prior treatment</li> <li>• Culturally and age appropriate psychosocial</li> </ul>

<p>strength-based, with emphasis on needs as identified by the beneficiary and provided with cultural competence.</p>	<p>history and assessment</p> <ul style="list-style-type: none"> <li>• Mental status/clinical observations and impressions</li> <li>• Current functioning plus strengths and needs in specified life domains</li> <li>• DSM diagnostic impressions to include all axes</li> <li>• Treatment recommendations</li> <li>• Goals and objectives to be placed in Plan of Care</li> <li>• Staff signature/credentials/date of signature</li> </ul>	
<p><b>NOTES</b></p>	<p><b>UNIT</b></p>	<p><b>BENEFIT LIMITS</b></p>
<p>This service may be billed for face-to-face contact as well as for time spent obtaining necessary information for diagnostic purposes; however, this time may NOT be used for development or submission of required paperwork processes (i.e. treatment plans, etc.).</p>	<p>Encounter</p>	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: 1</p> <p>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 1</p>
<p><b>APPLICABLE POPULATIONS</b></p>	<p><b>SPECIAL BILLING INSTRUCTIONS</b></p>	
<p>Children and Youth</p>	<p><b>Outpatient Behavioral Health Services Providers cannot bill on same date of service</b></p> <p><b><u>View or print the procedure codes for SBMH services.</u></b></p>	
<p><b>ALLOWED MODE(S) OF DELIVERY</b></p>	<p><b>TIER</b></p>	
<p>Face-to-face</p>	<p>School-Based Mental Health</p>	
<p><b>ALLOWABLE PERFORMING PROVIDER</b></p>	<p><b>PLACE OF SERVICE</b></p>	
<ul style="list-style-type: none"> <li>• Licensed Certified Social Worker (LCSW)</li> <li>• Licensed Master Social Worker (LMSW)</li> <li>• Licensed Professional Counselor (LPC)</li> <li>• Licensed Associate Counselor (LAG)</li> <li>• Licensed School Psychology Specialist (LSPS)</li> <li>• Licensed Psychological Examiner (LPE)</li> <li>• Psychologist</li> </ul> <p>* School-Based Mental Health Services provider employees or contractors will provide services only in those areas in which they are licensed or credentialed.</p>	<p>03</p>	

CPT®/HCPCS PROCEDURE CODE		PROCEDURE CODE DESCRIPTION
<p><b><u>View or print the procedure codes for SBMH services:</u></b></p>		<p>Psychological testing (includes psychodiagnostic assessment of emotionality, intellectual abilities, personality and psychopathology, e.g. MMPI, Rorschach®, WAIS®), per hour of the psychologist's or physician's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report.</p>
SERVICE DESCRIPTION		MINIMUM DOCUMENTATION REQUIREMENTS
<p>Psychological evaluation for personality assessment includes psychodiagnostic assessment of a beneficiary's emotional, personality, and psychopathology, e.g. MMPI, Rorschach®, and WAIS®. Psychological testing is billed per hour both face-time administering tests and time interpreting these tests and preparing the report. This service may reflect the mental abilities, aptitudes, interests, attitudes, motivation, emotional and personality characteristics of the beneficiary. Medical necessity for this service is met when:</p> <ul style="list-style-type: none"> <li>• the service is necessary to establish a differential diagnosis of behavioral or psychiatric conditions;</li> <li>• history and symptomatology are not readily attributable to a particular psychiatric diagnosis; or</li> <li>• questions to be answered by the evaluation could not be resolved by a psychiatric/diagnostic interview, observation in therapy or an assessment for level of care at a mental health facility.</li> </ul>		<ul style="list-style-type: none"> <li>• Date of service</li> <li>• Start and stop times of actual encounter with beneficiary</li> <li>• Start and stop times of scoring, interpretation and report preparation</li> <li>• Place of service</li> <li>• Identifying information</li> <li>• Rationale for referral</li> <li>• Presenting problem(s)</li> <li>• Culturally and age appropriate psychosocial history and assessment</li> <li>• Mental status/clinical observations and impressions</li> <li>• Psychological tests used, results, and interpretations, as indicated</li> <li>• DSM diagnostic impressions to include all axes</li> <li>• Treatment recommendations and findings related to rationale for service and guided by test results</li> <li>• Staff signature/credentials/date of signature(s)</li> </ul>
NOTES	UNIT	BENEFIT LIMITS
	60 minutes	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: 4</p> <p>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 8</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Children and Youth		
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	School-Based Mental Health	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"> <li>• Licensed Psychological Examiner (LPE)</li> </ul>	03	

<del>• Psychologist</del>	
---------------------------	--

**272.130 Interpretation of Diagnosis**

**2-1-22**

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
<b><u>View or print the procedure codes for SBMH services:</u></b>	Interpretation or explanation of results of psychiatric or other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
Interpretation of Diagnosis is a direct service provided for the purpose of interpreting the results of psychiatric or other medical exams, procedures or accumulated data. Services may include diagnostic activities and/or advising the beneficiary and his/ her family. Consent forms may be required for family or significant other involvement. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based, with emphasis on needs as identified by the beneficiary and provided with cultural competence.	<ul style="list-style-type: none"> <li>• Start and stop times of face to face encounter with beneficiary and/or parents or guardian</li> <li>• Date of service</li> <li>• Place of service</li> <li>• Participants present and relationship to beneficiary</li> <li>• Diagnosis</li> <li>• Rationale for and objective used that must coincide with the goals and objectives placed in Plan of Care</li> <li>• Participant(s) response and feedback</li> <li>• Staff signature/credentials/date of signature(s)</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
For beneficiaries under the age of 18, the time may be spent face to face with the beneficiary, the beneficiary and the parent(s) or guardian(s) or alone with the parent(s) or guardian(s). For beneficiaries over the age of 18, the time may be spent face to face with the beneficiary and the spouse, legal guardian or significant other.	Encounter	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: 1</p> <p>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 1</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
Children and Youth		
ALLOWED MODE(S) OF DELIVERY	TIER	
Face-to-face	School-Based Mental Health	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE	
<ul style="list-style-type: none"> <li>• Licensed Certified Social Worker (LCSW)</li> <li>• Licensed Master Social Worker (LMSW)</li> <li>• Licensed Professional Counselor (LPC)</li> <li>• Licensed Associate Counselor (LAG)</li> <li>• Licensed School Psychology Specialist (LSPS)</li> </ul>	03	

<ul style="list-style-type: none"> <li>• Licensed Psychological Examiner (LPE)</li> <li>• Psychologist</li> </ul> <p>* School-Based Mental Health Services provider employees or contractors will provide services only in those areas in which they are licensed or credentialed.</p>	
--	--

**272.140 Marital/Family Behavioral Health Counseling with Beneficiary Present**

2-1-22

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
<p><a href="#"><u>View or print the procedure codes for SBMH services.</u></a></p>	<p>Family psychotherapy with patient present (conjoint psychotherapy)</p>	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Marital/Family Behavioral Health Counseling with Beneficiary Present is a face-to-face treatment provided to one or more family members in the presence of a beneficiary. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based, with emphasis on needs as identified by the beneficiary and provided with cultural competence. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services pertain to a beneficiary's (a) Mental Health and/or (b) Substance Abuse condition. Additionally, tobacco cessation counseling is a component of this service.</p>	<ul style="list-style-type: none"> <li>• Date of Service</li> <li>• Start and stop times of actual encounter with beneficiary and spouse/family</li> <li>• Place of service</li> <li>• Participants present and relationship to beneficiary</li> <li>• Diagnosis and pertinent interval history</li> <li>• Brief mental status of beneficiary and observations of beneficiary with spouse/family</li> <li>• Rationale for, and description of treatment used, that must coincide with the master treatment plan and improve the impact the beneficiary's condition has on the spouse/family and/or improve marital/family interactions between the beneficiary and the spouse/family.</li> <li>• Beneficiary and spouse/family's response to treatment that includes current progress or regression and prognosis</li> <li>• Any changes indicated for the master treatment plan, diagnosis, or medication(s)</li> <li>• Plan for next session, including any homework assignments and/or crisis plans</li> <li>• Staff signature/credentials/date of signature</li> <li>• HIPAA compliant release of Information, completed, signed and dated</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS

Natural supports may be included in these sessions if justified in service documentation. Only one beneficiary per family per therapy session may be billed.	Encounter	DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: 1  YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 12
<b>APPLICABLE POPULATIONS</b>	<b>SPECIAL BILLING INSTRUCTIONS</b>	
Children and Youth		
<b>ALLOWED MODE(S) OF DELIVERY</b>	<b>TIER</b>	
Face-to-face	School-Based Mental Health	
<b>ALLOWABLE PERFORMING PROVIDERS</b>	<b>PLACE OF SERVICE</b>	
<ul style="list-style-type: none"> <li>• Licensed Certified Social Worker (LCSW)</li> <li>• Licensed Master Social Worker (LMSW)</li> <li>• Licensed Professional Counselor (LPC)</li> <li>• Licensed Associate Counselor (LAG)</li> <li>• Licensed School Psychology Specialist (LSPS)</li> <li>• Licensed Psychological Examiner (LPE)</li> <li>• Psychologist</li> </ul> <p>* School-Based Mental Health Services provider employees or contractors will provide services only in those areas in which they are licensed or credentialed.</p>	03	

**272.150 Crisis Intervention**

**2-1-22**

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
<b><u>View or print the procedure codes for SBMH services.</u></b>	Crisis intervention service, per 15 minutes
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
Crisis Intervention is unscheduled, immediate, short-term treatment activities provided to a Medicaid-eligible beneficiary who is experiencing a psychiatric or behavioral crisis. Services are to be congruent with the age, strengths, needed accommodation for any disability, and cultural framework of the beneficiary and his/her family. These services are designed to stabilize the person in crisis, prevent further deterioration and provide immediate indicated treatment in the least restrictive setting. (These activities include evaluating a Medicaid-eligible beneficiary to determine if the need for crisis services is present.)	<ul style="list-style-type: none"> <li>• Date of service</li> <li>• Start and stop time of actual encounter with beneficiary and possible collateral contacts with caregivers or informed persons</li> <li>• Place of service</li> <li>• Specific persons providing pertinent information in relationship to beneficiary</li> <li>• Diagnosis and synopsis of events leading up to crisis situation</li> <li>• Brief mental status and observations</li> <li>• Utilization of previously established psychiatric advance directive or crisis plan as pertinent to</li> </ul>

	<p>current situation OR rationale for crisis intervention activities utilized</p> <ul style="list-style-type: none"> <li>• Beneficiary's response to the intervention that includes current progress or regression and prognosis</li> <li>• Clear resolution of the current crisis and/or plans for further services</li> <li>• Development of a clearly defined crisis plan or revision to existing plan</li> <li>• Staff signature/credentials/date of signature(s)</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>A psychiatric or behavioral crisis is defined as an acute situation in which an individual is experiencing a serious mental illness or emotional disturbance to the point that the beneficiary or others are at risk for imminent harm or in which to prevent significant deterioration of the beneficiary's functioning.</p> <p>This service can be provided to beneficiaries that have not been previously assessed or have not previously received behavioral health services.</p> <p>The provider of this service MUST complete a Mental Health Diagnosis (90791) within 7 days of provision of this service. If the beneficiary needs more time to be stabilized, this must be noted in the beneficiary's medical record and the Division of Medical Services Quality Improvement Organization (QIO) must be notified.</p>	<p>15 minutes</p>	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: 12</p> <p>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested): 72</p>
APPLICABLE POPULATIONS		SPECIAL BILLING INSTRUCTIONS
<p>Children and Youth</p>		
ALLOWED MODE(S) OF DELIVERY		TIER
<p>Face-to-face</p>		<p>School-Based Mental Health</p>
ALLOWABLE PERFORMING PROVIDERS		PLACE OF SERVICE
<ul style="list-style-type: none"> <li>• Licensed Certified Social Worker (LCSW)</li> <li>• Licensed Master Social Worker (LMSW)</li> <li>• Licensed Professional Counselor (LPC)</li> <li>• Licensed Associate Counselor (LAC)</li> <li>• Licensed School Psychology Specialist (LSPS)</li> <li>• Licensed Psychological Examiner (LPE)</li> <li>• Psychologist</li> </ul> <p>* School-Based Mental Health Services provider employees or contractors will provide services only in those areas in which they are licensed or credentialed.</p>		<p>03</p>

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
<p><u><a href="#">View or print the procedure codes for SBMH services.</a></u></p>	<p>psychotherapy, 30-min                      psychotherapy, 45-min                      psychotherapy, 60-min</p>	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Individual Behavioral Health Counseling is a face-to-face treatment provided to an individual in an outpatient setting for the purpose of treatment and remediation of a condition as described in the current allowable DSM. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based with an emphasis on needs as identified by the beneficiary and provided with cultural competence. The treatment service must reduce or alleviate identified symptoms related to either (a) Mental Health or (b) Substance Abuse and maintain or improve level of functioning, and/or prevent deterioration. Additionally, tobacco cessation counseling is a component of this service.</p>	<ul style="list-style-type: none"> <li>• Date of service</li> <li>• Start and stop times of face-to-face encounter with beneficiary</li> <li>• Place of service</li> <li>• Diagnosis and pertinent interval history</li> <li>• Brief mental status and observations</li> <li>• Rationale and description of the treatment used that must coincide with objectives on the master treatment plan</li> <li>• Beneficiary's response to treatment that includes current progress or regression and prognosis</li> <li>• Any revisions indicated for the master treatment plan, diagnosis or medication(s)</li> <li>• Plan for next individual therapy session, including any homework assignments and/or advanced psychiatric directive</li> <li>• Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>Services provided must be congruent with the objectives and interventions articulated on the most recent treatment plan. Services must be consistent with established behavioral healthcare standards. Individual psychotherapy is not permitted with beneficiaries who do not have the cognitive ability to benefit from the service.</p>	<p>30 minutes                      45 minutes                      60 minutes  <u><a href="#">View or print the procedure codes for SBMH services.</a></u></p>	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED:                      4                      YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested):                      12 units</p>
APPLICABLE POPULATIONS	SPECIAL BILLING INSTRUCTIONS	
<p>Children and Youth</p>	<p>A provider may only bill one individual counseling/psychotherapy code per day per beneficiary. A provider cannot bill any other individual counseling/psychotherapy code on the same date of service for the same beneficiary.</p>	
ALLOWED MODE(S) OF DELIVERY	TIER	
<p>Face-to-face</p>	<p>School-Based Mental Health</p>	
ALLOWABLE PERFORMING PROVIDERS	PLACE OF SERVICE (POS)	

<ul style="list-style-type: none"> <li>● Licensed Certified Social Worker (LCSW)</li> <li>● Licensed Master Social Worker (LMSW)</li> <li>● Licensed Professional Counselor (LPC)</li> <li>● Licensed Associate Counselor (LAC)</li> <li>● Licensed School Psychology Specialist (LSPS)</li> <li>● Licensed Psychological Examiner (LPE)</li> <li>● Psychologist</li> </ul> <p>* School-Based Mental Health Services provider employees or contractors will provide services only in those areas in which they are licensed or credentialed.</p>	<p>03</p>
--	-----------

**272.170 Group Outpatient – Group Therapy**

**2-1-22**

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION	
<p><b><u>View or print the procedure codes for SBMH services:</u></b></p>	<p>A direct service contact between a group of patients and school-based mental health services provider personnel for the purposes of treatment and remediation of psychiatric condition.</p>	
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS	
<p>Group Behavioral Health Counseling is a face-to-face treatment provided to a group of beneficiaries. Services leverage the emotional interactions of the group's members to assist in each beneficiary's treatment process, support his/her rehabilitation effort, and to minimize relapse. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. Services pertain to a beneficiary's (a) Mental Health and/or (b) Substance Abuse condition. Additionally, tobacco cessation counseling is a component of this service.</p>	<ul style="list-style-type: none"> <li>● Date of Service</li> <li>● Start and stop times of actual group encounter that includes identified beneficiary</li> <li>● Place of service</li> <li>● Number of participants</li> <li>● Diagnosis</li> <li>● Focus of group</li> <li>● Brief mental status and observations</li> <li>● Rationale for group counseling must coincide with master treatment plan</li> <li>● Beneficiary's response to the group counseling that includes current progress or regression and prognosis</li> <li>● Any changes indicated for the master treatment plan, diagnosis, or medication(s)</li> <li>● Plan for next group session, including any homework assignments</li> <li>● Staff signature/credentials/date of signature</li> </ul>	
NOTES	UNIT	BENEFIT LIMITS
<p>This does NOT include psychosocial groups. Beneficiaries eligible for Group Outpatient – Group Psychotherapy must demonstrate the ability to benefit from experiences shared by</p>	<p>Encounter</p>	<p>DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: 1</p>

<p>others, the ability to participate in a group dynamic process while respecting the others' rights to confidentiality, and must be able to integrate feedback received from other group members. For groups of beneficiaries aged 18 and over, the minimum number that must be served in a specified group is 2. The maximum that may be served in a specified group is 12. For groups of beneficiaries under 18 years of age, the minimum number that must be served in a specified group is 2. The maximum that may be served in a specified group is 10. A beneficiary must be 4 years of age to receive group therapy. Group treatment must be age and developmentally appropriate, (i.e., 16-year olds and 4-year olds must not be treated in the same group). Providers may bill for services only at times during which beneficiaries participate in group activities.</p>		<p><b>YEARLY MAXIMUM OF UNITS THAT MAY BE BILLED (extension of benefits can be requested):</b></p> <p>Counseling Level Beneficiary: 12 units</p> <p>Rehabilitative/Intensive Level Beneficiary: 104 units</p>
<p><b>APPLICABLE POPULATIONS</b></p>	<p><b>SPECIAL BILLING INSTRUCTIONS</b></p>	
<p>Children, Youth, and Adults</p>	<p>A provider can only bill one Group Behavioral Health Counseling / Community Group Psychotherapy encounter per day. For Counseling Level Beneficiaries, there are 12 total group behavioral health counseling visits allowed per year unless an extension of benefits is allowed by the Quality Improvement Organization contracted with Arkansas Medicaid. For Rehabilitative/Intensive Level Beneficiaries, there are 104 total group behavioral health counseling visits allowed per year unless an extension of benefits is allow by the Quality Improvement Organization contracted with Arkansas Medicaid.</p>	
<p><b>ALLOWED MODE(S) OF DELIVERY</b></p>	<p><b>TIER</b></p>	
<p>Face-to-face</p>	<p>Counseling</p>	
<p><b>ALLOWABLE PERFORMING PROVIDERS</b></p>	<p><b>PLACE OF SERVICE</b></p>	
<ul style="list-style-type: none"> <li>• Independently Licensed Clinicians – Master’s/Doctoral</li> <li>• Non-independently Licensed Clinicians – Master’s/Doctoral</li> <li>• Advanced Practice Nurse</li> <li>• Physician</li> </ul>	<p>03, 11, 49, 50, 53, 57, 71, 72</p>	

**272.200 National Place of Service Code**

7-1-07

The national place of service (POS) code is used for both electronic and paper billing.

National Place of Service	National POS Code
Public School	03

**272.300 Billing Instructions—Paper Only**

11-1-17

Bill Medicaid for professional services with form CMS-1500. The numbered items in the following instructions correspond to the numbered fields on the claim form. **View a sample form CMS-1500.**

Carefully follow these instructions to help the Arkansas Medicaid fiscal agent efficiently process claims. Accuracy, completeness, and clarity are essential. Claims cannot be processed if necessary information is omitted.

Forward completed claim forms to the Arkansas Medicaid fiscal agent Claims Department. **View or print the Claims Department contact information.**

**NOTE: A provider delivering services without verifying beneficiary eligibility for each date of service does so at the risk of not being reimbursed for the services.**

**272.310 Completion of the CMS-1500 Claim Form**

9-1-14

Field Name and Number	Instructions for Completion
1. (type of coverage)	Not required.
1a. INSURED'S I.D. NUMBER (For Program in Item 1)	Beneficiary's or participant's 10-digit Medicaid or ARKids First A or ARKids First B identification number.
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	Beneficiary's or participant's last name and first name.
3. PATIENT'S BIRTH DATE	Beneficiary's or participant's date of birth as given on the individual's Medicaid or ARKids First A or ARKids First B identification card. Format: MM/DD/YY.
SEX	Check M for male or F for female.
4. INSURED'S NAME (Last Name, First Name, Middle Initial)	Required if insurance affects this claim. Insured's last name, first name, and middle initial.
5. PATIENT'S ADDRESS (No., Street)	Optional. Beneficiary's or participant's complete mailing address (street address or post office box).
CITY	Name of the city in which the beneficiary or participant resides.
STATE	Two-letter postal code for the state in which the beneficiary or participant resides.
ZIP CODE	Five-digit zip code; nine digits for post office box.
TELEPHONE (Include Area Code)	The beneficiary's or participant's telephone number or the number of a reliable message/contact/emergency telephone.
6. PATIENT RELATIONSHIP TO INSURED	If insurance affects this claim, check the box indicating the patient's relationship to the insured.
7. INSURED'S ADDRESS (No., Street)	Required if insured's address is different from the patient's address.
CITY	
STATE	

Field Name and Number	Instructions for Completion
____ ZIP CODE	
____ TELEPHONE (Include Area Code)	
8. <del>RESERVED</del>	<del>Reserved for NUCC use.</del>
9. <del>OTHER INSURED'S NAME (Last name, First Name, Middle Initial)</del>	<del>If beneficiary has other insurance coverage as indicated in Field 11d, the other insured's last name, first name, and middle initial.</del>
a. <del>OTHER INSURED'S POLICY OR GROUP NUMBER</del>	<del>Policy and/or group number of the insured individual.</del>
b. <del>RESERVED</del>	<del>Reserved for NUCC use.</del>
SEX	<del>Not required.</del>
c. <del>EMPLOYER'S NAME OR SCHOOL NAME</del>	<del>Required when items 9a and d are required. Name of the insured individual's employer and/or school.</del>
d. <del>INSURANCE PLAN NAME OR PROGRAM NAME</del>	<del>Name of the insurance company.</del>
10. <del>IS PATIENT'S CONDITION RELATED TO:</del>	
a. <del>EMPLOYMENT? (Current or Previous)</del>	<del>Check YES or NO.</del>
b. <del>AUTO ACCIDENT?</del>	<del>Required when an auto accident is related to the services. Check YES or NO.</del>
____ PLACE (State)	<del>If 10b is YES, the two-letter postal abbreviation for the state in which the automobile accident took place.</del>
c. <del>OTHER ACCIDENT?</del>	<del>Required when an accident other than automobile is related to the services. Check YES or NO.</del>
d. <del>CLAIM CODES</del>	<del>The "Claim Codes" identify additional information about the beneficiary's condition or the claim. When applicable, use the Claim Code to report appropriate claim codes as designated by the NUCC. When required to provide the subset of Condition Codes, enter the condition code in this field. The subset of approved Condition Codes is found at <a href="http://www.nucc.org">www.nucc.org</a> under Code Sets.</del>
11. <del>INSURED'S POLICY GROUP OR FECA NUMBER</del>	<del>Not required when Medicaid is the only payer.</del>
a. <del>INSURED'S DATE OF BIRTH</del>	<del>Not required.</del>
____ SEX	<del>Not required.</del>
b. <del>OTHER CLAIM ID NUMBER</del>	<del>Not required.</del>
c. <del>INSURANCE PLAN NAME OR PROGRAM NAME</del>	<del>Not required.</del>

Field Name and Number	Instructions for Completion
d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	When private or other insurance may or will cover any of the services, check YES and complete items 9, 9a, 9c and 9d. Only one box can be marked.
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE	Enter "Signature on File," "SOF" or legal signature.
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE	Enter "Signature on File," "SOF" or legal signature.
14. DATE OF CURRENT: ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)	Required when services furnished are related to an accident, whether the accident is recent or in the past. Date of the accident.  Enter the qualifier to the right of the vertical dotted line. Use Qualifier 431 Onset of Current Symptoms or Illness; 484 Last Menstrual Period.
15. OTHER DATE	Enter another date related to the beneficiary's condition or treatment. Enter the qualifier between the left hand set of vertical, dotted lines.  The "Other Date" identifies additional date information about the beneficiary's condition or treatment. Use qualifiers:  454 Initial Treatment 304 Latest Visit or Consultation 453 Acute Manifestation of a Chronic Condition 439 Accident 455 Last X-Ray 471 Prescription 090 Report Start (Assumed Care Date) 091 Report End (Relinquished Care Date) 444 First Visit or Consultation
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION	Not required.
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE	Enter the name of the referring physician. If services are the result of a Child Health Services (EPSDT) screening/ referral, enter the referral source, including name and title.
17a. (blank)	Not required.
17b. NPI	Enter NPI of the referring physician.
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	When the serving/billing provider's services charged on this claim are related to a beneficiary's or participant's inpatient hospitalization, enter the individual's admission and discharge dates. Format: MM/DD/YY.

Field Name and Number	Instructions for Completion
19. Local Educational Agency (LEA) Number	Insert LEA number.
20. OUTSIDE LAB? \$ CHARGES	Not required. Not required.
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY	Enter the applicable ICD indicator to identify which version of ICD codes is being reported. Use "9" for ICD-9-CM. Use "0" for ICD-10-CM. Enter the indicator between the vertical, dotted lines in the upper right hand portion of the field. Diagnosis code for the primary medical condition for which services are being billed. Use the appropriate International Classification of Diseases (ICD). List no more than 12 diagnosis codes. Relate lines A-L to the lines of service in 24E by the letter of the line. Use the highest level of specificity.
22. RESUBMISSION CODE ORIGINAL REF. NO.	Reserved for future use. Any data or other information listed in this field does not/will not adjust, void or otherwise modify any previous payment or denial of a claim. Claim payment adjustments, voids, and refunds must follow previously established processes in policy.
23. PRIOR AUTHORIZATION NUMBER	The prior authorization or benefit extension control number if applicable.
24A. DATE(S) OF SERVICE	The "from" and "to" dates of service for each billed service. Format: MM/DD/YY. 1. On a single claim detail (one charge on one line), bill only for services provided within a single calendar month. 2. Providers may bill on the same claim detail for two or more sequential dates of service within the same calendar month when the provider furnished equal amounts of the service on each day of the date sequence.
B. PLACE OF SERVICE	Two-digit national standard place of service code. See Section 272.200 for codes.
C. EMG	Enter "Y" for "Yes" or leave blank if "No." EMG identifies if the service was an emergency.
D. PROCEDURES, SERVICES, OR SUPPLIES CPT/HCPCS MODIFIER	One CPT or HCPCS procedure code for each detail. Modifier(s) if applicable.

Field Name and Number	Instructions for Completion
E.—DIAGNOSIS POINTER	Enter the diagnosis code reference letter (pointer) as shown in Item Number 21 to relate to the date of service and the procedures performed to the primary diagnosis. When multiple services are performed, the primary reference letter for each service should be listed first; other applicable services should follow. The reference letter(s) should be A-L or multiple letters as applicable. The “Diagnosis Pointer” is the line letter from Item Number 21 that relates to the reason the service(s) was performed.
F.—\$ CHARGES	The full charge for the service(s) totaled in the detail. This charge must be the usual charge to any client, patient, or other beneficiary of the provider’s services.
G.—DAYS OR UNITS	The units (in whole numbers) of service(s) provided during the period indicated in Field 24A of the detail.
H.—EPSDT/Family Plan	Enter E if the services resulted from a Child Health Services (EPSDT) screening/referral.
I.—ID QUAL	Not required.
J.—RENDERING PROVIDER ID #	Enter the 9-digit Arkansas Medicaid provider ID number of the individual who furnished the services billed for in the detail or
—NPI	Enter NPI of the individual who furnished the services billed for in the detail.
25.—FEDERAL TAX I.D. NUMBER	Not required. This information is carried in the provider’s Medicaid file. If it changes, please contact Provider Enrollment.
26.—PATIENT’S ACCOUNT NO.	Optional entry that may be used for accounting purposes; use up to 16 numeric or alphabetic characters. This number appears on the Remittance Advice as “MRN.”
27.—ACCEPT ASSIGNMENT?	Not required. Assignment is automatically accepted by the provider when billing Medicaid.
28.—TOTAL CHARGE	Total of Column 24F—the sum all charges on the claim.
29.—AMOUNT PAID	Enter the total of payments previously received on this claim. Do not include amounts previously paid by Medicaid. Do not include in this total the automatically deducted Medicaid co-payment.
30.—RESERVED	Reserved for NUCC use.
31.—SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS	The provider or designated authorized individual must sign and date the claim certifying that the services were personally rendered by the provider or under the provider’s direction. “Provider’s signature” is defined as the provider’s actual signature, a rubber stamp of the provider’s signature, an automated signature, a typewritten signature, or the signature of an individual authorized by the provider rendering the service. The name of a clinic or group is not acceptable.

Field Name and Number	Instructions for Completion
32. SERVICE FACILITY LOCATION INFORMATION	If other than home or office, enter the name and street, city, state, and zip code of the facility where services were performed.
— a. (blank)	Not required.
— b. (blank)	Not required.
33. BILLING PROVIDER INFO & PH #	Billing provider's name and complete address. Telephone number is requested but not required.
a. (blank)	Enter NPI of the billing provider or
b. (blank)	Enter the 9-digit Arkansas Medicaid provider ID number of the billing provider.

**272.400 Special Billing Procedures****10-13-03**

Not applicable to this program.

**FINANCIAL IMPACT STATEMENT**

**PLEASE ANSWER ALL QUESTIONS COMPLETELY**

**DEPARTMENT** Department of Human Services

**DIVISION** Division of Developmental Disabilities Services

**PERSON COMPLETING THIS STATEMENT** Jason Callan

**TELEPHONE** (501) 320-6540 **FAX** \_\_\_\_\_ **EMAIL:** Jason.callan@dhs.arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

**SHORT TITLE OF THIS RULE** Rebalancing Services for Clients with Intellectual and Developmental Disabilities and Behavioral Health Needs

- 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 an agency is proposing a more costly rule, please state the following:

(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 more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and;  
\_\_\_\_\_

(d) Whether the reason is within the scope of the agency’s statutory authority; and if so, please explain.  
\_\_\_\_\_

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?

<b><u>Current Fiscal Year</u></b>	<b><u>Next Fiscal Year</u></b>
General Revenue _____	General Revenue _____
Federal Funds _____	Federal Funds _____
Cash Funds _____	Cash Funds _____
Special Revenue _____	Special Revenue _____
Other (Identify) _____	Other (Identify) _____
<b>Total</b> _____	<b>Total</b> _____

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

**Current Fiscal Year**

General Revenue	\$99,330
Federal Funds	\$250,670
Cash Funds	
Special Revenue	
Other (Identify)	
Total	\$350,000

**Next Fiscal Year**

General Revenue	\$198,660
Federal Funds	\$501,340
Cash Funds	
Special Revenue	
Other (Identify)	
Total	\$700,000

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

**Current Fiscal Year**

\$ 0.00

**Next Fiscal Year**

\$ 0.00

6. What is the total estimated cost by fiscal year to state, county, and 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**

\$ 99,330

**Next Fiscal Year**

\$ 198,660

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;

**This rule includes ten (10) manuals and several accompanying State Plan pages. The manual amendments, enactments, and repeals are all focused on shifting away from a fee for payment methodology for our clients with high needs (IDD or BH), lessening administrative burden on our providers, supporting the workforce (both paraprofessional and clinical) that are employed to provide services to IDD and BH clients, and raising the quality of the care with evidence based and/or recognized service models.**

(2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;

**The manual amendments, enactments, and repeals are all focused on shifting away from a fee for payment methodology for our clients with high needs (IDD or BH), lessening administrative burden on our providers, supporting the workforce (both paraprofessional and clinical) that are employed to provide services to IDD and BH clients, and raising the quality of the care with evidence based and/or recognized service models.**

(3) a description of the factual evidence that:

(a) justifies the agency's need for the proposed rule; and

**This rule includes a large amount of policy work aimed to position both our provider types and service array to provide more home and community-based services to our clients with IDD and BH.**

(b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;

**This rule includes a large amount of policy work aimed to position both our provider types and service array to provide more home and community based services to our clients with IDD and BH.**

(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;

**There are no less costly alternatives.**

(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;

**N/A**

(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

**N/A**

(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.

**The Agency monitors State and Federal rules and policies for opportunities to reduce and control costs.**