Arkansas Department of Human Services
Division of Medical Services
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Little Rock, Arkansas 72203-1437
Internet Website: www.medicaid.state.ar.us

TO: **Arkansas Medicaid Health Care Providers - Rehabilitative Services for Persons with Physical Disabilities**

DATE: **September 1, 2005**

SUBJECT: **PROPOSED - Provider Manual Update Transmittal No. 33**

REMOVE		**INSERT**	
Section	**Date**	**Section**	**Date**
201.000 – 201.300	10-13-03	201.000 – 201.300	9-1-05

Explanation of Updates

Section 201.000 is included to reflect a minor grammatical correction.

Sections 201.100 through 201.300 are included to update the manual regarding the new provider participation and enrollment procedures.

Paper versions of this update transmittal have updated pages attached to file in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes will be automatically incorporated.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-6789 or 1-877-708-8191. Both telephone numbers are voice and TDD.

If you have questions regarding this transmittal, please contact the EDS Provider Assistance Center at 1-800-457-4454 (toll free) within Arkansas or locally and out of state at (501) 376-2211.

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

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Roy Jeffus, Director

201.000 Arkansas Medicaid Participation Requirements for Providers of Rehabilitative Services for Persons with Physical Disabilities (RSPD) 9-01-05

The following types of facilities may be enrolled in the Arkansas Medicaid Program as RSPD providers:

A. Residential rehabilitation centers.

B. Extended rehabilitative hospitals.

C. State-operated extended rehabilitative hospitals.

Providers of RSPD services are eligible for participation in the Arkansas Medicaid Program if they meet the participation requirements outlined in sections 201.100 through 201.300.

201.100 Residential Rehabilitation Centers 9-01-05

Residential rehabilitation centers must meet licensure, accreditation and enrollment requirements to participate as RSPD providers in the Arkansas Medicaid Program.

A. A residential rehabilitation center must meet the following licensure requirements:

1. Licensed by the Arkansas Department of Health and Human Services, Office of Long Term Care, as a Post Acute Head Injury Retraining and Residential Care Facility and
2. Licensed by the Arkansas Department of Health and Human Services, Division of Children and Family Services, as a Residential Child Care Facility

or

3. Licensed as a Long-Term Care Facility that:
   a. Provides transitional rehabilitation of pediatric patients as defined in Ark. Code Ann § 20-8-101(7) and
   b. Operates a designated section of the facility for pediatric patients whose anticipated stay at the time of admission is six months or less.

B. A residential rehabilitation center must meet one of the following accreditation requirements:

1. Accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF).

or

2. Accredited by the Joint Commission on Accreditation of Healthcare Organization (JCAHO) as a Residential Treatment Program for Post Acute Head Injury Rehabilitation.

C. A residential rehabilitation center must meet the following provider enrollment requirements:

1. The residential rehabilitation center must complete and submit to the Medicaid Provider Enrollment Unit a provider application (form DMS-652), a Medicaid contract (form DMS-653) and a Request for Taxpayer Identification Number and Certification (Form W-9) with the Arkansas Medicaid Program. **View or print a provider application (form DMS-652), Medicaid contract (form DMS-653) and Request for Taxpayer Identification Number and Certification (Form W-9).**
2. A copy of the current licenses and accreditation must accompany the provider application and the Medicaid contract.
3. The Arkansas Medicaid Program must approve the provider application and the Medicaid contract as a condition of participation in the Medicaid Program.

4. Subsequent licenses and accreditation must be forwarded to Provider Enrollment within 30 days of issuance. If the renewal document(s) have not been received within this timeframe, the provider will have an additional and final 30 days to comply.

5. Failure to timely submit verification of license and accreditation renewal will result in termination of enrollment in the Arkansas Medicaid Program.

201.200 Extended Rehabilitative Hospital 9-01-05

The extended rehabilitative hospital must meet the following participation requirements in order to be enrolled as an RSPD provider in the Arkansas Medicaid Program:

A. The extended rehabilitative hospital service provider must complete and submit to the Medicaid Provider Enrollment Unit a provider application (form DMS-652), a Medicaid contract (form DMS-653) and a Request for Taxpayer Identification Number and Certification (Form W-9) with the Arkansas Medicaid Program. **View or print a provider application (form DMS-652), Medicaid contract (form DMS-653) and Request for Taxpayer Identification Number and Certification (Form W-9).**

B. The extended rehabilitative hospital must be licensed by the Division of Health, Arkansas Department of Health and Human Services, as a Rehabilitative Hospital. A copy of the current license must accompany the provider application and the Medicaid contract. When a beneficiary is dually eligible for Medicare and Medicaid, Medicare must be billed prior to billing Medicaid. The beneficiary may not be billed for the charges. Providers enrolled to participate in the Title XVIII (Medicare) Program must notify the Arkansas Medicaid Program of their Medicare provider number. Claims filed by Medicare "nonparticipating" providers do not automatically cross over to Medicaid for payment of deductibles and coinsurance.

A copy of subsequent license renewal must be provided when issued.

C. The extended rehabilitative hospital must be certified as a Title XVIII (Medicare) Rehabilitative Hospital provider. A copy of the current certification must accompany the provider application and the Medicaid contract.

D. The Arkansas Medicaid Program must approve the provider application and the Medicaid contract as a condition of participation in the Medicaid Program.

E. Renewal documents must be forwarded to the Medicaid Provider Enrollment Unit within 30 days of issuance. If the renewal document(s) have not been received within this timeframe, the provider will have an additional, and final, 30 days to comply.

F. Failure to timely submit verification of license and certification renewals will result in termination of enrollment in the Arkansas Medicaid Program.

201.300 State-Operated Extended Rehabilitative Hospital 9-01-05

The state-operated extended rehabilitative hospital must meet the following participation requirements in order to be enrolled as an RSPD provider in the Arkansas Medicaid Program:

A. The state-operated extended rehabilitative hospital service provider must complete and submit to the Medicaid Provider Enrollment Unit a provider application (form DMS-652), a Medicaid contract (form DMS-653) and a Request for Taxpayer Identification Number and Certification (Form W-9) with the Arkansas Medicaid Program. **View or print a provider application (form DMS-652), Medicaid contract (form DMS-653) and Request for Taxpayer Identification Number and Certification (Form W-9).**

B. The state-operated extended rehabilitative hospital must be licensed by the Division of Health, Arkansas Department of Health and Human Services, as a Rehabilitative Hospital.

A copy of the current license must accompany the provider application and the Medicaid contract.

A copy of subsequent license renewal must be provided when issued.

C. The state-operated extended rehabilitative hospital must be certified as a Title XVIII (Medicare) Rehabilitative Hospital provider. A copy of the current certification must accompany the provider application and the Medicaid contract. When a beneficiary is dually eligible for Medicare and Medicaid, Medicare must be billed prior to billing Medicaid. The beneficiary may not be billed for the charges. Providers enrolled to participate in the Title XVIII (Medicare) Program must notify the Arkansas Medicaid Program of their Medicare provider number. Claims filed by Medicare "non-participating" providers do not automatically cross over to Medicaid for payment of deductibles and coinsurance.

D. The state-operated extended rehabilitative hospital must be operated by an Arkansas state agency.

E. The Arkansas Medicaid Program must approve the provider application and the Medicaid contract as a condition of participation in the Medicaid Program.

F. Renewal documents must be forwarded to Provider Enrollment within 30 days of issuance. If the renewal document(s) have not been received within this timeframe, the provider will have an additional and final 30 days to comply.

G. Failure to timely submit verification of license and certification renewals will result in termination of enrollment in the Arkansas Medicaid Program.