



# Arkansas Department of Health and Human Services

## Division of Medical Services



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**TO:** Arkansas Medicaid Health Care Providers – Developmental  
Rehabilitation Services

**DATE:** January 1, 2006

**SUBJECT:** Provider Manual Update Transmittal #17

### REMOVE

| Section | Date     |
|---------|----------|
| 201.000 | 10-13-03 |
| 212.000 | 10-13-03 |

### INSERT

| Section | Date   |
|---------|--------|
| 201.000 | 1-1-06 |
| 212.000 | 1-1-06 |

### Explanation of Updates

Section 201.000: The provider participation and enrollment requirements process has been updated.

Section 212.000: Information has been added to the policy to clarify that a primary care physician referral is required for developmental rehabilitation services.

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 have already been 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](http://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 Developmental Rehabilitation Services**

1-1-06

Providers of developmental rehabilitation services must meet the following requirements to be eligible to participate in the Arkansas Medicaid Program:

- A. Providers must be certified as First Connections Program participants by the Arkansas Division of Developmental Disabilities Services (DDS) to provide early intervention services.
- B. A 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). [View or print a provider application \(form DMS-652\), a Medicaid contract \(form DMS-653\) and a Request for Taxpayer Identification Number and Certification \(Form W-9\).](#)
- C. Enrollment as a Medicaid provider is conditioned upon approval of a completed provider application and the execution of a Medicaid provider contract. Persons and entities that are excluded or debarred under any state or federal law, regulation, or rule are not eligible to enroll, or to remain enrolled, as Medicaid providers.
- D. Verification of current certification from DDS must accompany the provider application and the Medicaid contract.
- E. Subsequent certifications 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 certification renewals will result in termination of enrollment in the Arkansas Medicaid Program.



## 212.000

## Scope

1-1-06

Part C of the Individuals with Disabilities Education Act (IDEA) requires each state to provide mandated early intervention services. The Arkansas Department of Health and Human Services Division of Developmental Disabilities Services (DDS) is the lead agency for the Part C early intervention program in Arkansas. First Connections is the name of the early intervention program.

Arkansas Medicaid's Developmental Rehabilitation Services Program provides coverage for the following First Connections early intervention services that are medically necessary for Medicaid eligible recipients under three years of age:

- A. Developmental testing.
- B. Therapeutic activities.

Developmental rehabilitation services require a primary care physician (PCP) referral.