

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

February 1, 2012

CATEGORICALLY NEEDY

1. Inpatient Hospital Services

All inpatient admissions to an acute care/general hospital or rehabilitative hospital will be allowed up to four (4) days of service per admission when determined inpatient care is medically necessary. On the fifth day of hospitalization, if the physician determines the patient should not be discharged on the fifth day of hospitalization, the hospital may contact the Quality Improvement Organization (Arkansas Foundation for Medical Care, Inc.) and request an extension of inpatient days. The Quality Improvement Organization (QIO) will then determine medically necessary days. Calls for extension of days may be made at any point from the fourth day of stay through discharge. However the provider must accept the financial liability should the stay not meet the necessary medical criteria for inpatient services. Medically necessary inpatient days are available to individuals under age 1 without regard to the four day limit and extension procedures required under the plan. Additionally, effective for dates of service on or after November 1, 2001, a benefit limit of 24 days per State Fiscal Year (July 1 through June 30) is imposed for recipients age 21 and older. No extensions will be authorized. The benefit limit does not apply to recipients under age 21 in the Child Health Services (EPSDT) Program **or beneficiaries, regardless of age, who meet the following criteria:**

I. Diagnosis (one of the following)

- a. the presence of two or more diagnoses on Axis I and/or II is indicative of a serious emotional disorder
- b. the presence of a diagnosis on Axis I or II and a diagnosis on Axis III

II. Poor prognostic factors are as evidenced by

- a. early age at time of onset
- b. positive family history for major mental illness
- c. prior treatment has been ineffective; treatment failure, poor response to treatment
- d. co-occurring presentation (medical illness, developmental disability, substance abuse/disorder & mental illness)
- e. non-compliance with treatment
- f. compromised social support system
- g. other evidence-based poor prognostic factors (varies by condition or disorder)

III. Patient was referred by another behavioral health professional for an expert opinion

Inpatient hospital services required for pancreas/kidney transplants, liver/bowel transplants and skin transplants for burns are covered for eligible Medicaid recipients in the Child Health Services (EPSDT) Program. Refer to Attachment 3.1-E, Pages 2, 4 and 6