

## MARK-UP COPY

### Arkansas Division of Behavioral Health Services

#### Medicaid Reimbursement for Rehabilitation Services for Persons with Mental Illness Provider Certification Rules

**Effective Date: January 2, 2006**

**Purpose:** Certification by the Division of Behavioral Health Services (DBHS) is a prerequisite for application to the Division of Medical Services (DMS) for enrollment as a Medicaid provider of Rehabilitative Services for Persons with Mental Illness (RSPMI). All RSPMI service sites and all school-based RSPMI services must have certification by DBHS prior to RSPMI services being provided. The following rules establish conditions for certification and supplement, but do not supplant, other laws and rules.

**Rules:**

- I. Effective January 2, 2006, all current Medicaid RSPMI providers and all entities applying for certification to enroll as RSPMI providers must meet all applicable Medicaid laws, regulations, rules and all requirements listed below. Upon determining that an application for certification complies with all applicable requirements, DBHS will provide written certification to qualifying providers and applicants. Certified providers and applicants must submit the certification to the Medicaid Provider Enrollment Unit, along with the required documents, according to procedures defined in the Medicaid RSPMI Provider Manual. Only the organization providing RSPMI services is eligible for Medicaid enrollment, billing, and payment, unless an exception set out in 42 U.S.C. 1396a(a)(32) is applicable.
- II. **Provider Certification Requirements:** In order to obtain or retain certification by DBHS, a provider must meet all of the following requirements.
  - A. The provider must be fully accredited as a an outpatient mental health or behavioral health provider by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation of Rehabilitation Facilities (CARF) or the Council on Accreditation (COA) and be in good standing with that accrediting organization. Fully accredited means that the provider must obtain accreditation through a full survey process by the accrediting agency. Probationary, partial, conditional, early, interim, or similar accreditations are not acceptable. Accreditation

procedures established by any of the accreditation organizations will be acceptable only if the contents, standards, and conditions of accreditation equal or exceed the organization's regular accreditation process.

- B. Each provider must have a chief executive officer with professional qualifications and experience as established by the provider's governing body. In addition, each provider must assure that staff is present in sufficient numbers to furnish all medically necessary RSPMI services, including all services in each patient's care plan. Staff must include at least the following disciplines:

Licensed mental health professional as defined in the RSPMI manual

Medical records librarian as defined in the RSPMI manual

Psychiatrist - The psychiatrist may provide oversight, medical care, or both. If the psychiatrist does not provide all medically necessary RSPMI medical care, then a medical doctor is required in addition to a psychiatrist.

Psychologist or Licensed Psychological Examiner

- C. The provider must submit to DBHS a copy of its most recent accreditation survey and copies of all correspondence between the provider and the accrediting organization pertaining to the accreditation of that organization's outpatient mental health services. All new survey results and correspondence regarding findings and recommendations by the accrediting organization must be submitted to DBHS within 30 days of the date the correspondence was sent or received. In addition to any other reason for certification denial or decertification, DBHS may refuse to certify a new provider applicant, and may de-certify any provider based on the findings of the accrediting organization, regardless of the accreditation status of the provider by JCAHO, CARF or COA.
- D. If the provider is required to submit a corrective action plan to its accreditation organization, DBHS must also approve that corrective action plan in order for the provider to obtain or retain certification by DBHS. The provider must sign an agreement that allows DBHS to receive information directly from the accrediting organization and to provide information to the accrediting organization.

- E. Each accredited (JCAHO, CARF, or COA) provider site must be located within the State of Arkansas and within one hour's travel of each patient's home, using available transportation options. RSPMI providers cannot be outreach sites of an accredited provider outside of Arkansas.
- F. A certified agency site is defined as a structure that is owned or leased by the provider and used to deliver RSPMI services. Each RSPMI site must have the minimum array of services available within a reasonable geographic area, defined as 30 miles or 30 minutes driving distance from the certified agency site. RSPMI services must include all of the following services:
1. Outpatient services – individual and family therapy at a minimum
  2. Intervention services – on-site and off-site at a minimum
  3. Medication Management
  4. Crisis Services
  5. Psychological evaluation
- G. A unique Medicaid provider number is required for each certified site; therefore, separate DBHS certification is required for each site. A list of all service delivery sites must be submitted, including each site's address, telephone number, fax number and contact person's e-mail address. DBHS must receive a plan for each service delivery site certifying the geographic area to be served.
- H. Each site must have an onsite audit by DBHS or its representative prior to certification of a new provider. When all required documentation requesting certification is received by DBHS, an onsite survey will be scheduled within forty-five (45) calendar days.
- I. Each service site must have an onsite review by it's accrediting agency within three months of certification by DBHS. If the onsite visit is not completed within this timeframe DBHS will de-certify that site, removing that provider as an eligible RSPMI provider. Any RSPMI provider that was certified by DBHS before January 2, 2006, having service sites that have not had an onsite review by their accrediting agency, must immediately request an onsite review for each service site. A Review of each service site must be completed by May March 1, 2006. A copy of the written request to the accreditation agency for onsite review must be sent to DBHS, postmarked no later than January 13, 2006. The full report for the

onsite review from the accreditation agency must be submitted to DBHS by July 1, 2006.

- J. Each RSPMI site must maintain 24-hour, 7 days a week face-to-face outpatient crises services that are available onsite and off-site within 2 hours of the client (or someone acting on behalf of the client) contacting the provider to make an initial request. The organization's plan to meet this requirement must be documented and submitted to DBHS for approval. The plan must include the published 24-hour emergency phone number for each site and procedures for informing clients of that number.
- K. Each RSPMI provider must submit a report to DBHS in the time and manner specified by DBHS regarding the services provided, staff composition, organizational charts, interagency involvement, quality improvement and outcomes activities specific to each site and any other requested information pertaining to the organization's provision or ability to provide RSPMI services. This report must be submitted before certification by DBHS and thereafter, when requested by DBHS.
- L. DBHS and DMS retain the right to request additional information in connection with accreditation, certification, provision or billing of RSPMI services and to perform site visits at any time; scheduled or unannounced to insure that services are being provided in accordance with the information that was submitted for certification and provided in a safe environment and in manner that insures quality and appropriateness of services.
- M. DBHS retains the right to revoke certification or require a corrective action plan to be submitted for approval based on any findings that indicate the provider is not providing services in a safe, ethical and clinically appropriate manner.

### **III. RSPMI Provider Certification Procedures**

- A. Each application to DBHS for certification of a site must include a Qualification Form for RSPMI Certification signed by the Chief Executive Officer verifying that all information is complete and correct.
- B. Upon receipt of complete and legible originals of required documents, DBHS shall review the application for certification to determine compliance with all requirements.
- C. If all documentation is received and requirements are met, DBHS will issue a letter to the provider stating that the provider is certified as eligible to apply for enrollment as a Medicaid RSPMI provider.
- D. DBHS will process all requests for certification within ninety calendar days of receipt of all information required to process the certification request.
- E. If the provider disagrees with a decision by DBHS regarding certification by DBHS, the provider can appeal the decision through the following process:

### **IV. School-based RSPMI Services Certification Requirements**

School-based services” means RSPMI services provided in a public school, or provided during, or in connection with, a child’s public education. Effective January 13, 2006, RSPMI providers must obtain DBHS certification as a condition of providing school-based services.

In order to be certified to provide school-based RSPMI services, the provider must be part of the Department of Education School-based Network, or, if not a part of the network, the provider must meet and maintain compliance with the following DBHS certification requirements:

1. A written interagency agreement or contract (“contract”) with each school where RSPMI services are to be provided, signed by the school principal or district superintendent and the RSPMI provider’s Executive Director or a person in a comparable executive position. The contract must include comprehensive and specific terms and conditions on all of the following subjects:
  - (a) general and case-specific communication and confidentiality;
  - (b) place and times for RSPMI services;
  - (c) type of RSPMI services;
  - (d) the referral processes for all children seen in that school;
  - (e) interagency staffing processes and communication for those children whose treatment is required by an I.E.P.

2. Each school-based RSPMI program must submit a report to DBHS in the time and manner specified by DBHS regarding the services provided, staff composition, organizational charts, interagency involvement, quality improvement and outcomes activities specific to each site and any other requested information pertaining to the organization's provision or ability to provide school-based RSPMI services. DBHS in collaboration with the Department of Education/Special Education will determine the required report content and timeframes and make those available to school-based RSPMI providers at least 30 days in advance of the required reporting period.

This report will include, at minimum:

- (a) Identification of each student being receiving school-based RSPMI;
- (b) The units of school-based RSPMI provided by billing code and by recipient;
- (c) The number of hours spent providing non-billable services such as teacher training and attendance at school staff meetings;
- (d) The payment source for all children receiving school-based RSPMI.

(3) Each provider must maintain in each patient's record a release of information signed by the parent/guardian allowing the provider to communicate with the school as necessary.

(4) A standardized assessment instrument approved by DBHS and Department of Education/Special Education must be administered to each student upon entry into school-related RSPMI and at regular intervals, , as required by DBHS.

(5) Providers must monitor the following outcomes in accordance with a quality improvement plan approved by DBHS.

- (a) school functioning - grades, attendance, and conduct;
- (b) level of satisfaction of parents, students, and school officials as measured by a survey to be established by DBHS and the Department of Education/Special Education, and
- c. any other clinical and programmatic outcome that may be required by DBHS to insure quality and appropriateness of school-based RSPMI services.

(5) Providers must provide DBHS and the school with an annual written outcomes report.

(6) The array of school-related services must include:

- a. Therapy services (individual, group, family)
- b. Intervention Services (On-site, Off-site)

## **V. School-based RSPMI Certification Procedures**

As a condition of providing school-based RSPMI services after January 13, 2006, RSPMI providers must submit a letter to DBHS postmarked no later than January 2, 2006, furnishing satisfactory evidence of compliance with the requirements for school-based RSPMI services, along with:

- (a) A request for DBHS certification along with evidence of satisfactory compliance with certification requirements; or
- (b) Written evidence that the provider is a part of the Department of Education School-Based Network. The written evidence must specify the school or schools in which school-based RSPMI services will be provided, and include a copy of the signed contract. See § O.1.
- (c) The number of full-time equivalent positions, the names of the occupants, and the occupants' qualifications to provide school-based RSPMI services.

## **VI. Appeal Process**

If DBHS denies an application for RSPMI provider certification, the applicant may appeal the denial. Appeals must be submitted in writing to the DBHS Director, and be postmarked no later than thirty-one (31) calendar days after the postmarked date of the denial letter. The appeal must state with particularity the error or errors asserted to have been made by DBHS in denying certification, and cite the legal authority for each assertion of error. Appeals may be dismissed when the asserted errors, if taken as true and considered in the light most favorable to the applicant, would not have altered the denial decision.

Within thirty (30) calendar days after receiving an appeal, the DBHS Director shall: (1) designate a person who did not participate in reviewing the application or in the decision to deny the application 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 one-hundred twenty (120) calendar days of the date DBHS receives the notice of appeal.

DBHS shall tape record each hearing.

The hearing official shall issue the decision in a written document that contains findings of fact, conclusions of law, and the decision. The findings, conclusion, and decision shall be mailed to the appellant. If the appellant is represented by counsel, a copy of the findings, conclusion, and decision shall also be mailed to the appellant's counsel. The decision is the final agency determination under the Administrative Procedure Act.

Except as to matters that are controlled by this rule, the appeal rules in the Medicaid Provider Manual, Sections 162.100.B. through 167.000 are incorporated by reference and shall control.

DRAFT