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Arkansas Division of Behavioral Health Services

Rehabilitation Services for Persons with Mental Illness (RSPMI)
Provider Certification Rules

Effective Date: January 1, 2011~~June 1, 2008~~

I. Purpose:

~~This rule establishes that Division of Behavioral Health Services (DBHS) certification is a prerequisite for the Division of Medical Services (DMS) to establish a Medicaid provider number for sites where Rehabilitative Services for Persons with Mental Illness (RSPMI) are delivered and establishes the process to obtain such certification. All RSPMI agencies must have DBHS certification for each RSPMI site before providing RSPMI services at that site.~~

~~–~~A. To assure that Rehabilitative Services for Persons With Mental Illness ("RSPMI") care and services 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 RSPMI certification under this policy is a condition of Medicaid provider enrollment.

B. Division of Behavioral Health Services ("DBHS") RSPMI certification must be obtained for each site before application for Medicaid provider enrollment. An applicant may submit one application for multiple sites, but DBHS will review each site separately and take separate certification action for each site.

III. Definitions:

~~a~~A. "Accreditation" means full accreditation (preliminary, expedited, probationary, pending, conditional, deferred or provisional accreditations will not be accepted) as an outpatient behavioral health care provider issued by at least one of the following:~~through an accreditation organization's full survey process.~~

~~Probationary, partial, conditional, early, interim, or similar conditional or limited accreditations are not acceptable for the initial certification of a new provider.~~

- Commission on Accreditation for Rehabilitative Facilities (CARF) Behavioral Health Standards Manual.
- The Joint Commission on Accreditation of Healthcare Organizations (TJ-C) Comprehensive Accreditation Manual for Behavioral Health Care.
- Council on Accreditation (COA) Outpatient Mental Health Services Manual.

~~b. "Accreditation Organization" means the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation of Rehabilitation Facilities (CARF) or the Council on Accreditation (COA).~~

B. ~~c.~~ "Adverse license action" means ~~an~~ 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 ©. ~~DBHS to revoke or suspend certification, to reduce certification to provisional status, or to require a corrective action plan.~~

C. "Applicant" means an outpatient behavioral health care agency that is seeking DBHS certification as an RSPMI provider.

D. ~~d.~~ "Certification" means ~~is~~ a written designation, issued by DBHS, declaring that the provider has demonstrated compliance as declared within and defined by ~~statement from DBHS establishing that each site where RSPMI services are to be delivered meets all the conditions set forth in~~ this rule.

E. ~~e. .~~~~"Provisional certification" is a written statement from DBHS establishing that pending accreditation a site has services and facilities that satisfy this rule.~~

E. "Client" means any person for whom an RSPMI provider furnishes, or has agreed or undertaken to furnish, RSPMI services.

~~F. f. "Provider" means an entity that is certified by DBHS and enrolled by DMS to provide a RSPMI services and bill Medicaid.~~

F. "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.

~~G. g. "Site" means one or more structures located on a parcel of land bounded by a property line or a public right-of-way. Site does not include any location that is not primarily devoted to the provision of RSPMI services such as a school, day care facility or long-term care facility. RSPMI services delivered at such locations are provided off-site.~~

G. "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 RSPMI 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.

2. Accreditation standards and requirements.

H. "Contemporaneous" means within a single work period of the performing provider, that is, before the performing provider goes off duty for any reason other than a scheduled work break or meal.

I. "Coordinated Management Plan" means a plan that the provider develops and carries out to assure compliance and quality improvement.

J. "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.

K. "Covered Health Care Practitioner means: Allopathic physicians; allopathic interns and residents; osteopathic physicians; and osteopathic physician interns and residents; dentists and dentist residents; and other practitioner types which may be or have been reported to the NPDB: pharmacists; pharmacy interns; pharmacists, nuclear; pharmacy assistants; pharmacy technicians; registered (professional) nurses; nurse anesthetists; nurse midwives; nurse practitioners; clinical nurse

specialists; licensed practical or vocational nurses; nurses aides; certified nurse aides/certified nursing assistants; home health aides (homemakers); health care aides/direct care workers; certified or qualified medication aides; EMTs, basic; EMTs, cardiac/critical care; EMTs, intermediate; EMTs, paramedic; social workers; podiatrists; podiatric assistants; psychologists; school psychologists; psychological assistants, associates, examiners; counselors, mental health; professional counselors; professional counselors, alcohol; professional counselors, family/marriage; professional counselors, substance abuse; marriage and family therapists; dental assistants; dental hygienists; denturists; dieticians; nutritionists; ocularists; opticians; optometrists; physician assistants, allopathic; physician assistants, osteopathic; art/recreation therapists; massage therapists; occupational therapists; occupational therapy assistants; physical therapists; physical therapy assistants; rehabilitative therapists; respiratory therapy technicians; medical technologists; cytotechnologists; nuclear medicine technologists; radiation therapy technologists; radiologic technologists; acupuncturists; athletic trainers; homeopaths; medical assistants; midwives, lay (non nurse); naturopaths; orthotics/prosthetics fitters; perfusionists; psychiatric technicians; and any other type of health care practitioner which is licensed in one or more States.

L. “Cultural Competency” means the ability to communicate and interact effectively with people of different cultures, including people with disabilities and atypical lifestyles.

M. “DBHS” means the Arkansas Department of Human Services Division of Behavioral Health Services.

N. “Deficiency” means an item or area of noncompliance.

O. “DHS” means the Arkansas Department of Human Services.

P. “Emergency RSPMI services” means nonscheduled RSPMI services delivered under circumstances where a prudent layperson with an average knowledge of behavioral health care would reasonably believe that RSPMI services are immediately necessary to prevent death or serious impairment of health.

Q. “Medical Director” means a physician that oversees the planning and delivery of all RSPMI services delivered by the provider.

R. “Mental health paraprofessional” or “MHPP” means a person who:

1. Does not possess an Arkansas license to provide clinical behavioral health care;

2. Works under the direct supervision of a mental health professional;

3. Has successfully completed prescribed and documented courses of initial and annual training sufficient to perform all tasks assigned by a mental health professional;

4. Acknowledges in writing that all mental health paraprofessional services are controlled by client care plans and provided under the direct supervision of a mental health professional.

S. “Mental health professional” or “MHP” means a person who possesses an Arkansas license to provide clinical behavioral health care. The license must be in good standing and not subject to any adverse action by the licensing authority.

T. “Mobile care” means a face-to-face meeting with the client in a clinically appropriate setting other than a certified site operated by the provider. Mobile care must be provided as clinically indicated in emergent situations, and otherwise only as necessary for the client to have access to care as documented in the care plan.

U. “Multi-disciplinary team” means a group of professionals from different disciplines that provide comprehensive care through individual expertise and in consultation with one another to accomplish the client’s clinical goals. Multi-disciplinary teams promote coordination between agencies; provide a "checks and balances" mechanism to ensure that the interests and rights of all concerned parties are addressed; and identify service gaps and breakdowns in coordination or communication between agencies or individuals.

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

W. “Performing provider” means the individual who personally delivers a care or service directly to a client.

X. “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.

Y. “Provider” means an entity that is certified by DBHS and enrolled by DMS to provide RSPMI.

Z. “Quality assurance (QA) meeting” means a meeting held at least quarterly for systematic monitoring and evaluation of clinic services and compliance. *See also*, Medicaid RSPMI Manual, § 212.000.

AA**.** **“**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.

BB. “RSPMI” means Rehabilitative Services for Persons With Mental Illness.

CC. “Site” means a distinct place of business dedicated to the delivery of RSPMI services within a fifty (50) mile radius. Each site must be a bona fide RSPMI behavioral health outpatient clinic providing all the services specified in this rule and the Medicaid RSPMI Manual. Sites may not be adjuncts to a different activity such as a school, a day care facility, a long-term care facility, or the office or clinic of a physician or psychologist.

DD. “Site relocation” means closing an existing site and opening a new site fifty (50) or more miles from the original site.

EE. “Site transfer” means moving existing staff, program, and clients from one physical location to a second location that is within fifty (50) miles of the original site.

FF. “Supervise” as used in this rule means to direct, inspect, and evaluate performance of MHPs and MHPPs in at least the following subjects:

1. Accuracy of assessment and referral skills;

2. Appropriateness of treatment or service interventions in relation to the client needs;

3. Treatment/intervention effectiveness as reflected by the client meeting individual goals;

4. Issues of ethics, legal aspects of clinical practice, and professional standards;

5. The provision of feedback that enhances the skills of direct service personnel;

6. Clinical documentation issues identified through ongoing compliance review;

7. Cultural competency issues;

8. Areas of deficiency.

GG. “Supervision documentation” means written records of the time, date, subject(s), and duration of supervisory contact maintained in the provider’s official records.

~~**II.** Entities subject to this rule shall be in compliance within 45 days of its effective date.~~

~~**III.** DBHS certification under this rule is a condition of RSPMI provider enrollment. Separate certification is required for each site that is to deliver RSPMI services. An applicant may submit one application for multiple sites, but DBHS will take separate certification action for each site.~~

~~**IV.** Upon determining that an application for certification complies with this rule, DBHS will provide written certification to qualifying providers and entities. Except as limited by adverse action, each certification period shall be concurrent with the provider’s accreditation period. Because the re-accreditation process often occurs after the end-date specified in the accreditation, certifications shall expire one-hundred eighty days after the end-date specified in the provider’s accreditation.~~

IV. COMPLIANCE TIMELINE:

A. Certified RSPMI providers in operation as of the effective date of this rule must comply with this rule within forty-five calendar days.

B. DBHS may authorize temporary compliance exceptions for new accreditation standards that require independent site surveys and specific service subset accreditations. Such compliance exceptions expire at the end of the provider’s accreditation cycle and may not be renewed or reauthorized.

~~**V.** In order to be certified a site must meet all of the following requirements:~~

~~a. Certification applications must include a list of all sites, including each site’s address, telephone number, fax number and contact person’s e-mail address and a letter signed by the Chief Executive Officer verifying that the application and any related information is complete and correct.~~

~~b. Each proposed provider/provider must furnish a copy of its most recent accreditation survey and copies of all correspondence between it and the accreditation organization to DBHS within 30 days of the date the accreditation organization sent the survey results or correspondence.~~

~~c. DBHS must be authorized to receive information directly from the accreditation organization and to provide information directly to the accreditation organization, as it relates to RSPMI services. Upon request DBHS will furnish a~~

proposed provider/provider with a copy of documents that were received from or sent to an accreditation organization in connection with accreditation, certification, or both

d. The proposed provider/provider must be fully accredited and in good standing as an outpatient mental health or behavioral health provider by an accreditation organization. Accreditation procedures established by an accreditation organization will be acceptable only if the contents, standards, and conditions of accreditation equal or exceed the accreditation organization's full accreditation process. If an accrediting entity subjects a fully accredited provider to an accreditation condition or limitation based upon an occurrence or practice that does not significantly impact direct patient care or is a technical deficiency as defined in Ark. Code Ann. § 20-77-1602(19), that condition or limitation cannot, standing alone, result in the removal of certification.

e. Each site from which RSPMI services are delivered must be included under the accreditation by the JCAHO, CARF or COA. Proof of this accreditation must be submitted with any request for certification of a site.

f. Each new site must have an onsite audit by DBHS or its representative before certification. DBHS will perform an onsite survey within forty-five (45) calendar days of receiving all required certification documentation. For new sites DBHS may issue provisional certification pending the outcome of the next survey by the accrediting organization.

g. Each existing certified site included under a provider's accreditation by an accrediting organization will retain certification as of the effective date of this rule.

h. In order to qualify for Medicaid reimbursement, providers must identify each Medicaid-covered service as provided on site or off site, and link the service to the service location using provider numbers and coding provided by DMS.

i. Each proposed provider/provider must submit a written report to DBHS as a condition of certification, and annually thereafter, stating or documenting:

1. the services that were/will be provided;
1. the provider's plans and activities to overcome cultural and linguistic barriers to treatment. If the accreditation organization imposes cultural and linguistic competence requirements, the compliance plans/documentation submitted to the accreditation organization by the provider/proposed provider will satisfy this requirement unless the documentation fails to establish procedures making treatment equally available to all eligible persons who present to the provider/proposed provider for treatment.
2. staff composition;

3. interagency involvement;
4. quality improvement and outcomes activities specific to each site, including organizational charts and any other information the proposed provider/provider chooses to supply regarding RSPMI services.

DBHS reserves the right to ask questions or request additional information regarding certification statements and documentation.

j. DBHS retains the right to request information in connection with accreditation, certification, provision or billing of RSPMI services; to perform site visits at any time; and to conduct scheduled or unannounced visits, to insure that entities are providing RSPMI services in accordance with the information that was submitted to DBHS and the accreditation organization. During a site visit, the provider must allow access to all sites, policies and procedures, patient records, financial records, and any other documentation necessary to ascertain that services were/are of a quality which meets professionally recognized standards of health care.

k. Each provider/proposed provider must have a chief executive officer with professional qualifications and experience as established by the proposed provider's/provider's governing body. The provider/proposed provider must secure the services of professionals in the following disciplines:

1. Licensed mental health professional as defined in the RSPMI manual;

2. Medical records librarian as defined in the RSPMI manual;

3. 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 may provide medical care in addition to a psychiatrist; and

4. Psychologist or Licensed Psychological Examiner.

Qualified professionals must be present to furnish all medically necessary RSPMI services, including all services in each patient's care plan.

l. If an accreditation organization requires a corrective action plan DBHS must determine that the corrective action plan provides credible assurance of compliance with this rule. In order to make its determination under this rule DBHS may require additional information, conduct an on-site survey, and require a separate corrective action plan.

m. Each site must be located within the State of Arkansas, and should be within one hour's travel of patients' home or workplace, using available

transportation options. RSPMI providers cannot be outreach sites of an accredited provider outside of Arkansas.

n. Each 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. The array of RSPMI services available 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; and
5. Psychological evaluation.

o. Each provider must maintain 24-hour, 7 days a week face-to-face outpatient crises services that are available at each site 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 provider's plan to meet this requirement must be documented and submitted to DBHS for approval prior to certification. The plan must include the published 24-hour emergency phone number, which must also be published in the provider's client materials for each site and procedures for informing clients of that number.

p. All providers that furnish services to individuals under the age of eighteen must establish and maintain a policy that addresses family involvement in the treatment process for all clients. Family is defined as parents, foster parents, guardians, or other responsible parties or family members that are significantly involved in the child's life, as identified in the assessment process. The policy shall require the identification and engagement of some or all family members, and a plan to engage such persons in the treatment process. The family engagement plan shall conform to professionally recognized standards of care. This policy must be submitted with all applications for certification of new providers and applications for certification of new sites. For providers and sites that are currently certified, this policy must be available upon request by DBHS. The policy must address the agency's requirement for meaningful involvement of parents and family members in:

1. development and participation in the individualized treatment goals, objectives and interventions, including actions by the provider to address barriers to family involvement in the treatment process.

2. evaluation of client progress in treatment.

3. providing input in ongoing quality improvement activities.

~~q. Continuing certification is contingent upon evidence of continued compliance with this rule. DBHS will take appropriate action in response to noncompliance, which may include requirement of corrective action or denial, suspension or revocation of certification based on any of the following grounds:~~

~~1. Violation of the certification rule;~~
~~2. Permitting, aiding or abetting the commission of any illegal act in a certified site;~~
~~3. Care that does not meet professionally recognized standards of health care;~~
~~4. Knowingly or willingly making or causing to be made any false statement or representation of a material fact, or a pattern of false statements showing disregard for the truth or falsity of the statements;~~
~~5. The use of subterfuge (for instance, filing through a second party after an individual has been denied certification).~~
~~6. The loss of accreditation by an accrediting organization.~~

~~r. Upon receipt of complete and legible originals of required documents, DBHS shall determine compliance with this rule for certification or provisional certification.~~

~~s. DBHS will process all certification requests within ninety calendar days of receiving all information that is necessary to review and process the certification request. DBHS will notify each prospective provider/provider in writing of its determination and furnish a copy to DMS.~~

~~t. If DBHS takes adverse action on a proposed provider's/provider's certification request or certification the provider can appeal the adverse action. See Section IX.~~

V. APPLICATION FOR DBHS RSPMI CERTIFICATION:

A. Applicants must complete DBHS application Form #1 and #2 which can be found at the following website: www.arkansas.gov/dhs/dmhs or

See Appendix # 5 and # 6.

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 outpatient behavioral health care agency:

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 DBHS certified RSPMI provider.

D. RSPMI certification is not transferable or assignable.

E. The privileges of RSPMI certification are limited to the certified entity.

F. Providers may file Medicaid claims only for RSPMI care delivered by a performing provider engaged by the provider.

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

H. Applicants must maintain and document accreditation, and must prominently display certification of accreditation issued by the accrediting organization in a public area at each site. Accreditation must recognize and include all the applicant's RSPMI programs, services, and sites.

1. Accreditation must include an on-site survey for each service site for which provider certification is requested. Accreditation documentation submitted to DBHS must list all sites recognized and approved by the accrediting organization as the applicant's service sites.
2. Accreditation documentation must include the applicant's governance standards for operation and sufficiently define and describe all services or types of care (customer service units or service standards) the applicant intends to provide including, without limitation, crisis intervention/stabilization, in-home family counseling, outpatient treatment, day treatment, therapeutic foster care, intensive outpatient, medication management/pharmacotherapy.
3. Any outpatient behavioral health program associated with a hospital must have a free-standing behavioral health outpatient program national accreditation.

I. The applicant must attach the entity's family involvement policy to each application.

~~**VI. Violations**~~

~~If a proposed provider/provider fails to comply with this rule, DBHS may take action in response to such noncompliance. Action may include requirement of corrective action or denial, suspension, or revocation of a certification, a provisional certification, or both. In determining the remedy to impose for noncompliance, including the length of any suspension, DBHS shall consider the severity of the violation, whether the violation affects direct patient care, the number of violations, and whether the violation evidences a systemic problem.~~

VI. APPLICATION REVIEW PROCESS

A. Timeline:

1. DBHS will review RSPMI application forms and materials within ninety (90) calendar days after the DBHS RSPMI certification policy office receives a complete application package. (DBHS will return incomplete applications to senders without review.)

2. For approved applications, a site survey will be scheduled within 20 calendar days of the approval date.

3. DBHS will mail a survey report to the applicant within 10 calendar days of the site visit. Providers having deficiencies on survey reports must submit an approvable corrective action plan to DBHS within thirty-five (35) calendar days after the date of a survey report.

4. DBHS will accept or reject each corrective action plan in writing within ten (10) calendar days after receipt.

5. Within thirty (30) calendar days after DBHS 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. DBHS will furnish site-specific certificates via postal or electronic mail within ten (10) calendar days of issuing a site certification.

B. Survey Components: An outline of site survey components is available on the DBHS website: www.arkansas.gov/dhs/dmhs and is located in appendix # 7.

C. Determinations:

1. Application approved.

2. Application returned for additional information.

3. Application denied. DBHS will state the reasons for denial in a written response to the applicant.

VII. DBHS Access to Applicants/Providers:

A. DBHS may contact applicants and providers at any time;

B. DBHS may make unannounced visits to applicants/providers.

C. Applicants/providers shall provide DBHS prompt direct access to applicant/provider documents and to applicant/provider staff and contractors, including, without limitation, clinicians, paraprofessionals, physicians, administrative, and support staff.

D. DBHS reserves the right to ask any questions or request any additional information related to certification, accreditation, or both.

VIII. ADDITIONAL CERTIFICATION REQUIREMENTS

A. Training: Upon certification, applicants must enroll at least the following personnel: clinical supervisors, corporate compliance officers and billing personnel who must successfully complete the "DBHS RSPMI Operation Technical Assistance Training Program" ("Program") within five (5) months of the certification date. DHS will offer the program at least quarterly. *See* Appendix # 4 for training agenda.

B. 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 RSPMI 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 rehabilitative treatment models established for RSPMI care and services.

3. Be established by contemporaneous documentation that is accurate and demonstrates compliance.

C. Applicants and RSPMI providers 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.

D. 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 RSPMI care and services. Coordinated referral plans must:

i. Identify in the client record the medically necessary RSPMI 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.

E. Minimum Staffing: Staffing shall be sufficient to establish and implement care plans for each RSPMI client, and must include the following:

1. Chief Executive Officer/Executive Director (Full-Time Position): The person ultimately responsible for applicant/provider organization, staffing, policies and practices, and RSPMI service delivery. The CEO/ED must possess at least a master's degree in behavioral health care, management, or a related field and experience per the accrediting organization and any more stringent qualifications established by the provider's governing body. A bachelor's degree in behavioral health care, management, or a related field and at least ten (10) years experience in behavioral health care management may substitute for a master's degree.

2. Clinical Director (Full-Time Position): The clinical director must:

a. Report directly to the CEO/ED;

b. Be the DBHS contact for clinical and practice-related issues;

c. Be accountable for all clinical services (professional and paraprofessional);

d. Personally monitor RSPMI care and service quality and compliance;

e. Assure that all services are provided within each practitioner's scope of practice under Arkansas law and under such supervision as required by law for practitioners not licensed to practice independently;

f. Assure and document in the provider's official records the direct supervision of MHP's, either personally or though a documented chain of supervision.

g. Assure that licensed mental health professionals directly supervise paraprofessionals. Direct supervision ratios must not exceed one licensed mental health professional to eight mental health paraprofessionals;

h. Possess independent Behavioral Health licensure in Arkansas as a Licensed Psychologist, Licensed Certified Social Worker (LCSW), Licensed Psychological Examiner – Independent (LPE-I), Licensed Professional Counselor (LPC), Licensed Marriage and Family Therapist (LMFT), or an Advanced Practice Nurse, Clinical Nurse Specialist in psychiatry or mental health (APN,CNS) with a minimum of two years clinical experience post master's degree.

3. Mental Health Professionals:

a. MHP's may:

i. Provide direct behavioral health care;

ii. Delegate and oversee work assignments of MHPP's;

iii. Ensure compliance and conformity to the provider's policies and procedures;

iv. Provide direct supervision of MHPP's;

v. Provide case consultation and in-service training;

vi. Observe and evaluate performance of MHPP's.

b. Supervision of MHP's:

i. Supervisory communications must include each element of supervision as defined in § III(FF) at least once every six (6) months;

ii. Documented client-specific face-to-face and other necessary communication regarding client care must occur between each MHP's supervisor and the MHP periodically (no less than every ninety (90) calendar days) in accordance with a schedule maintained in the provider's official records.

4. Mental Health Paraprofessionals:

a. Are MHP service extenders;

b. MHPP supervision must be provided face-to-face by one or more licensed health care professional(s) acting within the scope of his or her practice and must occur:

i. Periodically (no less than every seven (7) calendar days); and

ii. As needed in accordance with a schedule tailored to each client's condition and care needs; and

iii. As needed in response to a client's:

1. Unscheduled care needs;

2. Response or lack of response to treatment;

3. Change of condition.

c. Supervisory communications must include each element of supervision as defined in § III(FF) at least once every six (6) months.

d. Providers must establish that direct supervision occurred by individualized written certifications created by a licensed mental health professional and filed in the provider's official records on a weekly basis, certifying:

i. That the licensed mental health professional periodically (in accordance with a schedule tailored to the client's condition and care needs and previously recorded in the provider's official records) communicated individualized client-specific instructions to the mental health paraprofessional

describing the manner and methods for the delivery of paraprofessional services;

ii. That the licensed mental health professional periodically (in accordance with a schedule tailored to the client's condition and care needs and previously recorded in the provider's official records, but no less than every 30 days) personally observed the mental health paraprofessional delivering services to the client; that the observations were of sufficient duration to declare whether paraprofessional services complied with the licensed mental health professional's instructions;

iii. The date, time, and duration of each supervisory communication with and observation of a mental health paraprofessional.

5. Corporate Compliance Officer:

a. Manages policy, practice standards and compliance, except compliance that is the responsibility of the medical records librarian;

b. Reports directly to the CEO/ED (except in circumstances where the compliance officer is required to report directly to a director, the board of directors, or an accrediting or oversight agency);

c. Has no direct responsibility for billings or collections;

d. Is the DBHS and Medicaid contact for DBHS certification, Medicaid enrollment, and compliance.

6. Medical Director:

a. Oversees RSPMI care planning, coordination, and delivery, and specifically:

i. Diagnoses, treats, and prescribes for behavioral illness;

ii. Is responsible for all client care, care planning, care coordination, and medication storage;

iii. Assures that RSPMI care is available 24 hours a day, 7 days a week;

iv. May delegate client care to other physicians, subject to documented oversight and approval;

v. Assures that a physician participates in treatment planning and reviews, including treatment review meetings at each service delivery site on at least a quarterly basis;

vi. If the medical director is not a psychiatrist, the medical director must consult with a psychiatrist concerning any medication adverse effects;

vii. Medical director services may be acquired by contract.

b. If the medical director is not a psychiatrist then a psychiatrist must:

i. Review all new psychopharmacology prescriptions within seven (7) calendar days;

ii. Review all psychopharmacology prescription changes within fourteen (14) calendar days;

iii. Conduct a general review of programming and client care every thirty (30) calendar days;

iv. Participate in quarterly quality assurance meetings.

7. Privacy Officer: Develops and implements policies to assure compliance with privacy laws, regulations, and rules. Applicants/providers may assign privacy responsibilities to the Corporate Compliance Officer, Grievance Officer, or Medical Records Librarian, but not the CEO/ED.

8. **Quality Control Manager:** Chairs the quality assurance committee and develops and implements quality control and quality improvement activities. Applicants/providers may assign quality control manager responsibilities to the Corporate Compliance Officer or Medical Records Manager, but not the CEO/ED.

9. **Grievance Officer:**

a. Develops and implements the applicant's/provider's employee and client grievance procedures.

b. Effectively communicates grievance procedures to staff, contractors, prospective clients, and clients. Communications to clients who are legally incapacitated shall include communication to the client's responsible party.

c. The grievance officer shall not have any program admission or direct client care duties.

10. **Medical Records Librarian:**

a. Must be qualified by education, training, and experience to understand and apply:

i. Medical and behavioral health terminology and usages covering the full range of services offered by the provider;

ii. Medical records forms and formats;

iii. Medical records classification systems and references such as The American Psychiatric Association's Diagnostic and Statistical Manual – IV-TR (DSM-IV-TR) and subsequent editions, International Classification of Diseases (ICD), Diagnostic Related Groups (DRG's), Physician's Desk Reference (PDR), Current Procedural Terminology (CPT), medical dictionaries, manuals, textbooks, and glossaries.

iv. Legal and regulatory requirements of medical records to assure the record is acceptable as a legal document;

v. Laws and regulations on the confidentiality of medical records (Privacy Act and Freedom of Information Act) and the procedures for informed consent for release of information from the record.

vi. The interrelationship of record services with the rest of the facility's services.

b. Develops and implements:

i. The client information system;

ii. Operating methods and procedures covering all medical records functions.

iii. Insures that the medical record is complete, accurate, and compliant.

11. Licensed Psychologist, Licensed Psychological Examiner (LPE), or Licensed Psychological Examiner – Independent (LPE-I):

a. Provide psychological evaluations;

b. Each licensed psychological examiner or licensed psychological examiner-I must have supervision agreements with a doctoral psychologist to provide appropriate supervision or services for any evaluations or procedures that are required under or are outside the psychological examiner's scope of independent practice. Documentation of such agreements and of all required supervision and other practice arrangements must be included in the psychological examiner's personnel record;

c. Services may be acquired by contract.

F. Multidisciplinary Team(s): Providers must assign each client a multidisciplinary team that includes professionals and paraprofessionals as necessary to insure care coordination of each client's RSPMI care and services.

G. Quality Assurance Meetings:

Each provider must hold a quality assurance meeting at each site at least quarterly.

H. Health Care Professional Disqualification:

a. Licensed health care professionals may not furnish RSPMI 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 is:

i. Excluded from Medicare, Medicaid, or both;

ii. Debarred under Ark. Code Ann. § 19-11-245;

iii. Excluded under DHS Policy 1088; or

iv. Has a history of malpractice or adverse professional licensure action related to patient safety or adherence to professional standards of care.

I. Applicants/providers must maintain documentation identifying the primary work location of all MHP's and mental health paraprofessionals.

J. Providers must maintain copies of disclosure forms signed by the client, or by the client's parent or guardian before RSPMI services are delivered except in emergencies. Such forms must at a minimum:

1. Disclose that the services to be provided are RSPMI;

2. Explain RSPMI eligibility, SED and SMI criteria;

3. Contain a brief description of RSPMI services;

4. Explain that all RSPMI care must be medically necessary;

5. Disclose that third party (e.g., Medicaid or insurance) RSPMI 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 RSPMI care, 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 RSPMI rules;

9. Provide and explain contact information for making complaints to the provider regarding care delivery, discrimination, or any other dissatisfaction with RSPMI care;

10. Provide and explain contact information for making complaints to state and federal agencies that enforce compliance under § III(F)(1).

K. RSPMI services maintained at each site must include:

1. Psychological Evaluation;

2. Psychiatric Evaluation and Medication Management;

3. Intervention Services;

4. Outpatient Services, including individual and family therapy at a minimum;

5. Crisis Services.

L. Providers must tailor all RSPMI care and services to individual client need. If client records contain entries that are materially identical, DBHS and the Division of Medical Services will rebuttably presume that this requirement is not met.

M. RSPMI 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.

N. 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. Publish the 24-hour emergency number in local telephone directories and on the applicant's/provider's website(s);

e. 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 MHP 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 MHP 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 report to the CEO/ED each week.

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 services 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.

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 MHP makes timely clinical disposition decisions;
5. To make timely referrals to other services;
6. To refer for inpatient services or less restrictive alternative;
7. For clients to have direct telephone access to clinical staff.

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

1. Evidenced based practices;

2. Use of the Youth Outcome Questionnaire (YOQ) for all clients under age 21 years.

3. Requirements for informing all clients and clients' responsible parties of the client's rights while accessing services.

4. Regular (at least quarterly) quality assurance meetings that include:

a. Clinical Record Reviews: medical record reviews of a representative sample of charts assigned to each service provider including paraprofessionals and professionals. Reviews must meet accreditation standards and include a minimum of 10% of open charts and 10% of charts closed within six months;

b. Program and services reviews that:

i. Assess and document whether care and services meet client needs;

ii. Identify unmet needs;

iii. Establish and implement plans to address unmet needs.

Q. Technical Training and Consultation: Applicants may attend a "technical training for provider applicants" in-service training that will be conducted at least quarterly. The training explains the DBHS RSPMI certification application process and includes a review of RSPMI requirements. *See* Appendix # 4 for training agenda.

IX. HOME OFFICE

A. Each provider must maintain and identify a home office in the State of Arkansas;

B. The home office may be located at a site or may be solely an administrative office not requiring site certification;

C. The home office is solely responsible for governance and administration of all of the provider's Arkansas sites;

D. Home office governance and administration must be documented in a coordinated management plan;

E. The home office shall establish policies for maintaining client records, including policies designating where the original records are stored.

X. SITE REQUIREMENTS

A. All sites must be located in the State of Arkansas;

B. Accreditation documentation must specifically include each site.

XI. SITE RELOCATION, OPENING, AND CLOSING

A. Planned Closings:

1. Upon deciding to close a site either temporarily or permanently, the provider immediately must provide written notice to clients, DBHS, the Division of Medical Services, the Medicaid fiscal agent, and the accrediting organization.

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, DBHS may suspend the site certification for up to one (1) year if the provider 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 a provider must involuntarily close a site due to, for example, fire, natural disaster, or adverse governmental action, the provider must immediately notify clients and families, DBHS, 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 closure.

C All Closings:

1. Providers must assure and document continuity of care for all clients who receive RSPMI at the site;

2. Notice of Closure and Continuing Care Options:

a. Providers 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, providers 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, providers must post a public notice at each site entry. The public notice must include the name and contact information for all RSPMI providers within a fifty (50) mile radius of the site.

.3. An acceptable transition plan is described below:

Transition Plan:

1. Identify and list all certified sites within a 50 mile radius. Include telephone numbers and physical addresses on the list.

2. 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.

3. Transfer records to the designated provider.

4. Designate a records retrieval process as specified in Section I of the Arkansas Medicaid RSPMI Provider Policy Manual § 142.300.

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

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

6. DBHS may require additional information regarding documentation of client transfers to insure that client needs are addressed and met

A site closing Form is available at: www.arkansas.gov/dhs/dmhs *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/dmhs

See appendix # 10 DBHS Form # 5 – (Adding Site)

E. Site Transfer:

1. At least forty-five (45) calendar days before a proposed site transfer, the provider must apply to DBHS to transfer site certification. The application must include documentation that accreditation has been or will be extended to the second site.

2. The provider must notify clients and families, DBHS, the Division of Medical Services, the Medicaid fiscal agent, and the accrediting organization at least thirty (30) calendar days before the transfer;

3. DBHS does not require an on-site survey, nor does the Division of Medical Services require a new Medicaid provider number. The moving or transferring site form is available at: www.arkansas.gov/dhs/dmhs

See appendix # 9 – DBHS 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 DBHS site certification is concurrent with the provider's national accreditation cycle, except that site certification extends six months past the accreditation expiration month if there is no interruption in the accreditation. (The six-month extension is to give the RSPMI provider time to receive a final report from the accrediting organization, which the provider must immediately forward to DBHS.)

B. Providers must furnish DBHS a copy of:

1. Correspondence related to the provider's request for re-accreditation:

a. Providers shall send DBHS copies of correspondence from the accrediting agency within five (5) business days of receipt;

b. Providers shall furnish DBHS copies of correspondence to the accrediting organization concurrently with sending originals to the accrediting organization.

2. An application for provider and site recertification:

a. DBHS must receive provider and site recertification applications at least fifteen (15) business days before the DBHS RSPMI certification expiration date;

b. The Re-Certification form with required documentation is available at www.arkansas.gov/dhs/dmhs

See Appendix # 11 DBHS Form 3 (Re-certification)

C. If DBHS 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 DBHS RSPMI CERTIFICATION

A. Providers must:

1. Maintain compliance;

2. Assure that DBHS certification information is current, and to that end must notify DBHS within thirty (30) calendar days of any change affecting the accuracy of the provider's certification records;

3. Furnish DBHS all correspondence in any form (e.g., letter, facsimile, email) to and from the accrediting organization to DBHS within thirty (30) calendar days of the date the correspondence was sent or received except:

a. As stated in § XII;

b. Correspondence related to any change of accreditation status, which providers must send to DBHS within three (3) calendar days of the date the correspondence was sent or received.

c. Correspondence related to changes in service delivery, site location, or organizational structure, which providers must send to DBHS within ten (10) calendar days of the date the correspondence was sent or received.

4. Display the RSPMI certificate for each site at a prominent public location within the site

B. Annual Reports:

1. Providers must furnish annual reports to DBHS before July 1 of each year that the provider has been in operation for the preceding twelve (12) months. Community Mental Health Centers and specialty clinics may meet this requirement by submitting the Annual Plan/Basic Services Plan to DBHS.

2 Annual report shall be prepared by completing forms provided by DBHS. The annual report form is available at www.arkansas.gov/dhs/dmhs and at Appendix # 12 DBHS 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 RSPMI certification;

2. Suspension of RSPMI certification for either a fixed period or until the provider meets all conditions specified in the suspension notice;

3. Termination of RSPMI certification.

~~VI~~ XV. Appeal Process

A. ~~a~~. If DBHS denies, suspends, or revokes any DBHS RSPMI certification ~~or provisional certification~~ (takes adverse action), the affected proposed provider~~/~~ or provider may appeal the DBHS 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 DBHS 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 DBHS in denying certification, and cite the legal authority for each assertion of error. The provider may elect to continue Medicaid billing under the RSPMI program during the appeals process. If the appeal is denied, the provider must return all ~~moneys~~ monies received for RSPMI services provided during the appeals process.

B. ~~b~~. 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 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 DBHS receives the request for appeal,

unless a party to the appeal requests and receives a continuance for good cause.

C. ~~c~~. DBHS shall tape record each hearing.

D. ~~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.~~ F. Except to the extent that they are inconsistent with this ~~rule~~ policy, the appeal procedures in the Arkansas Medicaid RSPMI Provider Manual are incorporated by reference and shall control.