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State/Territory Name: Arkansas

State Plan Amendment (SPA) #: 16-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Superseding Page Listing
- 4) Approved Page

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

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March 19, 2018

Our Reference: SPA AR 16-0008

Ms. Dawn Stehle  
State Medicaid Director  
Arkansas Department of Health and Human Services  
Division of Medical Services  
P.O. Box 1437  
Little Rock, Arkansas 72203-1437

Dear Ms. Stehle:

Enclosed is a copy of approved Arkansas (AR) State Plan Amendment (SPA) No. 16-0008, with an effective date of July 1, 2017. This amendment was submitted to establish the State's Medicaid Outpatient Behavioral Health Services Program.

This letter affirms that AR 16-0008 is approved effective July 1, 2017 as requested by the State.

We are also forwarding the CMS-179 and the following amended or new plan pages:

- Attachment 3.1-A, Page 1n – 1nnnnnnnn
- Attachment 3.1-A, Page 1t
- Attachment 3.1-A, Page 1u and 1uu
- Attachment 3.1-A, Page 1zz.11
- Attachment 3.1-A, Page 6a19
- Attachment 3.1-A, Pages 6c1-6c19
- Attachment 3.1-B, Page 2m – 2mmmmmmmm
- Attachment 3.1-B, Page 2s
- Attachment 3.1-B, Pages 2s(1) and 2s(2)
- Attachment 3.1-B, Page 2xx.3
- Attachment 3.1-B, Page 5d19
- Attachment 3.1-B, Pages 5f1-5f19
- Attachment 4.19-B, Page 1rrr
- Attachment 4.19-B, Page 1s
- Attachment 4.19-B, Page 5aa


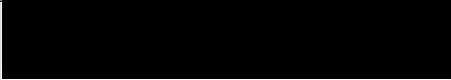
If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at [stacey.shuman@cms.hhs.gov](mailto:stacey.shuman@cms.hhs.gov).

Sincerely,



Bill Brooks  
Associate Regional Administrator

CC: Billy Bob Farrell, DMCH Dallas  
Stacey Shuman, DMCH Dallas  
Andrew Badaracco, CMS Baltimore  
Erick Carrera, CMS Baltimore

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER:  2016-008	2. STATE  ARKANSAS
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE  July 1, 2017	
5. TYPE OF PLAN MATERIAL ( <i>Check One</i> ):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT ( <i>Separate Transmittal for each amendment</i> )			
6. FEDERAL STATUTE/REGULATION CITATION:  42 CFR 440.130(d)		7. FEDERAL BUDGET IMPACT: a. FFY 2018                      (\$ 4,808,610) b. FFY 2019                      (\$59,032,050)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Please see attached		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT ( <i>If Applicable</i> ):  Please see attached	
10. SUBJECT OF AMENDMENT: The Arkansas Title XIX State Plan has been amended to establish the Outpatient Behavioral Health Services Program.			
11. GOVERNOR'S REVIEW ( <i>Check One</i> ): <input checked="" type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL:  		16. RETURN TO:  Division of Medical Services PO Box 1437, Slot S295 Little Rock, AR 72203-1437	
13. TYPED NAME: Dawn Stehle		Attention: Brad Nye	
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: December 20, 2016			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: December 20, 2016		18. DATE APPROVED: March 19, 2018	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <del>July 7, 2017</del> * July 1, 2017		20. SIG 	
21. TYPED NAME: Bill Brooks		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health (DMCH)	
23. REMARKS: Block 15 completed by RO per email from State; included with SPA documentation (sss) * Effective Date was corrected on 3/27/18 after ARA signature and state notification. Corrected 179 was forwarded to state on 3/29/18 and then redacted for further processing (sss)			

**ATTACHED LISTING FOR  
ARKANSAS STATE PLAN  
TRANSMITTAL #2016-008**

**8. Number of the Plan  
Section or Attachment**

**9. Number of the Superseded Plan  
Section or Attachment**

Attachment 3.1-A, Page 1n

Attachment 3.1-A, Page 1n  
Approved 12-21-01, TN 01-35

Attachment 3.1-A, Pages 1nn – 1nnnnnnnn

None, New Pages

Attachment 3.1-A, Page 1t

Attachment 3.1-A, Page 1t  
Approved 03-26-01, TN 00-13

Attachment 3.1-A, Page 1u

Attachment 3.1-A, Page 1u  
Approved 12-21-01, TN 01-35

Attachment 3.1-A, Page 1uu

None, New Page

Attachment 3.1-A, Page 1zz.11

None, New Page

Attachment 3.1-A, Page 6a19

None, New Page

Attachment 3.1-A, Pages 6c1-6c19

None, New Pages

Attachment 3.1-B, Page 2m

Attachment 3.1-B, Page 2m  
Approved 12-21-01, TN 01-35

Attachment 3.1-B, Pages 2mm – 2mmmmmmmm

None, New Pages

Attachment 3.1-B, Page 2s

Attachment 3.1-B, Page 2s  
Approved 03-26-01, TN 00-13

Attachment 3.1-B, Pages 2s(1) and 2s(2)

None, New Pages

Attachment 3.1-B, Page 2xx.3

None, New Page

Attachment 3.1-B, Page 5d19

None, New Page

Attachment 3.1-B, Pages 5f1-5f19

None, New Pages

Attachment 4.19-B, Page 1rr

None, New Page

Attachment 4.19-B, Page 1s

Attachment 4.19-B, Page 1s  
Approved 03-26-01, TN 00-13

Attachment 4.19-B, Page 5aa

None, New Page

State: Arkansas  
Date Received: 20 December, 2016  
Date Approved: 19 March, 2018  
Effective Date: 1 July, 2017  
TN: 16-0008

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: July 1, 2017

CATEGORICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(13) Psychology Services(42 CFR 440.130(d))

(1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.

(2) **Outpatient Behavioral Health Services (OBHS)**

As part of the Behavioral Health transformation within the state of Arkansas, DMS is creating a more integrated and client-focused behavioral health care system. These changes were developed in coordination with the Division of Behavioral Health Services (DBHS), providers, representatives of the Arkansas System of Care, beneficiaries and other key stakeholders.

State: Arkansas  
Date Received: 20 December, 2016  
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**A. Scope**

Care, treatment and services provided by a certified Behavioral Health Services provider to Medicaid-eligible beneficiaries. These services are available to all eligible Medicaid beneficiaries. Services which require an Independent Assessment are indicated by the statement, "Eligibility for this service is determined by an Independent Assessment and must be prior authorized."

DMS has set forth in policy the settings in which each individual service may be provided. Each service shown below includes the place of service allowable for that procedure.

**B. Services**

**i.: Individual Behavioral Health Counseling\***

**DEFINITION:** Individual Behavioral Health Counseling, including tobacco cessation counseling, is a face-to-face treatment provided to an individual in an outpatient setting for the purpose of treatment and remediation of a condition as described in the current allowable DSM. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. The treatment service must reduce or alleviate identified symptoms related to either (a) Mental Health or (b) Substance Abuse, and maintain or improve level of functioning, and/or prevent deterioration.

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

July 1, 2017

CATEGORICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(13) Psychology Services (42 CFR 440.130(d)) (continued)

(2) Outpatient Behavioral Health Services (OBHS)(continued)

i.: Individual Behavioral Health Counseling(continued)\*

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; For Beneficiaries Under the Age of 4 the provider must have Arkansas State Infant Mental Health Certification.*

ii. Group Behavioral Health Counseling\*

**DEFINITION:** Group Behavioral Health Counseling, including tobacco cessation, is a face-to-face treatment provided to a group of beneficiaries. Services leverage the emotional interactions of the group's members to assist in each beneficiary's treatment process, support his/her rehabilitation effort, and to minimize relapse. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. Services pertain to a beneficiary's (a) Mental Health and/or (b) Substance Abuse condition.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; and Physician*

iii. Marital/Family Behavioral Health Counseling with Beneficiary Present\*

**DEFINITION:** Marital/Family Behavioral Health Counseling with Beneficiary Present, including tobacco cessation, is a face-to-face treatment provided to one or more family members in the presence of a beneficiary for the benefit of the beneficiary. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services pertain to a beneficiary's (a) Mental Health and/or (b) Substance Abuse condition.

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

State: Arkansas  
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AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

July 1, 2017

CATEGORICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(13) Psychology Services (42 CFR 440.130(d)) (continued)

(2) Outpatient Behavioral Health Services (OBHS)(continued)

iii. Marital/Family Behavioral Health Counseling with Beneficiary Present  
(continued)\*

-Dyadic treatment is available for parent/caregiver & child for dyadic treatment of children.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; and For Beneficiaries Under the Age of 4 the provider must have Arkansas State Infant Mental Health Certification.*

iv. Marital/Family Behavioral Health Counseling without Beneficiary Present\*

**DEFINITION:** Marital/Family Behavioral Health Counseling without Beneficiary Present, including tobacco cessation, is a face-to-face treatment provided to one or more family members outside the presence of a beneficiary for the benefit of the beneficiary. Services must be congruent with the age and abilities of the beneficiary or family member(s), client-centered and strength-based; with emphasis on needs as identified by the beneficiary and family and provided with cultural competence. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services pertain to a beneficiary’s (a) Mental Health and/or (b) Substance Abuse condition.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; and Physician*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

State: Arkansas  
Date Received: 20 December, 2016  
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AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

July 1, 2017

CATEGORICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(13) Psychology Services (42 CFR 440.130(d)) (continued)

(2) Outpatient Behavioral Health Services (OBHS)(continued)

v. Group Psychoeducation\*

**DEFINITION:** Psychoeducation provides beneficiaries and their families with pertinent information regarding mental illness, substance abuse, and tobacco cessation, and teaches problem-solving, communication, and coping skills to support recovery for the benefit of the beneficiary. Psychoeducation can be implemented in two formats: multifamily group and/or single family group. Due to the group format, beneficiaries and their families are also able to benefit from support of peers and mutual aid. Services must be congruent with the age and abilities of the beneficiary, client-centered, and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.

-Dyadic treatment is available for parent/caregiver & child for dyadic treatment of children. Dyadic treatment must be prior authorized.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; and For Beneficiaries Under the Age of 4 the Provider must have Arkansas State Infant Mental Health Certification.*

vi. Multi-Family Behavioral Health Counseling\*

**DEFINITION:** Multi-Family Behavioral Health Counseling, including tobacco cessation, is a group therapeutic intervention using face-to-face verbal interaction between two (2) to a maximum of nine (9) beneficiaries and their family members or significant others for the benefit of the beneficiary. Services are a more cost-effective alternative to Family Behavioral Health Counseling, designed to enhance members’ insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services may pertain to a beneficiary’s (a) Mental Health or (b) Substance Abuse condition. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and family and provided with cultural competence.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; and Physician*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(13) Psychology Services (42 CFR 440.130(d)) (continued)

(2) Outpatient Behavioral Health Services (OBHS)(continued)

vii. Mental Health Diagnosis\*

**DEFINITION:** Mental Health Diagnosis is a clinical service for the purpose of determining the existence, type, nature, and appropriate treatment of a mental illness or related disorder as described in the DSM-IV or subsequent revisions. This service may include time spent for obtaining necessary information for diagnostic purposes. The psychodiagnostic process may include, but is not limited to: a psychosocial and medical history, diagnostic findings, and recommendations. This service must include a face-to-face component and will serve as the basis for documentation of modality and issues to be addressed (plan of care). Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.

-Dyadic treatment is available for parent/caregiver & child for dyadic treatment of children.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; and For Beneficiaries Under the Age of 4 the provider must have Arkansas State Infant Mental Health Certification.*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

State: Arkansas  
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AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

July 1, 2017

CATEGORICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(13) Psychology Services (42 CFR 440.130(d)) (continued)

(2) Outpatient Behavioral Health Services (OBHS)(continued)

viii. Interpretation of Diagnosis\*

**DEFINITION:** Interpretation of Diagnosis is a direct service provided for the purpose of interpreting and communicating the results of psychiatric or other medical exams, procedures, or accumulated data. Services also include diagnostic activities, as needed, and/or advising the beneficiary and his/ her family of the ramifications of the diagnosis. Consent forms may be required for family or significant other involvement. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.

For beneficiaries under the age of 18, the time may be spent face-to-face with the beneficiary; the beneficiary and the parent(s) or guardian(s); or alone with the parent(s) or guardian(s). For beneficiaries over the age of 18, the time may be spent face-to-face with the beneficiary and the spouse, legal guardian or significant other.

-Dyadic treatment is available for parent/caregiver & child for dyadic treatment of children.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; and For Beneficiaries Under the Age of 4 the provider must have Arkansas State Infant Mental Health Certification.*

ix. Substance Abuse Assessment\*

Substance Abuse Assessment is a service that identifies and evaluates the nature and extent of a beneficiary’s substance abuse condition using the Addiction Severity Index (ASI) or an assessment instrument approved by DBHS and DMS. The assessment must screen for and identify any existing co-morbid conditions. The assessment should assign a diagnostic impression to the beneficiary, resulting in a treatment recommendation and referral appropriate to effectively treat the condition(s) identified.

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

State: Arkansas  
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4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(13) Psychology Services (42 CFR 440.130(d)) (continued)

(2) Outpatient Behavioral Health Services (OBHS)(continued)

ix. Substance Abuse Assessment (continued)\*

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; and Physician;*

x. Psychological Evaluation\*

**DEFINITION:** Psychological Evaluation for personality assessment includes psychodiagnostic assessment of a beneficiary’s emotional, personality, and psychopathology. This service may reflect the mental abilities, aptitudes, interests, attitudes, motivation, emotional and personality characteristics of the beneficiary.

*Allowable Performing Provider - Licensed Psychologist, Licensed Psychological Examiner and a Licensed Psychological Examiner - Independent*

xi: Pharmacologic Management\*

**DEFINITION:** Pharmacologic Management is a service tailored to reduce, stabilize or eliminate psychiatric symptoms. This service includes evaluation of the medication prescription, administration, monitoring, and supervision and informing beneficiaries regarding medication(s) and its potential effects and side effects in order to make informed decisions regarding the prescribed medications. Services must be congruent with the age, strengths, and accommodations necessary for disability and cultural framework.

*Allowable Performing Provider - Advanced Practice Nurse or a Physician*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 1nnnnnnnn

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

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CATEGORICALLY NEEDY

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(13) Psychology Services (42 CFR 440.130(d)) (continued)

(2) Outpatient Behavioral Health Services (OBHS)(continued)

xii: Psychiatric Assessment\*

**DEFINITION:** Psychiatric Assessment is a face-to-face psychodiagnostic assessment conducted by a licensed physician or Advanced Practice Nurse (APN), preferably one with specialized training and experience in psychiatry (child and adolescent psychiatry for beneficiaries under age 18). This service is provided to determine the existence, type, nature, and most appropriate treatment of a behavioral health disorder.

*Allowable Performing Provider - Advanced Practice Nurse or a Physician*

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\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: July 1, 2017

CATEGORICALLY NEEDY

4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found.  
(Continued)

18. Rehabilitative Services (42 CFR 440.130(d)) (continued)

1. School-Based Mental Health Services (continued)

f. Covered Services (continued)

1. **Individual Behavioral Health Counseling - A face-to-face treatment provided to an individual in an outpatient setting for the purpose of treatment and remediation of a condition, including tobacco cessation. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. The treatment service must reduce or alleviate identified symptoms related to either (a) Mental Health or (b) Substance Abuse, and maintain or improve level of functioning, and/or prevent deterioration.**
2. **Mental Health Diagnosis - A clinical service for the purpose of determining the existence, type, nature, and appropriate treatment of a mental illness or related disorder as described in the DSM-IV or subsequent revisions. This service may include time spent for obtaining necessary information for diagnostic purposes. The psychodiagnostic process may include, but is not limited to: a psychosocial and medical history, diagnostic findings, and recommendations. This service must include a face-to-face component and will serve as the basis for documentation of modality and issues to be addressed (plan of care). Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.**
3. **Psychological Evaluation - Psychological Evaluation for personality assessment includes psychodiagnostic assessment of a beneficiary's emotional, personality, and psychopathology. This service may reflect the mental abilities, aptitudes, interests, attitudes, motivation, emotional and personality characteristics of the beneficiary.**

State: Arkansas  
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
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ATTACHMENT 3.1-A  
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AMOUNT, DURATION AND SCOPE OF  
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CATEGORICALLY NEEDY

4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found.  
(Continued)

18. Rehabilitative Services (42 CFR 440.130(d)) (continued)

1. School-Based Mental Health Services (continued)

f. Covered Services (continued)

4. **Interpretation of Diagnosis - A direct service provided for the purpose of interpreting the results of psychiatric or other medical exams, procedures, or accumulated data. Services may include diagnostic activities and/or advising the beneficiary and his/ her family. Consent forms may be required for family or significant other involvement. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. The time may be spent face-to-face with the beneficiary; the beneficiary and the parent(s) or guardian(s); or alone with the parent(s) or guardian(s). For beneficiaries over the age of 18, the time may be spent face-to-face with the beneficiary and the spouse, legal guardian or significant other.**

5. **Marital/Family Behavioral Health Counseling with Beneficiary Present - A face-to-face treatment provided to one or more family members in the presence of a beneficiary for the benefit of the beneficiary, including tobacco cessation. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services pertain to a beneficiary's (a) Mental Health and/or (b) Substance Abuse condition.**

6. **Crisis Intervention – An unscheduled, immediate, short-term treatment activity provided to a Medicaid-eligible beneficiary who is experiencing a psychiatric or behavioral crisis. Services are to be congruent with the age, strengths, needed accommodation for any disability, and cultural framework of the beneficiary and his/her family. These services, which can include interventions, stabilization activities, coping strategies and other various activities to assist the beneficiary in crisis, are designed to stabilize the person in crisis, prevent further deterioration and provide immediate indicated treatment in the least restrictive setting. The services provided are expected to reduce or eliminate the risk of harm to the person or others in order to stabilize the beneficiary. (These activities include evaluating a Medicaid-eligible beneficiary to determine if the need for crisis services is present.)**

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
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AMOUNT, DURATION AND SCOPE OF  
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CATEGORICALLY NEEDY

- 
- 4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found.  
(Continued)
18. Rehabilitative Services (continued)
1. School-Based Mental Health Services (42 CFR 440.130(d)) (continued)
- f. Covered Services (continued)
7. **Group Behavioral Health Counseling - Face-to-face treatment provided to a group of beneficiaries, including tobacco cessation. Services leverage the emotional interactions of the group's members to assist in each beneficiary's treatment process, support his/her rehabilitation effort, and to minimize relapse. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. Services pertain to a beneficiary's (a) Mental Health and/or (b) Substance Abuse condition.**

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
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4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

24. Substance Abuse Treatment Services (42 CFR 440.130(d)) (Continued)

The transition process to eliminate the Substance Abuse Treatment Services (SATS) Program is contingent upon the approval of the implementation of the Outpatient Behavioral Health Services Program. Clients currently served by the SATS program will begin being transitioned to the Outpatient Behavioral Health Program starting on July 1, 2017. SATS will cease to exist on June 30, 2018 and no Arkansas Medicaid payments will occur to any or SATS provider for a service provided after June 30, 2018.

State: Arkansas  
Date Received: 20 December, 2016  
Date Approved: 19 March, 2018  
Effective Date: 1 July, 2017  
TN: 16-0008

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

July 1, 2007

CATEGORICALLY NEEDY

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

1. Rehabilitative Services for Persons with Mental Illness (RSPMI)(continued)

The transition process to eliminate the Rehabilitative Services for Persons with Mental Illness (RSPMI) and Licensed Mental Health Practitioner (LMHP) Program is contingent upon the approval of the implementation of the Outpatient Behavioral Health Services Program. Clients currently served by the RSPMI and LMHP programs will begin being transitioned to the Outpatient Behavioral Health Program starting on July 1, 2017. RSPMI and LMHP will cease to exist on June 30, 2018 and no Arkansas Medicaid payments will occur to any RSPMI or LMHP provider for a service provided after June 30, 2018.

State: Arkansas  
Date Received: 20 December, 2016  
Date Approved: 19 March, 2018  
Effective Date: 1 July, 2017  
TN: 16-0008

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan.  
(Continued)

d. Rehabilitative Services (Continued)

3. Outpatient Behavioral Health Services (OBHS)

As part of the Behavioral Health transformation within the state of Arkansas, DMS is creating a more integrated and client-focused behavioral health care system. These changes were developed in coordination with the Division of Behavioral Health Services (DBHS), providers, representatives of the Arkansas System of Care, beneficiaries and other key stakeholders.

A. Scope

Care, treatment and services provided by a certified Behavioral Health Services provider to Medicaid-eligible beneficiaries. These services are available to all eligible Medicaid beneficiaries. Services which require an Independent Assessment are indicated by the statement, "Eligibility for this service is determined by an Independent Assessment and must be prior authorized."

DMS has set forth in policy the settings in which each individual service may be provided. Each service shown below includes the place of service allowable for that procedure.

B. Services

i.: Individual Behavioral Health Counseling\*

**DEFINITION:** Individual Behavioral Health Counseling, including tobacco cessation, is a face-to-face treatment provided to an individual in an outpatient setting for the purpose of treatment and remediation of a condition as described in the current allowable DSM. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. The treatment service must reduce or alleviate identified symptoms related to either (a) Mental Health or (b) Substance Abuse, and maintain or improve level of functioning, and/or prevent deterioration.

*Allowable Performing Provider - Independently Licensed Clinician – Master's/Doctoral; Non-Independently Licensed Clinicians – Master's/Doctoral; Advanced Practice Nurse; Physician; For Beneficiaries Under the Age of 4 the provider must have Arkansas State Infant Mental Health Certification.*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS) (continued)

B. Services

ii. Group Behavioral Health Counseling\*

**DEFINITION:** Group Behavioral Health Counseling, including tobacco cessation, is a face-to-face treatment provided to a group of beneficiaries. Services leverage the emotional interactions of the group's members to assist in each beneficiary's treatment process, support his/her rehabilitation effort, and to minimize relapse. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. Services pertain to a beneficiary's (a) Mental Health and/or (b) Substance Abuse condition.

*Allowable Performing Provider - Independently Licensed Clinician – Master's/Doctoral; Non-Independently Licensed Clinicians – Master's/Doctoral; Advanced Practice Nurse; and Physician*

iii. Marital/Family Behavioral Health Counseling with Beneficiary Present\*

**DEFINITION:** Marital/Family Behavioral Health Counseling with Beneficiary Present, including tobacco cessation, is a face-to-face treatment provided to one or more family members in the presence of a beneficiary for the benefit of the beneficiary. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services pertain to a beneficiary's (a) Mental Health and/or (b) Substance Abuse condition.

-Dyadic treatment is available for parent/caregiver & child for dyadic treatment of children. Dyadic treatment must be prior authorized.

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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AMOUNT, DURATION AND SCOPE OF  
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CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS) (continued)

iii. Marital/Family Behavioral Health Counseling with Beneficiary Present (continued)\*

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; and For Beneficiaries Under the Age of 4 the provider must have Arkansas State Infant Mental Health Certification.*

iv. Marital/Family Behavioral Health Counseling without Beneficiary Present\*

**DEFINITION:** Marital/Family Behavioral Health Counseling without Beneficiary Present, including tobacco cessation, is a face-to-face treatment provided to one or more family members outside the presence of a beneficiary for the benefit of the beneficiary. Services must be congruent with the age and abilities of the beneficiary or family member(s), client-centered and strength-based; with emphasis on needs as identified by the beneficiary and family and provided with cultural competence. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services pertain to a beneficiary’s (a) Mental Health and/or (b) Substance Abuse condition.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; and Physician*

v. Group Psychoeducation\*

**DEFINITION:** Psychoeducation provides beneficiaries and their families with pertinent information regarding mental illness, substance abuse, and tobacco cessation, and teaches problem-solving, communication, and coping skills to support recovery for the benefit of the beneficiary. Psychoeducation can be implemented in two formats: multifamily group and/or single family group. Due to the group format, beneficiaries and their families are also able to benefit from support of peers and mutual aid. Services must be congruent with the age and abilities of the beneficiary, client-centered, and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS) (continued)

v. Group Psychoeducation (continued)\*

-Dyadic treatment is available for parent/caregiver & child for dyadic treatment of children. Dyadic treatment must be prior authorized.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; and For Beneficiaries Under the Age of 4 the Provider must have Arkansas State Infant Mental Health Certification.*

vi. Multi-Family Behavioral Health Counseling\*

**DEFINITION:** Multi-Family Behavioral Health Counseling, including tobacco cessation, is a group therapeutic intervention using face-to-face verbal interaction between two (2) to a maximum of nine (9) beneficiaries and their family members or significant others. Services are a more cost-effective alternative to Family Behavioral Health Counseling, designed to enhance members’ insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services may pertain to a beneficiary’s (a) Mental Health or (b) Substance Abuse condition. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and family and provided with cultural competence.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; and Physician*

vii. Mental Health Diagnosis\*

**DEFINITION:** Mental Health Diagnosis is a clinical service for the purpose of determining the existence, type, nature, and appropriate treatment of a mental illness or related disorder as described in the DSM-IV or subsequent revisions. This service may include time spent for obtaining necessary information for diagnostic purposes. The psychodiagnostic process may include, but is not limited to: a psychosocial and medical history, diagnostic findings, and recommendations. This service must include a face-to-face component and will serve as the basis for documentation of modality and issues to be addressed (plan of care). Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
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AMOUNT, DURATION AND SCOPE OF  
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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS) (continued)

vii. Mental Health Diagnosis (continued)\*

-Dyadic treatment is available for parent/caregiver & child for dyadic treatment of children.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; and For Beneficiaries Under the Age of 4 the provider must have Arkansas State Infant Mental Health Certification.*

viii. Interpretation of Diagnosis\*

**DEFINITION:** Interpretation of Diagnosis is a direct service provided for the purpose of interpreting the results of psychiatric or other medical exams, procedures, or accumulated data. Services may include diagnostic activities and/or advising the beneficiary and his/ her family. Consent forms may be required for family or significant other involvement. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS) (continued)

viii. Interpretation of Diagnosis (continued)\*

For beneficiaries under the age of 18, the time may be spent face-to-face with the beneficiary; the beneficiary and the parent(s) or guardian(s); or alone with the parent(s) or guardian(s). For beneficiaries over the age of 18, the time may be spent face-to-face with the beneficiary and the spouse, legal guardian or significant other.

-Dyadic treatment is available for parent/caregiver & child for dyadic treatment of children.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; and For Beneficiaries Under the Age of 4 the provider must have Arkansas State Infant Mental Health Certification.*

ix. Substance Abuse Assessment\*

Substance Abuse Assessment is a service that identifies and evaluates the nature and extent of a beneficiary’s substance abuse condition using the Addiction Severity Index (ASI) or an assessment instrument approved by DBHS and DMS. The assessment must screen for and identify any existing co-morbid conditions. The assessment should assign a diagnostic impression to the beneficiary, resulting in a treatment recommendation and referral appropriate to effectively treat the condition(s) identified.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; and Physician;*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS) (continued)

x. Psychological Evaluation\*

**DEFINITION:** Psychological Evaluation for personality assessment includes psychodiagnostic assessment of a beneficiary's emotional, personality, and psychopathology. This service may reflect the mental abilities, aptitudes, interests, attitudes, motivation, emotional and personality characteristics of the beneficiary.

*Allowable Performing Provider - Licensed Psychologist, Licensed Psychological Examiner and a Licensed Psychological Examiner - Independent*

xi: Pharmacologic Management\*

**DEFINITION:** Pharmacologic Management is a service tailored to reduce, stabilize or eliminate psychiatric symptoms. This service includes evaluation of the medication prescription, administration, monitoring, and supervision and informing beneficiaries regarding medication(s) and its potential effects and side effects in order to make informed decisions regarding the prescribed medications. Services must be congruent with the age, strengths, and accommodations necessary for disability and cultural framework.

*Allowable Performing Provider - Advanced Practice Nurse or a Physician*

xii: Psychiatric Assessment\*

**DEFINITION:** Psychiatric Assessment is a face-to-face psychodiagnostic assessment conducted by a licensed physician or Advanced Practice Nurse (APN), preferably one with specialized training and experience in psychiatry (child and adolescent psychiatry for beneficiaries under age 18). This service is provided to determine the existence, type, nature, and most appropriate treatment of a behavioral health disorder.

*Allowable Performing Provider - Advanced Practice Nurse or a Physician*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

AMOUNT, DURATION AND SCOPE OF  
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July 1, 2017

CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xiii. Treatment Plan\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Treatment Plan is a plan developed in cooperation with the beneficiary (or parent or guardian if under 18) to deliver specific mental health services to restore, improve, or stabilize the beneficiary's mental health condition. The Plan must be based on individualized service needs as identified in the completed Mental Health Diagnosis, independent assessment, and independent care plan. The Plan must include goals for the medically necessary treatment of identified problems, symptoms and mental health conditions. The Plan must identify individuals or treatment teams responsible for treatment, specific treatment modalities prescribed for the beneficiary, and time limitations for services. The plan must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and demonstrate cultural competence.

*Allowable Performing Provider - Independently Licensed Clinician – Master's/Doctoral; Non-Independently Licensed Clinicians – Master's/Doctoral; Advanced Practice Nurse; and Physician*

xiv. Crisis Stabilization Intervention\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Crisis Stabilization Intervention are scheduled face-to-face treatment activities provided to a beneficiary who has recently experienced a psychiatric or behavioral crisis that are expected to further stabilize, prevent deterioration and serve as an alternative to 24-hour inpatient care. Services can include interventions, stabilization activities, coping strategies and other various activities to assist the beneficiary in crisis. The services provided are expected to reduce or eliminate the risk of harm to the person or others in order to stabilize the beneficiary. Services are to be congruent with the age, strengths, needed accommodation for any disability and cultural framework of the beneficiary and his/her family.

*Allowable Performing Provider - Independently Licensed Clinician – Master's/Doctoral; Non-Independently Licensed Clinicians – Master's/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelor's; and Qualified Behavioral Health Provider – Non-Degreed*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

July 1, 2017

CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xv: Partial Hospitalization\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

Partial Hospitalization is an intensive nonresidential, therapeutic treatment program. It can be used as an alternative to and/or a step-down service from inpatient residential treatment or to stabilize a deteriorating condition and avert hospitalization. The program provides clinical treatment services in a stable environment on a level equal to an inpatient program, but on a less than 24-hour basis. The environment at this level of treatment is highly structured and should maintain a staff-to-patient ratio of 1:5 to ensure necessary therapeutic services and professional monitoring, control, and protection. This service shall include at a minimum intake, individual therapy, group therapy, and psychoeducation. Partial Hospitalization shall be at a minimum (5) five hours per day, of which 90 minutes must be a documented service provided by a Mental Health Professional. If a beneficiary receives other services during the week but also receives Partial Hospitalization, the beneficiary must receive, at a minimum, 20 documented hours of services on no less than (4) four days in that week.

*Allowable Performing Provider – Must be certified by the Department of Human Services as a Partial Hospitalization provider.*

xvi: Behavioral Assistance\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Behavioral Assistance is a specific outcome oriented intervention provided individually or in a group setting with the child/youth and/or his/her caregiver(s) that will provide the necessary support to attain the goals of the treatment plan. Services involve applying positive behavioral interventions and supports within the community to foster behaviors that are rehabilitative and restorative in nature. The intervention should result in sustainable positive behavioral changes that improve functioning, enhance the quality of life and strengthen skills in a variety of life domains.

*Allowable Performing Provider - Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

AMOUNT, DURATION AND SCOPE OF  
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July 1, 2017

CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xvii. Family Support Partners\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Family Support Partners is a service provided by peer counselors, or Family Support Partners (FSP), who model recovery and resiliency for caregivers of children or youth with behavioral health care needs for the benefit of the beneficiary. Family Support Partners come from legacy families and use their lived experience, training, and skills to help caregivers and their families identify goals and actions that promote recovery and resiliency of the beneficiary. FSPs are required to be trained and certified by the State as a FSP to provide this service.

*Allowable Performing Provider - Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

xviii. Peer Support\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Peer Support is a consumer centered service provided by individuals who self-identify as someone who has received or is receiving behavioral health services and thus is able to provide expertise not replicated by professional training. Peer providers are trained and certified peer specialists who self-identify as being in recovery from behavioral health issues. Peer support is a service to work with beneficiaries to provide education, hope, healing, advocacy, self-responsibility, a meaningful role in life, and empowerment to reach fullest potential. Specialists will assist with navigation of multiple systems (housing, supportive employment, supplemental benefits, building/rebuilding natural supports, etc.) which impact beneficiaries' functional ability. Peer Support is a person-centered service with a recovery focus which allows beneficiaries the opportunity to direct their own recovery and advocacy process. This service promotes skills for coping with and managing symptoms while utilizing natural resources and the preservation and enhancement of community living skills. Services are provided on an individual or group basis, and in either the beneficiary's home or community environment.

*Allowable Performing Provider - Certified Peer Support Specialist; and a Certified Youth Support Specialist*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

AMOUNT, DURATION AND SCOPE OF  
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CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xix. Individual Pharmacologic Counseling\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

DEFINITION: A specific, time limited one-to-one intervention by a nurse with a beneficiary and/or caregivers, related to their psychopharmacological treatment. The service should encompass all the parameters to make the beneficiary and/or family understand the diagnosis prompting the need for the medication and any life style modification required.

*Allowable Performing Provider -Registered Nurse*

xx: Group Pharmacologic Counseling\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

DEFINITION: A specific, time limited intervention provided to a group of beneficiaries and/or caregivers by a nurse, related to their psychopharmacological treatment. The service should encompass all the parameters to make the beneficiary and/or family understand the diagnosis prompting the need for the medication and any life style modification required.

*Allowable Performing Provider - Registered Nurse*

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CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xxi. Intensive Outpatient Substance Abuse Treatment\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Intensive Outpatient services provide group based, non-residential, intensive, structured interventions consisting primarily of counseling and education to improve symptoms that may significantly interfere with functioning in at least one life domain (e.g., familial, social, occupational, educational, etc.). Services are goal oriented interactions with the individual or in group/family settings. This community based service allows the individual to apply skills in “real world” environments. Such treatment may be offered during the day, before or after work or school, in the evening or on a weekend. The service also provides a coordinated set of individualized treatment services to persons who are able to function in a school, work, and home environment but are in need of treatment services beyond traditional outpatient programs. Treatment may appropriately be used to transition persons from higher levels of care or may be provided for persons at risk of being admitted to higher levels of care. Intensive outpatient programs provide 9 or more hours per week of skilled treatment, 3 – 5 times per week in groups of no fewer than three and no more than 12 clients.

*Allowable Performing Provider – Behavioral Health Agency that is certified by the Department of Human Services as an Intensive Outpatient Substance Abuse Treatment provider The Intensive Outpatient Substance Abuse Treatment provider shall have practitioners appropriately licensed and certified to deliver Intensive Outpatient Substance Abuse Treatment.*

xxii: Individual Life Skills Restoration\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Individual Life Skills Restoration is a service that provides support and training for beneficiaries on a one-on-one basis. This service includes behavioral modeling to restore a beneficiary’s skills needed to support an independent lifestyle and restore a strong sense of self-worth. This service should be a strength-based, culturally appropriate process that integrates the youth into their community as they develop their recovery plan. In addition, it aims to restore the ability of youth in setting and achieving goals, and restoring independent life skills, demonstrating accountability, and making goal-oriented decisions related to independent living.

*Allowable Performing Provider - Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

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AMOUNT, DURATION AND SCOPE OF  
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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xxiii. Group Life Skills Restoration\*

Group Life Skills Restoration is a service that provides support and training for beneficiaries in a group setting of up to six (6) beneficiaries with one staff member or up to ten (10) beneficiaries with two staff members. This service includes behavioral modeling to restore a beneficiary's skills needed to support an independent lifestyle and restore a strong sense of self-worth. This service should be a strength-based, culturally appropriate process that integrates the youth into their community as they develop their recovery plan. In addition, it aims to restore the ability of youth in setting and achieving goals, and restoring independent life skills, demonstrating accountability, and making goal-oriented decisions related to independent living.

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

DEFINITION: group

*Allowable Performing Provider - Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

xxiv. Child and Youth Support Services\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

DEFINITION: Child and Youth Support Services are clinical, time-limited services for principal caregivers for the benefit of the beneficiary designed to restore a child's positive behaviors and compliance with parents at home; and restore a child's social skills, including understanding of feelings, conflict management, academic engagement, school readiness, and cooperation with teachers and other school staff for the benefit of the beneficiary. This service is intended to assist the parent in managing their child's symptoms of their illness and training the parents in effective interventions and techniques for working with the schools for the benefit of the beneficiary.

*Allowable Performing Provider - Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xxv. Psychosocial Rehabilitation Services – Working Environment\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Psychosocial Rehabilitation Services – Working Environment is designed to assist beneficiaries restore skills needed to promote and sustain independence and stability in their working environment. The service actively facilitates the restoration of skills needed to acquire a job.

Service settings may vary depending on individual need and level of community integration, and may include the beneficiary's home.

*Allowable Performing Provider - Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

xxvi. Psychosocial Rehabilitation Services – Living Environment \*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Psychosocial Rehabilitation Services – Living Environment is designed to assist beneficiaries restore skills needed to promote and sustain independence and stability in their living environment. An emphasis is placed on the development and strengthening of natural supports in the community.

Service settings may vary depending on individual need and level of community integration, and may include the beneficiary's home.

*Allowable Performing Provider - Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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Date Approved: 19 March, 2018  
Effective Date: 1 July, 2017  
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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xxvii. Adult Life Skills Development

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Adult Life Skills Development services are designed to assist beneficiaries in restoring skills needed to support an independent lifestyle and promote an improved sense of self-worth. Adult Life skills Development is designed to restore the beneficiary's ability to set and achieve goals, restore independent living skills, restore the ability to demonstrate accountability, and restore the ability to make goal-directed decisions related to independent living.

*Allowable Performing Provider -Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

xxviii: Therapeutic Communities

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Therapeutic Communities are highly structured residential environments in which the primary goals are the treatment of behavioral health needs and the fostering of personal growth leading to personal accountability. Services address the broad range of needs identified through a person-centered and directed planning process. Therapeutic Communities employs community-imposed consequences and earned privileges as part of the recovery and growth process.

Example services include, but are not limited to, a combination of Individual Behavioral Health Counseling, Group Behavioral Health Counseling, Psychoeducation, Marital-Family Behavioral Health Counseling, Multi-Family Behavioral Health Counseling, Crisis Stabilization Intervention, Peer Support, Individual Pharmacologic Counseling, Group Pharmacologic Counseling, Adult Life Skills Development and Psychosocial Rehabilitative Services.

This service will not be paid for within an Institution for Mental Disease (IMD)

This service does not include payment for room and board of the beneficiary.

*Therapeutic Community shall be certified by the Department of Human Services as a Therapeutic Communities provider.*

*Allowable Performing Provider - Independently Licensed Clinician – Master's/Doctoral; Non-Independently Licensed Clinicians – Master's/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan.  
(Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

**xxix. Crisis Care - De-escalation\***

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Crisis Care – De-escalation provides temporary direct care for a beneficiary in the beneficiary’s community that is not facility-based. Crisis Care – De-escalation services de-escalate stressful situations and provide a therapeutic outlet. Crisis Care includes behavioral interventions that keep beneficiaries in their current situation and reduces the need for acute hospitalization or other higher levels of care. Crisis Care shall be indicated in the treatment plan.

This service will not be paid for within an Institution for Mental Disease (IMD)

This service does not include payment for room and board of the beneficiary.

*Crisis Care – De-escalation provider must be certified by the Department of Human Services as a Crisis Care – De-escalation provider.*

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

**xxx. Acute Crisis Units\***

**Definition:** Acute Crisis Units provide brief (96 hours or less) crisis treatment services to persons over the age of 17 who are experiencing a psychiatry- and/or substance abuse-related crisis and may pose an escalated risk of harm to self or others. Acute Crisis Units provide hospital diversion and step-down services in a safe environment with psychiatry and/or substance abuse services on-site at all times as well as on-call psychiatry available 24 hours a day. Services provide ongoing assessment and observation; crisis intervention; psychiatric, substance, and co-occurring treatment; and initiate referral mechanisms for independent assessment and care planning as needed.

This service will not be paid for within an Institution for Mental Disease (IMD)

This service does not include payment for room and board of the beneficiary.

*Acute Crisis Unit must be certified by Department of Human Services as an Acute Crisis Unit.*

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)

**xxxi. Crisis Intervention\***

**DEFINITION:** Crisis Intervention is an unscheduled, immediate, short-term treatment activity provided to a Medicaid-eligible beneficiary who is experiencing a psychiatric or behavioral crisis. Services are to be congruent with the age, strengths, needed accommodation for any disability, and cultural framework of the beneficiary and his/her family. These services, which can include interventions, stabilization activities, evaluation, coping strategies and other various activities to assist the beneficiary in crisis, are designed to stabilize the person in crisis, prevent further deterioration and provide immediate indicated treatment in the least restrictive setting. The services provided are expected to reduce or eliminate the risk of harm to the person or others in order to stabilize the beneficiary.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician*

**xxxii. Substance Abuse Detoxification\***

**Definition:** Substance Abuse Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal from alcohol or other drugs. Services help stabilize beneficiaries by clearing toxins from the beneficiary’s body. Services are short-term and may be provided in a crisis unit, residential, or outpatient setting, and may include evaluation, observation, medical monitoring, and addiction treatment. Detoxification seeks to minimize the physical harm caused by the abuse of substances and prepares the beneficiary for ongoing treatment.

This service will not be paid for within an Institution for Mental Disease (IMD)

This service does not include payment for room and board of the beneficiary.

*Substance Abuse Detoxification Unit must be certified by the Department of Human Services as a Substance Abuse Detoxification provider.*

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

**\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.**

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)

**C. Provider Agency Qualifications**

Outpatient Behavioral Health Services (OBHS) may be provided by appropriately certified providers who offer core behavioral health services for treatment and rehabilitation of behavioral health issues. The provider must be certified as an OBHS provider by the Department of Human Services (DHS). Providers not certified by DHS are not qualified to provide these services.

**D. Performing Provider Qualifications**

Outpatient Behavioral Health Services (OBHS) are limited to certified providers who offer core behavioral health services for treatment and rehabilitation of behavioral health issues. The provider must be certified as an OBHS provider by the Department of Human Services (DHS). Providers not certified by DHS are not qualified to provide these services.

Providers for each specific OBHS service are certified by DHS. Any provider licensed by the State must practice within their scope of Arkansas licensure. Individuals providing OBHS services must be one of the following:

**1. Licensed in the State of Arkansas as a Clinician:**

- a. Licensed Clinical Social Worker (LCSW)
- b. Licensed Marital and Family Therapist (LMFT)
- c. Licensed Psychologist (LP)
- d. Licensed Psychological Examiner – Independent (LPEI)
- e. Licensed Professional Counselor (LPC)
- f. Licensed Master Social Worker (LMSW)
- g. Licensed Associate Counselor (LAC)
- h. Licensed Psychological Examiner (LPE)
- i. Provisionally Licensed Psychologist (PLP)

**2. Licensed Physician**

**3. Licensed Advanced Nurse Practitioner (limited to Adult Psychiatric Mental health Clinical Nurse Specialists, Child Psychiatric Mental Health Clinical Nurse Specialist, Adult Psychiatric Mental Health APN and Family Psychiatric Mental Health APN)**

**4. Licensed Registered Nurse**

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)
- d. Rehabilitative Services (continued)
3. Outpatient Behavioral Health Services (OBHS)
5. **Certified Qualified Behavioral Health Providers (includes Certified Peer Support Specialist, Certified Youth Support Specialist, and Certified Family Support Partner), under direct supervision of an individual licensed in the State of Arkansas as a Clinician that is an allowable performing provider of a service as indicated in D., 1., a – e.**
- a. **Certified Peer Support Specialists, Certified Youth Support Specialists, and Certified Family Support Partners are certified by DHS and must adhere to the mandated training requirements to become certified. The requirements to become and maintain certification are as follows:**
- i. **Must complete 40 hours of QBHP training**
- ii. **Must complete annual ongoing training approved by Arkansas DHS**
- iii. **Must have lived experience**
- iv. **Must ensure and document that all Certified Peer Support Specialists, Certified Youth Support Specialists, and Certified Family Support Partners are under supervision of a mental health professional as defined in Section 13., d., 3., c., 1 above.**
- b. **Qualified Behavioral Health Providers are certified by the Behavioral Health Agency that they work for. In order to become certified as a Qualified Behavioral Health Provider, the Agency must provide and document that each Qualified Behavioral Health Provider has completed the required training and the Agency must issue a certificate to the Qualified Behavioral Health Provider. The requirements to become and maintain certification are as follows:**
- i. **Must complete 40 hours of QBHP training, which includes, but is not limited to, topics such as behavior management, group interaction, listening techniques, and knowledge of behavioral health illnesses.**
- ii. **Must complete, at a minimum, 8 hours of annual in-service training**
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4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(13) Psychology Services (42 CFR 440.130(d))

(1) Services are limited to eligible Medicaid recipients in the Child Health Services (EPSDT) Program.

(2) **Outpatient Behavioral Health Services (OBHS)**

As part of the Behavioral Health transformation within the state of Arkansas, DMS is creating a more integrated and client-focused behavioral health care system. These changes were developed in coordination with the Division of Behavioral Health Services (DBHS), providers, representatives of the Arkansas System of Care, beneficiaries and other key stakeholders.

A. Scope

Care, treatment and services provided by a certified Behavioral Health Services provider to Medicaid-eligible beneficiaries. These services are available to all eligible Medicaid beneficiaries. Services which require an Independent Assessment are indicated by the statement, "Eligibility for this service is determined by an Independent Assessment and must be prior authorized."

DMS has set forth in policy the settings in which each individual service may be provided. Each service shown below includes the place of service allowable for that procedure.

B. Services

i.: Individual Behavioral Health Counseling\*

**DEFINITION:** Individual Behavioral Health Counseling, including tobacco cessation, is a face-to-face treatment provided to an individual in an outpatient setting for the purpose of treatment and remediation of a condition as described in the current allowable DSM. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. The treatment service must reduce or alleviate identified symptoms related to either (a) Mental Health or (b) Substance Abuse, and maintain or improve level of functioning, and/or prevent deterioration.

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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Date Approved: 19 March, 2018

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4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(13) Psychology Services (42 CFR 440.130(d)) (continued)

(2) Outpatient Behavioral Health Services (OBHS)(continued)

i.: Individual Behavioral Health Counseling(continued)\*

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; For Beneficiaries Under the Age of 4 the provider must have Arkansas State Infant Mental Health Certification.*

ii. Group Behavioral Health Counseling\*

**DEFINITION:** Group Behavioral Health Counseling, including tobacco cessation, is a face-to-face treatment provided to a group of beneficiaries. Services leverage the emotional interactions of the group's members to assist in each beneficiary's treatment process, support his/her rehabilitation effort, and to minimize relapse. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. Services pertain to a beneficiary's (a) Mental Health and/or (b) Substance Abuse condition.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; and Physician*

iii. Marital/Family Behavioral Health Counseling with Beneficiary Present\*

**DEFINITION:** Marital/Family Behavioral Health Counseling with Beneficiary Present, including tobacco cessation, is a face-to-face treatment provided to one or more family members in the presence of a beneficiary for the benefit of the beneficiary. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services pertain to a beneficiary's (a) Mental Health and/or (b) Substance Abuse condition.

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(13) Psychology Services (42 CFR 440.130(d)) (continued)

(2) Outpatient Behavioral Health Services (OBHS)(continued)

iii. Marital/Family Behavioral Health Counseling with Beneficiary Present(continued)\*

-Dyadic treatment is available for parent/caregiver & child for dyadic treatment of children. Dyadic treatment must be prior authorized. .

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; and For Beneficiaries Under the Age of 4 the provider must have Arkansas State Infant Mental Health Certification.*

iv. Marital/Family Behavioral Health Counseling without Beneficiary Present\*

**DEFINITION:** Marital/Family Behavioral Health Counseling without Beneficiary Present, including tobacco cessation, is a face-to-face treatment provided to one or more family members outside the presence of a beneficiary for the benefit of the beneficiary. Services must be congruent with the age and abilities of the beneficiary or family member(s), client-centered and strength-based; with emphasis on needs as identified by the beneficiary and family and provided with cultural competence. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services pertain to a beneficiary’s (a) Mental Health and/or (b) Substance Abuse condition.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; and Physician*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(13) Psychology Services (42 CFR 440.130(d)) (continued)

(2) Outpatient Behavioral Health Services (OBHS)(continued)

v. Group Psychoeducation\*

**DEFINITION:** Psychoeducation provides beneficiaries and their families with pertinent information regarding mental illness, substance abuse, and tobacco cessation, and teaches problem-solving, communication, and coping skills to support recovery for the benefit of the beneficiary. Psychoeducation can be implemented in two formats: multifamily group and/or single family group. Due to the group format, beneficiaries and their families are also able to benefit from support of peers and mutual aid. Services must be congruent with the age and abilities of the beneficiary, client-centered, and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.

\*Dyadic treatment is available for parent/caregiver & child for dyadic treatment of children. Dyadic treatment must be prior authorized.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; and For Beneficiaries Under the Age of 4 the Provider must have Arkansas State Infant Mental Health Certification.*

vi. Multi-Family Behavioral Health Counseling\*

**DEFINITION:** Multi-Family Behavioral Health Counseling, including tobacco cessation, is a group therapeutic intervention using face-to-face verbal interaction between two (2) to a maximum of nine (9) beneficiaries and their family members or significant others. Services are a more cost-effective alternative to Family Behavioral Health Counseling, designed to enhance members’ insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services may pertain to a beneficiary’s (a) Mental Health or (b) Substance Abuse condition. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and family and provided with cultural competence.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; and Physician*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(13) Psychology Services (42 CFR 440.130(d)) (continued)

(2) Outpatient Behavioral Health Services (OBHS)(continued)

vii. Mental Health Diagnosis\*

**DEFINITION:** Mental Health Diagnosis is a clinical service for the purpose of determining the existence, type, nature, and appropriate treatment of a mental illness or related disorder as described in the DSM-IV or subsequent revisions. This service may include time spent for obtaining necessary information for diagnostic purposes. The psychodiagnostic process may include, but is not limited to: a psychosocial and medical history, diagnostic findings, and recommendations. This service must include a face-to-face component and will serve as the basis for documentation of modality and issues to be addressed (plan of care). Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.

-Dyadic treatment is available for parent/caregiver & child for dyadic treatment of children.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; and For Beneficiaries Under the Age of 4 the provider must have Arkansas State Infant Mental Health Certification.*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(13) Psychology Services (42 CFR 440.130(d)) (continued)

(2) Outpatient Behavioral Health Services (OBHS)(continued)

viii. Interpretation of Diagnosis\*

**DEFINITION:** Interpretation of Diagnosis is a direct service provided for the purpose of interpreting the results of psychiatric or other medical exams, procedures, or accumulated data. Services may include diagnostic activities and/or advising the beneficiary and his/ her family. Consent forms may be required for family or significant other involvement. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.

For beneficiaries under the age of 18, the time may be spent face-to-face with the beneficiary; the beneficiary and the parent(s) or guardian(s); or alone with the parent(s) or guardian(s). For beneficiaries over the age of 18, the time may be spent face-to-face with the beneficiary and the spouse, legal guardian or significant other.

-Dyadic treatment is available for parent/caregiver & child for dyadic treatment of children.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; and For Beneficiaries Under the Age of 4 the provider must have Arkansas State Infant Mental Health Certification.*

ix. Substance Abuse Assessment\*

Substance Abuse Assessment is a service that identifies and evaluates the nature and extent of a beneficiary’s substance abuse condition using the Addiction Severity Index (ASI) or an assessment instrument approved by DBHS and DMS. The assessment must screen for and identify any existing co-morbid conditions. The assessment should assign a diagnostic impression to the beneficiary, resulting in a treatment recommendation and referral appropriate to effectively treat the condition(s) identified.

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(13) Psychology Services (42 CFR 440.130(d)) (continued)

(2) Outpatient Behavioral Health Services (OBHS)(continued)

ix. Substance Abuse Assessment (continued)\*

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; and Physician;*

x. Psychological Evaluation\*

**DEFINITION:** Psychological Evaluation for personality assessment includes psychodiagnostic assessment of a beneficiary’s emotional, personality, and psychopathology. This service may reflect the mental abilities, aptitudes, interests, attitudes, motivation, emotional and personality characteristics of the beneficiary.

*Allowable Performing Provider -Licensed Psychologist, Licensed Psychological Examiner and a Licensed Psychological Examiner - Independent*

xi. Pharmacologic Management\*

**DEFINITION:** Pharmacologic Management is a service tailored to reduce, stabilize or eliminate psychiatric symptoms. This service includes evaluation of the medication prescription, administration, monitoring, and supervision and informing beneficiaries regarding medication(s) and its potential effects and side effects in order to make informed decisions regarding the prescribed medications. Services must be congruent with the age, strengths, and accommodations necessary for disability and cultural framework.

*Allowable Performing Provider - Advanced Practice Nurse or a Physician*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

(13) Psychology Services (42 CFR 440.130(d)) (continued)

(2) Outpatient Behavioral Health Services (OBHS)(continued)

xii: Psychiatric Assessment\*

**DEFINITION:** Psychiatric Assessment is a face-to-face psychodiagnostic assessment conducted by a licensed physician or Advanced Practice Nurse (APN), preferably one with specialized training and experience in psychiatry (child and adolescent psychiatry for beneficiaries under age 18). This service is provided to determine the existence, type, nature, and most appropriate treatment of a behavioral health disorder.

*Allowable Performing Provider - Advanced Practice Nurse or a Physician*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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Date Approved: 19 March, 2018  
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4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found.  
(Continued)

18. Rehabilitative Services (42 CFR 440.130(d)) (continued)

1. School-Based Mental Health Services (continued)

f. Covered Services (continued)

1. **Individual Behavioral Health Counseling** - A face-to-face treatment provided to an individual in an outpatient setting for the purpose of treatment and remediation of a condition, including tobacco cessation. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. The treatment service must reduce or alleviate identified symptoms related to either (a) Mental Health or (b) Substance Abuse, and maintain or improve level of functioning, and/or prevent deterioration.
2. **Mental Health Diagnosis** - A clinical service for the purpose of determining the existence, type, nature, and appropriate treatment of a mental illness or related disorder as described in the DSM-IV or subsequent revisions. This service may include time spent for obtaining necessary information for diagnostic purposes. The psychodiagnostic process may include, but is not limited to: a psychosocial and medical history, diagnostic findings, and recommendations. This service must include a face-to-face component and will serve as the basis for documentation of modality and issues to be addressed (plan of care). Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.
3. **Psychological Evaluation** - Psychological Evaluation for personality assessment includes psychodiagnostic assessment of a beneficiary's emotional, personality, and psychopathology. This service may reflect the mental abilities, aptitudes, interests, attitudes, motivation, emotional and personality characteristics of the beneficiary.

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4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found.  
(Continued)

18. Rehabilitative Services (42 CFR 440.130(d)) (continued)

1. School-Based Mental Health Services (continued)

f. Covered Services (continued)

4. **Interpretation of Diagnosis - A direct service provided for the purpose of interpreting the results of psychiatric or other medical exams, procedures, or accumulated data. Services may include diagnostic activities and/or advising the beneficiary and his/ her family. Consent forms may be required for family or significant other involvement. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. The time may be spent face-to-face with the beneficiary; the beneficiary and the parent(s) or guardian(s); or alone with the parent(s) or guardian(s). For beneficiaries over the age of 18, the time may be spent face-to-face with the beneficiary and the spouse, legal guardian or significant other.**
5. **Marital/Family Behavioral Health Counseling with Beneficiary Present - A face-to-face treatment provided to one or more family members in the presence of a beneficiary for the benefit of the beneficiary, including tobacco cessation. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services pertain to a beneficiary's (a) Mental Health and/or (b) Substance Abuse condition.**
6. **Crisis Intervention –An unscheduled, immediate, short-term treatment activity provided to a Medicaid-eligible beneficiary who is experiencing a psychiatric or behavioral crisis. Services are to be congruent with the age, strengths, needed accommodation for any disability, and cultural framework of the beneficiary and his/her family. These services, which can include interventions, stabilization activities, evaluation, coping strategies and other various activities to assist the beneficiary in crisis, are designed to stabilize the person in crisis, prevent further deterioration and provide immediate indicated treatment in the least restrictive setting. The services provided are expected to reduce or eliminate the risk of harm to the person or others in order to stabilize the beneficiary.**

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*Allowable Performing Provider - Independently Licensed Clinician – Master's/Doctoral; Non-Independently Licensed Clinicians – Master's/Doctoral; Advanced Practice Nurse; Physician*

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- 4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found.  
(Continued)
18. Rehabilitative Services (42 CFR 440.130(d)) (continued)
1. School-Based Mental Health Services (continued)
- f. Covered Services (continued)
7. **Group Behavioral Health Counseling - Face-to-face treatment provided to a group of beneficiaries, including tobacco cessation. Services leverage the emotional interactions of the group's members to assist in each beneficiary's treatment process, support his/her rehabilitation effort, and to minimize relapse. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. Services pertain to a beneficiary's (a) Mental Health and/or (b) Substance Abuse condition.**

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Date Approved: 19 March, 2018  
Effective Date: 1 July, 2017  
TN: 16-0008



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4b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age, and Treatment of Conditions Found. (Continued)

24. Substance Abuse Treatment Services (42 CFR 440.130(d)) (Continued)

The transition process to eliminate the Substance Abuse Treatment Services (SATS) Program is contingent upon the approval of the implementation of the Outpatient Behavioral Health Services Program. Clients currently served by the SATS program will begin being transitioned to the Outpatient Behavioral Health Program starting on July 1, 2017. SATS will cease to exist on June 30, 2018 and no Arkansas Medicaid payments will occur to any or SATS provider for a service provided after June 30, 2018.

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Effective Date: 1 July, 2017  
TN: 16-0008

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

1. Rehabilitative Services for Persons with Mental Illness (RSPMI)(continued)

The transition process to eliminate the Rehabilitative Services for Persons with Mental Illness (RSPMI) and Licensed Mental Health Practitioner (LMHP) Program is contingent upon the approval of the implementation of the Outpatient Behavioral Health Services Program. Clients currently served by the RSPMI and LMHP programs will begin being transitioned to the Outpatient Behavioral Health Program starting on July 1, 2017. RSPMI and LMHP will cease to exist on June 30, 2018 and no Arkansas Medicaid payments will occur to any RSPMI or LMHP provider for a service provided after June 30, 2018.

State: Arkansas  
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Effective Date: 1 July, 2017  
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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)

As part of the Behavioral Health transformation within the state of Arkansas, DMS is creating a more integrated and client-focused behavioral health care system. These changes were developed in coordination with the Division of Behavioral Health Services (DBHS), providers, representatives of the Arkansas System of Care, beneficiaries and other key stakeholders.

A. Scope

Care, treatment and services provided by a certified Behavioral Health Services provider to Medicaid-eligible beneficiaries. These services are available to all eligible Medicaid beneficiaries. Services which require an Independent Assessment are indicated by the statement, "Eligibility for this service is determined by an Independent Assessment and must be prior authorized."

DMS has set forth in policy the settings in which each individual service may be provided. Each service shown below includes the place of service allowable for that procedure.

B. Services

i.: Individual Behavioral Health Counseling\*

**DEFINITION:** Individual Behavioral Health Counseling, including tobacco cessation, is a face-to-face treatment provided to an individual in an outpatient setting for the purpose of treatment and remediation of a condition as described in the current allowable DSM. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. The treatment service must reduce or alleviate identified symptoms related to either (a) Mental Health or (b) Substance Abuse, and maintain or improve level of functioning, and/or prevent deterioration.

*Allowable Performing Provider - Independently Licensed Clinician – Master's/Doctoral; Non-Independently Licensed Clinicians – Master's/Doctoral; Advanced Practice Nurse; Physician; For Beneficiaries Under the Age of 4 the provider must have Arkansas State Infant Mental Health Certification.*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS) (continued)

B. Services

ii. Group Behavioral Health Counseling\*

**DEFINITION:** Group Behavioral Health Counseling, including tobacco cessation, is a face-to-face treatment provided to a group of beneficiaries. Services leverage the emotional interactions of the group's members to assist in each beneficiary's treatment process, support his/her rehabilitation effort, and to minimize relapse. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. Services pertain to a beneficiary's (a) Mental Health and/or (b) Substance Abuse condition.

*Allowable Performing Provider - Independently Licensed Clinician – Master's/Doctoral; Non-Independently Licensed Clinicians – Master's/Doctoral; Advanced Practice Nurse; and Physician*

iii. Marital/Family Behavioral Health Counseling with Beneficiary Present\*

**DEFINITION:** Marital/Family Behavioral Health Counseling with Beneficiary Present, including tobacco cessation, is a face-to-face treatment provided to one or more family members in the presence of a beneficiary for the benefit of the beneficiary. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services pertain to a beneficiary's (a) Mental Health and/or (b) Substance Abuse condition.

-Dyadic treatment is available for parent/caregiver & child for dyadic treatment of children. Dyadic treatment must be prior authorized.

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS) (continued)

iii. Marital/Family Behavioral Health Counseling with Beneficiary Present (continued)\*

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; and For Beneficiaries Under the Age of 4 the provider must have Arkansas State Infant Mental Health Certification.*

iv. Marital/Family Behavioral Health Counseling without Beneficiary Present\*

**DEFINITION:** Marital/Family Behavioral Health Counseling without Beneficiary Present, including tobacco cessation, is a face-to-face treatment provided to one or more family members outside the presence of a beneficiary for the benefit of the beneficiary. Services must be congruent with the age and abilities of the beneficiary or family member(s), client-centered and strength-based; with emphasis on needs as identified by the beneficiary and family and provided with cultural competence. Services are designed to enhance insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services pertain to a beneficiary’s (a) Mental Health and/or (b) Substance Abuse condition.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; and Physician*

v. Group Psychoeducation\*

**DEFINITION:** Psychoeducation provides beneficiaries and their families with pertinent information regarding mental illness, substance abuse, and tobacco cessation, and teaches problem-solving, communication, and coping skills to support recovery for the benefit of the beneficiary. Psychoeducation can be implemented in two formats: multifamily group and/or single family group. Due to the group format, beneficiaries and their families are also able to benefit from support of peers and mutual aid. Services must be congruent with the age and abilities of the beneficiary, client-centered, and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS) (continued)

v. Group Psychoeducation (continued)\*

-Dyadic treatment is available for parent/caregiver & child for dyadic treatment of children. Dyadic treatment must be prior authorized.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; and For Beneficiaries Under the Age of 4 the Provider must have Arkansas State Infant Mental Health Certification.*

vi. Multi-Family Behavioral Health Counseling\*

**DEFINITION:** Multi-Family Behavioral Health Counseling, including tobacco cessation, is a group therapeutic intervention using face-to-face verbal interaction between two (2) to a maximum of nine (9) beneficiaries and their family members or significant others. Services are a more cost-effective alternative to Family Behavioral Health Counseling, designed to enhance members’ insight into family interactions, facilitate inter-family emotional or practical support and to develop alternative strategies to address familial issues, problems and needs. Services may pertain to a beneficiary’s (a) Mental Health or (b) Substance Abuse condition. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and family and provided with cultural competence.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; and Physician*

vii. Mental Health Diagnosis\*

**DEFINITION:** Mental Health Diagnosis is a clinical service for the purpose of determining the existence, type, nature, and appropriate treatment of a mental illness or related disorder as described in the DSM-IV or subsequent revisions. This service may include time spent for obtaining necessary information for diagnostic purposes. The psychodiagnostic process may include, but is not limited to: a psychosocial and medical history, diagnostic findings, and recommendations. This service must include a face-to-face component and will serve as the basis for documentation of modality and issues to be addressed (plan of care). Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS) (continued)

vii. Mental Health Diagnosis (continued)\*

-Dyadic treatment is available for parent/caregiver & child for dyadic treatment of children

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; and For Beneficiaries Under the Age of 4 the provider must have Arkansas State Infant Mental Health Certification.*

viii. Interpretation of Diagnosis\*

**DEFINITION:** Interpretation of Diagnosis is a direct service provided for the purpose of interpreting the results of psychiatric or other medical exams, procedures, or accumulated data. Services may include diagnostic activities and/or advising the beneficiary and his/ her family. Consent forms may be required for family or significant other involvement. Services must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and provided with cultural competence.

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS) (continued)

viii. Interpretation of Diagnosis (continued)\*

For beneficiaries under the age of 18, the time may be spent face-to-face with the beneficiary; the beneficiary and the parent(s) or guardian(s); or alone with the parent(s) or guardian(s). For beneficiaries over the age of 18, the time may be spent face-to-face with the beneficiary and the spouse, legal guardian or significant other.

-Dyadic treatment is available for parent/caregiver & child for dyadic treatment of children

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; and For Beneficiaries Under the Age of 4 the provider must have Arkansas State Infant Mental Health Certification.*

ix. Substance Abuse Assessment\*

Substance Abuse Assessment is a service that identifies and evaluates the nature and extent of a beneficiary’s substance abuse condition using the Addiction Severity Index (ASI) or an assessment instrument approved by DBHS and DMS. The assessment must screen for and identify any existing co-morbid conditions. The assessment should assign a diagnostic impression to the beneficiary, resulting in a treatment recommendation and referral appropriate to effectively treat the condition(s) identified.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; and Physician;*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS) (continued)

x. Psychological Evaluation\*

**DEFINITION:** Psychological Evaluation for personality assessment includes psychodiagnostic assessment of a beneficiary's emotional, personality, and psychopathology. This service may reflect the mental abilities, aptitudes, interests, attitudes, motivation, emotional and personality characteristics of the beneficiary.

*Allowable Performing Provider - Licensed Psychologist, Licensed Psychological Examiner and a Licensed Psychological Examiner - Independent*

xi: Pharmacologic Management\*

**DEFINITION:** Pharmacologic Management is a service tailored to reduce, stabilize or eliminate psychiatric symptoms. This service includes evaluation of the medication prescription, administration, monitoring, and supervision and informing beneficiaries regarding medication(s) and its potential effects and side effects in order to make informed decisions regarding the prescribed medications. Services must be congruent with the age, strengths, and accommodations necessary for disability and cultural framework.

*Allowable Performing Provider - Advanced Practice Nurse or a Physician*

xii: Psychiatric Assessment\*

**DEFINITION:** Psychiatric Assessment is a face-to-face psychodiagnostic assessment conducted by a licensed physician or Advanced Practice Nurse (APN), preferably one with specialized training and experience in psychiatry (child and adolescent psychiatry for beneficiaries under age 18). This service is provided to determine the existence, type, nature, and most appropriate treatment of a behavioral health disorder.

*Allowable Performing Provider - Advanced Practice Nurse or a Physician*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xiii. Treatment Plan\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Treatment Plan is a plan developed in cooperation with the beneficiary (or parent or guardian if under 18) to deliver specific mental health services to restore, improve, or stabilize the beneficiary's mental health condition. The Plan must be based on individualized service needs as identified in the completed Mental Health Diagnosis, independent assessment, and independent care plan. The Plan must include goals for the medically necessary treatment of identified problems, symptoms and mental health conditions. The Plan must identify individuals or treatment teams responsible for treatment, specific treatment modalities prescribed for the beneficiary, and time limitations for services. The plan must be congruent with the age and abilities of the beneficiary, client-centered and strength-based; with emphasis on needs as identified by the beneficiary and demonstrate cultural competence.

*Allowable Performing Provider - Independently Licensed Clinician – Master's/Doctoral; Non-Independently Licensed Clinicians – Master's/Doctoral; Advanced Practice Nurse; and Physician*

xiv. Crisis Stabilization Intervention\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Crisis Stabilization Intervention is a scheduled face-to-face treatment activities provided to a beneficiary who has recently experienced a psychiatric or behavioral crisis that are expected to further stabilize, prevent deterioration and serve as an alternative to 24-hour inpatient care. Services can include interventions, stabilization activities, coping strategies and other various activities to assist the beneficiary in crisis. The services provided are expected to reduce or eliminate the risk of harm to the person or others in order to stabilize the beneficiary. Services are to be congruent with the age, strengths, needed accommodation for any disability and cultural framework of the beneficiary and his/her family.

*Allowable Performing Provider - Independently Licensed Clinician – Master's/Doctoral; Non-Independently Licensed Clinicians – Master's/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelor's; and Qualified Behavioral Health Provider – Non-Degreed*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xv: Partial Hospitalization\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

Partial Hospitalization is an intensive nonresidential, therapeutic treatment program. It can be used as an alternative to and/or a step-down service from inpatient residential treatment or to stabilize a deteriorating condition and avert hospitalization. The program provides clinical treatment services in a stable environment on a level equal to an inpatient program, but on a less than 24-hour basis. The environment at this level of treatment is highly structured and should maintain a staff-to-patient ratio of 1:5 to ensure necessary therapeutic services and professional monitoring, control, and protection. This service shall include at a minimum intake, individual therapy, group therapy, and psychoeducation. Partial Hospitalization shall be at a minimum (5) five hours per day, of which 90 minutes must be a documented service provided by a Mental Health Professional. If a beneficiary receives other services during the week but also receives Partial Hospitalization, the beneficiary must receive, at a minimum, 20 documented hours of services on no less than (4) four days in that week.

*Allowable Performing Provider – Must be certified by the Department of Human Services as a Partial Hospitalization provider.*

xvi: Behavioral Assistance\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Behavioral Assistance is a specific outcome oriented intervention provided individually or in a group setting with the child/youth and/or his/her caregiver(s) that will provide the necessary support to attain the goals of the treatment plan. Services involve applying positive behavioral interventions and supports within the community to foster behaviors that are rehabilitative and restorative in nature. The intervention should result in sustainable positive behavioral changes that improve functioning, enhance the quality of life and strengthen skills in a variety of life domains.

*Allowable Performing Provider -Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xvii. Family Support Partners\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Family Support Partners is a service provided by peer counselors, or Family Support Partners (FSP), who model recovery and resiliency for caregivers of children or youth with behavioral health care needs for the benefit of the beneficiary. Family Support Partners come from legacy families and use their lived experience, training, and skills to help caregivers and their families identify goals and actions that promote recovery and resiliency of the beneficiary. FSPs are required to be trained and certified by the State as a FSP to provide this service.

*Allowable Performing Provider - Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

xviii. Peer Support\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Peer Support is a consumer centered service provided by individuals who self-identify as someone who has received or is receiving behavioral health services and thus is able to provide expertise not replicated by professional training. Peer providers are trained and certified peer specialists who self-identify as being in recovery from behavioral health issues. Peer support is a service to work with beneficiaries to provide education, hope, healing, advocacy, self-responsibility, a meaningful role in life, and empowerment to reach fullest potential. Specialists will assist with navigation of multiple systems (housing, supportive employment, supplemental benefits, building/rebuilding natural supports, etc.) which impact beneficiaries' functional ability. Peer Support is a person-centered service with a recovery focus which allows beneficiaries the opportunity to direct their own recovery and advocacy process. This service promotes skills for coping with and managing symptoms while utilizing natural resources and the preservation and enhancement of community living skills. Services are provided on an individual or group basis, and in either the beneficiary's home or community environment.

*Allowable Performing Provider - Certified Peer Support Specialist; and a Certified Youth Support Specialist*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xix. Individual Pharmacologic Counseling\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

DEFINITION: A specific, time limited one-to-one intervention by a nurse with a beneficiary and/or caregivers, related to their psychopharmacological treatment. The service should encompass all the parameters to make the beneficiary and/or family understand the diagnosis prompting the need for the medication and any life style modification required.

*Allowable Performing Provider -Registered Nurse*

xx: Group Pharmacologic Counseling\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

DEFINITION: A specific, time limited intervention provided to a group of beneficiaries and/or caregivers by a nurse, related to their psychopharmacological treatment. The service should encompass all the parameters to make the beneficiary and/or family understand the diagnosis prompting the need for the medication and any life style modification required.

*Allowable Performing Provider - Registered Nurse*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

AMOUNT, DURATION AND SCOPE OF  
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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xxi. Intensive Outpatient Substance Abuse Treatment\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Intensive Outpatient services provide group based, non-residential, intensive, structured interventions consisting primarily of counseling and education to improve symptoms that may significantly interfere with functioning in at least one life domain (e.g., familial, social, occupational, educational, etc.). Services are goal oriented interactions with the individual or in group/family settings. This community based service allows the individual to apply skills in “real world” environments. Such treatment may be offered during the day, before or after work or school, in the evening or on a weekend. The service also provides a coordinated set of individualized treatment services to persons who are able to function in a school, work, and home environment but are in need of treatment services beyond traditional outpatient programs. Treatment may appropriately be used to transition persons from higher levels of care or may be provided for persons at risk of being admitted to higher levels of care. Intensive outpatient programs provide 9 or more hours per week of skilled treatment, 3 – 5 times per week in groups of no fewer than three and no more than 12 clients.

*Allowable Performing Provider – Behavioral Health Agency that is certified by the Department of Human Services as an Intensive Outpatient Substance Abuse Treatment provider The Intensive Outpatient Substance Abuse Treatment provider shall have practitioners who are able to and appropriate to deliver Intensive Outpatient Substance Abuse Treatment.*

xxii: Individual Life Skills Restoration\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Individual Life Skills Restoration is a service that provides support and training for beneficiaries on a one-on-one basis. This service includes behavioral modeling to restore a beneficiary’s skills needed to support an independent lifestyle and restore a strong sense of self-worth. This service should be a strength-based, culturally appropriate process that integrates the youth into their community as they develop their recovery plan. In addition, it aims to restore the ability of youth in setting and achieving goals, and restoring independent life skills, demonstrating accountability, and making goal-oriented decisions related to independent living.

*Allowable Performing Provider -Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.



AMOUNT, DURATION AND SCOPE OF  
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MEDICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xxiii. Group Life Skills Restoration\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Group Life Skills Restoration is a service that provides support and training for beneficiaries in a group setting of up to six (6) beneficiaries with one staff member or up to ten (10) beneficiaries with two staff members. This service includes behavioral modeling to restore a beneficiary's skills needed to support an independent lifestyle and restore a strong sense of self-worth. This service should be a strength-based, culturally appropriate process that integrates the youth into their community as they develop their recovery plan. In addition, it aims to restore the ability of youth in setting and achieving goals, and restoring independent life skills, demonstrating accountability, and making goal-oriented decisions related to independent living.

*Allowable Performing Provider -Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

xxiv: Child and Youth Support Services\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Child and Youth Support Services are clinical, time-limited services for principal caregivers for the benefit of the beneficiary designed to restore a child's positive behaviors and compliance with parents at home; and restore a child's social skills, including understanding of feelings, conflict management, academic engagement, school readiness, and cooperation with teachers and other school staff for the benefit of the beneficiary. This service is intended to assist the parent in managing their child's symptoms of their illness and training the parents in effective interventions and techniques for working with the schools for the benefit of the beneficiary.

*Allowable Performing Provider - Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

State: Arkansas  
Date Received: 20 December, 2016  
Date Approved: 19 March, 2018  
Effective Date: 1 July, 2017  
Transmittal Number: 16-0008

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xxv. Psychosocial Rehabilitation Services – Working Environment\*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Psychosocial Rehabilitation Services – Working Environment is designed to assist beneficiaries restore skills needed to promote and sustain independence and stability in their working environment. The service actively facilitates the restoration of skills needed to acquire a job.

Service settings may vary depending on individual need and level of community integration, and may include the beneficiary's home.

*Allowable Performing Provider -Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

xxvi. Psychosocial Rehabilitation Services – Living Environment \*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Psychosocial Rehabilitation Services – Living Environment is designed to assist beneficiaries restore skills needed to promote and sustain independence and stability in their living environment. An emphasis is placed on the development and strengthening of natural supports in the community.

Service settings may vary depending on individual need and level of community integration, and may include the beneficiary's home.

*Allowable Performing Provider -Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

State: Arkansas  
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MEDICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xxvii. Adult Life Skills Development

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Adult Life Skills Development services are designed to assist beneficiaries in restoring skills needed to support an independent lifestyle and promote an improved sense of self-worth. Adult Life skills Development is designed to restore the beneficiary's ability to set and achieve goals, restore independent living skills, restore the ability to demonstrate accountability, and restore the ability to make goal-directed decisions related to independent living.

*Allowable Performing Provider - Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

xxviii: Therapeutic Communities

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

**DEFINITION:** Therapeutic Communities are highly structured residential environments or continuums of care in which the primary goals are the treatment of behavioral health needs and the fostering of personal growth leading to personal accountability. Services address the broad range of needs identified by the person served. Therapeutic Communities employs community-imposed consequences and earned privileges as part of the recovery and growth process.

Example services include, but are not limited to, a combination of Individual Behavioral Health Counseling, Group Behavioral Health Counseling, Psychoeducation, Marital-Family Behavioral Health Counseling, Multi-Family Behavioral Health Counseling, Crisis Stabilization Intervention, Peer Support, Individual Pharmacologic Counseling, Group Pharmacologic Counseling, Adult Life Skills Development and Psychosocial Rehabilitative Services.

This service will not be paid for within an Institution for Mental Disease (IMD)

This service does not include payment for room and board of the beneficiary.

*Therapeutic Community shall be certified by the Division of Behavioral Health Services as a Therapeutic Communities provider.*

*Allowable Performing Provider - Independently Licensed Clinician – Master's/Doctoral; Non-Independently Licensed Clinicians – Master's/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan.  
(Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

**xxix. Crisis Care - De-escalation\***

Eligibility for this service is determined by an Independent Assessment and must be prior authorized and must be prior authorized.

**DEFINITION:** Crisis Care – De-escalation provides temporary direct care for a beneficiary in the beneficiary’s community that is not facility-based. Crisis Care – De-escalation services de-escalate stressful situations and provide a therapeutic outlet. Crisis Care includes behavioral interventions that keep beneficiaries in their current situation and reduces the need for acute hospitalization or other higher levels of care. Crisis Care shall be indicated in the treatment plan.

This service will not be paid for within an Institution for Mental Disease (IMD)

This service does not include payment for room and board of the beneficiary.

*Crisis Care – De-escalation provider must be certified by the Department of Human Services as a Crisis Care – De-escalation provider.*

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

**xxx. Acute Crisis Units\***

**Definition:** Acute Crisis Units provide brief (96 hours or less) crisis treatment services to persons over the age of 17 who are experiencing a psychiatry- and/or substance abuse-related crisis and may pose an escalated risk of harm to self or others. Acute Crisis Units provide hospital diversion and step-down services in a safe environment with psychiatry and/or substance abuse services on-site at all times as well as on-call psychiatry available 24 hours a day. Services provide ongoing assessment and observation; crisis intervention; psychiatric, substance, and co-occurring treatment; and initiate referral mechanisms for independent assessment and care planning as needed.

This service will not be paid for within an Institution for Mental Disease (IMD)

This service does not include payment for room and board of the beneficiary.

*Acute Crisis Unit must be certified by Department of Human Services as an Acute Crisis Unit.*

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

\*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

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MEDICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)

**xxxi. Crisis Intervention\***

**DEFINITION:** Crisis Intervention is an unscheduled, immediate, short-term treatment activity provided to a Medicaid-eligible beneficiary who is experiencing a psychiatric or behavioral crisis. Services are to be congruent with the age, strengths, needed accommodation for any disability, and cultural framework of the beneficiary and his/her family. These services, which can include interventions, stabilization activities, evaluation, coping strategies and other various activities to assist the beneficiary in crisis, are designed to stabilize the person in crisis, prevent further deterioration and provide immediate indicated treatment in the least restrictive setting. The services provided are expected to reduce or eliminate the risk of harm to the person or others in order to stabilize the beneficiary.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician*

**xxxii. Substance Abuse Detoxification\***

**Definition:** Substance Abuse Detoxification is a set of interventions aimed at managing acute intoxication and withdrawal from alcohol or other drugs. Services help stabilize beneficiaries by clearing toxins from the beneficiary’s body. Services are short-term and may be provided in a crisis unit, residential, or outpatient setting, and may include evaluation, observation, medical monitoring, and addiction treatment. Detoxification seeks to minimize the physical harm caused by the abuse of substances and prepares the beneficiary for ongoing treatment.

*Substance Abuse Detoxification Unit must be certified by the Department of Human Services as a Substance Abuse Detoxification provider.*

This service will not be paid for within an Institution for Mental Disease (IMD)

This service does not include payment for room and board of the beneficiary.

*Allowable Performing Provider - Independently Licensed Clinician – Master’s/Doctoral; Non-Independently Licensed Clinicians – Master’s/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.*

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)

**C. Provider Agency Qualifications**

Outpatient Behavioral Health Services (OBHS) may be provided by appropriately certified providers who offer core behavioral health services for treatment and rehabilitation of behavioral health issues. The provider must be certified as an OBHS provider by the Department of Human Services (DHS). Providers not certified by DHS are not qualified to provide these services.

**D. Performing Provider Qualifications**

Outpatient Behavioral Health Services (OBHS) are limited to certified providers who offer core behavioral health services for treatment and rehabilitation of behavioral health issues. The provider must be certified as an OBHS provider by the Department of Human Services (DHS). Providers not certified by DHS are not qualified to provide these services.

Providers for each specific OBHS service are certified by DHS. Any provider licensed by the State must practice within their scope of Arkansas licensure. Individuals providing OBHS services must be one of the following:

**1. Licensed in the State of Arkansas as a Clinician:**

- d. Licensed Clinical Social Worker (LCSW)
- e. Licensed Marital and Family Therapist (LMFT)
- f. Licensed Psychologist (LP)
- g. Licensed Psychological Examiner – Independent (LPEI)
- h. Licensed Professional Counselor (LPC)
- i. Licensed Master Social Worker (LMSW)
- j. Licensed Associate Counselor (LAC)
- k. Licensed Psychological Examiner (LPE)
- l. Provisionally Licensed Psychologist (PLP)

**2. Licensed Physician**

**3. Licensed Advanced Nurse Practitioner (limited to Adult Psychiatric Mental health Clinical Nurse Specialists, Child Psychiatric Mental Health Clinical Nurse Specialist, Adult Psychiatric Mental Health APN and Family Psychiatric Mental Health APN)**

**4. Licensed Registered Nurse**

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13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)
- d. Rehabilitative Services (continued)
3. Outpatient Behavioral Health Services (OBHS)
5. **Certified Qualified Behavioral Health Providers (includes Certified Peer Support Specialist, Certified Youth Support Specialist, and Certified Family Support Partner), under direct supervision of an individual licensed in the State of Arkansas as a Clinician that is an allowable performing provider of a service as indicated in D., 1.,a – e.**
- c. **Certified Peer Support Specialists, Certified Youth Support Specialists, and Certified Family Support Partners are certified by DHS and must adhere to the mandated training requirements to become certified. The requirements to become and maintain certification are as follows:**
- i. **Must complete 40 hours of QBHP training**
- ii. **Must complete annual ongoing training approved by Arkansas DHS**
- iii. **Must have lived experience**
- iv. **Must ensure and document that all Certified Peer Support Specialists, Certified Youth Support Specialists, and Certified Family Support Partners are under supervision of a mental health professional as defined in Section 13., d., 3., c., 1 above.**
- d. **Qualified Behavioral Health Providers are certified by the Behavioral Health Agency that they work for. In order to become certified as a Qualified Behavioral Health Provider, the Agency must provide and document that each Qualified Behavioral Health Provider has completed the required training and the Agency must issue a certificate to the Qualified Behavioral Health Provider. The requirements to become and maintain certification are as follows:**
- i. **Must complete 40 hours of QBHP training, which includes, but is not limited to, topics such as behavior management, group interaction, listening techniques, and knowledge of behavioral health illnesses.**
- ii. **Must complete, at a minimum, 8 hours of annual in-service training**

State: Arkansas  
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Date Approved: 19 March, 2018  
Effective Date: 1 July, 2017  
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METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

July 1, 2017

- 4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found  
(Continued)

**Outpatient Behavioral Health Services**

The fee schedule was set as of July 1, 2017 and is effective for services provided on or after this date. Except as noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of behavioral health services. The fee schedule can be accessed at <https://www.medicaid.state.ar.us/Provider/docs/fees.aspx>. Based on the information gained from the peer state analysis and the consideration of adjustment factors such as Bureau of Labor Statistics (BLS) along with Geographic Pricing Cost Index (GPCI) to account for economic differences, the state was able to select appropriate rates from fee schedules published by peer states. Once this rate information was filtered according to Arkansas requirements a “state average rate” was developed. This “state average rate” consisting of the mean from every peer state’s published rate for a given procedure served as the base rate for the service, which could then be adjusted by previously mentioned factors (BLS), (GPCI) etc.

State: Arkansas  
Date Received: 20 December, 2016  
Date Approved: 19 March, 2018  
Effective Date: 1 July, 2017  
TN: 16-0008

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Revised: July 1, 2017

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of  
Conditions Found (Continued)

21. Rehabilitative Services

1. School-Based Mental Health Services

Reimbursement is based on the lesser of the amount billed or the Title XIX (Medicaid) Maximum charge allowed. The Title XIX Maximum is 80% of the psychologist fee schedule for school-based mental health services provided by school-based mental health services provider personnel except for services provided by a psychologist.

The Title XIX Medicaid Maximum for school-based mental health services provided by a psychologist is located on Attachment 4.19-B, Page 1o, Item 4.b.(17).

**The fee schedule was set as of July 1, 2017 and is effective for services provided on or after this date. Except as noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of behavioral health services. The fee schedule can be accessed at**

**<https://www.medicaid.state.ar.us/Provider/docs/fees.aspx>. Based on the information gained from the peer state analysis and the consideration of adjustment factors such as Bureau of Labor Statistics (BLS) along with Geographic Pricing Cost Index (GPCI) to account for economic differences, the state was able to select appropriate rates from fee schedules published by peer states. Once this rate information was filtered according to Arkansas requirements a “state average rate” was developed. This “state average rate” consisting of the mean from every peer state’s published rate for a given procedure served as the base rate for the service, which could then be adjusted by previous mentioned factors (BLS), (GPCI) etc.**

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TN: 16-0008



METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

July 1, 2017

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

Outpatient Behavioral Health Services

The fee schedule was set as of July 1, 2017 and is effective for services on or after this date. Except as noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of behavioral health services. The fee schedule can be accessed at <https://www.medicaid.state.ar.us/Provider/docs/fees.aspx>. Based on the information gained from the peer state analysis and the consideration of adjustment factors such as Bureau of Labor Statistics (BLS) along with Geographic Pricing Cost Index (GPCI) to account for economic differences, the state was able to select appropriate rates from fee schedules published by peer states. Once this rate information was filtered according to Arkansas requirements a “state average rate” was developed. This “state average rate” consisting of the mean from every peer state’s published rate for a given procedure served as the base rate for the service, which could then be adjusted by previous mentioned factors (BLS), (GPCI) etc.

Acute Crisis Units

The fee schedule was set as of July 1, 2017 and is effective for services provided on or after this date. Except as noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of behavioral health services. The fee schedule can be accessed at <https://www.medicaid.state.ar.us/Provider/docs/fees.aspx>. Effective for dates of service on or after July 1, 2017, reimbursement for Acute Crisis Unit is based on prospective rate of \$350.00 per day with no cost settlement and no budget submission necessary for all certified Acute Crisis Unit providers. No room and board costs, or other unallowable facility costs, are built into the daily rate. Based on the information gained from the peer state analysis and the consideration of adjustment factors such as Bureau of Labor Statistics (BLS) along with Geographic Pricing Cost Index (GPCI) to account for economic differences, the state was able to select appropriate rates from fee schedules published by peer states. Once this rate information was filtered according to Arkansas requirements a “state average rate” was developed. This “state average rate” consisting of the mean from every peer state’s published rate for a given procedure served as the base rate for the service, which could then be adjusted by previous mentioned factors (BLS), (GPCI) etc.

Each provider furnishing this service must keep any records necessary to disclose the extent of services the provider furnishes to beneficiaries and, on request, furnish the Medicaid agency any information maintained and any information regarding payments claimed by the provider for furnishing this service. The Division of Provider Services and Quality Assurance (DPSQA), in conjunction with the State’s contracted review entity, will provide ongoing monitoring to assure that services provided under the bundled rate are of the type, quantity and intensity of services required to meet the medical need of beneficiaries.

State: Arkansas  
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TN: 16-0008