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| 201.000 Arkansas Medicaid Participation Requirements for Providers  of Inpatient Psychiatric Services for Under Age 21 | 6-20-25 |

Medicaid (Medical Assistance) is designed to assist eligible Medicaid beneficiaries in obtaining medical care within the guidelines specified in Section I of this manual.

Inpatient psychiatric services for beneficiaries under age 21 are hospital-based. Inpatient psychiatric hospitals/programs in a psychiatric hospital or inpatient psychiatric residential treatment facilities/programs in a psychiatric facility shall be referred to as inpatient psychiatric providers and/or inpatient psychiatric facilities throughout Section II of this manual.

Reimbursement may be made for inpatient psychiatric services when provided to eligible Medicaid beneficiaries by qualified providers who are enrolled in the Arkansas Medicaid Program.

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| 211.000 Scope | 6-20-25 |

Inpatient psychiatric services covered by the Arkansas Medicaid Program must be provided:

A. By an inpatient psychiatric provider enrolled in the Arkansas Medicaid Program;

B. By an enrolled inpatient psychiatric provider selected by the beneficiary;

C. To eligible Arkansas Medicaid beneficiaries only after receipt of a primary care physician (PCP) referral except in cases of emergency;

D. To eligible Arkansas Medicaid beneficiaries who have a certification of need issued by the facility-based and independent teams that the beneficiary meets the criteria for inpatient psychiatric services;

E. To eligible Arkansas Medicaid beneficiaries who have a prior authorization;

F. To eligible Arkansas Medicaid beneficiaries before the beneficiary reaches age 21 or, if the beneficiary was receiving inpatient psychiatric services at the time he or she reached age 21, services may continue until the beneficiary no longer requires the services or the beneficiary becomes 22 years of age, whichever comes first and

G. Under the direction of a physician (contracted physicians are acceptable).

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| 212.100 Covered Locations | 6-20-25 |

Inpatient psychiatric services are covered by Arkansas Medicaid only when provided in:

A. An inpatient psychiatric hospital

B. A residential treatment unit within a psychiatric hospital

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| 230.010 Prior Authorization Information | 6-20-25 |

Prior authorization (PA) is required for all inpatient psychiatric residential unit services.

The prior authorization function is the responsibility of the patients PASSE.

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| 241.000 On-Site Inspection of Care (IOC) | 6-20-25 |

The Department of Human Services (DHS) requires the contractor to conduct annual On-Site Inspections of Care for acute inpatient services provided to Medicaid beneficiaries under age 21.

The inpatient psychiatric provider will be notified of the time of the inspection no more than forty-eight (48) hours before the schedule arrival of the inspection team.

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| 242.000 Retrospective Review | 6-20-25 |

The Division of Medical Services (DMS) of Arkansas Department of Human Services has contracted with a QIO-like entity to perform retrospective (post payment) reviews of acute services to Medicaid beneficiaries by Inpatient Psychiatric Services for Under Age 21 providers. [View or print current contractor contact information.](https://humanservices.arkansas.gov/wp-content/uploads/Acentra.docx) The member’s PASSE will complete reviews of residential unit services.

The reviews are conducted by licensed mental health professionals and are based on applicable federal and state standards.

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| 250.300 Suggested Budget Format | 6-20-25 |

Suggested Budget Format for Inpatient Psychiatric Hospitals and Residential Treatment Units

| ADMINISTRATIVE AND OPERATING EXPENSES | Total Expenses | Less:  Cost NOT Related to Patient Care | Total Cost Related to Patient Care |
| --- | --- | --- | --- |
|  |  |  |  |
| Salaries – Director | - | - | $ - |
| Salaries – Assistant Director | - | - | $ - |
| Salaries – Other Administrative | - | - | $ - |
| Salaries – Nursing, Other Care Related | - | - | $ - |
| Salaries – Professional – MD | - | - | $ - |
| Salaries – Housekeeping & Maintenance | - | - | $ - |
| Salaries – Teachers, Teacher Aides |  |  | 0 |
| **SUB-TOTAL SALARIES (1)** | - | - | $ - |
|  |  |  |  |
| Professional Fees – Nursing, Other Care Related | - | - | $ - |
| Professional Fees – MD | - | - | $ - |
| Professional Fees – Administrative | - | - | $ - |
| **SUB-TOTAL FEES (2)** | - | - | $ - |
|  |  |  |  |
| FICA Tax | - | - | $ - |
| State Unemployment Tax | - | - | $ - |
| Workmen’s Compensation Insurance | - | - | $ - |
| Pension Plan | - | - | $ - |
| Group Insurance | - | - | $ - |
| Professional Liability Insurance | - | - | $ - |
| **SUB-TOTAL FRINGE BENEFITS (3)** | - | - | $ - |
|  |  |  |  |
| Advertising | - | - | $ - |
| Bad Debts | - | - | $ 0 |
| Cable TV | - |  | $ 0 |
| Cleaning Service & Grounds | - | - | $ - |
| Depreciation | - | - | $ - |
| Dues & Subscriptions | - | - | $ - |
| Food | - | - | $ - |
| Food – USDA | - | - | $ 0 |
| Fund Raising | - | - | $ - |
| Interest | - | - | $ - |
| Office Equipment | - | - | $ - |
| Postage | - | - | $ - |
| Rents & Leases | - | - | $ - |
| Repairs and Maintenance | - | - | $ - |
| Supplies – Care Related Program | - | - | $ - |
| Supplies – Medical | - | - | $ - |
| Supplies – Office | - | - | $ - |
| Supplies – School | - | - | $ 0 |
| Travel & Entertainment | - | - | $ - |
| Utilities | - | - | $ - |
| \*Other Expenses | - | - | $ - |
| **SUB-TOTAL OPERATING EXPENSES (4)** |  |  | $ - |
|  |  |  |  |
| **TOTAL EXPENDITURES (1 + 2 + 3 + 4)** | | | $ - |

\* Please provide a brief description of Other Expenses.