[200.000 INPatient psychiatric Services For under Age 21 General information](#_Toc201313585)

[201.000 Arkansas Medicaid Participation Requirements for Providers of Inpatient Psychiatric Services for Under Age 21](#_Toc201313586)

[202.000 Arkansas Participation Requirements for Inpatient Psychiatric Providers](#_Toc201313587)

[202.100 Hospital-based Providers](#_Toc201313588)

[204.000 Retention of Records](#_Toc201313589)

[204.100 Documentation](#_Toc201313590)

[210.000 PROGRAM COVERAGE](#_Toc201313591)

[211.000 Scope](#_Toc201313592)

[212.000 Covered Services](#_Toc201313593)

[212.100 Covered Locations](#_Toc201313594)

[214.000 Medical Services](#_Toc201313595)

[215.000 Certification of Need (CON) for Services](#_Toc201313596)

[215.100 General Requirements](#_Toc201313597)

[215.200 Facility-Based CON Team](#_Toc201313598)

[215.210 Facility-Based Team Responsibilities](#_Toc201313599)

[215.220 Composition of the Facility-Based Team (42 CFR 441.156)](#_Toc201313600)

[215.300 Independent Certification of Need (CON) Team](#_Toc201313601)

[215.310 Composition of the Independent CON Team](#_Toc201313602)

[215.320 Information Required for Pre-Certification Review](#_Toc201313603)

[215.321 Pre-Certification of Need (CON) Process](#_Toc201313604)

[215.500 Emergency Admission](#_Toc201313605)

[216.000 Administrative Reconsideration and Appeals](#_Toc201313606)

[216.100 Reserved](#_Toc201313607)

[216.200 Reserved](#_Toc201313608)

[217.000 Admission Evaluation (42 CFR 456.170)](#_Toc201313609)

[218.000 Individual Plan of Care (42 CFR 441.154)](#_Toc201313610)

[218.100 Development of the Individual Plan of Care](#_Toc201313611)

[218.200 Requirements for the Individual Plan of Care (42 CFR 456.180)](#_Toc201313612)

[218.300 Individual Plan of Care Review](#_Toc201313613)

[220.000 Medicaid Agency Review Team (MART)](#_Toc201313614)

[220.100 Prior Authorization Review](#_Toc201313615)

[220.200 Concurrent Review of Prior Authorization](#_Toc201313616)

[220.300 Incomplete Beneficiary Records](#_Toc201313617)

[221.000 Utilization Control](#_Toc201313618)

[221.100 General Information](#_Toc201313619)

[221.110 Utilization Review (UR) Plan](#_Toc201313620)

[221.200 UR Plan Administrative Requirement](#_Toc201313621)

[221.210 UR Plan Requirements](#_Toc201313622)

[221.211 Organization and Composition of UR Committee (§42 CFR 456.206)](#_Toc201313623)

[221.300 UR Plan Information Requirement](#_Toc201313624)

[221.310 Beneficiary Information Required for UR](#_Toc201313625)

[221.320 Records and Reports](#_Toc201313626)

[221.330 Confidentiality](#_Toc201313627)

[221.400 Review of Need for Continued Stay](#_Toc201313628)

[221.410 Continued Stay Review Required](#_Toc201313629)

[221.420 Evaluation Criteria for Continued Stay](#_Toc201313630)

[221.430 Initial Continued Stay Review Date](#_Toc201313631)

[221.440 Subsequent Continued Stay Review Dates](#_Toc201313632)

[221.450 Description of Methods and Criteria: Continued Stay Review Dates](#_Toc201313633)

[221.460 Continued Stay Review Process](#_Toc201313634)

[221.461 Continued Stay Approval](#_Toc201313635)

[221.462 Continued Stay Denial](#_Toc201313636)

[221.463 Notification of Adverse Action](#_Toc201313637)

[221.464 Time Limits for Final Decision and Notification](#_Toc201313638)

[221.500 UR Plan Medical Care Evaluation Studies](#_Toc201313639)

[221.510 Purpose and General Description](#_Toc201313640)

[221.520 UR Plan Requirements for Medical Care Evaluation Studies](#_Toc201313641)

[221.530 Content of Medical Care Evaluation Studies](#_Toc201313642)

[221.540 Data Sources](#_Toc201313643)

[221.550 Number of Studies Required](#_Toc201313644)

[221.600 Inspection of Care (42 CFR Part 456, Subpart I)](#_Toc201313645)

[221.610 Determinations by the Inspection Team](#_Toc201313646)

[221.620 Reports](#_Toc201313647)

[221.700 The Use of Restraints and Seclusion](#_Toc201313648)

[221.701 Definitions](#_Toc201313649)

[221.702 Protection of Residents](#_Toc201313650)

[221.703 Orders for the Use of Restraints and Seclusion](#_Toc201313651)

[221.704 Consultation with the Treatment Team Physician](#_Toc201313652)

[221.705 Monitoring of the Resident in and Immediately After Restraint](#_Toc201313653)

[221.706 Monitoring of the Resident in and Immediately After Seclusion](#_Toc201313654)

[221.707 Notification of Parent(s) or Legal Guardian(s)](#_Toc201313655)

[221.708 Application of Time Out](#_Toc201313656)

[221.709 Postintervention Debriefings](#_Toc201313657)

[221.710 Medical Treatment for Injuries Resulting from an Emergency Safety Intervention](#_Toc201313658)

[222.000 Leave Days](#_Toc201313659)

[222.100 Covered Leave Days](#_Toc201313660)

[222.110 Therapeutic Leave Days](#_Toc201313661)

[222.200 Non-Covered Leave Days](#_Toc201313662)

[222.210 Absent Without Permission Days](#_Toc201313663)

[222.220 Acute Care Leave Days](#_Toc201313664)

[223.000 Electronic Signatures](#_Toc201313665)

[230.000 PRIOR AUTHORIZATION](#_Toc201313666)

[230.010 Prior Authorization Information](#_Toc201313667)

[230.100 Prior Authorization Approvals](#_Toc201313668)

[230.200 Prior Authorization Denials](#_Toc201313669)

[230.210 Reserved](#_Toc201313670)

[230.220 Reserved](#_Toc201313671)

[240.000 PROVIDER REVIEWS](#_Toc201313672)

[240.100 Provider Review Information](#_Toc201313673)

[241.000 On-Site Inspection of Care (IOC)](#_Toc201313674)

[241.100 Purpose of the Review](#_Toc201313675)

[241.200 Information Available Upon Arrival of the IOC Team](#_Toc201313676)

[241.300 Written Reports and Follow Up Procedures](#_Toc201313677)

[241.400 Resident Interviews](#_Toc201313678)

[241.600 Corrective Action Plans](#_Toc201313679)

[241.700 Actions](#_Toc201313680)

[241.800 Reserved](#_Toc201313681)

[242.000 Retrospective Review](#_Toc201313682)

[242.100 Purpose of the Review](#_Toc201313683)

[242.200 Cases Chosen for Review](#_Toc201313684)

[242.300 Review Report](#_Toc201313685)

[242.310 Reconsideration](#_Toc201313686)

[250.000 REIMBURSEMENT](#_Toc201313687)

[250.100 Inpatient Psychiatric Hospitals](#_Toc201313688)

[250.110 Private Hospital Inpatient Adjustment](#_Toc201313689)

[250.120 Arkansas State Operated Psychiatric Hospitals](#_Toc201313690)

[250.200 Residential Treatment Units](#_Toc201313691)

[250.300 Suggested Budget Format](#_Toc201313692)

[251.000 Cost Report](#_Toc201313693)

[252.000 Rate Appeal and/or Cost Settlement Process](#_Toc201313694)

[260.000 BILLING PROCEDURES](#_Toc201313695)

[261.000 Introduction to Billing](#_Toc201313696)

[262.000 CMS-1450 (UB-04) Billing Procedures](#_Toc201313697)

[262.100 Inpatient Psychiatric Revenue Codes](#_Toc201313698)

[262.300 Billing Instructions—Paper Only](#_Toc201313699)

[262.310 Completion of CMS-1450 (UB-04) Claim Form](#_Toc201313700)

[262.400 Special Billing Procedures](#_Toc201313701)

|  |  |
| --- | --- |
| 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.

|  |  |
| --- | --- |
| 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).

|  |  |
| --- | --- |
| 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

|  |  |
| --- | --- |
| 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.

|  |  |
| --- | --- |
| 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.

|  |  |
| --- | --- |
| 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.

|  |  |
| --- | --- |
| 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.