

**ARKANSAS  
MEDICAID PROGRAM**



**REHABILITATIVE SERVICES  
FOR YOUTH AND CHILDREN  
(RSYC)  
PROVIDER MANUAL**

**DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL SERVICES**

**EDS**

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(8) **County:** From the following list of codes, indicate the county that coincides with the place of service. If the services are provided in a bordering or out-of-state location, please use the county codes designated at the end of the code list. \_\_\_\_\_

<b>County</b>	<b>County Code</b>	<b>County</b>	<b>County Code</b>	<b>County</b>	<b>County Code</b>
Arkansas	01	Garland	26	Newton	51
Ashley	02	Grant	27	Ouachita	52
Baxter	03	Greene	28	Perry	53
Benton	04	Hempstead	29	Phillips	54
Boone	05	Hot Spring	30	Pike	55
Bradley	06	Howard	31	Poinsett	56
Calhoun	07	Independence	32	Polk	57
Carroll	08	Izard	33	Pope	58
Chicot	09	Jackson	34	Prairie	59
Clark	10	Jefferson	35	Pulaski	60
Clay	11	Johnson	36	Randolph	61
Cleburne	12	Lafayette	37	Saline	62
Cleveland	13	Lawrence	38	Scott	63
Columbia	14	Lee	39	Searcy	64
Conway	15	Lincoln	40	Sebastian	65
Craighead	16	Little River	41	Sevier	66
Crawford	17	Logan	42	Sharp	67
Crittenden	18	Lonoke	43	St. Francis	68
Cross	19	Madison	44	Stone	69
Dallas	20	Marion	45	Union	70
Desha	21	Miller	46	Van Buren	71
Drew	22	Mississippi	47	Washington	72
Faulkner	23	Monroe	48	White	73
Franklin	24	Montgomery	49	Woodruff	74
Fulton	25	Nevada	50	Yell	75
<b>State</b>	<b>County Code</b>	<b>State</b>	<b>County Code</b>	<b>State</b>	<b>County Code</b>
Louisiana	91	Oklahoma	94	All other states	97
Missouri	92	Tennessee	95		
Mississippi	93	Texas	96		

**(9) Provider Category (A-C)**

Enter the two digit code(s) from the following list identifying the service(s) the applicant will provide.

A) \_\_\_\_\_ B) \_\_\_\_\_ C) \_\_\_\_\_

<b><u>Code</u></b>	<b><u>Category Description</u></b>
<b>03</b>	Allergy/Immunology
<b>A8</b>	Alternatives for Adults with Physical Disabilities (Alternatives): Environmental Adaptations
<b>A9</b>	Alternatives for Adults with Physical Disabilities (Alternatives): Attendant Care Services
<b>A4</b>	Ambulatory Surgical Center
<b>AA</b>	Adolescent Medicine
<b>05</b>	Anesthesiology
<b>64</b>	Audiologist
<b>06</b>	Cardiovascular Disease
<b>C4</b>	Child Health Management Services
<b>35</b>	Chiropractor
<b>C3</b>	CRNA
<b>HA</b>	DDS ACS Waiver: Physical Adaptations
<b>HB</b>	DDS ACS Waiver: Specialized Medical Supplies
<b>HC</b>	DDS ACS Waiver: Case Management Services
<b>HE</b>	DDS ACS Waiver: Supported Employment
<b>H7</b>	DDS ACS Waiver: Integrated Supports
<b>H8</b>	DDS ACS Waiver: Crisis Abatement Services
<b>H9</b>	DDS ACS Waiver: Consultation Services
<b>HF</b>	DDS ACS Waiver: Organized Health Care
<b>V2</b>	Dental
<b>X5</b>	Dental: Oral Surgeon
<b>V6</b>	Dental: Orthodontia
<b>07</b>	Dermatology
<b>V3</b>	Developmental Day Treatment Clinic
<b>DR</b>	Developmental Rehabilitation Services
<b>V5</b>	Domiciliary Care
<b>V4</b>	Durable Medical Equipment, Medical Supplies and Accessories
<b>E4</b>	ElderChoices H&CB 2176 Waiver: Chore Services
<b>E5</b>	ElderChoices H&CB 2176 Waiver: Adult Foster Care
<b>E6</b>	ElderChoices H&CB 2176 Waiver: Home Maker
<b>E7</b>	ElderChoices H&CB 2176 Waiver: Home-delivered Hot Meals
<b>EC</b>	ElderChoices H&CB 2176 Waiver: Home-delivered Frozen Meals
<b>E8</b>	ElderChoices H&CB 2176 Waiver: Personal Emergency Response Systems (PERS)
<b>E9</b>	ElderChoices H&CB 2176 Waiver: Adult Day Care
<b>EA</b>	ElderChoices H&CB 2176 Waiver: Adult Day Health Care
<b>EB</b>	ElderChoices H&CB 2176 Waiver: Respite Care

**9) Provider Category (Continued)**

<b><u>Code</u></b>	<b><u>Category Description</u></b>
<b>E1</b>	Emergency Medicine
<b>E2</b>	Endocrinology
<b>E3</b>	EPSDT (Early and Periodic Screening, Diagnosis and Treatment)
<b>F1</b>	Family Planning
<b>08</b>	Family Practice
<b>F2</b>	Federally Qualified Health Center
<b>10</b>	Gastroenterology
<b>01</b>	General Practice
<b>38</b>	Geriatrics
<b>16</b>	Gynecology–Obstetrics
<b>H1</b>	Hearing Aid Dealer
<b>H2</b>	Hematology
<b>H5</b>	Hemodialysis
<b>H3</b>	Home Health
<b>H6</b>	Hospice
<b>A5</b>	Hospital: Arkansas State-Operated Teaching Hospital
<b>W6</b>	Hospital: Inpatient
<b>W7</b>	Hospital: Outpatient
<b>CH</b>	Hospital: Critical Access
<b>P7</b>	Hospital: Pediatric Inpatient
<b>R7</b>	Hospital: Rural Inpatient
<b>H4</b>	Hyperalimentation
<b>V8</b>	Immunization: Arkansas Department of Health only
<b>69</b>	Independent Lab
<b>55</b>	Infectious Diseases
<b>W3</b>	Inpatient Psychiatric: Under 21
<b>WA</b>	Inpatient Psychiatric: Residential Treatment Unit within an inpatient psychiatric hospital
<b>WB</b>	Inpatient Psychiatric: Residential Treatment Center
<b>WC</b>	Inpatient Psychiatric: Sexual Offender Program
<b>W4</b>	Intermediate Care Facility
<b>W5</b>	Intermediate Care Facility / Mentally Retarded (ICF/MR)
<b>11</b>	Internal Medicine
<b>L1</b>	Laryngology
<b>M1</b>	Maternity Clinic: Arkansas Department of Health only
<b>M4</b>	Medicare/Medicaid Crossover Only

9) **Provider Category (Continued)**

<b><u>Code</u></b>	<b><u>Category Description</u></b>
<b>W1</b>	Mental Health Practitioner: Licensed Certified Social Worker
<b>W2</b>	Mental Health Practitioner: Licensed Professional Counselor
<b>R5</b>	Mental Health Practitioner: Licensed Marriage and Family Therapist
<b>62</b>	Mental Health Practitioner: Psychologist
<b>N1</b>	Neonatology
<b>39</b>	Nephrology
<b>13</b>	Neurology
<b>N2</b>	Nurse Midwife
<b>N3</b>	Nurse Practitioner: Pediatric
<b>N4</b>	Nurse Practitioner: OB/GYN
<b>N6</b>	Nurse Practitioner: Family Practice
<b>N7</b>	Nurse Practitioner: Gerontological
<b>RK</b>	Offsite Intervention Service: Outpatient Mental and Behavioral Health (ARKids First only)
<b>X1</b>	Oncology
<b>18</b>	Ophthalmology
<b>X4</b>	Optometrist
<b>X6</b>	Orthopedic
<b>Z1</b>	Orthotic Appliances
<b>12</b>	Osteopathy: Manipulative Therapy
<b>X7</b>	Osteopathy: Radiation Therapy
<b>X8</b>	Otology
<b>X9</b>	Otorhinolaryngology
<b>22</b>	Pathology
<b>37</b>	Pediatrics
<b>P1</b>	Personal Care Services
<b>PA</b>	Personal Care Services: Area Agency on Aging
<b>PD</b>	Personal Care Services: Developmental Disability Services
<b>PE</b>	Personal Care Services: Private Care Agency (Week-end only)
<b>R3</b>	Personal Care Services: Residential Care Facility
<b>PS</b>	Personal Care Services: Public School or Education Service Cooperative
<b>P2</b>	Pharmacy
<b>P3</b>	Physical Medicine
<b>48</b>	Podiatrist
<b>63</b>	Portable X-ray Services

9) **Provider Category (Continued)**

<b><u>Code</u></b>	<b><u>Category Description</u></b>
<b>P6</b>	Private Duty Nursing
<b>PF</b>	Private Duty Nursing: Public School or Education Service Cooperative
<b>28</b>	Proctology
<b>P4</b>	Prosthetic Devices
<b>26</b>	Psychiatry
<b>P5</b>	Psychiatry: Child
<b>29</b>	Pulmonary Diseases
<b>R9</b>	Radiation Therapy: Complete
<b>RA</b>	Radiation Therapy: Technical
<b>30</b>	Radiology: Diagnostic
<b>31</b>	Radiology: Therapeutic
<b>R1</b>	Rehabilitative Hospital
<b>RH</b>	Rehabilitative Hospital: Extended Services
<b>R6</b>	Rehabilitative Services for Persons with Mental Illness (RSPMI)
<b>RC</b>	Rehabilitative Services for Persons with Physical Disabilities (RSPD)
<b>RL</b>	Rehabilitative Services for Youth: DYS
<b>RJ</b>	Rehabilitative Services for Children: DCFS
<b>R4</b>	Rheumatology
<b>R2</b>	Rural Health Clinic: Provider Based
<b>R8</b>	Rural Health Clinic: Independent ("Freestanding")
<b>S7</b>	School Based Health Clinic: Child Health Services (EPSDT)
<b>S8</b>	School Based Health Clinic: Hearing Screener
<b>S9</b>	School Based Health Clinic: Vision Screener
<b>SA</b>	School Based Health Clinic: Vision & Hearing Screener
<b>VV</b>	School Based Mental Health Services
<b>S5</b>	Skilled Nursing Facility
<b>S6</b>	SNF Hospital: Distinct Part Bed
<b>S1</b>	Surgery: Cardiac
<b>S2</b>	Surgery: Colon & Rectal
<b>02</b>	Surgery: General
<b>14</b>	Surgery: Neurological

9) **Provider Category (Continued)**

<b><u>Code</u></b>	<b><u>Category Description</u></b>
<b>20</b>	Surgery: Orthopedic
<b>53</b>	Surgery: Pediatric
<b>54</b>	Surgery: Oncology
<b>24</b>	Surgery: Plastic & Reconstructive
<b>33</b>	Surgery: Thoracic
<b>S4</b>	Surgery: Vascular
<b>C5</b>	Targeted Case Management: Ages 60 and Older
<b>C6</b>	Targeted Case Management: Ages 0 through 20
<b>C7</b>	Targeted Case Management: Ages 21 through 59
<b>T6</b>	Therapy: Occupational
<b>T1</b>	Therapy: Physical
<b>T2</b>	Therapy: Speech Pathologist
<b>TO</b>	Therapy: Occupational Therapy Assistant
<b>TP</b>	Therapy: Physical Therapy Assistant
<b>TS</b>	Therapy: Speech Pathologist Assistant
<b>A1</b>	Transportation: Ambulance, Emergency
<b>A2</b>	Transportation: Ambulance, Non-emergency
<b>A6</b>	Transportation: Advanced Life Support with EKG
<b>A7</b>	Transportation: Advanced Life Support without EKG
<b>TA</b>	Transportation: Air Ambulance, Helicopter
<b>TB</b>	Transportation: Air Ambulance, Fixed Wing
<b>TC</b>	Transportation: Non-emergency
<b>T5</b>	Transportation: Non-public
<b>T7</b>	Transportation: Intra-state authority
<b>T8</b>	Transportation: Disabled-Accessible Van, Intra-city
<b>T9</b>	Transportation: Disabled-Accessible Van, Intra-state authority
<b>34</b>	Urology
<b>V7</b>	Ventilator Equipment
<b>ZZ</b>	Other

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200            REHABILITATIVE SERVICES FOR YOUTH AND CHILDREN (RSYC) GENERAL INFORMATION

201            Introduction

Medicaid (Medical Assistance) is designed to assist eligible Medicaid recipients in obtaining medical care within the guidelines specified in Section I of this manual. Reimbursement may be made for Rehabilitative Services for Youth and Children (RSYC) when provided to eligible Medicaid recipients by qualified providers.

202.000        Arkansas Medicaid Participation Requirements for RSYC

202.100        Billing Providers of RSYC Services for Youth in the Custody or Care of Arkansas Division of Youth Services (DYS)

Billing providers (DYS) of Rehabilitative Services for Youth under 21 years of age must meet the following criteria in order to be eligible for participation in the Arkansas Medicaid Program:

- A. Rehabilitative Services for Youth billing providers must complete an application (Form DMS-652) and contract (Form DMS-653) with the Arkansas Medicaid Program. (See Section I of this manual.)
- B. The application and the contract must both be approved by the Arkansas Medicaid Program.

202.110        Performing Providers of RSYC Services for Youth

- A. Rehabilitative Services for Youth performing providers must complete an application (Form DMS-652) and contract (Form DMS-653) with the Arkansas Medicaid Program. (See Section I of this manual.)
- B. The performing provider must be certified by the Division of Youth Services as having programs and professional staff capable of delivering the rehabilitative services offered under the Arkansas State Plan. A copy of the applicant's certification must accompany the Medicaid application and the contract. Subsequent certification renewals must be provided for continuous enrollment.
- C. The application and the contract must both be approved by the Arkansas Medicaid Program.

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202.200            Billing Providers of RSYC Services for Children in the Custody or Care of Arkansas Division of Children and Family Services (DCFS)

Billing providers (DCFS) of Rehabilitative Services for Children under 21 years of age must meet the following criteria in order to be eligible for participation in the Arkansas Medicaid Program:

- A. Rehabilitative Services for Children billing providers must complete an application (Form DMS-652) and contract (Form DMS-653) with the Arkansas Medicaid Program. (See Section I of this manual.)
- B. The application and the contract must both be approved by the Arkansas Medicaid Program.

202.210            Performing Providers of RSYC Services for Children

- A. Rehabilitative Services for Children performing providers must complete an application (Form DMS-652) and contract (Form DMS-653) with the Arkansas Medicaid Program. (See Section I of this manual.)
- B. The performing provider of RSYC services for children must be certified by the Division of Children and Family Services as having programs and professional staff capable of delivering the rehabilitative services offered under the Arkansas State Plan.
- C. The application and the contract must both be approved by the Arkansas Medicaid Program.

202.300            Rehabilitative Services for Youth and Children Providers in Bordering and Non-Bordering States

The Arkansas Medicaid Rehabilitative Services for Youth and Children Program is limited to in-state providers only.

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210 PROGRAM COVERAGE

211.000 Coverage of Services

211.100 RSYC Services for Youth

Rehabilitative Services for Youth and Children (RSYC) are available to youth under age 21 in the Child Health Services (EPSDT) Program and in the custody or care of the Arkansas Division of Youth Services (DYS). RSYC medically necessary services are designed to:

- A. Ameliorate psychological or emotional problems of youth that contribute to delinquent behavior and to placement or to the increased the risk of placement in the DYS system.

AND

- B. Restore psychological or emotional functioning of the youth to assist him/her in achieving or maintaining his or her highest functioning level.

RSYC services for youth are covered by Medicaid when deemed medically necessary, provided in a setting consistent with the plan of care, and when care is provided through a certified provider.

211.200 RSYC Services for Children

Rehabilitative Services for Youth and Children (RSYC) are available to children in the Child Health Services (EPSDT) Program and in the custody or care of Arkansas Division of Children and Family Services (DCFS). The specific services are determined to be medically necessary and included in a child's treatment plan prepared by a qualified provider of rehabilitative services to children. These services are designed to:

- A. Ameliorate psychological or emotional problems related to neglect and/or abuse,
- B. Restore psychological or emotional functioning impaired by the problems related to neglect and/or abuse, and
- C. Assist the child in improving or maintaining his or her highest functioning level.

Services are covered by Medicaid when provided according to the plan of care and when care is provided by professional state licensed and/or certified psychiatrists, psychologists, counselors, and social workers acting within the scope of their practice as defined by state law and/or regulations.

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212.000 Performing Provider Qualifications

212.100 RSYC Services for Youth

RSYC performing providers of services for youth must utilize “Qualified Professionals” to provide therapy and diagnostic services. A qualified professional is defined as a Master’s level professional or Bachelor’s level professional supervised by a Master’s level clinician, or a Master’s level psychologist supervised by a Ph.D. level psychologist who is licensed in the State of Arkansas in either psychology, social work, or professional counseling. To be considered as a “Qualified Professional” the individual must be in good standing with the board by which he or she is licensed.

Rehabilitative Services for Youth and Children providers of Therapeutic Foster Care services to youth must utilize specially trained (or qualified) foster parents. Care-givers who provide this service in their homes, if not specially trained, must be specifically qualified to provide the service because they have an educational or a professional background that attests to qualification equal to or greater than that of care givers who have received special training.

212.110 Service Settings for RSYC Services for Youth

RSYC for youth will be provided in the least restrictive setting appropriate for the service, the youth’s assessed condition, and plan of care. Services shall be provided to youth in one or more of the following settings:

- A. Non-residential services provided to youth who reside in a family home setting will be provided either in the youth’s home or in the customary place of business of a qualified provider.
- B. Residential services provided to youth who reside outside of a family home will be provided in an appropriately state licensed and/or certified setting including:
  - 1. Emergency shelter facilities licensed and/or certified in accordance with the Minimum Licensing Standards for Child Welfare Agencies adopted by the Child Welfare Agency Review Board and the Arkansas Department of Human Services,
  - 2. Residential treatment facilities licensed and/or certified in accordance with the Minimum Licensing Standards for Child Welfare Agencies adopted by the Child Welfare Agency Review Board and the Arkansas Department of Human Services, and
  - 3. Therapeutic foster and group homes licensed and/or certified in accordance with the Minimum Licensing Standards for Child Welfare Agencies adopted by the Child Welfare Agency Review Board and the Arkansas Department of Human Services.

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212.200 RSYC Services for Children

RSYC services for children will be provided only through qualified provider agencies. Qualified provider agencies must meet the following criteria:

- A. Have full access to all pertinent records concerning the child's needs for services including records of the Arkansas District Courts, local Children's Service Agencies and State Child and Family Services Agency,
- B. Have established referral systems and demonstrated linkages and referral ability with community resources required by the target population,
- C. Have a minimum of one year experience in providing all core elements of rehabilitative services for children,
- D. Have an administrative capacity to ensure quality of services in accordance with state and federal requirements.
- E. Have a financial management capacity and system that provides documentation of services and costs, in conformity with generally accepted accounting principles,
- F. Have a capacity to document and maintain individual case records in accordance with state and federal requirements, and
- G. Have a demonstrated ability to meet all state and federal laws governing the participation of providers in the Arkansas Medicaid Program, including the ability to meet federal and state requirements for documentation, billing and audits.

212.210 Service Settings for RSYC Services for Children

RSYC for children will be provided in the least restrictive setting appropriate for the service, the child's assessed condition, and plan of care. Services shall be provided to children in one or more of the following settings:

- A. Non-residential services provided to youth who reside in a family home setting must be provided either in the home or in the customary place of business of a qualified provider.
- B. Residential services provided to youth who reside outside of a family home will be provided in an appropriately state licensed and/or certified therapeutic foster home licensed and/or certified in accordance with the Minimum Licensing Standards for Child Welfare Agencies adopted by the Child Welfare Agency Review Board and the Arkansas Department of Human Services.

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213            Exclusions

- A.     Rehabilitative Services for children are not available to Aid Category 01, ARKids First-B participants.
- B.     Medicaid will not reimburse for RSYC services provided in the following settings:
  - 1.     Nursing facilities,
  - 2.     Intermediate care facilities for the mentally retarded, and
  - 3.     Institutions for the treatment of mental diseases.

214            Need for Services

Need for services is based on assessments performed by the Division of Youth Services or the Division of Children and Family Services, as appropriate, diagnosis and evaluations performed by RSYC providers and/or a physician's recommendation for treatment.

215            Retention of Records

All records must be completed promptly, filed and retained for a minimum of five (5) years from the date of service or until all audit questions, appeal hearings, investigations or court cases are resolved, whichever is longer. The records must be available for audit by the Arkansas Division of Medical Services, the Arkansas Division of Youth Services, the Arkansas Division of Children and Family Services, the Arkansas State Medicaid Fraud Control Unit and representatives of the Department of Health and Human Services and their authorized agents or officials.

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Documentation

Rehabilitative Services for Youth and Children performing providers must keep and make available to authorized representatives of the Arkansas Division of Medical Services, the Arkansas Division of Youth Services, the Arkansas Division of Children and Family Services, the State Medicaid Fraud Unit and representatives of the Department of Health and Human Services and their authorized agents or officials, a copy of the provider's license and/or certification required for provider certification and other records as requested.

The Rehabilitative Services for Youth and Children performing provider must develop and maintain sufficient written documentation to support each service for which billing is made. This documentation must consist of, at a minimum, material that includes:

1. Assessments, diagnosis(es) and evaluations indicating a need for treatment and/or a physician's recommendation for treatment.
2. When applicable, a copy of the original and all updates of the individual's case or treatment plan.
3. The specific services rendered.
4. The date and actual clock time for the service rendered.
5. The name of the provider agency, if applicable, and of the person providing the service.
6. The place of service.
7. The number of units billed.

**All entries must be signed or initialed and dated by the qualified professional or other provider representative who provided the service, along with the individual's title.**

The documentation must be kept in the recipient's case file.

Failure by the provider to furnish records upon request may result in the imposition of sanctions. The provider must make all documents available to representatives of the Division of Medical Services Medicaid Field Audit Unit, and the Division of Youth Services, or the Division of Children and Family Services at the time of an audit. All documentation must be available at the provider's place of business. When a recoupment is necessary, the provider will be allowed only thirty calendar days after the date of the recoupment notice to submit additional documentation. Additional documentation will not be accepted if it is received after the 30<sup>th</sup> day.

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217.000            Description of Services

The following sections contain descriptions of the covered in this program. The procedure codes for these services are listed in Section III of this manual.

217.100            Covered RSYC Services for Youth

The following RSYC services for youth are billable on a per unit basis. See section 250.100 for unit definitions and reimbursement methodology. See section 310.100 for special billing instructions.

Diagnosis and Evaluation

This service provides assessment of the nature and extent of a youth’s physical, emotional, educational and behavioral problems, and provides recommendations for treatment strategies to remedy the identified problems. Allowable components include social assessment, psychological assessment, psychiatric evaluation, consultation with a referring agency and a medical evaluation if the assessment indicates a physical association with the emotional and/or behavioral problem(s).

Individual Therapy (includes family therapy with youth and consultation with referral source)

This service provides for a therapeutic relationship between the client and a qualified therapist for the purpose of accomplishing, through the use of various counseling techniques, specific changes that are identified as goals in plan of care.

Group Therapy

A direct service contact between a group of patients and a qualified therapist for the purpose of accomplishing changes that are identified as goals in the case plan through the use of various counseling techniques.

Emergency Shelter Services

This residential service provides services for youth whose circumstances or behavioral problems necessitate immediate removal from their homes or for youth released from youth service facilities who need temporary placement in the community until long term residential arrangements can be made. Services include additional evaluation of the nature and extent of a youth’s emotional and behavioral problems, including social assessment, psychological evaluation, psychiatric evaluation and consultation with the referring agency, and interventions to address the youth’s emotional and behavioral problems.

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217.100 Covered RSYC Services for Youth (Continued)

Therapeutic Foster Care

This residential service provides intensive therapeutic care for youth. The service is provided in family homes that operate within a comprehensive residential treatment system or as an adjunct to a mental health treatment program and for which a fee is paid to specially trained foster families. Individuals who receive this service have physical, emotional, or behavioral problems, which cannot be remedied in their own home, in a routine foster parenting situation, or in a residential program.

Therapeutic Group Home

This residential service provides twenty-four hour per day intensive therapeutic care provided in a small group home setting for youth with emotional and/or behavior problems, which cannot be remedied by less intensive treatment, as diagnosed by a qualified professional. This program is offered to prepare a juvenile for less intensive treatment, independent living, or to return to the community.

Residential Treatment \*(excluding room and board)

This residential service provides twenty-four hour per day treatment service available for up to one year for a youth whose emotional and/or behavioral problems, as diagnosed by a qualified professional, cannot be remedied in his or her own home. Residential treatment services require the formulation and implementation of an individualized treatment plan with time-framed, measurable objectives for each youth.

\*Residential facilities providing RSYC services for youth must meet the Minimum Licensing Standards for Child Welfare Agencies issued by the Child Welfare Agency Review Board and the Arkansas Department of Human Services.

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217.200 Covered RSYC Services for Children

The following RSYC services for children are billable on a per unit basis. See section 250.100 for unit definitions and reimbursement methodology. See section 310.200 for special billing instructions.

Psychiatric Diagnostic Interview Examination

This interview includes the initial assessment of a child's service needs.

Assessment, Reassessment and Plan of Care Development

Assessment, reassessment and plan of care (PoC) development includes the initial assessment and a reassessment of a child's service needs and the development of a PoC to address those needs.

- A. The assessment and reassessment shall:
  - 1. Be based on informed clinical opinion;
  - 2. Be conducted by a team of professionals trained to utilize appropriate evaluative methods and procedures and acting within the scope of their practice or responsibility as defined in state law and/or regulations; and
  - 3. Include an evaluation o the child's cognitive development, social and emotional development and adaptive development.
- B. The Plan of Care (PoC) shall contain:
  - 1. A written plan using the information derived from the evaluation and assessment;
  - 2. A statement regarding the child's present level of functioning in the domains examined in the evaluation and assessment;
  - 3. A statement regarding the specific services and supports necessary to meet the unique needs of the child, the setting in which the services are to be delivered, the frequency and method of delivery, and the anticipated duration of services;
  - 4. A statement regarding the persons responsible for implementing the plan of care; and
  - 5. A statement regarding the functional outcomes expected to be achieved through the provision of services and supports.

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217.200 Covered RSYC Services for Children (Continued)

Periodic Review of Plan of Care (PoC)

The periodic review of the plan of care (PoC) must be completed at least every 90 days. The purpose of the review is to determine the:

- A. Patient's progress toward the rehabilitative treatment and case objective;
- B. Appropriateness of the rehabilitative services provided; and
- C. Need for the enrolled patient's continued participation in the RSYC Program.

Therapeutic Foster Care

Therapeutic Foster Care is a residential service that is provided to children whose plan of care indicates the need for a structured and consistent home environment in which to learn to manage their behavior. This twenty-four per day service consists of face-to-face interventions with a child to assist the child in understanding the consequences of inappropriate behaviors and adhering to a behavioral routine that minimizes inappropriate behaviors and their consequences. This service is provided for the purpose of the development, restoration, and/or maintenance of the skills to manage his/her mental or emotional condition.

Residential Treatment (excluding room and board)

Residential treatment provides twenty-four hour per day treatment to children whose psychological or emotional problems related to neglect and/or abuse or behavioral problems can best be restored by residential treatment in accordance with the child's plan of care. This service is designed to:

- A. Assist the child in improving or maintaining his or her highest functioning level through individual and group therapeutic interventions,
- B. Improve or maintain the skills needed to safely and securely interact with other persons, through symptom management,
- C. Allow the child to identify and minimize the negative effects of psychiatric or emotional symptoms which interfere with the child's personal development and community integration, and
- D. Develop, restore and/or maintain the child's mental or emotional growth through supportive counseling.

218 Benefit Limits

No benefit limits apply to rehabilitative services for youth and children.

Exception: DCFS periodic review of plan of care, Z1578, is limited to 2 units per day. See Section III.

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PRIOR AUTHORIZATION

Prior authorization is not required for rehabilitative services for youth and children.

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<b>Subject: REIMBURSEMENT</b>	<b>Revised Date:</b>

250.000        REIMBURSEMENT

250.100        Method of Reimbursement

Reimbursement is based on the actual cost of rehabilitative services billed and approved for payment. For residential based services, the daily cost for room and board is deducted to determine net reimbursable costs.

Reimbursement is contingent upon eligibility of both the recipient and provider at the time the service is provided and upon accurate completeness of the claim filed for the service. The provider is responsible for verifying the recipient's eligibility for Medicaid prior to rendering services.

Non-residential rehabilitative services for youth and children must be billed on a per unit basis. One unit equals 15 minutes unless otherwise stated in Section III of this manual.

- One (1) unit = 5 - 15 minutes
- Two (2) units = 16 - 30 minutes
- Three (3) units = 31 - 45 minutes
- Four (4) units = 46 - 60 minutes

Providers may bill the total units of service for a single date of service but may not bill the total units of service for spanning dates of service. For example, a qualified professional may provide therapy services to an eligible youth on Monday and then, again on Tuesday. The Rehabilitative Services for Youth and Children provider may bill for the total amount of time spent on Monday and a separate total amount of time spent on Tuesday but may not bill for the total amount of time spent both days as a single date of service.

Residential rehabilitative services must be billed on a daily basis. For residential services, one unit equals one day of service. Providers may collectively bill services up to one calendar month. For example, a rehabilitative services provider of residential treatment that serves an eligible youth for the entire month of July, may bill the entire month as July 1 through July 31, for a total of 31 days of service or 31 units.

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Rate Appeal Process

A provider may request reconsideration of a Program decision by writing to the Assistant Director, Division of Medical Services. This request must be received within 20 calendar days following the application of policy and/or procedure or the notification of the provider of its rate. Upon receipt of the request for review, the Assistant Director will determine the need for a Program/Provider conference and will contact the provider to arrange a conference if needed. Regardless of the Program decision, the provider will be afforded the opportunity for a conference, if he/she so wishes, for a full explanation of the factors involved and the Program decision. Following review of the matter, the Assistant Director will notify the provider of the action to be taken by the Division within 20 calendar days of receipt of the request for review or the date of the Program/Provider conference.

When the provider disagrees with the decision made by the Assistant Director, Division of Medical Services, the provider may appeal the question to a standing Rate Review Panel established by the Director of the Division of Medical Services. The Rate Review Panel will include one member of the Division of Medical Services, a representative of the provider association and a member of the Department of Human Services (DHS) Management Staff who will serve as chairperson.

The request for review by the Rate Review Panel must be postmarked within 15 calendar days following the notification of the initial decision by the Assistant Director, Division of Medical Services. The Rate Review Panel will meet to consider the question(s) within 15 calendar days after receipt of a request for such appeal. The panel will hear the question(s) and will submit a recommendation to the Director of the Division of Medical Services.

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300            GENERAL INFORMATION

301            Introduction

The purpose of Section III of the Arkansas Medicaid Manual is to explain the procedures for billing in the Arkansas Medicaid Program.

For Rehabilitative Services for Youth and Children (RSYC), the billing providers are the Division of Children and Family Services (DCFS) or the Division of Youth Services (DYS). However, the performing provider must follow the internal procedures of the respective Division to report the service provided.

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	<b>Effective Date:</b> 1-1-02
<b>Subject: SPECIAL BILLING CODES</b>	<b>Revised Date:</b>

310.000 Rehabilitative Services for Youth and Children (RSYC) Billing Codes

The following pages contain a listing of Arkansas Medicaid Rehabilitative Services for Youth and Children (RSYC) Codes. The procedure codes which are covered for the Division of Youth Services (DYS) and the Division of Children and Family Services (DCFS) are listed separately.

310.100 Division of Youth Services (DYS) Special Billing Codes

The following pages contain a listing of Arkansas Medicaid Rehabilitative Services for Youth and Children (RSYC) Codes that pertain to services covered by the Division of Youth Services (DYS). It is important you use the Medicaid code listing. All codes must have five digits.

Descriptions of the services that correspond with the following procedure codes are found in Section II of this manual.

<b>Procedure Code</b>	<b>Description</b>
Z0562	<b>PSYCHOLOGICAL TESTING BATTERY</b> This code will only be used for the retroactive billing period. 1 unit = test battery
Z2643	<b>EMERGENCY SHELTER</b> 1 unit = 1 day
Z2658	<b>THERAPEUTIC FOSTER CARE</b> 1 unit = 1 day
Z2659	<b>THERAPEUTIC GROUP HOME</b> 1 unit = 1 day
Z2715	<b>RESIDENTIAL TREATMENT SERVICES</b> 1 unit = 1 day
Z2781	<b>DIAGNOSIS AND EVALUATION</b> 1 unit = 15 minutes
Z2782	<b>INDIVIDUAL PSYCHOTHERAPY</b> 1 unit = 15 minutes
Z2783	<b>GROUP PSYCHOTHERAPY</b> 1 unit = 15 minutes

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<b>Subject: SPECIAL BILLING CODES</b>	<b>Revised Date:</b>

310.200 Division of Children and Family Services (DCFS) Special Billing Codes

The following pages contain a listing of Arkansas Medicaid Rehabilitative Services for Youth and Children (RSYC) Codes that pertain to services covered by the Division of Children and Family Services (DCFS). It is important you use the Medicaid code listing. All codes must have five digits.

Descriptions of the services that correspond with the following procedure codes are found in Section II of this manual.

<b>Procedure Code</b>	<b>Description</b>
90801	<b>PSYCHIATRIC DIAGNOSTIC INTERVIEW EXAMINATION</b> 1 unit = 1 visit
Z1537	<b>ASSESSMENT, REASSESSMENT AND PLAN OF CARE DEVELOPMENT</b> 1 unit = 1 visit
Z1578	<b>PERIODIC REVIEW OF PLAN OF CARE</b> 1 unit = 15 minutes. Maximum of 2 units per day.
Z2658	<b>THERAPEUTIC FOSTER CARE</b> 1 unit = 1 day
Z2715	<b>RESIDENTIAL TREATMENT</b> 1 unit = 1 day

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	<b>Effective Date:</b> <b>1-1-02</b>
<b>Subject: UPDATE CONTROL LOG</b>	<b>Revised Date:</b>

<u>Update No.</u>	<u>Release Date</u>						
1.	_____	21.	_____	41.	_____	61.	_____
2.	_____	22.	_____	42.	_____	62.	_____
3.	_____	23.	_____	43.	_____	63.	_____
4.	_____	24.	_____	44.	_____	64.	_____
5.	_____	25.	_____	45.	_____	65.	_____
6.	_____	26.	_____	46.	_____	66.	_____
7.	_____	27.	_____	47.	_____	67.	_____
8.	_____	28.	_____	48.	_____	68.	_____
9.	_____	29.	_____	49.	_____	69.	_____
10.	_____	30.	_____	50.	_____	70.	_____
11.	_____	31.	_____	51.	_____	71.	_____
12.	_____	32.	_____	52.	_____	72.	_____
13.	_____	33.	_____	53.	_____	73.	_____
14.	_____	34.	_____	54.	_____	74.	_____
15.	_____	35.	_____	55.	_____	75.	_____
16.	_____	36.	_____	56.	_____	76.	_____
17.	_____	37.	_____	57.	_____	77.	_____
18.	_____	38.	_____	58.	_____	78.	_____
19.	_____	39.	_____	59.	_____	79.	_____
20.	_____	40.	_____	60.	_____	80.	_____