



Division of Medical Services
Program Development & Quality Assurance

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TO: Arkansas Medicaid Health Care Providers – Rehabilitative Services for Persons with Mental Illness (RSPMI)

DATE: March 10, 2012

SUBJECT: Provider Manual Update Transmittal RSPMI-7-11

<u>REMOVE</u>		<u>INSERT</u>	
Section	Date	Section	Date
202.000	10-4-09	202.000	3-10-12

Explanation of Updates

Section 202.000 is updated to include the detailed notification information that must be provided to the DMS Program Integrity Unit as a participation requirement for RSPMI.

The paper version of this update transmittal includes revised pages that may be filed in your provider manual. See Section I for instructions on updating the paper version of the manual. For electronic versions, these changes have already been incorporated.

If you have questions regarding this transmittal, please contact the HP Enterprise Services Provider Assistance Center at 1-800-457-4454 (Toll-Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at 501-682-0593 (Local); 1-800-482-5850, extension 2-0593 (Toll-Free) or to obtain access to these numbers through voice relay, 1-800-877-8973 (TTY Hearing Impaired).

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Thank you for your participation in the Arkansas Medicaid Program.

Andrew Allison, PhD
Director

*TOC not required***202.000 Arkansas Medicaid Participation Requirements for RSPMI****3-10-12**

In order to ensure quality and continuity of care, all mental health providers approved to receive Medicaid reimbursement for services to Medicaid beneficiaries must meet specific qualifications for their services and staff. Providers with multiple service sites must enroll each site separately and reflect the actual service site on billing claims.

RSPMI providers must meet the Provider Participation and enrollment requirements contained within Section 140.000 of this manual as well as the following criteria to be eligible to participate in the Arkansas Medicaid Program:

- A. Providers must be located within the State of Arkansas.
- B. A provider must be certified by the Division of Behavioral Health Services (DBHS). (See Section 202.100 for certification requirements.)
- C. A copy of the current DBHS certification as an RSPMI provider must accompany the provider application and Medicaid contract.
- D. The provider must give notification to the DMS Program Integrity Unit on or before the tenth day of each month of all covered health care practitioners who perform services on behalf of the provider. The notification must include the following information for each covered health care practitioner:
 1. Name/Title
 2. Enrolled site(s) where services are performed
 3. Social Security Number
 4. Date of Birth
 5. Home Address
 6. Start Date
 7. End Date (if applicable)

Notification is not required when the list of covered health care practitioners remains unchanged from the previous notification.

DMS shall exclude providers for the reasons stated in 42 U.S.C. §1320a-7(a) and implementing regulations and may exclude providers for the reasons stated in 42 U.S.C. §1320a-7(b) and implementing regulations. The following factors shall be considered by DHS in determining whether sanction(s) should be imposed:

- A. Seriousness of the offense(s)
- B. Extent of violation(s)
- C. History of prior violation(s)
- D. Whether an indictment or information was filed against the provider or a related party as defined in DHS Policy 1088, titled DHS Participant Exclusion Rule.