



**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 1, 2014

**SUBJECT:** Provider Manual Update Transmittal RSPMI-1-13

<u>REMOVE</u>		<u>INSERT</u>	
Section	Date	Section	Date
—	—	217.010	3-1-14
217.001	7-1-11	217.020	3-1-14

**Explanation of Updates**

Section 217.010 is being added to provide information regarding procedures for follow-up on missed beneficiary appointments, discharge and readmission.

Section 217.001 is being renumbered to Section 217.020. The information in this section is not revised.

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 the Program Development and Quality Assurance Unit at 501-320-6429.

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

Thank you for your participation in the Arkansas Medicaid Program.

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Andrew Allison, PhD  
Director

*TOC required***217.010 Follow-up to Missed Beneficiary Appointments and Discharges****3-1-14**

- A. For beneficiaries **not certified** as being Seriously Mentally Ill (SMI) or Seriously Emotionally Disturbed (SED):

If the beneficiary misses a professional appointment without notifying the provider to reschedule within 14 days, then the facility must notify the beneficiary to determine whether the beneficiary desires further treatment and, if so, with a request that they reschedule the appointment. Notification must occur in writing, by electronic contact or by telephone and must inform beneficiaries that they will be discharged within 90 days if they choose not to reschedule. Beneficiaries should be advised that services are available anytime in the future upon their request, based upon continuing need. Community resources or referrals if needed or requested must be provided. All contacts and results must be documented in the beneficiary's medical record.

- B. For beneficiaries **certified** as being Seriously Mentally Ill (SMI) or Seriously Emotionally Disturbed (SED):

If the beneficiary misses a professional appointment without notifying the provider, then the contacts or attempts must be made by a member of the treatment team or by administrative staff who are under the supervision of the Mental Health Professional (MHP). All documentation related to the contacts and subsequent discharge must be in the beneficiary's medical record. If the beneficiary misses a professional appointment without notifying the provider to reschedule, then the facility must accomplish follow-up by making contacts in the following order twice in the 90-day period prior to discharge:

1. Telephone or electronic contact no later than 7 calendar days after a missed appointment
2. A letter to the beneficiary, family members or other responsible parties within 14 calendar days of the missed appointment if there is no response to the telephone or electronic attempt.

The above two contacts must be repeated twice in the 90-day period prior to discharge. If there is no response to the above follow-up contact attempts, the facility must repeat the above contacts (a telephone or electronic contact and, if no response to the telephone or electronic contact, send a letter to the beneficiary, family members or other responsible parties) prior to discharging the beneficiary.

**Discharge and readmission procedures**

No later than the 90<sup>th</sup> day after the last failed appointment, if all efforts to engage the beneficiary in treatment have been unsuccessful, then an official letter must be sent to the beneficiary outlining the reason for discharge and advising the beneficiary that services are available anytime in the future upon request based on continuing need.

The beneficiary's physician must be informed of all problems with engagement for further input. When a beneficiary fails to keep an appointment which precipitates a high risk clinical situation that cannot be resolved by the treatment team, then referral shall be made to the provider's Quality Assurance Committee. The Quality Assurance Committee's decision must be documented in the beneficiary's medical record and in the minutes.

If the beneficiary returns following a discharge for dropping out of services, but prior to the expiration of the Psychiatric Diagnostic Assessment, then the beneficiary may resume treatment and be readmitted with a Mental Health Professional Intervention and/or Pharmacologic

Management and a Periodic Review of the Treatment Plan occurring within 14 days of reentering care. All treatment planning timelines will resume.

**217.020 Youth Outcome Questionnaire (YOQ®)**

3-1-14

The Y-OQ® 2.01, the Y-OQ® SR, the Arkansas Indicators and the OQ®-45.2 are instruments for measuring service/treatment effectiveness and treatment planning.

The OQ® instruments are user friendly to both the beneficiaries and to the provider. For the beneficiary, they are brief and easy to understand. For the provider, they are easy to administer.

**Frequency**

Providers must follow the OQ® Clinician Guide specialized for the State of Arkansas located at <https://www.oqarkansas.com/oqa>. At a minimum, the OQ® instruments must be administered within 14 days of entering care, then every 90 days to coincide with Periodic Review of Treatment Plans and at discharge. At a minimum, the Arkansas Indicators must be administered every 90 days. The OQ® instruments and Arkansas Indicators are required for all beneficiaries ages 4 through 17. The instruments must be administered to beneficiaries ages 18 to 21 unless they have a documented certification of Serious Mental Illness (SMI). Documentation of clinical exceptions to frequencies stated in the OQ® Clinical Guide must be included in the clinical record.

**Documentation Requirements**

If the parent or legal guardian for children/adolescents under the age of 16 does not complete the Y-OQ®2.01 or Arkansas Indicators, then the provider must have documentation indicating barriers to obtaining the Y-OQ®2.01 and Arkansas Indicators. Documentation must include attempts to obtain the Y-OQ®2.01, OQ®-45.2 and Arkansas Indicators at the scheduled frequency.

If a Y-OQ®2.01 or OQ®-45.2 indicates regression or lack of adequate progress, the provider must revise the treatment plan or explain the reason for the continuation of the treatment plan in the progress notes.

Without documentation of the YOQ, providers' claims are subject to recoupment as explained in Section 152.000.