



**Arkansas Department of
Human Services**

**Residential Community
Reintegration Program
Certification**



I. GENERAL PROVISIONS

a. Purpose

This chapter sets forth the Standards and Criteria used in the certification of Residential Community Reintegration Program Providers by the Arkansas Department of Human Services. The rules regarding the certification processes including, but not necessarily limited to, applications, requirements for, levels of, and administrative sanctions are found in this manual.

II. Meaning of verbs in rules

The attention of the facility is drawn to the distinction between the use of the words "shall," "should," and "may" in this chapter:

- (1) "Shall" is the term used to indicate a mandatory statement, the only acceptable method under the present standards.
- (2) "Should" is the term used to reflect the most preferable procedure, yet allowing for the use of effective alternatives.
- (3) "May" is the term used to reflect an acceptable method that is recognized but not necessarily preferred.

104.000 Applicability

The standards and criteria for services as subsequently set forth in this chapter are applicable to Residential Community Reintegration Program Providers as stated in each section.

110.000 RESIDENTIAL COMMUNITY REINTEGRATION PROGRAM PROVIDERS

111.000 Service Definition

The Residential Community Reintegration Program is designed to serve as an intermediate level of care between Inpatient Psychiatric Facilities and Outpatient Behavioral Health Services. The program provides twenty-four hour per day intensive therapeutic care provided in a small group home setting for children and youth with emotional and/or behavior problems which cannot be remedied by less intensive treatment. The program is intended to prevent acute or sub-acute hospitalization of youth, or incarceration. The program is also offered as a step-down or transitional level of care to prepare a youth for less intensive treatment. Services include all allowable Outpatient Behavioral Health Services (OBHS) based upon the age of the beneficiary as well as any additional interventions to address the beneficiary's behavioral health needs.

A Residential Community Reintegration Program shall be appropriately certified by the Department of Human Services to ensure quality of care and the safety of beneficiaries and staff.

A Residential Community Reintegration Program shall have 12 beds or less.

A Residential Community Reintegration Program shall have, at a minimum, 2 direct service staff available at all times. Direct service staff may include any allowable performing provider in the Outpatient Behavioral Health Services (OBHS) manual, teachers, or other ancillary educational staff.

A Residential Community Reintegration Program shall ensure the provision of educational services to all beneficiaries in the program. This may include education occurring on campus of the Residential Community Reintegration Program or the option to attend a school off campus if deemed appropriate in according with the Arkansas Department of Education.

112.000 Residential Community Reintegration Provider Certification

- (a) A Residential Community Reintegration Provider shall be certified by the Department of Human Services as a Behavioral Health Agency. A Residential Community Reintegration site shall be certified as a site of a Behavioral Health Agency.
- (b) Residential Community Reintegration Provider facilities shall be inspected a minimum of once per year, but are subject to visit by the Department's designee at other times to ensure continuing conformance of the operations of the facility with these regulations. The Department may request the facility to provide information concerning programs and fiscal operations at the Department's discretion.
- (c) Residential Community Reintegration Providers will not be reimbursed for services provided without certification as a Residential Community Reintegration Provider by DHS.
- (d) Residential Community Reintegration Providers shall have their programs nationally accredited.
- (e) Any Residential Community Reintegration Program providing services to beneficiaries in the custody of the Division of Children Services (DCFS) or Division of Youth Services (DYS) shall adhere to appropriate certification requirements as deemed necessary by the appropriate Division.

113.000 Organizational Structure

- (a) The Residential Community Reintegration program shall be as a separate, identifiable organizational unit with its own director, or supervisor, and staffing pattern. When the program is a portion of a larger organizational structure, the director or supervisor of the unit shall be identified and his responsibilities clearly defined. The organizational structure of the unit shall be described in an organizational chart. A written description of all services provided by the unit shall be on file and available to the Department. The Department shall be notified of any major change in the organizational structure or services.

114.000 Treatment Planning and Records

- (a) An individualized treatment plan shall be formulated for patients in Residential Community Reintegration programs by the patient's treatment team. A treatment team shall consist of a treatment team leader, a psychiatrist when the treatment team leader is not a psychiatrist and other appropriate staff. The treatment team leader shall be a mental health professional. Treatment plans shall be reviewed with parents or guardians of beneficiary's in Residential Community Reintegration programs if appropriate.
- (b) The treatment plan shall include the following:
 - (1) Be formulated to the extent possible, with the cooperation and consent of the patient, or a person acting on his behalf.
 - (2) Be based upon diagnostic evaluation which includes examination of the medical, psychological, social, cultural, behavioral, familial, educational, vocational and developmental aspects of the patient's situation.
 - (3) Set forth treatment objectives and prescribe an integrated program of therapies, activities, experiences and appropriate education designed to meet these objectives.
 - (4) Be maintained and updated with signed daily notes, and be kept in the beneficiary's medical record or a form developed by the facility.
 - (5) Be developed within the first 5 days of service and reviewed by the treatment team a minimum of once every 30 days of service to the individual beneficiary and modified as appropriate.

115.000 Linkage Services to higher or lower levels of care, or longer term placement

- (a) Persons needing behavioral health services shall be treated with the least restrictive clinically appropriate methods.
- (b) The Residential Community Reintegration program requires a close relationship with existing behavioral health providers. A written statement as to the availability of behavioral health services to beneficiaries is required and shall be maintained on file at the facility.
- (c) The Residential Community Reintegration program shall also assure linkages with other appropriate treatment and rehabilitative services including emergency services, outpatient services, and vocational rehabilitation programs. A written statement documenting such linkages shall be maintained on file at the facility.

116.000 Treatment Policies and Procedures

- (a) Each facility shall have a written plan describing the policies and procedures of the Residential Community Reintegration program. The plan shall provide for:
 - (1) The services to be provided and the scope of such services.
 - (2) Intake policy and procedures.
 - (3) Admissions and discharge policies.
 - (4) Policies providing for continuity care for patients.
 - (5) There shall be a planned regular, ongoing program for staff development.

120.000 RESIDENTIAL COMMUNITY INTEGRATION PROGRAM MEDICAL RECORDS REQUIREMENTS

121.000 Medical record keeping system

Each Residential Community Reintegration Program shall maintain an organized medical record keeping system to collect and document information appropriate to the treatment processes. This system shall be organized; easily retrievable, usable medical records stored under confidential conditions and with planned retention and disposition.

122.000 Basic requirements

- (a) The Residential Community Reintegration Program's policies and procedures shall:
- (1) define the content of the beneficiary's medical record;
 - (2) define storage, retention and destruction requirements for beneficiary medical records;
 - (3) require beneficiary medical records be confidentially maintained in locked equipment under secure measures;
 - (4) require legible entries in beneficiary medical records signed with first name or initial, last name, credentials, and dated by the person making the entry;
 - (5) require the beneficiary's name be typed or written on each sheet of paper or page in the beneficiary record;
 - (6) require a signed consent for treatment before the beneficiary is admitted; and
 - (7) require a signed consent for follow-up before any contact after discharge is made.

123.000 Record access for clinical staff

- (a) The Residential Community Reintegration Program shall assure beneficiary records are readily accessible to the Residential Community Reintegration staff directly caring for the beneficiary. Such access shall be limited to the minimum necessary to carry out the staff member's job functions or the purpose for the use of the records.

124.000 Progress notes

- (a) The Residential Community Reintegration Program shall have a policy and procedure mandating the chronological documentation of progress notes for beneficiary's admitted to the Residential Community Reintegration Program.
- (b) Progress notes shall minimally address the following:
- (1) Person(s) to whom services were rendered;
 - (2) Activities and services provided and as they relate to the goals and objectives of the treatment plan, including ongoing reference to the treatment plan;
 - (3) Documentation of the progress or lack of progress as defined in the treatment plan;

- (4) Documentation of the treatment plan's implementation, including beneficiary activities and services;
- (5) The beneficiary's current status;
- (6) Documentation of the beneficiary's response to services, changes in behavior and mood, and outcome of services;
- (7) Plans for continuing therapy or for discharge, whichever is appropriate; and
- (8) Progress notes shall document progress daily

125.000 Medication record

- (a) The Residential Community Reintegration Program shall maintain a medication record on all beneficiaries who receive medications or prescriptions in order to provide a concise and accurate record of the medications the beneficiary is receiving or has been prescribed for the beneficiary.
- (b) The beneficiary medical record shall contain a medication record with information on all medications ordered or prescribed by physician staff which shall include, but not be limited to:
 - (1) The record of medication administered, dispensed or prescribed shall include all of the following:
 - (A) Name of medication,
 - (B) Dosage,
 - (C) Frequency of administration or prescribed change,
 - (D) Route of administration, and
 - (E) Staff member who administered or dispensed each dose, or prescribing physician; and
 - (2) A record of pertinent information regarding adverse reactions to drugs, drug allergies, or sensitivities shall be updated when required by virtue of new information, and kept in a highly visible location in or on the record.

126.000 Aftercare and discharge planning

- (a) Aftercare and discharge planning is to be initiated for the beneficiary at the earliest possible point in the Residential Community Reintegration service delivery process. Discharge planning must be matched to the beneficiary's needs

and address the presenting problem and any identified co-occurring disorders or issues.

- (b) The program will have designated staff with responsibility to initiate discharge planning.
- (c) Referral and linkage procedures shall be in place so staff can adequately advocate on behalf of the person served as early as possible during the stabilization treatment process to transition to lesser restrictive or alternative treatment settings, as indicated.

127.000 Other records content

- (a) The beneficiary record shall contain copies of all consultation reports concerning the beneficiary.
- (b) When psychometric or psychological testing is done, the beneficiary record shall contain a copy of a written report describing the test results and implications and recommendations for treatment.
- (c) The beneficiary medical record shall contain any additional information relating to the beneficiary, which has been secured from sources outside the Residential Community Reintegration Program.

140.000 BENEFICIARY RIGHTS

141.000 DHS Investigations

The Arkansas Department of Human Services in any investigation or program monitoring regarding beneficiary rights shall have access to beneficiaries, Residential Community Reintegration Program records and Residential Community Reintegration Program staff.

150.000 ORGANIZATIONAL MANAGEMENT

151.000 Organizational description

- (a) The Residential Community Reintegration Program shall have a written organizational description which is reviewed annually by both the Residential Community Reintegration Program, Behavioral Health Agency and DHS, which minimally includes:

- (1) The overall target population for whom services will be provided;
 - (2) The overall mission statement;
 - (3) The annual facility goals and objectives, including the goal of continued progress for the facility in providing person centered, culturally competent, trauma informed and co-occurring capable services;
- (b) The Residential Community Reintegration Program's governing body shall approve the mission statement and annual goals and objectives and document their approval.
 - (c) The Residential Community Reintegration Program shall make the organizational description, mission statement and annual goals and objectives available to staff.
 - (d) The Residential Community Reintegration Program shall make the organizational description, mission statement and annual goals and objectives available to the general public upon request.
 - (e) Each Residential Community Reintegration Program shall have a written plan for professional services which shall have in writing the following:
 - (1) Services description and philosophy;
 - (2) The identification of the professional staff organization to provide these services;
 - (3) Written admission and exclusionary criteria to identify the type of beneficiaries for whom the services are primarily intended; and
 - (4) Written goals and objectives.
 - (5) Delineation of processes to assure accessible, integrated, and co-occurring capable services and a plan for how each program component will address the needs of individuals with co-occurring disorders.
 - (f) There shall be a written statement of the procedures/plans for attaining the organization's goals and objectives. These procedures/plans should define specific tasks, including actions regarding the organization's co-occurring capability, set target dates and designate staff responsible for carrying out the procedures or plans.

152.000 Information Analysis and Planning

- (a) The Residential Community Reintegration Program shall have a defined plan for conducting an organizational needs assessment that specifies the methods and data to be collected, which shall include but not limited to information from:
 - (1) Beneficiaries;
 - (2) Governing Authority;
 - (3) Staff;
 - (4) Stakeholders;
 - (5) Outcomes management processes; and
 - (6) Quality record review.
- (b) The Residential Community Reintegration Program shall have a defined system to collect data and information on a quarterly basis to manage the organization.
- (c) Information collected shall be analyzed to improve beneficiary services and organizational performance.
- (d) The Residential Community Reintegration Program shall prepare an end of year management report, which shall include but not be limited to:
 - (1) An analysis of the needs assessment process; and
 - (2) Performance improvement program findings.
- (e) The management report shall be communicated and made available to among others:
 - (1) The governing authority;
 - (2) Residential Community Reintegration Program staff; and
 - (3) DHS if and when requested.

155.000 PERFORMANCE IMPROVEMENT AND QUALITY MANAGEMENT

156.000 Performance improvement program

- (a) The Residential Community Reintegration Program shall have an ongoing performance improvement program designed to objectively and systematically monitor, evaluate and improve the quality of beneficiary care.

- (b) The Performance improvement program shall also address the fiscal management of the organization.
- (c) There shall be an annual written plan for performance improvement activities. The plan shall include, but not be limited to:
 - (1) Outcomes management processes specific to each program component minimally measuring:
 - (A) efficiency;
 - (B) effectiveness; and
 - (C) beneficiary satisfaction.
 - (2) A quarterly record review to minimally assess:
 - (A) quality of services delivered;
 - (B) Coordination with DCFS/DYS, if appropriate;
 - (C) appropriateness of services;
 - (D) patterns of service utilization;
 - (E) beneficiaries, relevant to:
 - i. their orientation to the Residential Community Reintegration Program and services being provided; and
 - ii. their active involvement in making informed choices regarding the services they receive;
 - (F) the beneficiary assessment information thoroughness, timeliness and completeness;
 - (G) treatment goals and objectives are based on:
 - i. assessment findings; and
 - ii. beneficiary input;
 - (H) services provided were related to the goals and objectives;
 - (I) services are documented as prescribed by policy;
 - (J) the treatment plan is reviewed and updated as prescribed by policy

- (3) Clinical privileging;
- (4) Fiscal management and planning, which shall include:
 - (A) an annual budget that is approved by the governing authority and reviewed at least annually;
 - (B) the organization's capacity to generate needed revenue to produce desired beneficiary and other outcomes;
 - (C) monitoring beneficiary records to ensure documented dates of services provided coincide with billed service encounters; and,
- (5) Review of critical incident reports and beneficiary grievances or complaints.
- (d) The Residential Community Reintegration Program shall monitor the implementation of the performance improvement plan on an ongoing basis and makes adjustments as needed.
- (e) Performance improvement findings shall be communicated and made available to, among others:
 - (1) the governing authority;
 - (2) Residential Community Reintegration Program staff; and
 - (3) DHS if and when requested.

157.000 Incident reporting

- (a) The Residential Community Reintegration Program shall have written policies and procedures requiring documentation and reporting of critical incidents.
- (b) The documentation for critical incidents shall contain, minimally:
 - (1) the facility name and name and signature of person(s) reporting the incident;
 - (2) the name of beneficiary(s), staff person(s), or others involved in the incident;
 - (3) the time, place and date the incident occurred;
 - (4) the time and date the incident was reported and name of the person within the facility to whom it was reported;

- (5) description of the incident; and
 - (6) the severity of each injury, if applicable. Severity shall be indicated as follows:
 - (A) No off-site medical care required or first aid care administered on-site;
 - (B) Medical care by a physician or nurse or follow-up attention required; or
 - (C) Hospitalization or immediate off-site medical attention was required;
 - (7) Resolution or action taken, date action taken, and signature of the Residential Community Reintegration Program director.
- (c) The Residential Community Reintegration Program shall report those critical incidents to DHS that include.
- (1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention shall be delivered via fax or mail to DHS Provider Certification within twenty-four (24) hours of the incident being documented.
- (d) The Residential Community Reintegration Program shall document and monitor internally, with a quality assurance and improvement process that will be made available for review and/or audit by an appropriate agency the following:
- (1) Critical incidents requiring medical care by a physician or nurse or follow-up attention and incidents requiring hospitalization or immediate off-site medical attention.

160.000 PERSONNEL

161.000 Personnel policies and procedures

- (a) The Residential Community Reintegration Program shall have written personnel policies and procedures approved by the governing authority.
- (b) All employees shall have access to personnel policies and procedures, as well as other Rules and Regulations governing the conditions of their employment.
- (c) The Residential Community Reintegration Program shall develop, adopt and maintain policies and procedures to promote the objectives of the program and provide for qualified personnel during all hours of operation to support the functions of the center and provide quality care.

162.000 Job descriptions

- (a) The Residential Community Reintegration Program shall have written job descriptions for all positions setting forth minimum qualifications and duties of each position.
- (b) All job descriptions shall include an expectation of core competencies in relation to individuals with co-occurring disorders.

165.000 STAFF DEVELOPMENT AND TRAINING

166.000 Staff qualifications

- (a) The Residential Community Reintegration Program shall document the qualifications and training of staff providing crisis stabilization services which shall be in compliance with the Residential Community Reintegration Program's clinical privileging process.
- (b) Failure to comply with Section 166.000 will result in the initiation of procedures to deny, suspend and/or revoke certification.

167.000 Staff development

- (a) The Residential Community Reintegration Program shall have a written plan for the professional growth and development of all administrative, professional clinical and support staff.
- (b) This plan shall include but not be limited to:
 - (1) orientation procedures;
 - (2) in-service training and education programs;
 - (3) availability of professional reference materials; and
 - (4) mechanisms for insuring outside continuing educational opportunities for staff members.
- (c) The results of performance improvement activities and accrediting and audit findings and recommendations shall be addressed by and documented in the staff development and clinical privileging processes.
- (d) Staff competency development shall be aligned with the organization's goals related to co-occurring capability, and incorporate a training plan, training activities, and supervision designed to improve co-occurring core competencies of all staff.
- (e) Staff education and in-service training programs shall be evaluated by the Residential Community Reintegration Program at least annually.

168.000 In-service

- (a) Trainings are required annually for all employees who provide clinical services within the Residential Community Reintegration Program on the following topics:
 - (1) Fire and safety;
 - (2) Infection Control and universal precautions;
 - (3) Beneficiary's rights and the constraints of the Mental Health Beneficiary's Bill of Rights;
 - (4) Confidentiality;
 - (5) Arkansas Adult and Long-Term Care Facility Resident Maltreatment Act, §12-12-1701 et seq.
 - (6) Arkansas Child Maltreatment Act, §12-18-101 et seq.
 - (7) Facility policy and procedures;
 - (8) Cultural competence;
 - (9) Co-occurring disorder competency and treatment principles; and
 - (10) Trauma informed and age and developmental specific trainings.
- (b) All staff providing clinical services shall have a current certification in basic first aid and in Cardiopulmonary Resuscitation (CPR).
- (c) All clinical staff shall have training in non-physical intervention techniques and philosophies addressing appropriate non-violent interventions for potentially physical interpersonal conflicts, staff attitudes which promote dignity and enhanced self-esteem, keys to effective communication skills, verbal and non-verbal interaction and non-violent intervention within 30 days of being hired with annual updates thereafter. This training shall occur prior to direct patient contact
- (d) The Residential Community Reintegration Executive Director shall designate which positions and employees, including temporary employees, will be required to successfully complete physical intervention training. The employee shall successfully complete this training within 30 days of being hired, with annual updated thereafter. This training shall occur prior to direct patient contact

170.000 FACILITY ENVIRONMENT

- (a) Residential Community Reintegration Programs shall apply these standards to all sites operated. The primary concern of the Residential Community Reintegration

Program should always be the safety and well being of the beneficiaries and staff. Residential Community Reintegration Programs shall be physically located in the State of Arkansas. Residential Community Reintegration Programs shall provide a safe and sanitary environment.

171.000 Facility environment

- (a) Adequate space, equipment and supplies shall be provided in order that the Residential Community Reintegration Program services can be provided effectively and efficiently. Functional surroundings shall be readily accessible to the patient and community served.
- (b) All space and equipment shall be well maintained and shall meet applicable Federal, State and local requirements for safety, fire and health.
- (c) There shall be office space for the clinical staff suitably equipped with chairs, desks, tables and other necessary equipment.
- (d) There shall be an adequate number of suitably equipped conference rooms to provide for staff conferences and therapy.
- (e) There shall be adequate provisions for the privacy of the patient in interview rooms.
- (f) The facility shall be appropriate to the age and developmental needs of the persons served.
- (g) The Residential Community Reintegration Program shall obtain an annual fire and safety inspection from the State Fire Marshall or local authorities which documents approval for continued occupancy.
- (h) Residential Community Reintegration Program staff shall know the exact location, contents, and use of first aid supply kits and fire fighting equipment and fire detection systems. All fire fighting equipment shall be annually maintained in appropriately designated areas within the facility.
- (i) The Residential Community Reintegration Program shall have a written Hazardous Communication Program and staff shall be knowledgeable of chemicals in the workplace, location of Material Safety Data Sheets, personal

protective equipment; and toxic or flammable substances shall be stored in approved locked storage cabinets.

- (j) The Residential Community Reintegration Program's telephone number(s) and ~~actual hours of operation~~ shall be posted at all public entrances.
- (k) Signs must be posted at all public entrances informing staff, beneficiaries and visitors as to the following requirements:
 - (1) No alcohol or illicit drugs are allowed in the Residential Community Reintegration Program facility,
 - (2) No firearms, or other dangerous weapons, are allowed in the Residential Community Reintegration Program facility with the exception of law enforcement while in the performance of their duties, and
 - (3) The use of tobacco is not allowed in the Residential Community Reintegration Program facility.
- (l) A copy of compliance with law Title VI/Title VII of the 1964 Civil Rights Law shall be prominently displayed within the Residential Community Reintegration Program Facility.
- (m) Plumbing in Residential Community Reintegration Program facilities shall be in working condition to avoid any health threat. All toilets, sinks and showers shall be clean and in working order.
- (n) A secure locked storage shall be provided for beneficiary valuables when requested.
- (o) Separate storage areas are provided and designated for:
 - (1) Food, kitchen, and eating utensils,
 - (2) Clean linens,
 - (3) Soiled linens and soiled cleaning equipment, and
 - (4) Cleaning supplies and equipment.
- (p) When handling soiled linen or other potentially infectious material, Universal Precautions are to be followed and address in the Residential Community Reintegration Program policies and procedures. Hazardous and regulated waste shall be disposed of in accordance with federal requirements.

- (q) Poisons, toxic materials and other potentially dangerous items shall be stored in a secured location.
- (r) A Residential Community Reintegration Program shall:
 - (1) Provide separate bedroom areas for males and females,
 - (2) Provide sufficient clean linens for clients, and
 - (3) Provide adequate barriers to divide clients.
- (s) Plumbing in Residential Community Reintegration Programs shall be in working condition to avoid any health threat. All toilets, sinks and showers shall be clean and in working order.
- (t) There shall be at least one toilet, one sink, and one shower or tub per every eight (6) Residential Community Reintegration beds. This means that a Residential Community Reintegration Program shall have no less than one toilet, one sink, and one shower or tub.

172.000 Medication clinic, medication monitoring

- (a) Medication administration; storage and control; and beneficiary reactions shall be continuously monitored.
- (b) Residential Community Reintegration Programs shall assure proper storage and control of medications, immediate response if incorrect or overdoses occur, and have appropriate emergency supplies available if needed.
 - (1) Written procedures for medication administration shall be available and accessible in all medication storage areas, and available to all staff authorized to administer medications.
 - (2) All medications shall be kept in locked, non-beneficiary accessible areas. Factors which shall be considered in medication storage are light, moisture, sanitation, temperature, ventilation, and the segregation and safe storage of poisons, external medications, and internal medications.
 - (3) Telephone numbers of the state poison centers shall be immediately available in all locations where medications are prescribed, or administered, or stored.

173.000 Medication, error rates

- (a) The Residential Community Reintegration Program shall have an ongoing performance improvement program that specifically, objectively, and systematically monitors medications administration or dispensing or medication orders and prescriptions to evaluate and improve the quality of beneficiary care.

175.000 Food and Nutrition

- (a) If the Residential Community Reintegration Program prepares meals on site, the Residential Community Reintegration Program shall have a current food establishment health inspection as required by the Arkansas Department of Health
- (b) When meals are provided by a food service, a written contract shall be maintained and shall require the food service to have a current food establishment health inspection as required by the Arkansas Department of Health.
- (c) Residential Community Reintegration Program shall provide at least three meals daily to all beneficiaries, with no more than ten (10) hours between any two meals.
- (d) All food shall be stored, prepared, and served in a safe, healthy manner.
- (e) Perishable items shall not be used once they exceed their sell by date.



Division of Medical Services
Program Development & Quality Assurance

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TDD/TTY: 501-682-6789



TO: Arkansas Medicaid Health Care Providers – Outpatient Behavioral Health Services

EFFECTIVE DATE: October 1, 2017

SUBJECT: Provider Manual Update Transmittal OBHS-1-17

REMOVE

Section

—

Effective Date

—

INSERT

Section

254.003

Effective Date

10-1-17

Explanation of Updates

Section 254.003 has been added to include information regarding the Residential Community Reintegration Program.

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 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.

Thank you for your participation in the Arkansas Medicaid Program.

Dawn Stehle
Director

TOC required

254.003 Residential Community Reintegration Program

10-1-17

CPT®/HCPCS PROCEDURE CODE	PROCEDURE CODE DESCRIPTION
H2020, U4	Therapeutic behavioral services, per diem
SERVICE DESCRIPTION	MINIMUM DOCUMENTATION REQUIREMENTS
<p>The Residential Community Reintegration Program is designed to serve as an intermediate level of care between Inpatient Psychiatric Facilities and Outpatient Behavioral Health Services. The program provides twenty-four hour per day intensive therapeutic care provided in a small group home setting for children and youth with emotional and/or behavior problems which cannot be remedied by less intensive treatment. The program is intended to prevent acute or sub-acute hospitalization of youth, or incarceration. The program is also offered as a step-down or transitional level of care to prepare a youth for less intensive treatment. Services include all allowable Outpatient Behavioral Health Services (OBHS) based upon the age of the beneficiary as well as any additional interventions to address the beneficiary's behavioral health needs.</p> <p>A Residential Community Reintegration Program shall be appropriately certified by the Department of Human Services to ensure quality of care and the safety of beneficiaries and staff.</p> <p>A Residential Community Reintegration Program shall have, at a minimum, 2 direct service staff available at all times. Direct service staff may include any allowable performing provider in the Outpatient Behavioral Health Services (OBHS) manual, teachers, or other ancillary educational staff.</p> <p>A Residential Community Reintegration Program shall ensure the provision of educational services to all beneficiaries in the program. This may include education occurring on campus of the Residential Community Reintegration Program or the option to attend a school off campus if deemed appropriate in</p>	<ul style="list-style-type: none"> • Date of Service • Place of Service • Diagnosis and pertinent interval history • Daily description of activities and interventions that coincide with master treatment plan and meet or exceed minimum service requirements • Mental Status and Observations • Rationale and description of the treatment used that must coincide with objectives on the master treatment plan • Staff signature/credentials/date of signature

PROPOSED

ARKANSAS DEPARTMENT OF HUMAN SERVICES

APPLICATION FOR RESIDENTIAL COMMUNITY REINTEGRATION PROGRAM CERTIFICATION

To be completed upon initial application to become certified as a Residential Community Reintegration Program

Name of Agency: _____

Chief Executive Officer (or equivalent): _____

Corporate Compliance Officer (or equivalent): _____

Administrative Address: _____

Physical Address: _____
Street Address City State Zip

Mailing Address: _____
Street Address City State Zip

County: _____ Phone: _____ Fax: _____

E-mail: _____ Website: _____

The provider named above shall be certified by the Department of Human Services as a Behavioral Health Agency. A Residential Community Reintegration Program certification will not be issued if the provider is not a part of a DHS certified Behavioral Health Agency. A Certified Behavioral Health Agency can submit one (1) application for multiple Residential Community Reintegration Program sites, with the Personnel Resources to be completed for each site.

Behavioral Health Agency Certification Period: _____ through _____

As the **Chief Executive Officer** (or equivalent) of the agency named above, I verify that all information contained in this form and in all attachments is correct and complete.

PROPOSED

Signature of Chief Executive Officer (or equivalent) _____ Date _____

Name of Chief Executive Officer (or equivalent) typed or printed

Required Documentation

All of the following information must be attached to the Residential Community Reintegration Program Certification. Applications not submitted in full will not be processed.

1. Valid Behavioral Health Agency Certification from the Department of Human Services.
2. Physical Address of all requested Residential Community Reintegration Program sites.
An on-site inspection will occur at all sites prior to DHS issuing a certification as a Residential Community Reintegration Program program.
3. Personnel Resources for each Residential Community Reintegration Program to be certified, see page 3.

DHS WILL REVIEW THIS APPLICATION WITHIN NINETY (90) CALENDAR DAYS OF RECEIPT.

DHS WILL SCHEDULE AN ONSITE SURVEY WITHIN FORTY-FIVE (45) CALENDAR DAYS OF APPROVING ALL REQUIRED CERTIFICATION DOCUMENTATION.

Please send a cover letter and all application materials to be certified by DHS as a Residential Community Reintegration Program to the following address:

Department of Human Services
Licensure and Certification Unit
ATTN: Rachael Veregge
305 South Palm Street
Little Rock, AR 72205

PROPOSED

PERSONNEL RESOURCES FOR EACH INDIVIDUAL
Residential Community Reintegration Program PROGRAM
(as of the date this is submitted)

Site Address:

Partial Hospitalization Program Facility Director:

1. Psychiatrists	
2. M.D. Non-psychiatrists	
3. Psychologists	
4. Independently Licensed Clinicians	
5. Non-independently Licensed Clinicians	
6. Registered Nurses	
7. Qualified Behavioral Health Providers (Including Certified Peer Support Specialist, Certified Youth Support Specialist, Certified Family Support Partners)	
8. All other staff not included above	
9. Sum of lines 1-8	

PROPOSED



Division of Medical Services
Program Development & Quality Assurance

P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437
501-320-6428 · Fax: 501-404-4619
TDD/TTY: 501-682-6789



TO: Arkansas Medicaid Health Care Providers – Inpatient Psychiatric Services for Under Age 21

EFFECTIVE DATE: October 1, 2017

SUBJECT: Provider Manual Update Transmittal INPPSYCH-1-17

<u>REMOVE</u>		<u>INSERT</u>	
Section	Effective Date	Section	Effective Date
203.100	7-1-17	—	—
212.100	7-1-17	212.100	10-1-17
221.802	7-1-17	221.802	10-1-17
221.803	7-1-17	221.803	10-1-17
221.804	7-1-17	221.804	10-1-17
250.500	7-1-17	—	—
251.000	7-1-17	251.000	10-1-17
262.100	7-1-17	262.100	10-1-17

Explanation of Updates

Sections 203.100, 212.100, 221.803, 221.804, 221.805, 250.500, 251.000 and 262.100 have been updated to remove all information regarding Facility Based Community Reintegration Programs.

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 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.

Thank you for your participation in the Arkansas Medicaid Program.

PROPOSED


Dawn Stehle
Director

TOC required

203.100 Facility-Based Community Reintegration Program

7-1-17

The Facility-Based Community Reintegration Program is designed to serve as an intermediate level of care between inpatient psychiatric facilities and outpatient services. To enroll as a freestanding Facility-Based Community Reintegration Program unit or as a Facility-Based Community Reintegration Program unit within an inpatient psychiatric hospital, the inpatient psychiatric provider must meet all of the conditions listed below:

- A. The provider must meet the child and adolescent standards of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and be accredited by JCAHO.
- B. Any provider located within Arkansas must be licensed by the Arkansas Department of Human Services as a Facility-Based Community Reintegration Program.

This manual, the Inpatient Psychiatric Services for Under Age 21 Provider Manual, shall govern all aspects of services provided as well as claim submissions for beneficiaries of the Facility-Based Community Reintegration Program.

212.100 Covered Locations

710-1-17

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
- C. A residential treatment center (freestanding)
- D. A Sexual Offender Program
- E. A Facility-Based Community Reintegration Program

221.802 Federal Provider Identification Numbers

710-1-17

A federal provider identification number is assigned to each provider who meets the attestation requirement. The identification numbers for PRTFs and Facility-Based Community Reintegration Programs will have five digits and one letter. The first two digits identify the state in which the facility is located. This number is then followed by the letter L and then by three digits and is numbered according to the order in which a facility was identified.

- A. Federal provider numbers are assigned by the State Medicaid agency (SMA).
- B. A provider number is coded based on where the PRTF or Facility-Based Community Reintegration Program is physically located.

221.803 Roles and Responsibilities for the Reporting of Deaths, Serious Injuries and Attempted Suicides

710-1-17

The interim process for reporting deaths will follow a similar process as currently in place for the death reporting process for hospitals. The roles and responsibilities of the appropriate entities are outlined below.

A. PRTFs and Facility-Based Community Reintegration Programs

1. Report to the SMA, no later than close of business the next business day, all deaths, serious injuries, and attempted suicides via fax at (501) 682-6171.

PROPOSED

5. The staff must demonstrate their competencies as specified in paragraph A of this section on a semiannual basis and their competencies as specified in paragraph B of this section on an annual basis.
6. The facility must document in the staff personnel records that the training and demonstration of competency were successfully completed. Documentation must include the date training was completed and the name of persons certifying the completion of training.
7. All training programs and materials used by the facility must be available for review by CMS, the SMA and the State SA.

250.500 Facility-Based Community Reintegration Program

7-1-17

The per diem rates for Facility-Based Community Reintegration Programs are established at the lesser of: 1) the center's budgeted cost per day which includes the professional component or 2) a \$245 per day upper limit (cap). This is a prospective rate with no cost settlement.

The budgeted per diem cost is calculated from the annual budget, which all Facility-Based Community Reintegration Program providers are required to submit for the upcoming state fiscal year (July 1st through June 30th). Annual budgets are due by April 30th. Should April 30th fall on a Saturday, Sunday or state or federal holiday, the due date shall be the following business day. Failure to submit the budget by April 30th may result in the suspension of reimbursement until the budget is submitted. Rates are calculated annually and are effective for dates of service occurring during the state fiscal year for which the budgets have been prepared.

New providers are required to submit a full year's annual budget for the current state fiscal year (July 1st through June 30th) at the time of enrollment. This budget is used to set their rate at the lesser of the budgeted allowable cost per day or the upper limit (cap) of \$245 per day.

251.000 Cost Report

7-10-1-17

Inpatient psychiatric hospitals, residential treatment units, Facility-Based Community Reintegration Programs and Sexual Offender Programs must submit an annual or partial period hospital cost report to the Arkansas Medicaid Program. Providers with less than a full 12-month reporting period are also required to submit a hospital cost report for the shorter period. Cost reports are due no later than five months following the close of the provider's fiscal year end. Extensions will not be allowed. Failure to file the cost report within the prescribed period may result in suspension of reimbursement until the cost report is filed.

Providers will submit all required hospital cost reports and budgets in accordance with Medicare Principles of Reasonable Cost Reimbursement identified in 42 CFR, Part 413. All cost settlements will be made using these principles.

262.100 Inpatient Psychiatric Revenue Codes

7-10-1-17

Revenue Code	Revenue Code Description
114	Inpatient Psychiatric Hospital only
124	Residential Treatment Center only
128	Sexual Offender Program only
129	Residential Treatment Unit only
TBD	Facility-Based Community Reintegration Program only

PROPOSED

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

October 1, 2017

MEDICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xxxiii: Residential Community Reintegration Program*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

DEFINITION: The Residential Community Reintegration Program is designed to serve as an intermediate level of care between Inpatient Psychiatric Facilities and Outpatient Behavioral Health Services. The program provides twenty-four hour per day intensive therapeutic care provided in a small group home setting for children and youth with emotional and/or behavior problems which cannot be remedied by less intensive treatment. The program is intended to prevent acute or sub-acute hospitalization of youth, or incarceration. The program is also offered as a step-down or transitional level of care to prepare a youth for less intensive treatment. Services include all allowable Outpatient Behavioral Health Services (OBHS) based upon the age of the beneficiary as well as any additional interventions to address the beneficiary's behavioral health needs.

Example services include, but are not limited to, a combination of Individual Behavioral Health Counseling, Group Behavioral Health Counseling, Psychoeducation, Marital-Family Behavioral Health Counseling, Multi-Family Behavioral Health Counseling, Crisis Stabilization Intervention, Peer Support, Individual Pharmacologic Counseling, Group Pharmacologic Counseling, Adult Life Skills Development and Psychosocial Rehabilitative Services.

This service will not be paid for within and Institution for Mental Disease (IMD)

This service does not include payment for room and board of the beneficiary.

Residential Community Reintegration Programs shall be certified by the Department of Human Services as a Residential Community Reintegration Program.

Allowable Performing Provider - Independently Licensed Clinician – Master's/Doctoral; Non-Independently Licensed Clinicians – Master's/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.

*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 6c17a

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

October 1, 2017

CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (continued)

3. Outpatient Behavioral Health Services (OBHS)(continued)

xxxiii: Residential Community Reintegration Program*

Eligibility for this service is determined by an Independent Assessment and must be prior authorized.

DEFINITION: The Residential Community Reintegration Program is designed to serve as an intermediate level of care between Inpatient Psychiatric Facilities and Outpatient Behavioral Health Services. The program provides twenty-four hour per day intensive therapeutic care provided in a small group home setting for children and youth with emotional and/or behavior problems which cannot be remedied by less intensive treatment. The program is intended to prevent acute or sub-acute hospitalization of youth, or incarceration. The program is also offered as a step-down or transitional level of care to prepare a youth for less intensive treatment. Services include all allowable Outpatient Behavioral Health Services (OBHS) based upon the age of the beneficiary as well as any additional interventions to address the beneficiary's behavioral health needs.

Example services include, but are not limited to, a combination of Individual Behavioral Health Counseling, Group Behavioral Health Counseling, Psychoeducation, Marital-Family Behavioral Health Counseling, Multi-Family Behavioral Health Counseling, Crisis Stabilization Intervention, Peer Support, Individual Pharmacologic Counseling, Group Pharmacologic Counseling, Adult Life Skills Development and Psychosocial Rehabilitative Services.

This service will not be paid for within an Institution for Mental Disease (IMD)

This service does not include payment for room and board of the beneficiary.

Residential Community Reintegration Programs shall be certified by the Department of Human Services as a Therapeutic Communities Residential Community Reintegration Program provider.

Allowable Performing Provider - Independently Licensed Clinician – Master's/Doctoral; Non-Independently Licensed Clinicians – Master's/Doctoral; Advanced Practice Nurse; Physician; Registered Nurse; Qualified Behavioral Health Provider – Bachelors; and Qualified Behavioral Health Provider – Non-Degreed.

*All medically necessary 1905(a) services that correct or ameliorate physical and mental illnesses and conditions are covered for EPSDT eligible beneficiaries ages birth to twenty-one, in accordance with 1905(r) of the Social Security Act.