



Division of Behavioral Health Services

*CERTIFICATION RULES FOR PROVIDERS OF
OUTPATIENT BEHAVIORAL HEALTH SERVICES*

Revised: 10/06/2014 klb

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AUTHORITY

The Arkansas Department of Human Services (DHS) Division of Behavioral Health Services (DBHS) is responsible for ensuring the provision of public behavioral health services, including mental health and substance abuse prevention, treatment, and recovery services through the state of Arkansas. In this role, DBHS is vested by the DHS Division of Medical Services (DMS) with the authority to establish and promulgate rules for certification of providers of outpatient behavioral health services. *See Arkansas Medicaid Manual* Section 200.100.¹ All providers participating in the Medicaid Outpatient Behavioral Health Services (OBHS) Program must be certified by DBHS, unless expressly exempted from this requirement.

The DBHS establishes specific processes, standards, and criteria related to outpatient behavioral health services provided to the citizens of Arkansas. DBHS reviews applicant material and certifies that a behavioral health provider meets the state defined core requirements. Subsequently, a certification designation is issued to applicants meeting these requirements.

Outpatient Behavioral Health Services providers are responsible for meeting all applicable requirements appearing in the DBHS *Certification Rules for Providers of Outpatient Behavioral Health Services*. As a condition of OBH certification, providers must comply with all applicable laws, rules, and regulations regarding services and programming.

PURPOSE

The DBHS *Certification Rules for Providers of Outpatient Behavioral Health Services* are the rules which behavioral healthcare providers must follow to achieve and maintain DBHS certification.

The rules herein are subject to change. If a conflict should arise between any provision of this policy manual and the *Arkansas Medicaid Manual*, the *Arkansas Medicaid Manual* will control.

¹ This section of the manual is contingent upon promulgation under Arkansas Administrative Procedure Act and subject to change.

DEFINITIONS

Within this policy, certain words that appear have the following special meanings:

- 1. Accreditation.** Organizations satisfying and demonstrating full conformance to the behavioral health treatment standards, and formally admitted as a member of the Commission on Accreditation of Rehabilitation Facilities (CARF), The Joint Commission (TJC), or Council on Accreditation (COA). This does not include provisional or probationary accreditation.
- 2. Adverse License Action.** Any unfavorable action or decision by a licensing authority that imposes restrictions on the licensee's practice privileges and relates to client care.
- 3. Applicant.** Person or organization making formal application to provide reimbursable outpatient behavioral health services.
- 4. Behavioral Health.** Overall emotional, physiological, and psychological condition including the use of a person's cognitive and emotional capabilities, ability to function in society, and other skills needed to meet the ordinary demands of everyday life.
- 5. Behavioral Health Agency (BHA).** An organization meeting DBHS defined requirements to provide Medicaid reimbursable outpatient behavioral health services.
- 6. Behavioral Health Home (BHH).** An organization meeting DBHS defined requirements to provide Medicaid reimbursable coordinated care management for high need behavioral health beneficiaries. *See DBHS Certification Rules for Behavioral Health Homes²* for specifications and requirements.
- 7. Certification.** A written designation issued by DBHS or its designated representative to a Behavioral Health Agency, Behavioral Health Home, or Performing Provider satisfying the defined requirements to provide reimbursable outpatient behavioral health services.
- 8. Certified Performing Provider (CPP).** A behavioral health professional trained, certified, and authorized by DHS to provide outpatient behavioral health services as part of a certified BHA or BHH with direct supervision: Certified Peer Support Specialist, Certified Youth Support Specialist, Certified Family Support Partner, Qualified Behavioral Health Providers (Non-degreed and Degreed), BHH Care Coordinator, BHH Care Manager, and BHH Director. *See DBHS Certification Rules for Behavioral Health Homes* for the certification requirements of BHH Care Coordinator, BHH Care Manager, and BHH Care Director.
- 9. Client Information System.** A comprehensive, integrated system of clinical and administrative records that provide client demographic and service delivery information. System may be maintained electronically, in hard copy, or both.

² This is a proposed DBHS policy and is contingent upon promulgation under Arkansas Administrative Procedure Act.

- 10. Compliance.** Adherence to accreditation standards, DBHS certification requirements, and applicable state and federal, laws, rules and regulations.
- 11. Compliance Review.** Record reviews or on-site visits, conducted by DBHS personnel or its designated representative, to examine facilities, case files, records, and other documentation for adherence to DBHS' *Certification Rules for Providers of Outpatient Behavioral Health Services*, applicable state and federal laws, rules and professionally recognized standards of care.
- 12. Corrective Action Plan.** A provider prepared plan of remediation purposed to correct any and all deficiencies noted in a Compliance Review report.
- 13. Deficiency or Non Compliance.** Non-conformance with accreditation standards, DBHS certification requirements, or applicable state and federal, laws, rules and regulations.
- 14. Emergency Response Services.** Immediate response to a serious, unexpected, or crisis situation. Emergency response services are delivered in a clinically appropriate setting and assists in stabilizing an individual, prevents initial and repeat hospitalization, or maintains the individual in their current living arrangement. Services are delivered by a single crisis worker or by a team of professionals trained in crisis intervention.
- 15. Home and Community Based.** A DHS recognized option for beneficiaries to receive reimbursable outpatient behavioral health services in his or her own home or community.
- 16. Independent Assessment Report.** A written designation prepared by an independent assessor designed to determine beneficiary eligibility and Tier of services available.
- 17. Independent Performing Provider (IPP).** A licensed behavioral health professional authorized, by DHS recognized authorities and boards, to practice within the scope of his/ her licensure without direct supervision: Advance Practice Nurses (i.e. Adult Psychiatric Mental Health Clinical Nurse Specialist, Child Psychiatric Mental Health Clinical Nurse Specialist, Adult Psychiatric Mental Health APN, Family Psychiatric Mental Health APN), Licensed Psychologists, Licensed Psychological Examiner-Independent, Licensed Certified Social Workers, Licensed Professional Counselors, and Licensed Marriage and Family Therapists. A license must be in good standing and not subject to any adverse license action. Specialized Competencies: IPP's delivering Substance Abuse or Infant Mental Health services must satisfy DBHS certification qualifications to provide these specialized services. Services may be rendered independent of a BHA; supervision requirements may apply.
- 18. Individualized Treatment Plan.** A written description of the treatment objectives for the client that is prepared and maintained by a licensed behavioral health professional, and included in the client's records. Plans describe: the treatment regimen, projected schedule for service delivery, personnel delivering services, and a projected schedule for

completing beneficiary re-evaluations and updates consistent with Division of Medical Services policy requirements.

- 19. Integrated Care Plan.** A master document comprised of all treatment plans associated with a client that is actively managed and maintained by a BHH provider on an ongoing basis.
- 20. Multispecialty Group.** A group of professionals from different disciplines that provide comprehensive care through individual expertise and in consultation with one another to accomplish the client's clinical and wellness goals.
- 21. Non-Independent Performing Provider (NIPP).** A behavioral health professional authorized, by DHS recognized authorities /boards, to practice within the scope of his/her licensure or certification as part of a certified BHA under the direct supervision of an Independent Performing Provider: Licensed Master Social Worker, Licensed Associate Counselor, Licensed Alcoholism and Drug Abuse Counselor, Licensed Addictions Counselor, Licensed Psychological Examiner, Provisionally Licensed Psychologist, Advanced Alcohol Drug Counselor, Certified Co-Occurring Disorders Professional – Diplomate, and Licensed Registered Nurse. License or authorized certification must be in good standing and not subject to any adverse action. Specialized Competencies: NIPP's delivering Substance Abuse or Infant Mental Health services must satisfy DBHS certification qualifications to provide these specialized services. Services must be rendered as part of a BHA; supervision requirements apply.
- 22. Outpatient Behavioral Health Services.** An array of services that may be provided to eligible Medicaid beneficiaries by enrolled providers or certified provider sites. Acceptable allowable places of service are specified in the *Arkansas Medicaid Manual* Section 250.000.³
- 23. Performing Provider.** A DHS recognized behavioral health professional authorized to deliver direct services to a client. Performing Providers, unless expressly exempted, are certified by DBHS and enrolled by DMS.
- 24. Patient Centered Medical Home.** A team-based care delivery model led by Primary Care Physicians who comprehensively manage patients' health needs with an emphasis on health care value.
- 25. Physician.** Licensed and board eligible/certified MD or DO. Physicians are independently enrolled and authorized by DMS to provide outpatient behavioral health services. License must be in good standing and not subject to any adverse action.
- 26. Professionally Recognized Standards of Care.** The degree of skill and knowledge required by the professional's licensing or certifying authority/board.

³ This section of the manual is contingent upon promulgation under Arkansas Administrative Procedure Act and subject to change.

- 27. Provider.** A general reference used to describe an entity/individual certified by DBHS or enrolled by DMS to participate in the Outpatient Behavior Health Services program.
- 28. Provider Group.** Two or more Independent Performing Providers working in concert to provide outpatient behavior health services to clients.
- 29. Population.** The specified group of individuals (children, youth, or adults) to which a Behavior Health Agency, Behavior Health Home, or Licensed Performing Provider renders service.
- 30. Quality Assurance.** An examination of clinical records for completeness, adequacy and appropriateness of care, quality of care, and efficient use of provider resources.
- 31. Recovery.** The journey of healing and learning to improve individual life skills so that a person can reach his/her highest potential as a productive member of our community by gaining a sense of meaning, a positive identity, the capacity to cope with adversity, and with recognition of the gifts and lessons learned through the transitional process. Recovery is individual to each person and requires a partnership of support, community, and resources.
- 32. Referral.** Any oral, written, faxed, or electronic request for outpatient behavioral health services made by any person, or person's legal guardian, family member, health plan, primary care physician, BHA, hospital, jail, court, probation or parole officer, school, governmental or community agency.
- 33. Reporting.** A written or spoken account submitted by the provider related to the services provided. Information, manner, and timeframe are prescribed by DBHS.
- 34. Resiliency.** The personal and community qualities that enable an individual to rebound from adversity, trauma, tragedy, threats, and other stresses and continue with a sense of mastery, competence, and hope.
- 35. Sanction.** Any unfavorable action, penalty, or decision by an accreditation, state, or federal authority that imposes restrictions on the provider's practice privileges, business operations, impacts financial resources or relates to client care.
- 36. Service Delivery.** The standard and timeframe in which a provider must initiate direct service or make a referral for:
- a. **Emergent Care.** Face to face within 2 hours of notification or referral. An emergent occurrence is an event necessitating acute psychiatric placement, crisis residential placement, or any twenty-four (24) hour care—including respite.
 - b. **Urgent Care.** Within 48 hours of an eligibility determination or referral.
 - c. **Routine Care.** Within ten (10) business days of an eligibility determination or referral.

- d. **Aftercare.** Appointments for individuals discharged from an inpatient psychiatric or substance abuse residential setting must fall within seven (7) calendar days of the date of the original referral.
- 37. Site.** A distinct place of business designated for the delivery of Outpatient Behavioral Health Services. Sites are bona fide behavioral health outpatient clinics/offices providing all services in accordance with DBHS certification requirements and the Arkansas Medical Assistance Program (Medicaid).
- 38. Site Radius Rule.** Division of Behavioral Health Services BHA certifications are site specific and designate BHA's service area. Certified sites must provide services within a fifty (50) mile radius of the site's physical location.
- 39. Site Review Plan.** An applicant prepared plan of remediation purposed to correct any deficiency noted in a Site Survey Report.
- 40. Site Survey.** A comprehensive review, inspection, and examination of a proposed site in advance of issuing or denying certification to an applicant outpatient behavioral health services program. Site Surveys are conducted by DBHS or its designated representative.
- 41. Site Survey Report.** A written report prepared by DBHS and sent to the applicant following the site survey. The report contains the certification decision and any standards that were not met.
- 42. Site Transfer/ Transitions.** Moving existing staff, program, and clients from one physical location to another location that is no more than fifty (50) miles.
- 43. Supervision.** Directing, inspecting, observing, and evaluating the delivery of services and performance.
- 44. Supervision Documentation.** A written record, maintained by the BHA or BHH, of the date, time, manner, subject matter, and duration of direct supervision. Record must also include name and credentials of personnel performing supervision.
- 45. Therapeutic Communities.** A BHA meeting DBHS defined standards. Therapeutic Communities are highly structured residential environments or continuums of care in which the primary goals are the treatment of behavioral health needs and fostering of personal growth leading to personal accountability. This service addresses a broad range of needs identified by the adult(s) served. *See Supplemental Provider Certification Rules: Providers of Therapeutic Community Services.*⁴
- 46. Tier.** The range of medically necessary behavioral healthcare services available to clients eligible for Medicaid. Service array is Tier specific (i.e. 1, 2, or 3) and may vary.

⁴ This is a proposed DBHS policy and is contingent upon promulgation under Arkansas Administrative Procedure Act.

AGENCY REQUIREMENTS: BEHAVIORAL HEALTH AGENCY

I. Application Materials and Requirements:

- A. Applicant must be a free standing independent outpatient behavioral health care clinic.
- B. Applicant must be an Arkansas business in good standing.
- C. Applications must be submitted in the entity's name as it appears on record with Arkansas Secretary of State and for tax purposes.
- D. An applicant must identify an office/ location for central administration of the agency's operations. The physical site must be located within the state of Arkansas.
- E. Applicant must possess national accreditation through The Joint Commission (TJC), Commission of Accreditation of Rehabilitation Facilities (CARF), or Council on Accreditation (COA). Provisionary or probationary accreditation does not satisfy this requirement. Initial accreditation must include an on-site survey for each service site in which certification is requested.
- F. Provide proof of general liability insurance.
- G. Completion and submission of Behavior Health Agency application, required forms and attachments. *See Appendix BHA form ___.*⁵
- H. Applicants must provide DBHS or its designated representative with prompt and direct access to any records and information related to a submitted certification application.
- I. Providers of Rehabilitative Services for Persons with Mental Illness (RSPMI) certified by DBHS on or before December 31, 2014 will be deemed to have satisfied the DBHS certification requirements for the Outpatient Behavioral Health Services (OBHS) Program for a period of either one (1) year OR upon RSPMI re-certification date, whichever occurs first. Qualifying RSPMI providers must meet and comply with each of the following standards:
 - a. Completion and submission of RSPMI Attestation Form. *See Appendix BHA form ___.*⁶
 - b. Must be fully accredited and in good standing.
 - c. Must not have any pending adverse actions (e.g. corrective action plan).
 - d. BHA performing providers are subject to the rules and standards outlined in this manual.
- J. RSPMI providers initially enrolled and certified on or after January 1, 2015 are precluded from dual certification. DBHS will not issue concurrent certifications for the RSPMI and OBHS programs to a newly enrolled RSPMI provider initially certified on or after January 1, 2015. The preclusion noted herein does not include providers outlined in subsection (I) of this section.

⁵ Application materials and applicable forms are being developed. Documentation will include, but is not limited to: Business Organization; Accreditation correspondence; Description of services, types of care, and population served; Personnel Resources; Personnel credentials, licensure, and certifications; Program Resources; Referral Plan, Emergency Response Services Plan; and Liability Insurance.

⁶ Applicable form to be developed

II. Application Process:

- A.** DBHS or its designated representative will review completed application packet and attachments within ninety (90) calendar days of receipt. Incomplete applications will be returned to applicant without review.
- B.** Site surveys will be scheduled within twenty (20) business days of the approval date of an application.
- C.** Applicant will receive a site survey report within ten (10) business days of the site visit.
- D.** Applicants with noted deficiencies on a site survey report must submit a Site Review Plan to DBHS or its designated representative within thirty (30) calendar days of receipt of the site survey report.
- E.** DBHS or its designated representative will accept or reject a Site Review Plan in writing within ten (10) business days of receipt of a plan.
- F.** Within thirty (30) calendar days of an approved Site Review Plan, the applicant must document implementation of the approved plan and correction of any deficiencies listed in the site survey report. Applicants that are unable, despite demonstrating reasonable diligence and a showing of good cause, to correct deficiencies within the time permitted may be extended an additional ten (10) days. Any extensions of time are at the sole discretion of DBHS.
- G.** DBHS or its designated representative will furnish site-specific BHA certificates via postal or electronic mail within ten (10) business days of issuing each certification.
- H.** BHA site certifications are concurrent with the agency's national accreditation cycle, except that site certification extends six months past the accreditation expiration month if there is no interruption in the accreditation. The six (6) month extension is permitted to allow an agency time to receive a final report from the accrediting organization. Upon receipt of this final report, BHA must immediately forward a copy to DBHS.
- I.** BHA certifications are not transferrable or assignable. Privileges are limited to the certified entity.

- J. Any provider of outpatient behavioral health services must be enrolled in the Arkansas Medicaid Program before Medicaid will cover any services provided by the BHA to Arkansas Medicaid beneficiaries. Enrollment as a Medicaid provider is contingent upon the BHA satisfying all rules and requirements for provider participation as specified in the applicable provider manual, state and federal law. Persons and entities that are excluded or debarred under any state or federal law, regulation or rule are not eligible to enroll, or to remain enrolled, as Medicaid providers. *See Arkansas Medicaid Manual Section 202.000.*⁷ Enrollment as a Medicaid provider is an additional process and is the responsibility of the certified BHA.

III. Site Requirements:

A. Certification and Accreditation

1. DBHS-BHA certifications are site specific and designate BHA's service area. Certified sites must provide services within a fifty (50) mile radius of the site's physical location.
2. DBHS certification must be prominently displayed in a public area at each site.
3. BHA must maintain and document accreditation. Certificate of accreditation issued by The Joint Commission (TJC), Commission of Accreditation of Rehabilitation Facilities (CARF), or Council on Accreditation (COA) must be prominently displayed in a public area at each site.
4. Accreditation documents must identify each service site and describe all services, types of care, and population(s) served.
5. Accreditation documentation must include the BHA's governance standards for operation.
6. Outpatient behavioral health programs associated with a hospital must possess a free-standing accreditation for the outpatient behavioral health program.
7. DBHS reserves the right to inquire or request any additional information related to certification, accreditation, or both. This includes announced or unannounced compliance reviews.

B. Business

1. BHA must maintain an office and location for central administration of the agency's operations; and "good standing" status as an Arkansas business.
2. BHA must maintain general liability insurance coverage.

⁷ This section of the manual is contingent upon promulgation under Arkansas Administrative Procedure Act and subject to change.

3. Each BHA must have a current organizational chart that identifies administrative and clinical chains of command.
4. Physical site where services are provided must be located in Arkansas.
5. Each site must adhere to local and state code enforcement, health, and safety requirements.
6. Consistent with the Arkansas Secretary of State's business requirements, BHA must maintain documentation that identifies governing board or authority. The governing authority is accountable for the development of policies and procedures to guide daily operations.
7. The governing authority or legal owner of a BHA has the primary responsibility to create and maintain the BHA's core values and mission for the program. BHA must have a mission statement that establishes recovery and resiliency oriented goals and guide activities.

C. Service Delivery

1. **Agency.** BHA must establish and comply with operating policies and procedures that at a minimum implement credible practices and standards for:
 - a. Adhering to professionally recognized behavioral health models set by DBHS/DMS.
 - b. Completing the *DBHS Technical Assistance and Training for Program Operations*.⁸ BHA must enroll the Clinical Director and Corporate Compliance Officer within five (5) months of the BHA certification date.
 - c. Acceptance of Medicaid reimbursement rates and the provision of referral services for individuals that are indigent, or have no third party payor source, or for cases which the provider lacks the capacity to provide medically necessary care and services. At a minimum, a referral record must:
 - i. Identify the medically necessary service(s) that the BHA cannot or will not provide.
 - ii. State the reasons(s) the provider cannot or will not provide the noted services.
 - iii. Provide quality-control processes that assure compliance with care, discharge, and transition plans.
 - d. Maintaining staffing that is sufficient to establish and implement individualized treatment plans for clients served and comply with DBHS personnel requirements. BHA must identify the primary work location for each performing providers.

⁸ Title subject to change

- e. Assuring personnel meet all local, state, and federal requirements for their position (i.e. licensure, training, or certification). Licensed or certified behavioral health professionals are prohibited from providing outpatient behavioral health services during any time in which the professional's licensure or certification is subject to adverse action; he or she is excluded or debarred under DHS Policy 1088, Medicaid, Medicare, or Ark. Code Ann. § 19-11-245; or he or she is subject to a final determination that the professional failed to comply with professionally recognized standards of care, conduct, or both. For the purposes of this subsection, "final determination" means a final alternative dispute resolution (i.e. arbitration or mediation), court or administrative adjudication.
- f. Assisting program staff with developing knowledge and competency in the area of recovery, resiliency, and peer support; as well as the provision of services that are person-centered, effective, equitable, and responsive to diverse cultural health beliefs, practices, preferred languages, health literacy, and other communication needs of the population(s) served.
- g. Ensuring clients access to emergency services, critical care, and the full continuum of services by delivery, referral, or both.
- h. Initiating direct service delivery or making referrals for the population served within the following timeframes:
 - i. Emergent Care. Face to face within 2 hours of notification or referral. An emergent occurrence is an event necessitating acute psychiatric placement, crisis residential placement, or any 24 hour care, including respite.
 - ii. Urgent Care. Within 48 hours of an eligibility determination or referral.
 - iii. Routine Care. Within ten (10) business days of an eligibility determination or referral.
 - iv. Aftercare. Appointments for individuals discharged from an inpatient psychiatric or substance abuse residential setting must fall within seven (7) calendar days of the date of the referral.
- i. Establishing, implementing, and maintaining site-specific emergency response services. At a minimum, emergency response services must include:
 - i. An emergency telephone number available twenty-four (24) hours a day, seven (7) days a week. Emergency telephone numbers must be prominently displayed on each public entry of the site and referenced in automated response systems (e.g. answering machine greetings).

- ii. A documented plan that promptly identifies local medical facilities, law enforcement agencies, and other emergency responders, within a 50-mile radius, who are available to individuals in the event of an emergency. Plan must be current and disseminated to BHA on-call and emergency services personnel.
- iii. A qualified emergent responder must be available by telephone twenty-four (24) hours a day, seven (7) days a week. Qualifying emergency responders: Physician, Advance Practice Nurse, Licensed Psychologist, Licensed Psychological Examiner-Independent, Licensed Certified Social Worker, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Licensed Master Social Worker, Licensed Associate Counselor, Licensed Alcoholism and Drug Abuse Counselor, Licensed Addictions Counselor, Licensed Psychological Examiner, Provisionally Licensed Psychologist, Advanced Alcohol Drug Counselor, Certified Co-Occurring Disorders Professional –Diplomate, Licensed Registered Nurse, or Qualified Behavioral Health Provider.
- iv. Access to a licensed clinician within fifteen (15) minutes of an emergency call. BHA must facilitate client's access to service within two (2) hours of an emergent event. An emergent occurrence is an event necessitating acute psychiatric placement, crisis residential placement, or any twenty four (24) hour care—including respite.
- v. Strategies for responding to all emergent events and documenting time, place of occurrence, and individual's status (client or non-client); contact source (e.g. family member, law enforcement, health care provider, etc.); intervention; response; collaboration; and outcome.
- vi. A clinical review by BHA Clinical Director or equivalently qualified personnel, and notification of the PCMH or BHH within twenty four (24) hours of an emergent event.
- vii. Policies and procedures that ensure emergency response services are equitable and do not vary based on an individual's funding source. If BHA is not a Community Mental Health Center (CMHC), policies and procedures must include a collaborative plan for individuals eligible for inpatient behavioral health care and local acute care funds through CMHC. BHA must implement collaborative plans with due diligence and in accordance to professionally recognized standards of care.

- viii. Training requirements that ensure agency emergency response services are age appropriate and comply with accreditation standards. BHA must provide initial and annual training for designated emergency responders. Documentation of training must be maintained in trainee's personnel file.
- j. Sustaining and monitoring client information system(s) accuracy, completeness, and compliance with local, state, and federal requirements. BHA must provide DBHS or its designated representative with prompt and direct access to client information system(s).
- k. Satisfying DHS reporting requirements and established timelines.
- l. Developing and implementing quality improvement plans. BHA must conduct regular quality assurance meetings (quarterly minimum) that include:
 - i. Client record reviews. Records must be randomly selected and comprise a minimum of ten percent (10%) of all charts open during the past three (3) months.
 - ii. Program and service reviews. Reviews must assess and document whether care and services meet client's needs; identify unmet behavioral health needs; establish plans to address unmet needs; and implement an improvement plan.
- m. Complying with all applicable local, state, and federal laws, rules and regulations related to outpatient behavioral health services.

2. Personnel. BHA must maintain staffing that is sufficient to establish and implement individualized treatment plans for clients served and comply with following minimum personnel requirements:

- a. Chief Executive Officer/Executive Director. This is a full-time position. This individual must possess a Bachelor's degree and three (3) years of supervisory experience; or a minimum of five (5) years in behavioral health or a related field and three (3) years of supervisory experience. Person identified in this role must be qualified by education, training, or experience to:
 - i. Oversee the daily operations of the BHA.
 - ii. Manage agency staffing, policy, practice, and service delivery related matters.
 - iii. Develop and implement business/strategic plans in collaboration with the governing authority.
 - iv. Serve as a DBHS contact (on behalf of BHA) for any agency related matter.

- v. Comply with eligibility standards as defined in DHS Policy 1088, titled DHS Exclusionary Rule.
- b. Medical Director.** This is an employed or contracted position. The individual must be a licensed and board eligible/certified Physician (MD or DO). License must be in good standing and not subject to any adverse action. Person(s) identified in this role must:
- i. Organize and coordinate physician services.
 - ii. Diagnose, treat, and provide medication management for BHA clients.
 - iii. Assure psychiatric care is available twenty-four (24) hours a day, seven (7) days a week. Medical Director may delegate patient care to other physicians, subject to documented oversight and approval.
 - iv. Establish, demonstrate, and maintain a consulting agreement with a licensed and board certified psychiatrist (if the Medical Director is not a psychiatrist). A psychiatrist must be available for consult within twenty-four (24) of the following circumstances:
 - I. Antipsychotic or stimulant medication dosage(s) exceeding the recommended dosage and guidelines published the by the DHS Division of Medical Services.
 - II. When two (2) or more medications from the same pharmacological class are used.
 - III. When there is clinical deterioration or crisis with enhanced risk of danger to self or others.
 - v. Have access to a licensed and board certified child psychiatrist if the BHA serves clients under the age of twenty-one (21).
 - vi. Participate in treatment planning and reviews; and quarterly quality assurance meetings. Where applicable, consulting psychiatrist must also participate in quarterly quality assurance meetings.
 - vii. Comply with eligibility standards as defined in DHS Policy 1088, titled DHS Exclusionary Rule.
- c. Clinical Director.** This is a full-time or full- time equivalent position. The individual must possess an independent license by a DBHS recognized authority or board. Physician (MD or DO), Advance Practice Nurse (i.e. Adult Psychiatric Mental Health Clinical Nurse Specialist, Child Psychiatric Mental Health Clinical Nurse Specialist, Adult Psychiatric Mental Health APN, Family Psychiatric Mental Health APN), Licensed Psychologist, Licensed Psychological Examiner-Independent, Licensed Certified Social Worker, Licensed Professional Counselor, or Licensed Marriage and Family Therapist with a minimum of two (2) years clinical experience post independent licensure. License must be in

good standing and not subject to any adverse license action. Person(s) identified in this role must:

- i. Report directly to Chief Executive Officer or Executive Director.
 - ii. Oversee and manage BHA clinical services.
 - iii. Monitor supervision and supervision ratios for BHA's clinical staff; assures clinical services are provided within the scope of each performing provider's licensure or certification.
 - iv. Provide direct supervision for BHA's IPP's. Clinical Director may delegate this function to equivalently qualified agency personnel. Equivalently qualified means agency personnel must possess credentials equal to Clinical Director and satisfy the minimum experience requirements of this subsection.
 - v. Participate in quarterly quality assurance meetings.
 - vi. Serve as DBHS primary contact (on behalf of BHA) for clinical and treatment related matters.
 - vii. Comply with eligibility standards as defined in DHS Policy 1088, titled DHS Exclusionary Rule.
- d. Corporate Compliance Officer.** This is an employed or contracted position. The person identified in this role must report directly to Chief Executive Officer or Executive Director; have no direct responsibility for billing or collections; and be qualified by education, training or experience to:
- i. Monitor policy, practice standards, and program compliance.
 - ii. Chair BHA quality assurance committee; develop and implement quality control and quality improvement activities. Corporate Compliance Officer may delegate this function to other agency personnel, subject to documented oversight and approval. He or she may not make such delegation to the CEO/ ED.
 - iii. Develop and implement policies to assure compliance with privacy laws, rules and regulations. Corporate Compliance Officer may delegate this function to other agency personnel, subject to documented oversight and approval. He or she may not make such delegation to the CEO/ ED.
 - iv. Develop and implement employee and client grievance procedures; communicate grievance procedures to staff, contractor, client, client's agent/legal guardian/parent, or prospective client. This is a conflict free function. The person(s) serving in this role must not have any duties that would cause him/her to favor or disfavor a grievant. Corporate Compliance Officer may delegate this function to other agency personnel.

- v. Serve as DBHS primary contact (on behalf of BHA) for certification, compliance reviews, and all other compliance related matters.
 - vi. Comply with eligibility standards as defined in DHS Policy 1088, titled DHS Exclusionary Rule.
- e. Medical Records Manager. This is a full-time position. The person identified in this role must be qualified by education, training or experience to:
- i. Develop and implement BHA client information system.
 - ii. Understand medical and behavioral health terminology.
 - iii. Manage medical record classification systems and references such as The American Psychiatric Association's Diagnostic and Statistical Manual – IV-TR (DSM-IV-TR) and subsequent editions; International Classification of Diseases (ICD) and subsequent editions; Diagnostic Related Groups (DRG's); Physician's Desk Reference (PDR); and Current Procedural Terminology (CPT).
 - iv. Understand, apply, and adhere to legal and regulatory requirements for medical records and client confidentiality.
 - v. Monitor medical records for accuracy, completeness, and compliance.
 - vi. Comply with eligibility standards as defined in DHS Policy 1088, titled DHS Exclusionary Rule.

3. Client. BHA must ensure that service planning and delivery conforms to the following client-related standards:

- a. BHA must maintain copies of disclosure forms signed by client, or the client's agent, parent or legal guardian. Disclosure forms must be provided in advance of rendering outpatient behavioral health services (excludes emergencies) and at a minimum, must:
 - i. Describe the outpatient behavioral health services and interventions to be provided.
 - ii. Explain program eligibility.
 - iii. Identify and define any services offered or to be provided in addition to outpatient behavioral health services. State whether there will be a charge for such services and document payment arrangements.
 - iv. Disclose that third party (e.g. Medicaid or Private Insurance) payments may be denied based on the third party payer's policies or rules.
 - v. Provide notice of client's rights and inform individual(s) that services may be discontinued by the client at any time.

- vi. Include contact information for BHA personnel and explain agency processes for making complaints regarding care delivery, discrimination, or other BHA dissatisfaction concerns.
- vii. Include contact information for state and federal agencies that enforce compliance related to outpatient behavioral health services and explain processes for making complaints regarding care delivery, discrimination, or other BHA dissatisfaction concerns.
- b. Establishes and implements policies for family engagement and involvement for persons under age eighteen (18). BHA must develop strategies for identifying and overcoming barriers to family involvement.
- c. Supports requests from and provides services for consumers, children, youth, families, caregivers, parents and legal guardians that are person-centered, effective, equitable, and responsive to diverse cultural health beliefs, practices, preferred languages, health literacy, communication and other unique needs of the clients served.
- d. In a manner and timeframe prescribed by DBHS, BHA must provide regular reports and maintain all records related to client outcomes.

D. Reporting

BHA must adhere to the following reporting requirements:

1. Monthly report detailing all covered healthcare practitioners. On or before the tenth (10th) of each month, BHA must notify the Office of Medicaid Inspector General (OMIG) of the names of all licensed behavioral health care professionals providing outpatient behavioral health services.
2. Any business operations changes (site-specific or central administration). BHA must notify DBHS within thirty (30) calendar days of any change affecting the accuracy of the provider's certification records; and furnish duplicate copies of any compliance, measures of success, quality improvement plans, corrective action plans, or other correspondence submitted to accrediting body. Except that, BHA must submit any correspondence (e.g. letter, facsimile, email) related to an adverse action affecting BHA's accreditation status or service delivery to DBHS within five (5) calendar days of the action or service delivery change.
3. Sentinel Events. Sentinel events are occurrences subject to review by DBHS. BHA must notify DBHS within twenty-four (24) hours of an event that occurs during the provision of care or at the agency facility, and meets of the following criteria:
 - a. Sexual abuse or assault (including rape)
 - b. Abduction of any individual

- c. Unanticipated death or major bodily injury/harm not related to the course of the client’s condition.
 - d. Suicide
- 4. **Planned Closing.** Upon deciding to close a site either temporarily or permanently, BHA must immediately provide written notice to clients, DBHS, the Division of Medical Services, and accrediting organization. Notice must state the site closure date.
 - a. If site closure is permanent, the site’s certification expires at 12:00 a.m. on the day following the closure date referenced in the notice.
 - b. If site closure is temporary and for reasons unrelated to an adverse governmental action, DBHS may deem the site certification “Inactive” for up to one (1) year. However, the provider must maintain possession and control of the site. If the site is not operating and in compliance within the time allotted, the site certification expires at 12:00 a.m. the day after the “Inactive” designation. BHA’s that are unable, despite reasonable diligence and a showing of good cause, to come into compliance within the time permitted may be extended additional time. Any extensions of time are at the sole discretion of DBHS.
- 5. **Unplanned Closing.** If a BHA involuntarily closes a site due to, for example, fire, natural disaster, or adverse governmental action, BHA must immediately notify clients, DBHS, DMS, OMIG, and the accrediting organization of the closure and the reason(s) for the closure. Site certification expires in accordance with any pending regulatory action. If there is no pending regulatory action, certification expires at 12:00 a.m. on the day following permanent closure.
- 6. **Site Transfer.** BHA must apply for transfer of site certification. *See Appendix BHA form __.*⁹ These forms are also available at: www.__.¹⁰ Applications must be submitted at least forty-five (45) calendar days before the proposed transfer of the site. Provider must notify clients, DBHS, DMS, OMIG and the accrediting organization at least thirty (30) calendar days before the approved transfer. DHS Division of Medical Services does not require a new Medicaid provider number. However, DBHS must conduct a site survey of the proposed location in advance of approving a transfer application. Upon approval of the proposed location, the existing site is effectively closed.
- 7. **All Closings.** BHA must assure and document continuity of care for all clients receiving Outpatient Behavioral Health Services at each site. BHA must:

⁹ Applicable form to be developed

¹⁰ To be determined

- a. Submit a transition plans consistent with DBHS standards and requirements. *See Appendix BHA form*__.¹¹
 - b. Assure and document client’s receipt of notice of the closure, closure date, and any information or instructions necessary for the client to obtain transition services. BHA may satisfy the client notice requirement by mailing notice containing this aforementioned information to the client’s last known address if notice is unsuccessful or impossible, despite an exercise of due diligence.
 - c. Post a public notice at each site entry. The public notice must include the name and contact information of available providers within a fifty (50) mile radius of the site; and contact information for the DBHS’ central administration office or its designated representative.
8. Annual report of program operations. BHA must submit annual report to DBHS before July 1st of each 12 month operating year. Annual report must be consistent with DBHS guidelines. *See Appendix BHA form*__.¹²
9. Quality Improvement Plans. QIP evaluates program processes related to care, treatment, or service needs of the BHA’s service population. BHA must assess and document whether care and services meet the needs of the population(s) served; identify unmet behavioral health needs; and establish strategies to address unmet needs. Examples of quality improvement activities include, but are not limited to, flowcharting a clinical process; collecting and analyzing data about performance measures or outcomes; comparing the BHA’s performance to that of other organizations; or monitoring and sustaining performance improvement. BHA must submit a Quality Improvement Plan as a component portion of the Annual Report. *See Appendix BHA form*__.¹³
10. Client related data must be submitted in accordance with DBHS approved outcome measures and all other DBHS required data systems and performance strategies.
11. All applicable state and federal reporting requirements related to outpatient behavioral health services.

E. Re-certification

- 1. BHA must maintain program operations consistent with all applicable professionally recognized standards of care, and state and federal laws, rules, and regulations.
- 2. BHA must adhere to annual compliance review requirements.

¹¹ Applicable form to be developed

¹² Applicable form(s) to be developed

¹³ Applicable form(s) to be developed

3. DBHS must receive BHA site recertification applications at least fifteen (15) business days before the expiration date.
4. BHA site certifications are concurrent with the agency's national accreditation cycle, except that site certification extends six months past the accreditation expiration month if there is no interruption in the accreditation. The six (6) month extension is permitted to allow an agency time to receive a final report from the accrediting organization. Upon receipt of this final report, BHA must immediately forward a copy to DBHS.
5. BHA must furnish DBHS with copies of the correspondence from the accrediting agency within five (5) business days of receipt.
6. If DBHS has not recertified the provider and site(s) before the certification expiration date, certification is void beginning 12:00 a.m. the next day.

F. Noncompliance

Failure to comply with the rules set forth in this manual may result in one or more of the following:

1. Submission and implementation of an acceptable corrective action plan as a condition of retaining BHA certification.
2. Suspension of BHA certification is for a fixed period, during which time, BHA must meet each condition specified in the suspension notice.
3. Termination of BHA certification.

AGENCY REQUIREMENTS: PERFORMING PROVIDERS

- I. **CERTIFIED PERFORMING PROVIDERS (CPP)** are behavioral health professionals trained, certified, and authorized by DHS to provide outpatient behavioral health services as part of a certified BHA or BHH. CPP's must provide services consistent with the following standards and supervision requirements:

A. Family Support Partner

- i. Education and Experience. High school diploma or GED; and lived experience. Lived experience is the knowledge and insight gained by providing for the care of a child or youth with a behavioral health diagnosis.
- ii. Training. Minimum of forty (40) hours; an additional twenty (20) hours must be completed within year one of certification.
- iii. Supervision Time and Manner. Weekly supervision; a minimum of three (3) face-to-face contacts, and one (1) client specific direct observation must occur monthly. FSP must have at least twelve (12) such face-to-face contacts every ninety (90) days. Supervision documentation must note the time, date,

manner, domain, duration, and detail the interaction. Record must also include name, credentials, and signature of personnel performing supervision. BHA must establish that supervision occurred via individualized written records maintained and filed weekly in the FSP's personnel file.

- iv. Supervision Domains. Each of the following domains must be covered every six (6) months: Cultural Competence, Treatment Services (i.e. specific to the FSP's scope of work), Clinical Documentation, Ethics/ Professional Standards, and any additional area noted as deficient or requiring improvement. FSP supervision must be concordant with family support principles.
- v. Qualifying Supervision Personnel. Physician (MD and DO); Advance Practice Nurse (i.e. Adult Psychiatric Mental Health Clinical Nurse Specialist, Child Psychiatric Mental Health Clinical Nurse Specialist, Adult Psychiatric Mental Health APN, Family Psychiatric Mental Health APN), Licensed Psychologist; Licensed Psychological Examiner-Independent; Licensed Certified Social Worker; Licensed Professional Counselor; Licensed Marriage and Family Therapist; Licensed Master Social Worker; Licensed Associate Counselor; Licensed Alcoholism and Drug Abuse Counselor; Licensed Psychological Examiner; or Provisionally Licensed Psychologist. *Supervision ratio may not exceed 10:1.*
- vi. Continuing Education Units (CEU's). Twenty (20) hours annually and consistent with guidelines pre-approved by DBHS or its designated representative.

B. Peer Support Specialist

- i. Education and Experience. High school diploma or GED; and lived experience. Lived experience is the knowledge and insight gained by receiving behavioral healthcare services.
- ii. Training. Minimum of forty (40) hours; an additional twenty (20) hours must be completed within year one of certification.
- iii. Supervision Time and Manner. Weekly supervision; a minimum of three (3) face to face contacts, and one (1) client specific direct observation must occur monthly. Peer Support Specialist must have at least twelve (12) such face-to-face contacts every ninety (90) days. Supervision documentation must note the time, date, manner, domain, duration, and detail the interaction. Record must also include name, credentials, and signature of personnel performing supervision. BHA must establish that supervision occurred via individualized written records maintained and filed weekly in the Peer Support Specialist's personnel file.

- iv. Supervision Domains. Each of the following domains must be covered every six (6) months: Cultural Competence, Treatment Services (i.e. specific to the Peer Specialist's scope of work), Clinical Documentation, Ethics/ Professional Standards, and any additional area noted as deficient or requiring improvement. Peer Support supervision must be concordant with peer support principles.
- v. Qualifying Supervision Personnel. Physician (MD and DO); Advance Practice Nurse (i.e. Adult Psychiatric Mental Health Clinical Nurse Specialist, Child Psychiatric Mental Health Clinical Nurse Specialist, Adult Psychiatric Mental Health APN, Family Psychiatric Mental Health APN), Licensed Psychologist; Licensed Psychological Examiner-Independent; Licensed Certified Social Worker; Licensed Professional Counselor; Licensed Marriage and Family Therapist; Licensed Master Social Worker; Licensed Associate Counselor; Licensed Alcoholism and Drug Abuse Counselor; Licensed Psychological Examiner; or Provisionally Licensed Psychologist. *Supervision ratio may not exceed 10:1.*
- vi. Continuing Education Units (CEU's). Twenty (20) hours annually and consistent with guidelines pre-approved by DBHS or its designated representative.

C. Youth Support Specialist

- i. Education and Experience. Youth ages eighteen (18) to twenty-five (25); High school diploma or GED; and lived experience. Lived experience is the knowledge and insight obtained by receiving behavioral healthcare services.
- ii. Training. Minimum of forty (40) hours; an additional twenty (20) hours must be completed on or before year one of certification.
- iii. Supervision Time and Manner. Weekly supervision; a minimum of three (3) face to face contacts, and one (1) client specific direct observation must occur monthly. Youth Support Specialist must have at least twelve (12) such face-to-face contacts every ninety (90) days. Supervision documentation must note the time, date, manner, domain, duration, and detail the interaction. Record must also include name, credentials, and signature of personnel performing supervision. BHA must establish that supervision occurred via individualized written records maintained and filed weekly in the Youth Support Specialist's personnel file.
- iv. Supervision Domains. Each of the following domains must be covered every six (6) months: Cultural Competence, Treatment Services (i.e. specific to the YSP's scope of work), Clinical Documentation, Ethics/ Professional Standards,

and any additional area noted as deficient or requiring improvement. Youth Support supervision must be concordant with peer support principles.

- v. Qualifying Supervision Personnel. Physician (MD and DO); Advance Practice Nurse (i.e. Adult Psychiatric Mental Health Clinical Nurse Specialist, Child Psychiatric Mental Health Clinical Nurse Specialist, Adult Psychiatric Mental Health APN, Family Psychiatric Mental Health APN), Licensed Psychologist; Licensed Psychological Examiner-Independent; Licensed Certified Social Worker; Licensed Professional Counselor; Licensed Marriage and Family Therapist; Licensed Master Social Worker; Licensed Associate Counselor; Licensed Alcoholism and Drug Abuse Counselor; Licensed Psychological Examiner; or Provisionally Licensed Psychologist. *Supervision ratio may not exceed 10:1.*
- vi. Continuing Education Units (CEU's). Twenty (20) hours annually and consistent with guidelines pre-approved by DBHS or its designated representative.

D. Qualified Behavioral Health Professional—Non-degreed

- i. Education and Experience. High school diploma or GED
- ii. Training. Minimum of forty (40) hours; an additional twenty (20) hours must be completed within year one of certification.
- iii. Supervision Time and Manner. Weekly supervision; a minimum of three (3) face to face contacts, and one (1) client specific direct observation must occur monthly. QBHP must have at least twelve (12) such face-to-face contacts every ninety (90) days. Supervision documentation must note the time, date, manner, domain, duration, and detail the interaction. Record must also include name, credentials, and of personnel performing supervision. BHA must establish that supervision occurred via individualized written records maintained and filed weekly in the QBHP's personnel file.
- iv. Supervision Domains. Each of the following domains must be covered every six (6) months: Cultural Competence, Treatment Services (i.e. assessment and referral skills; appropriateness and effectiveness of treatment and interventions in relation to client's needs and goals), Clinical Documentation, Ethics/ Professional Standards, and any additional area noted as deficient or requiring improvement.
- v. Qualifying Supervision Personnel. Physician (MD and DO); Advance Practice Nurse (i.e. Adult Psychiatric Mental Health Clinical Nurse Specialist, Child Psychiatric Mental Health Clinical Nurse Specialist, Adult Psychiatric Mental Health APN, Family Psychiatric Mental Health APN), Licensed Psychologist;

Licensed Psychological Examiner-Independent; Licensed Certified Social Worker; Licensed Professional Counselor; Licensed Marriage and Family Therapist; Licensed Master Social Worker; Licensed Associate Counselor; Licensed Alcoholism and Drug Abuse Counselor; Licensed Psychological Examiner; or Provisionally Licensed Psychologist. *Supervision ratio may not exceed 10:1.*

- vi. Continuing Education Units (CEU's). Twenty (20) hours annually and consistent with guidelines pre-approved by DBHS or its designated representative.

E. Qualified Behavioral Health Professional—Degreed

- i. Education and Experience. Bachelor's degree
- ii. Training. Minimum of forty (40) hours; an additional twenty (20) hours must be completed within year one of certification.
- iii. Supervision Time and Manner. Weekly supervision; a minimum of three (3) face to face contacts, and one (1) client specific direct observation must occur monthly. QBHP must have at least twelve (12) such face-to-face contacts every ninety (90) days. Supervision documentation must note the time, date, manner, domain, duration, and detail the interaction. Record must also include name, credentials, and signature of personnel performing supervision. BHA must establish that supervision occurred via individualized written records maintained and filed weekly in the QBHP's personnel file.
- iv. Supervision Domains. Each of the following domains must be covered every six (6) months: Cultural Competence, Treatment Services (i.e. assessment and referral skills; appropriateness and effectiveness of treatment and interventions in relation to client's needs and goals), Clinical Documentation, Ethics/ Professional Standards, and any additional area noted as deficient or requiring improvement.
- v. Qualifying Supervision Personnel. Physician (MD and DO); Advance Practice Nurse (i.e. Adult Psychiatric Mental Health Clinical Nurse Specialist, Child Psychiatric Mental Health Clinical Nurse Specialist, Adult Psychiatric Mental Health APN, Family Psychiatric Mental Health APN), Licensed Psychologist; Licensed Psychological Examiner-Independent; Licensed Certified Social Worker; Licensed Professional Counselor; Licensed Marriage and Family Therapist; Licensed Master Social Worker; Licensed Associate Counselor; Licensed Alcoholism and Drug Abuse Counselor; Licensed Psychological Examiner; or Provisionally Licensed Psychologist. *Supervision ratio may not exceed 10:1.*

- vi. Continuing Education Units (CEU's). Twenty (20) hours annually and consistent with guidelines pre-approved by DBHS or its designated representative.

II. NON-INDEPENDENT PERFORMING PROVIDERS (NIPP)—supervision requirements of BHA professionals. NIPP's are behavioral health professionals authorized, by DHS recognized authorities and boards, to practice within the scope of his/her licensure or certification as part of a certified BHA under the direct supervision of an Independent Performing Provider. These providers include: Licensed Master Social Workers, Licensed Associate Counselors, Licensed Alcoholism and Drug Abuse Counselors, Licensed Addictions Counselors, Licensed Psychological Examiners, Provisionally Licensed Psychologists, Advanced Alcohol Drug Counselors, Certified Co-Occurring Disorders Professional –Diplomates, and Licensed Registered Nurses. NIPP's license or authorized certification must be in good standing and not subject to any adverse action. BHA NIPP's must provide services consistent with the following standards and supervision requirements:

- A. Supervision Time and Manner. NIPP must have a documented client related face-to-face contact every ninety (90) days. Supervision documentation must note the time, date, manner, domain(s), and duration. Record must also include name, credentials, and signature of personnel performing supervision. BHA must establish that supervision occurred via individualized written records maintained and filed in the NIPP's personnel file.
- B. Supervision Domains. Each of the following domains must be covered every twelve (12) months: Cultural Competence, Treatment Services (i.e. assessment and referral skills; appropriateness and effectiveness of treatment and interventions in relation to client's needs and goals), Clinical Documentation, Ethics/ Professional Standards, and any additional area noted as deficient or requiring improvement.
- C. Qualifying Supervision Personnel. Physician (MD and DO); Advance Practice Nurse (i.e. Adult Psychiatric Mental Health Clinical Nurse Specialist, Child Psychiatric Mental Health Clinical Nurse Specialist, Adult Psychiatric Mental Health APN, Family Psychiatric Mental Health APN), Licensed Psychologist; Licensed Psychological Examiner-Independent; Licensed Certified Social Worker; Licensed Professional Counselor; or Licensed Marriage and Family Therapist.
- D. Specialty Competencies. NIPP's must satisfy DBHS certification and competency qualifications in advance of providing Substance Abuse or Parent/Child Dyadic treatment services. See Licensed Performing Provider section III for specifications.

III. INDEPENDENT PERFORMING PROVIDERS (IPP)—supervision requirements of BHA professionals. Licensed behavioral health professionals authorized, by DHS recognized

authorities and boards, to practice within the scope of his/her licensure without direct supervision: Advance Practice Nurse (i.e. Adult Psychiatric Mental Health Clinical Nurse Specialist, Child Psychiatric Mental Health Clinical Nurse Specialist, Adult Psychiatric Mental Health APN, Family Psychiatric Mental Health APN), Licensed Psychologists, Licensed Psychological Examiner-Independent, Licensed Certified Social Workers, Licensed Professional Counselors, and Licensed Marriage and Family Therapists. IPP's license must be in good standing and not subject to any adverse license action. BHA IPP's must provide services consistent with the following standards and supervision requirements:

- A. Supervision Time and Manner. IPP must have a documented client related face-to-face contact every ninety (90) days. Supervision documentation must note the time, date, manner, domain(s), and duration. Record must also include name, credentials, and signature of Clinical Director. BHA must establish that supervision occurred via individualized written records maintained and filed in the IPP's personnel file.
- B. Supervision Domains. Each of the following domains must be covered every twelve (12) months: Cultural Competence, Treatment Services (i.e. assessment and referral skills; appropriateness and effectiveness of treatment and interventions in relation to client's needs and goals), Clinical Documentation, Ethics/ Professional Standards, and any additional area noted as deficient or requiring improvement.
- C. Qualifying Supervision Personnel. BHA Clinical Director or equivalently qualified designee.
- D. Specialty Competencies. IPP's must satisfy DBHS certification and competency qualifications in advance of providing Substance Abuse or Parent/Child Dyadic (under 48) treatment services. See Licensed Performing Provider section III for specifications.

AGENCY REQUIREMENTS: COMPLIANCE REVIEW

DBHS reserves the right to inquire about or request any additional information related to certification, accreditation, or both. This includes announced or unannounced compliance review.

BHA must provide DBHS with prompt and direct access to any records and information related to a compliance review.

Failure to comply with the rules set forth in this manual may result in one or more of the following:

- I. Submission and implementation of an acceptable corrective action plan as a condition of retaining BHA certification.

- II. Suspension of BHA certification for a fixed period, during which time, BHA must meet each condition specified in the suspension notice.
- III. Termination of BHA certification.

DBHS may conduct a compliance review if a BHA fails to respond to a request for information. It may also review a site at any time with or without notice in response to complaints or other information raising questions as to the benefits of services, health, welfare, or safety of those served.

DBHS will deem a BHA's failure to permit a compliance review as an attestation that the BHA no longer wants to participate in the Medicaid Outpatient Behavior Health Services Program. In such a case, DBHS reserves the right to begin decertification proceedings.

PROPOSED

AGENCY REQUIREMENTS: APPEALS

The appeal process is available to provide a mechanism by which an applicant or provider (i.e. Behavioral Health Agency or Certified Performing Provider) may appeal an adverse action by the Division of Behavioral Health Services. Complaints which solely assert an objection to federal or state laws or regulations are not subject to appeal under this procedure.

1. If DBHS denies, suspends, revokes, or takes adverse action against a certification, the appellant (i.e. affected party or agency) may appeal the response. Notice of an adverse action must comply with Ark. Code Ann. § 20-77-1701-1705 and §§1708-1713. The appellant's
2. Appeal must be submitted in writing to DHS Office of Appeals and Hearings.
3. The provider has thirty (3) calendar days from the date of the notice of adverse action to appeal. An appeal request received within thirty five (35) calendar days of the date of the notice will be deemed timely.
4. Appeals are conducted pursuant to the Arkansas Administrative Procedure Act, Ark. Code Ann. §§ 25-15-201 et seq. and DHS Policy 1098.

LICENSED PERFORMING PROVIDER

I. APPLICATION MATERIALS AND PROCESS

- a. Applicant must complete and submit a DBHS Licensed Performing Provider application, required forms, and attachments. *See Appendix LPP form* ____.¹⁴ Applications must be submitted in the individual's name as it appears on record with licensure(s) by State boards to practice behavioral health services.
- b. Applicant must identify an office/ location for central administration of business operations. The physical site where services are provided must be located within the state of Arkansas.
- c. Applicant must provide DBHS or its designated representative with prompt and direct access to any records and information related to a submitted certification application.
- d. DBHS or its designated representative will review completed application, required forms, and attachments within ninety (90) calendar days of receipt. Incomplete applications will be returned to applicant without review.
- e. DBHS will issue individual certificates via postal or electronic mail within five (5) business days of a certification determination.

¹⁴ Application materials and forms are being developed. Documentation will include, but is not limited to: Description of services, types of care, and population served; Credentials and Licensure; Referral Plan, Emergency Service Plan; Liability Insurance; Medication Management Plan; and Affiliation Agreements.

- f. LPP certifications are not transferrable or assignable. Privileges are limited to certified individuals.
- g. Any provider of outpatient behavioral health services must be enrolled in the Arkansas Medicaid Program before Medicaid will cover any services provided by the LPP to Arkansas Medicaid beneficiaries. Enrollment as a Medicaid provider is contingent upon the LPP satisfying all rules and requirements for provider participation as specified in the applicable provider manual, state and federal law. Persons and entities that are excluded or debarred under any state or federal law, regulation or rule are not eligible to enroll, or to remain enrolled, as Medicaid providers. *See Arkansas Medicaid Manual Section 202.000.*¹⁵ Enrollment as a Medicaid provider is an additional process and is the responsibility of the certified provider.

II. MINIMUM QUALIFICATIONS

- a. **Independent.** Licensed behavioral health professionals certified by DBHS, and authorized by DHS recognized authorities and boards, to practice within the scope of his/her licensure without direct supervision: Advance Practice Nurse (i.e. Adult Psychiatric Mental Health Clinical Nurse Specialist, Child Psychiatric Mental Health Clinical Nurse Specialist, Adult Psychiatric Mental Health APN, Family Psychiatric Mental Health APN), Licensed Psychologist, Licensed Psychological Examiner-Independent, Licensed Certified Social Worker, Licensed Professional Counselor, or Licensed Marriage and Family Therapist. Independent providers, certified by DBHS, must possess a license in good standing with a minimum of two (2) years clinical experience post independent licensure. Advance Practice Nurses must demonstrate a collaborative agreement with a Physician.
- b. **Provider Group.** Two or more independent providers working in concert to provide outpatient behavior health services to clients. Each professional must possess an independent license, in good standing, by a DHS recognized authority or board. Advance Practice Nurse (i.e. Adult Psychiatric Mental Health Clinical Nurse Specialist, Child Psychiatric Mental Health Clinical Nurse Specialist, Adult Psychiatric Mental Health APN, Family Psychiatric Mental Health APN), Licensed Psychologists, Licensed Psychological Examiner-Independents, Licensed Certified Social Workers, Licensed Professional Counselors, and Licensed Marriage and Family Therapists participating in provider groups, must satisfy DBHS certification qualifications for independent providers.

¹⁵ This section of the manual is contingent upon promulgation under Arkansas Administrative Procedure Act and subject to change.

- c. **Multispecialty Group.** A group of professionals from different disciplines that provide comprehensive care through individual expertise and in consultation with one another to accomplish the client's clinical and wellness goals. Each professional must possess an independent license by a DHS recognized authority or board. Advance Practice Nurses, Licensed Psychologists, Licensed Psychological Examiner-Independents, Licensed Certified Social Workers, Licensed Professional Counselors, and Licensed Marriage and Family Therapists participating in multispecialty groups must satisfy DBHS certification qualifications for independent providers.

III. SPECIALTY CERTIFICATIONS AND COMPETENCIES

- a. **Substance Abuse Treatment Services.** This is a specialty certification purposed for billing Medicaid reimbursable substance abuse services. Privileges are limited to the certified individual. Certification is not transferrable or assignable. The following standards apply:
 - i. Qualifying Professionals. Licensed Psychologist, Licensed Psychological Examiner-Independent, Licensed Certified Social Worker, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Licensed Alcoholism and Drug Abuse Counselor, Licensed Master Social Worker, Licensed Associate Counselor, Licensed Psychological Examiner, or Provisionally Licensed Psychologist.
 - ii. Specialized Competencies. A qualifying professional must satisfy one (1) of the following:
 - 1. Possess a license or certification in good standing from the Arkansas Substance Abuse Certification Board;
 - 2. Possess a license or certification in good standing from the State of Arkansas Board of Examiners of Alcoholism and Drug Abuse; or
 - 3. Have passed a standardized competency exam established by the International Certification and Reciprocity Consortium (ICRC)
 - iii. Supervision Time and Manner. Not applicable
 - iv. Supervision Domains. Not Applicable
 - v. Qualifying Supervision Personnel. Not applicable
 - vi. Continuing Education Units (CEU's). Ten (10) hours biennially; must be related to the ICRC competency areas.
- b. **Parent/Child Dyadic (under 48) Treatment Services.** This is a specialty certification purposed for billing Medicaid reimbursable parent/child dyadic

(under 48) treatment services. Privileges are limited to the certified individual. Certification is not transferrable or assignable. The following standards apply:

- i. Qualifying Professionals. Licensed Psychologist, Licensed Psychological Examiner-Independent, Licensed Certified Social Worker, Licensed Professional Counselor, Licensed Marriage and Family Therapist, Licensed Master Social Worker, Licensed Associate Counselor, Licensed Psychological Examiner, or Provisionally Licensed Psychologist.
- ii. Specialized Competencies. A qualifying professional must satisfy all of the following:
 1. Have completed a minimum of thirty (30) hours of relationship-based education and training pertaining to the promotion of early childhood and social-emotional development; the practice of parent/child dyadic treatment; or both. This may include training in Child-Parent Psychotherapy (CPP) and Parent-Child Interaction Therapy (PCIT). At minimum, six (6) of these thirty (30) hours must be based on Trauma-Informed Care.
 2. Complete training on the utilization of the DC 0-3 diagnostic and assessment process.
 3. Possess two (2) years of supervised post-graduate experience. Provisionally Licensed Psychologists are exempted from this requirement.
 4. Demonstrate experience in the provision of culturally sensitive, relationship-focused parent/child dyadic treatment services. This experience must include interaction with both the infant/toddler and the primary caregiver. A minimum of ten (10) cases or one hundred (100) clock hours required.
- iii. Supervision Time and Manner. Within one year of receiving a provisional certification, provider must complete thirty (30) hours of reflective supervision and coaching with an approved supervisor to receive certification.
- iv. Supervision Domains. These domains must include relationship-based therapy specific for infant/toddler and caregiver; trauma informed therapy; assessment of infant/toddler and child/caregiver dyad; and use of the DC 0-3 crosswalk for diagnosis.
- v. Qualifying Supervision Personnel. Qualifying Supervision Personnel must be approved by DBHS or its designated representative in advance of service delivery. Approved supervision personnel must satisfy the requirements set forth in this subsection and demonstrate the following

additional competencies: A minimum of fifty (50) clock hours of supervision/consultation within a minimum of one year and a maximum of two years while working with or on behalf of infants, toddlers, and their caregivers.

- vi. Continuing Education Units (CEU's). Ten (10) hours annually; must include relationship-based education and training pertaining to the promotion of early childhood, social-emotional development, or the practice of parent/child dyadic treatment.

IV. REPORTING

LPP must adhere to the following reporting requirements:

- a. **Practice Changes.** LPP must notify DBHS within thirty (30) calendar days of any change affecting the accuracy of the provider's certification records. This includes, but is not limited to: licensure, office location, population(s) served, type(s) of care, affiliation agreement, liability insurance, medication management and emergency service plans.
- b. **Outcome Measures.** In a manner and timeframe prescribed by DBHS, LPP must provide regular and special reports; and maintain all records related to client outcomes.
- c. **Sentinel Events.** Sentinel events are occurrences subject to review by DBHS. LPP must notify DBHS within twenty-four (24) hours of an occurrence that meets any of the following criteria and involves an individual receiving care, treatment or services:
 - i. Sexual abuse or assault (including rape)
 - ii. Abduction of any individual
 - iii. Unanticipated death or major bodily injury/harm not related to the course of the client's condition
 - iv. Suicide

V. APPEALS

The appeal process is available to provide a mechanism by which an applicant or certified performing provider may appeal an adverse action by the Division of Behavioral Health Services. Complaints which solely assert an objection to federal or state laws or regulations are not subject to appeal under this procedure.

- a. If DBHS denies, suspends, revokes, or takes adverse action against a certification, the appellant (i.e. affected party) may appeal the response.
- b. Appeal must be submitted in writing to DHS Office of Appeals and Hearings.

- c. The provider has thirty (3) calendar days from the date of the notice of adverse action to appeal. An appeal request received within thirty five (35) calendar days of the date of the notice will be deemed timely.
- d. Appeals are conducted pursuant to the Arkansas Administrative Procedure Act, Ark. Code Ann. §§ 25-15-201 et seq. and DHS Policy 1098.

PROPOSED

PROPOSED

APPENDIX