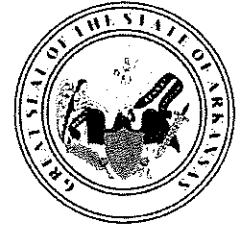




Division of Aging, Adult & Behavioral Health Services



P.O. Box 1437, Slot S295 · Little Rock, AR 72203-1437
· 501-320-6570 · Fax: 501-404-4619

September 6, 2019



Varnaria Vickers-Smith, Legislative Analyst
Senate Interim Children and Youth Committee and the
House Aging, Children and Youth, Legislative and Military Affairs Committee
Arkansas Bureau of Legislative Research
Bureau of Legislative Research
#1 Capitol, 5th Floor, Room R-516
Little Rock, AR 72201

Re: Initial Filing – Regular Promulgation for - Standards for Community Mental Health Centers and Clinics and the Accreditation Policy for Community Mental Health Center and Clinics

Dear Ms. Vickers-Smith:

Please arrange for the rule to be reviewed by the Children & Youth Committee. The public comment period is from September 6, 2019 to October 5, 2019, with a proposed effective date of December 1, 2020.

Enclosed are copies of the Questionnaire, Summary of Changes, Financial Impact Statement and Rule.

If you have any questions or need additional information, please contact Isaac Linam, Deputy Chief of Office of Legislative and Intergovernmental Affairs, Office of Rules Promulgation at 501-320-6570 or by emailing Isaac.Linam@dhs.arkansas.gov.

Sincerely,

Handwritten signature of Jay Hill.

Jay Hill
Director

JH:th

Attachments

QUESTIONNAIRE FOR FILING PROPOSED RULES WITH THE
ARKANSAS LEGISLATIVE COUNCIL

DEPARTMENT/AGENCY Department of Human Services
DIVISION Division of Aging, Adult and Behavioral Health Services
DIVISION DIRECTOR Jay Hill
CONTACT PERSON Isaac Linam
ADDRESS PO Box 1437, Slot S295, Little Rock, AR 72203-1437
PHONE NO. 501-320-6570 **FAX NO.** 501-404-4619 **E-MAIL** Isaac.Linam@dhs.arkansas.gov
NAME OF PRESENTER AT COMMITTEE MEETING Mark White and Patricia Gann
PRESENTER E-MAIL mark.white@dhs.arkansas.gov and patricia.gann@dhs.arkansas.gov

INSTRUCTIONS

- A. Please make copies of this form for future use.
- B. Please answer each question completely using layman terms. You may use additional sheets, if necessary.
- C. If you have a method of indexing your rules, please give the proposed citation after "Short Title of this Rule" below.
- D. Submit two (2) copies of this questionnaire and financial impact statement attached to the front of two (2) copies of the proposed rule and required documents. Mail or deliver to:

Jessica C. Sutton
Administrative Rules Review Section
Arkansas Legislative Council
Bureau of Legislative Research
One Capitol Mall, 5th Floor
Little Rock, AR 72201

1. What is the short title of this rule? Standards for Community Mental Health Centers and Clinics and the Accreditation Policy for Community Mental Health Center and Clinics
2. What is the subject of the proposed rule? Standards for Community Mental Health Centers and Clinics and the Accreditation Policy for Community Mental Health Center and Clinics
3. Is this rule required to comply with a federal statute, rule, or regulation? Yes _____ No x
If yes, please provide the federal rule, regulation, and/or statute citation. _____
4. Was this rule filed under the emergency provisions of the Administrative Procedure Act?
Yes _____ No x
If yes, what is the effective date of the emergency rule? _____
When does the emergency rule expire? _____
Will this emergency rule be promulgated under the permanent provisions of the Administrative Procedure Act? Yes _____ No _____

5. Is this a new rule? Yes _____ No If yes, please provide a brief summary explaining the rule.

Does this repeal an existing rule? Yes No _____ If yes, a copy of the repealed rule is to be included with your completed questionnaire. If it is being replaced with a new rule, please provide a summary of the rule giving an explanation of what the rule does.

See attached.

Is this an amendment to an existing rule? Yes _____ No If yes, please attach a mark-up showing the changes in the existing rule and a summary of the substantive changes. **Note: The summary should explain what the amendment does, and the mark-up copy should be clearly labeled "mark-up."**

6. Cite the state law that grants the authority for this proposed rule? If codified, please give the Arkansas Code citation.

See attached.

7. What is the purpose of this proposed rule? Why is it necessary?
See attached.

8. Please provide the address where this rule is publicly accessible in electronic form via the Internet as required by Arkansas Code § 25-19-108(b).

<https://humanservices.arkansas.gov/resources/legal-notices>

9. Will a public hearing be held on this proposed rule? Yes _____ No
If yes, please complete the following:

Date: N/A

Time: N/A

Place: N/A

10. When does the public comment period expire for permanent promulgation? (Must provide a date.)

TBD

11. What is the proposed effective date of this proposed rule? (Must provide a date.)

December 1, 2019

12. Please provide a copy of the notice required under Ark. Code Ann. § 25-15-204(a), and proof of the publication of said notice. See attached.

13. Please provide proof of filing the rule with the Secretary of State as required pursuant to Ark. Code Ann. § 25-15-204(e). See attached.

14. Please give the names of persons, groups, or organizations that you expect to comment on these rules? Please provide their position (for or against) if known.

Community Mental Health Centers, unknown

FINANCIAL IMPACT STATEMENT

PLEASE ANSWER ALL QUESTIONS COMPLETELY

DEPARTMENT Department of Human Services
DIVISION Division of Aging, Adult and Behavioral Health Services
PERSON COMPLETING THIS STATEMENT Georgia McNabb
TELEPHONE NO. 501-320-6547 **FAX NO.** _____ **EMAIL:** georgia.mcnabb@dhs.arkansas.gov

To comply with Ark. Code Ann. § 25-15-204(e), please complete the following Financial Impact Statement and file two copies with the questionnaire and proposed rules.

SHORT TITLE OF THIS RULE Standards for Community Mental Health Centers and Clinics and the Accreditation Policy for Community Mental Health Center and Clinics

1. Does this proposed, amended, or repealed rule have a financial impact?
Yes _____ No x

2. Is the rule based on the best reasonably obtainable scientific, technical, economic, or other evidence and information available concerning the need for, consequences of, and alternatives to the rule?
Yes x No _____

3. In consideration of the alternatives to this rule, was this rule determined by the agency to be the least costly rule considered? Yes x No _____

If an agency is proposing a more costly rule, please state the following:

- (a) How the additional benefits of the more costly rule justify its additional cost;

- (b) The reason for adoption of the more costly rule;

- (c) Whether the more costly rule is based on the interests of public health, safety, or welfare, and if so, please explain; and

- (d) Whether the reason is within the scope of the agency's statutory authority, and if so, please explain.

4. If the purpose of this rule is to implement a federal rule or regulation, please state the following:
 - (a) What is the cost to implement the federal rule or regulation?

Current Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____

Next Fiscal Year

General Revenue _____
Federal Funds _____
Cash Funds _____
Special Revenue _____

Other (Identify) _____

Other (Identify) _____

Total _____ 0

Total _____ 0

(b) What is the additional cost of the state rule?

Current Fiscal Year

Next Fiscal Year

General Revenue _____

General Revenue _____

Federal Funds _____

Federal Funds _____

Cash Funds _____

Cash Funds _____

Special Revenue _____

Special Revenue _____

Other (Identify) _____

Other (Identify) _____

Total _____ 0

Total _____ 0

- 5. What is the total estimated cost by fiscal year to any private individual, entity and business subject to the proposed, amended, or repealed rule? Identify the entity(ies) subject to the proposed rule and explain how they are affected.

Current Fiscal Year

Next Fiscal Year

\$ _____ 0

\$ _____ 0

- 6. What is the total estimated cost by fiscal year to state, county, and municipal government to implement this rule? Is this the cost of the program or grant? Please explain how the government is affected.

Current Fiscal Year

Next Fiscal Year

\$ _____ 0

\$ _____ 0

- 7. With respect to the agency's answers to Questions #5 and #6 above, is there a new or increased cost or obligation of at least one hundred thousand dollars (\$100,000) per year to a private individual, private entity, private business, state government, county government, municipal government, or to two (2) or more of those entities combined?

Yes _____ No _____

If YES, the agency is required by Ark. Code Ann. § 25-15-204(e)(4) to file written findings at the time of filing the financial impact statement. The written findings shall be filed simultaneously

with the financial impact statement and shall include, without limitation, the following:

- (1) a statement of the rule's basis and purpose;
- (2) the problem the agency seeks to address with the proposed rule, including a statement of whether a rule is required by statute;
- (3) a description of the factual evidence that:
 - (a) justifies the agency's need for the proposed rule; and
 - (b) describes how the benefits of the rule meet the relevant statutory objectives and justify the rule's costs;
- (4) a list of less costly alternatives to the proposed rule and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (5) a list of alternatives to the proposed rule that were suggested as a result of public comment and the reasons why the alternatives do not adequately address the problem to be solved by the proposed rule;
- (6) a statement of whether existing rules have created or contributed to the problem the agency seeks to address with the proposed rule and, if existing rules have created or contributed to the problem, an explanation of why amendment or repeal of the rule creating or contributing to the problem is not a sufficient response; and
- (7) an agency plan for review of the rule no less than every ten (10) years to determine whether, based upon the evidence, there remains a need for the rule including, without limitation, whether:
 - (a) the rule is achieving the statutory objectives;
 - (b) the benefits of the rule continue to justify its costs; and
 - (c) the rule can be amended or repealed to reduce costs while continuing to achieve the statutory objectives.

NOTICE OF RULE MAKING

The Division of Aging, Adult and Behavioral Health Services, of the Department of Human Services hereby issues, for a thirty-day public comment period, a notice of rulemaking for the following proposed medical assistance rule(s) under one or more of the following provisions of law: Acts 1971, No. 433; Acts 1975, No. 787; Acts 1985, No. 348; Acts 1987, No. 1053, § 15; Acts 1989, No. 944, § 16; Acts 1989 (1st Ex. Sess.), No. 74, § 16; Acts 1991, No. 1082, § 14; Acts 1993, No. 1239, § 100; Acts 1995, No. 1198, § 84; Acts 1997, No. 1360, § 91; Acts 1999, No. 1537, § 115; Acts 2001, No. 1636, § 17; Acts 2003 (1st Ex. Sess.), No. 42, § 16; Acts 2005, No. 2115, § 17; Acts 2007, No. 1231, § 17; Acts 2009, No. 1422, § 15; Acts 2010, No. 274, § 15; Acts 2011, No. 1067, § 15; Acts 2012, No. 251, § 15; Acts 2013, No. 1308, § 16; Acts 2014, No. 261, § 16; Acts 2015, No. 981, § 16; Acts 2016, No. 93, § 16; Ark. Code Ann. § 25-10-126.

Effective December 1, 2019:

This promulgation repeals the Standards for the Community Mental Health Center and Clinics and the Accreditation Policy for Community Mental Health Center and Clinics completely. (The minimum standards of performance in the delivery of services and the requirements that deem a provider a Community Mental Health Center will be included in the contract.)

The proposed rule is available for review at the Division of Aging, Adult and Behavioral Health Services, 5th Floor Donaghey Plaza South Building, 7th and Main Streets, P. O. Box 1437, Slot #W241 Little Rock, Arkansas 72203-1437. You may also access and download the proposed rule on the Legal Notices website at <https://humanservices.arkansas.gov/resources/legal-notices> . Public comments must be submitted in writing at the above address or at the following email address: ORP@dhs.arkansas.gov . All public comments must be received by DHS no later than October 5, 2019. Please note that public comments submitted in response to this notice are considered public documents. A public comment, including the commenter's name and any personal information contained within the public comment, will be made publicly available and may be seen by various people.

If you need this material in a different format, such as large print, contact the Office of Rules Promulgation at 501-320-6164.

The Arkansas Department of Human Services is in compliance with Titles VI and VII of the Civil Rights Act and is operated, managed and delivers services without regard to religion, disability, political affiliation, veteran status, age, race, color or national origin. **4501874629**

Jay Hill, Director
Division of Aging, Adult and Behavioral Health Services

From: legalads@arkansasonline.com
To: Thomas Herndon
Subject: Re: Full Run AD - Standards for Community Mental Health Centers and Clinics and the Accreditation Policy for Community Mental Health Center and Clinics
Date: Wednesday, September 4, 2019 11:38:01 AM

[EXTERNAL SENDER]

Thanks for your patience, Thomas. Will run Fri 9/6, Sat 9/7, and Sun 9/8.

Gregg Sterne, Legal Advertising
Arkansas Democrat-Gazette

From: "Thomas Herndon" <Thomas.Herndon@dhs.arkansas.gov>
To: legalads@arkansasonline.com
Cc: "Isaac Linam" <Isaac.Linam@dhs.arkansas.gov>
Sent: Wednesday, September 4, 2019 8:41:07 AM
Subject: Full Run AD - Standards for Community Mental Health Centers and Clinics and the Accreditation Policy for Community Mental Health Center and Clinics

Please run this notice for the following three consecutive days:

Friday, September 6, 2019

Saturday, September 7, 2019

Sunday, September 8, 2019 - I acknowledge that only the Sunday paper on September 8, 2019 is able to run in all counties. Please run in all counties for that day only.

The public comment period will end October 5, 2019.

Invoice to: Arkansas Department of Human Services
Accounts Payable, Slot W406
PO Box 8068
Little Rock, AR 72203-8068
501.682.6565

Thomas Herndon

From: Thomas Herndon
Sent: Wednesday, September 4, 2019 8:45 AM
To: register@sos.arkansas.gov
Cc: Isaac Linam
Subject: DHS/DAABHS - Proposed Filing - Standards for Community Mental Health Centers and Clinics and the Accreditation Policy for Community Mental Health Center and Clinics
Attachments: SoS - CMHC Standards Repeal.pdf

Department of Human Services/ Division of Aging, Adult and Behavioral Health Services

This ad will run for the following three consecutive days:

Friday, September 6, 2019

Saturday, September 7, 2019

Sunday, September 8, 2019

The 30 day public comment period will end October 5, 2019.

Let me know if you have any questions.

Thanks,

Thomas Herndon | Program Administrator
Arkansas Department of Human Services
Office of Rules Promulgation | Office of Legislative & Intergovernmental Affairs
Phone: 501.396.6013
Thomas.Herndon@dhs.arkansas.gov

NOTE - This email may contain sensitive information or confidential information.

CONFIDENTIALITY NOTICE: This email message, including all attachments, is for the sole use of the intended recipient(s) and may contain confidential or sensitive client and/or employee information. If you are not the intended recipient, or an employee or agent responsible for delivering this message to the intended recipient, you may not use, disclose, copy, or disseminate this information. Please call the sender immediately or reply by email and destroy all copies of the original message, including attachments.

Authority to Promulgate Rule—Standards for the Community Mental Health Center and Clinics

Acts 1971, No. 433; Acts 1975, No. 787; Acts 1985, No. 348; Acts 1987, No. 1053, § 15; Acts 1989, No. 944, § 16; Acts 1989 (1st Ex. Sess.), No. 74, § 16; Acts 1991, No. 1082, § 14; Acts 1993, No. 1239, § 100; Acts 1995, No. 1198, § 84; Acts 1997, No. 1360, § 91; Acts 1999, No. 1537, § 115; Acts 2001, No. 1636, § 17; Acts 2003 (1st Ex. Sess.), No. 42, § 16; Acts 2005, No. 2115, § 17; Acts 2007, No. 1231, § 17; Acts 2009, No. 1422, § 15; Acts 2010, No. 274, § 15; Acts 2011, No. 1067, § 15; Acts 2012, No. 251, § 15; Acts 2013, No. 1308, § 16; Acts 2014, No. 261, § 16; Acts 2015, No. 981, § 16; Acts 2016, No. 93, § 16; Ark. Code Ann. § 25-10-126.

Statement of Necessity and Rule Summary Standards for the Community Mental Health Center and Clinics

Statement of Necessity.

The minimum standards of performance in the delivery of services and the requirements of the Standards for the Community Mental Health Center and Clinics will be contained within the language of contracts awarded to community mental health centers and clinics. These contracts will fully outline current requirements and standards. Repealing the Standards for the Community Mental Health Center and Clinics and the Accreditation Policy for Community Mental Health Center and Clinics ensures that the contract terms take precedence.

Summary.

This promulgation repeals the Standards for the Community Mental Health Center and Clinics and the Accreditation Policy for Community Mental Health Center and Clinics completely. The minimum standards of performance in the delivery of services and the requirements that deem a provider a Community Mental Health Center will be included in contracts.

~~DEPARTMENT OF HUMAN SERVICES
MENTAL HEALTH SERVICES
COMMUNITY MENTAL HEALTH SERVICES~~

~~STANDARDS FOR COMMUNITY MENTAL HEALTH CENTERS AND CLINICS
IN THE STATE OF ARKANSAS~~

MARK-UP

~~REVISED 1990~~

DIRECTOR'S FOREWORD

The revised document—Standards For Community Mental Health Centers And Clinics In The State Of Arkansas—has been the result of much effort by Community Mental Health Center representatives, staff of various Department of Human Services agencies, and Division of Mental Health Services' committees and staff. The overall revision effort was coordinated by the Standards Review Committee and thanks go to them for this work. Efforts to broaden the input process in this most recent revision were accomplished by seeking suggestions of the above mentioned groups, as well as the Community Support Program Directors and the Arkansas Alliance for the Mentally Ill.

This document is herewith accepted as the standards governing the clinical services provided by the Community Mental Health Centers and Clinics in Arkansas.

_____, Director
Division of Mental Health Services
_____, Date

**STANDARDS FOR COMMUNITY MENTAL HEALTH CENTERS AND CLINICS
IN THE STATE OF ARKANSAS**

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PROLOGUE

The 1990 revision of the Standards, while maintaining the format and purposes of previous versions, contains significant changes that will impact the design and delivery of Mental Health Services.

The most substantial change in content is the addition of standards for a community support system for persons with serious mental illness.

This revision owes a great deal to the Standards Review Committee, the many participants in site visits over the years—both from the communities and other State agencies—and to the Board and staff of agencies being visited who have, by expressing their ideas and concerns, contributed to the development of this revision.

The membership of the Standards Review Committee is listed on the following page.

MARK-UP

STANDARDS REVIEW COMMITTEE MEMBERSHIP

Mary Aleese Schreiber, Chairperson
Counseling Associates, Inc.
Conway, Arkansas

Ed Stalleup
Conway, Arkansas

Rosa Porter
Little Rock Community Mental Health Center
Little Rock, Arkansas

William Huddleston
North Arkansas Human Services System, Inc.
Batesville, Arkansas

John Chmielewski
Bureau of Alcohol and Drug Abuse Prevention
Little Rock, Arkansas

Rich Farlow
Personal Empowerment of the Psychiatrically Labeled
Little Rock

Tom Head
Division of Mental Health Services
Little Rock

Marilyn Hampton
Division of Mental Health Services
Little Rock

Bob Gale, M.D.
Division of Mental Health Services
Little Rock

**STANDARDS FOR COMMUNITY MENTAL HEALTH CENTERS AND CLINICS
IN THE STATE OF ARKANSAS**

SECTION I

SCOPE AND ENFORCEMENT OF STANDARDS

MARK-UP

I. SCOPE AND ENFORCEMENT OF STANDARDS

A. Legislative Authorization

The Arkansas State Legislature in Act 433 of 1971 authorized the creation of a Division of Mental Health (now Division of Mental Health Services) of the Arkansas State Hospital, and authorized the Division of Mental Health to distribute the funds appropriated by the Legislature to community mental health centers or clinics within the State. This Act further specified that approval or rejection of a center or a clinic would be based, among other things, on "adequacy of mental health services provided by such clinic" (Chapter 2, Section 3, Part 1, (a)).

In Act 787 of 1975, the Legislature specified that, as a condition of receiving funds under the Act, mental health centers and clinics shall, among other things, "meet minimum standards of performance in the delivery of mental health services as defined by the State Community Mental Health Services Division" (Section 15, Part A, (2)). This requirement was reaffirmed in Act 434 of 1977, Section 8, Part 1) and in all subsequent appropriations bills, including Act 925 of 1983.

In Act 944 of 1989, the Legislature specified that mental health centers and clinics establish and maintain community support programs for persons with long-term, severe mental illness. The Act further specified the services that, at a minimum, must be provided in a community support program.

In P.L. 97-35 (Omnibus Budget Reconciliation Act of 1981) the Congress of the United States specified that the State would agree "to establish reasonable criteria to evaluate performance of entities which receive funds from the State under this part" (Section 1916, (C), (5)).

B. These standards cover, and shall apply to Comprehensive Community Mental Health Centers and Community Mental Health Clinics in the State of Arkansas:

A Community Mental Health Center is defined as an organization under a unified administration, either a local non-profit corporate organization or by the State of Arkansas, which must provide, or provide for the following required services for the treatment and prevention of mental disorders in the communities within its catchment area:

1. Twenty-four hour Emergency Services
2. Inpatient Services
3. Partial Care Services
4. Outpatient Services
5. Consultation, Education and Prevention Services
6. Follow-up and Aftercare Services
7. Initial Screening and Precare Services

~~The term "catchment area" in the preceding paragraph means that the service is to be provided inside the Center's catchment area for all required services except inpatient services. Inpatient services must be available to and reasonably accessible to the catchment area's residents, but not necessarily physically located in the catchment area. Further, inpatient services must meet the Standards as prescribed in Section IV. C. (page 22) regardless of location.~~

~~Additionally, these required services must be made available, based on clinical need, to the following "at risk" populations: children and youth; the elderly; minorities; substance abusers; and people with serious mental illness.~~

~~There shall be only one Comprehensive Community Health Center responsible for each of the 15 mental health catchment areas in the state, and only these centers will be eligible to receive the State per capita funding for that catchment area. The Center may, however, use these funds to have other organizations provide needed services. In such cases, however, the other organization shall also meet such Standards as may apply to specific services being offered.~~

~~A Community Mental Health Clinic, for the purposes of these Standards, shall mean a Community Mental Health Clinic which is operated by a local non-profit corporate entity, or by the State of Arkansas, which provided any of the services of a Comprehensive Community Mental Health Center, singly or in combination, yet lacking one or more of the seven essential elements of a Comprehensive Community Mental Health Center as defined above.~~

~~C. Types of Certification and Their Consequences~~

~~There are two levels of certification that a Center may have:~~

- ~~1. Certification—the Center will receive a site visit every two years and will respond to identified Standards deficiencies with a written action plan and, if needed, follow-up progress reports. The site team will be responsible for identifying and designating the deficiencies that are to be addressed. The Center is responsible for developing an action plan and follow-up progress reports according to time frames specified in the Site Visitor's Guide~~
- ~~2. .2. Non-Certification—if the Center does not respond appropriately to the requested action plans and progress reports, the Center will be considered as Non-Certified following written notice from the Division. During this period, no State per capita funds, over which the Department of Human Services, Mental Health Services has control, may be given to any Non-Certified Center or Clinic.~~

~~D. Mechanism of Review~~

~~The mechanism of review shall be established in a policy manual developed and maintained by the Division of Mental Health Services. The mechanism shall assure that representatives of other Community Mental Health Centers or Clinics, and related State~~

~~agencies, shall have an opportunity for input into the final decision of the Site Review Team.~~

~~E. Standards Review Committee~~

~~A Standards Review Committee shall be established by the DMHS for the purposes of: (1) reviewing the overall operation of the Standards process; (2) hearing appeals from Centers who feel that the decision of the Standards Review Team is unjust; (3) providing interpretations of the Standards in cases where they are unclear; and (4) recommending changes in the Standards.~~

~~The Standards Review Committee shall develop formal procedures for fulfilling the responsibilities identified above and shall distribute these procedures to those concerned, including the chief administrative officers of all the Community Mental Health Centers and Clinics and the presidents of their Boards.~~

MARK-UP

**STANDARDS FOR COMMUNITY MENTAL HEALTH CENTERS AND CLINICS
IN THE STATE OF ARKANSAS**

**SECTION II
GOVERNING BODY**

MARK-UP

II. GOVERNING BODY

The governing body of a Community Mental Health Center or Clinic shall be either: (1) a local, non-profit corporate entity, or (2) the Department of Human Services or its designee through whatever constitutional and/or legislative authorization for such governance has been established.

A. If the governing body is the Department of Human Services or its designee then the following Standards for governance shall apply:

1. The Department of Human Services or its designee is the governing body and shall provide written documentation of its source of authority.

This documentation shall consist of the statutory authority for the governance structure of the Center, including a written description of the administrative framework of governance and the lines of authority.

2. The Department of Human Services or its designee shall be responsible for:
(a) the overall operation of the Center or Clinic;
(b) the adequacy and quality of care as it relates to community need;
(c) reviewing the financial status of the Center or Clinic and be responsible for the appropriate use of its funds; and
(d) the implementation of the Standards as set forth in this document.

3. The Department of Human Services or its designee shall establish a local Advisory Board which shall broadly represent the communities served by the Community Mental Health Center and shall, in addition, meet the provisions of Act 433 of 1971 for geographical distribution of board members.

4. The Department of Human Services or its designee shall, with consultation from the Advisory Board, provide for the employment of a chief administrative officer who shall:

- a. meet such qualifications as are established by the governing body. The Department of Human Services or its designee must take whatever steps are necessary to assure that at all times there is a chief administrative officer responsible for the daily operation of the Center or Clinic.
- b. be responsible for:

(1) the general administration of the Center or Clinic within the legislative mandates and any policies and procedures and/or rules, regulations, and guidelines prescribed by the Department of Human Services or its designee;

(2) the appropriate delegation of authority and responsibility, and the establishment of a formal means of accountability on the part of subordinates;

- ~~(3) effective liaison between the Department of Human Services or its designee, the Advisory Board, and the programs and staff of the Center or Clinic;~~
- ~~(4) providing the Department of Human Services or its designee, the Advisory Board, and the staff with the information required for the proper discharge of their duties;~~
- ~~(5) sharing with the Department of Human Services or its designee, the Advisory Board and the staff the responsibility for providing high quality care for those who seek its services;~~
- ~~(6) coordinating, or appointing a delegate who will coordinate the Standards Review process, and for keeping the Department of Human Services or its designee, the Advisory Board, and staff informed of the results, any recommendations made, and actions to be taken after the Standards Review; and~~
- ~~(7) such other responsibilities as the Department of Human Services or its designee may delegate.~~

~~5. The Department of Human Services or its designee shall approve the annual budget of the Center or Clinic.~~

~~6. The Standards for Advisory Boards of the State Operated Community Mental Health Centers and Clinics shall be as follows:~~

- ~~a. members shall reside in the Center or Clinic's catchment area;~~
- ~~b. members shall be broadly representative of the residents of the catchment area including qualified consumers and/or families of consumers; and~~
- ~~c. no more than one half of the members of the Board shall be members of any one profession.~~
- ~~d. see that membership to the Board, following incorporation, is obtained only through election by a majority of the current members of the Board. No person may automatically serve on the Board because of circumstances other than election by the Board.~~
- ~~e. in addition, the provisions of Act 433 regarding representation of Center Boards, shall be met for these Advisory Boards; to wit, the Advisory Board shall:
 - ~~(1) have at least one member from each of the counties for which State funds are received by the Center or Clinic, and~~
 - ~~(2) have no county with more than a simple majority of members on the Board unless that county has more than fifty percent of the population of the area for which that Center has received State mental health funds.~~~~
- ~~f. the members of the Advisory Boards shall serve without pay. However, members of these advisory bodies may be reimbursed for expenses entailed in performing their duties as members of the Advisory Board.~~
- ~~g. the Advisory Board shall annually review Center activities including:
 - ~~(1) the overall operation of the Center or Clinic;~~
 - ~~(2) the adequacy and quality of patient care;~~~~

- (3) the financial and staffing pattern of the Center or Clinic in order to make recommendations to the Department of Human Services or its designee;
- (4) the implementation of the Standards as set forth in this document.
- h. the Advisory Board shall record its deliberations in minutes which shall reflect:
 - (1) date;
 - (2) members present and members absent;
 - (3) review of old business;
 - (4) standing and special committee reports and new business as appropriate;
 - (5) any actions taken by the Advisory Board;
 - (6) a summary report of clinical service, administrative, and fiscal activities; moreover,
 - (7) copies of the minutes shall be sent to the Department of Human Services or its designee.
- i. the Advisory Board shall operate within the specifications of a set of bylaws and/or policies and procedures which shall at least:
 - (1) provide for an Advisory Board;
 - (2) define the duties and responsibilities of the Advisory Board, its officers, and its standing committees;
 - (3) describe the method of selecting members, specifications of their terms and the conditions of their tenure;
 - (4) determine what constitutes a quorum;
 - (5) establish attendance requirements;
 - (6) specify a method of electing officers;
 - (7) provide for the establishment of any standing or special committees needed to discharge the responsibilities of the Advisory Board;
 - (8) specify a schedule of meetings, the frequency of which shall not be less often than once quarterly;
 - (9) be in accordance with legal requirements;
 - (10) charge the Center or Clinic with providing quality care;
 - (11) be in keeping with their responsibility to the communities served; and
 - (12) be in the possession of the Advisory Board.
- j. the Advisory Board shall review the annual budget of the Center or Clinic.
- k. all meetings of the Advisory Board shall be open to the public and shall meet the provisions of the Freedom of Information Act (Act 93 of 1967).

B. If the governing body is a local non-profit organization, the following standards shall apply:

- 1. The governing body of a Community Mental Health Center or Clinic shall provide written documentation of its source of authority.

Once this documentation has been accepted by the Arkansas Division of Mental Health Services, future documentation will not be required unless the Articles of Incorporation have been changed.

2. ~~The governing body of a Community Mental Health Center or Clinic shall be responsible for:~~
 - a. ~~the overall operation of the Center or Clinic;~~
 - b. ~~the adequacy and quality of patient care as it relates to community needs;~~
 - c. ~~the financial solvency of the Center or Clinic and the appropriate use of its funds; and~~
 - d. ~~the implementation of the Standards set forth in this document.~~

3. ~~The governing body shall, as a group:~~
 - a. ~~reside in the catchment area;~~
 - b. ~~be representative of the residents of the catchment area including qualified consumers and/or families of consumers;~~
 - c. ~~see that no more than one half of the members of the governing body shall be members of any one profession; and~~
 - d. ~~see that membership to the Board, following incorporation, is obtained only through election by a majority of the current members of the Board. No person may automatically serve on the Board because of circumstances other than election by the Board.~~

4. ~~If the governing body is a local non-profit corporate entity, its Board of Directors shall, pursuant to the provisions of Act 433 of 1971 specified in the preceding:~~
 - a. ~~have at least one member from each of the counties for which State funds are received by the Center or Clinic, and~~
 - b. ~~have no county with more than a simple majority of members on the Board unless that county has more than fifty percent of the population of the area for which the Center has received State mental health funds.~~

5. ~~The members of the governing body and any advisory bodies shall serve without pay. However, members of the governing body may be reimbursed for expenses entailed in performing their duties as members of the governing body.~~

6. ~~The governing body shall develop and implement a set of policies and procedures for guarding against conflict of interest and shall provide for monitoring those policies and procedures to ensure compliance.~~

7. ~~The governing body shall operate within the specifications of a constitution and/or bylaws which at least:~~
 - a. ~~provide for a governing body;~~
 - b. ~~define the scope of authority, powers, duties, and responsibilities of the governing body, its officers, and its standing committees;~~
 - c. ~~describe the method of selecting members, specifications or their terms, and conditions of their tenure;~~
 - d. ~~determine what constitutes a quorum;~~
 - e. ~~establish attendance requirements;~~
 - f. ~~specify a method of electing officers;~~

- ~~g. provide for the establishment of any standing or special committees needed to discharge the responsibilities of the governing body;~~
- ~~h. specify a schedule of meetings, the frequency of which shall not be less often than once quarterly; and~~
- ~~i. delineate clearly the responsibility and authority of all members of the governing body.~~

- ~~8. The constitution and/or bylaws and/or any rules, regulations, or guidelines shall:~~
- ~~a. be in accordance with legal requirements;~~
 - ~~b. charge the Center or Clinic with providing quality care;~~
 - ~~c. be in keeping with community responsibility; and~~
 - ~~d. shall provide for election of Board members in accordance with section B. 3. d.~~

- ~~9. The governing body shall be responsible for the employment of a chief administrative officer who shall:~~

- ~~a. meet such qualifications as are established by the governing body. The Board must take whatever steps are necessary to assure that at all times there is a chief administrative officer responsible for the daily operation of the Center or Clinic.~~
- ~~b. be responsible for:~~
 - ~~(1) the general administration of the Center or Clinic within the constitution and/or bylaws, guidelines, rules and regulations prescribed by the governing body;~~
 - ~~(2) the delegation of authority and responsibility, and the establishment of a formal means of accountability on the part of subordinates;~~
 - ~~(3) effective liaison between the governing body and the programs and staff of the Center or Clinic;~~
 - ~~(4) providing the governing body and the staff with information required for the proper discharge of their duties;~~
 - ~~(5) sharing with the governing body and the staff the responsibility for providing high quality care for those who seek services of the Center or Clinic;~~
 - ~~(6) coordinating, or appointing a delegate who will coordinate the Standards Review process and for keeping the governing body and staff informed of the results, any recommendations made, and actions to be taken after the Standards review; and~~
 - ~~(7) such other responsibilities as the governing body may delegate.~~

- ~~10. The governing body shall record its deliberations in minutes which shall reflect:~~

- ~~a. date;~~
- ~~b. members present and members absent;~~
- ~~c. review of old business;~~
- ~~d. standing and special committee reports and new business as appropriate;~~
- ~~e. any actions taken by the governing body; and~~
- ~~f. a summary report of services, administrative and fiscal activities.~~

- ~~11. The governing body shall approve the annual budget of the Center or Clinic.~~

~~12. All meetings of the governing body shall be open to the public, in accordance with the Freedom of Information Act (Act 93 of 1967 as amended).~~

MARK-UP

~~STANDARDS FOR COMMUNITY MENTAL HEALTH CENTERS AND CLINICS
IN THE STATE OF ARKANSAS~~

~~SECTION III
MANAGEMENT AND ADMINISTRATION~~

MARK-UP

III. MANAGEMENT AND ADMINISTRATION

A. Program Planning and Evaluation. The Center or Clinic shall develop an on-going planning and evaluation process which offers documentation that the Center is addressing identified community needs with quality services.

B. Center Organization

1. The Center or Clinic shall have a current organizational chart.
2. When a Center or Clinic contracts with another organization for the provision of services, the contract shall specify the following:
 - a. the services to be rendered for the Center or Clinic by the other organization;
 - b. that the quality assurance established by the Center or Clinic shall also be met by the organization for such elements of service as the organization provided for Center or Clinic clients;
 - c. that patients and patient records be readily transferable between the service elements.

C. Employment and Personnel Practices

1. Each Center or Clinic shall have written employment and personnel policies which shall include:
 - a. job descriptions for all positions;
 - b. a description of the Center's or Clinic's hiring practices; and
 - c. a description of the Center's or Clinic's procedures for: employee evaluation, promotion, disciplinary action, termination, and hearing of employee grievances.
2. The Center or Clinic shall maintain accurate and complete records for all employees.
 - a. The records for full-time employees shall contain:
 - (1) an initial resume and any other background information needed to justify the initial and/or continuing employment of an individual; and
 - (2) for those individuals in a position which requires a license, documentation that the individual has, or has applied for, within the time period and under the conditions prescribed by the appropriate licensing board, a current valid license.
 - b. The records for part-time independent contractors shall contain:
 - (1) an initial resume; and
 - (2) a license or application for a license, if appropriate.
 - c. The Center or Clinic shall allow the employee or their authorized representative to inspect, under supervision, their permanent record upon request, except for information collected in confidence either before January 1, 1975, or by the specific waiver of the employee.

D. Financial Management

1. Each Center or Clinic shall have a financial management system which allows current generally accepted accounting principles.
2. Each Center or Clinic may establish its own accounting period, but must be capable of reporting fiscal data from July 1 through June 30.

~~3. The financial management system shall comply with the reporting requirements identified by current reimbursement sources.~~

~~E. Written Fee Schedule~~

~~1. A Center or Clinic shall adopt a written fee schedule based on the Center's operating costs and on the client's ability to pay. The fee schedule shall be publicly available and each client shall be given an explanation of the services he/she will receive and of the fee he/she will be expected to pay.~~

~~2. No client who needs the services provided by the Center may be refused admission based solely on inability to pay unless a specific written waiver has been obtained from the Division of Mental Health Services.~~

~~F. Insurance~~

~~The Center or Clinic shall have adequate and appropriate general liability insurance for the protection of its clients, staff, facilities, and the general public.~~

~~G. Public Information and Community Involvement~~

~~The Center or Clinic shall be involved in the community and shall be responsive to community needs. Center or Clinic involvement in the community shall include, but not be limited to:~~

~~1. a public information program which shall provide information about:~~

~~a. the location of the Center or Clinic facilities and how to contact the Center;~~

~~b. the services provided by the Center or Clinic; and~~

~~c. the procedure for referring and admitting a client to the Center or Clinic.~~

~~2. generation of community involvement in, and input into, the activities of the Center or Clinic.~~

~~H. Facilities~~

~~The administration of the Center or Clinic shall be responsible for providing physical facilities which:~~

~~1. shall conform to local life safety code; and~~

~~2. shall allow sufficient privacy to maintain confidentiality of the communications between therapist and client.~~

**STANDARDS FOR COMMUNITY MENTAL HEALTH CENTERS AND CLINICS
IN THE STATE OF ARKANSAS**

**SECTION IV
DIRECT PATIENT CARE**

MARK-UP

IV. DIRECT PATIENT CARE

A. Standards Applicable to All Elements of Service

1. When a person is evaluated by the Center or Clinic and does not become a client of the Center or Clinic, a formal patient chart need not be opened. However, some record giving minimal information shall be maintained. This should include:

- a. date of service and time of contact;
- b. demographic data;
- c. description of problem(s);
- d. evaluation and disposition of problems(s);
- e. name and signature of the interviewer; and
- f. evaluation source documents, if appropriate.

2. All diagnostic and treatment services shall be rendered under the supervision of a qualified mental health professional.

A written record of each evaluation shall be maintained and shall include:

- a. the nature and type of the examination and/or assessments made;
- b. the results of the assessment;
- c. the conclusions arrived at and recommendations for disposition of the case; and
- d. if admitted, all evaluation documents shall become part of the clinical record.

3. Upon admission to the Center or Clinic, the client/patient will be assigned to a member of the professional clinical staff who will be responsible for coordinating treatment and maintenance of continuity of care.

4. Upon evaluation and admission to the facility and to a treatment modality, a treatment plan shall be written within two weeks of the second visit, based upon the results of the previous evaluation(s). The treatment plan shall take into consideration the client's problems; the need for treatment in the least restrictive appropriate environment; and the alternatives available to the client. The treatment plan contents shall include:

- a. the presenting problem(s) which will be addressed during treatment;
- b. a description of the treatment modalities and techniques to be used;
- c. specific criteria shall be established for termination of treatment with respect to the presenting problems and any other specific goals and objectives; and
- d. a plan for the involvement of the client and significant others, e.g., family, social agencies, referral sources, etc., as appropriate in the client's/patient's treatment and/or follow-up.
- e. in certain circumstances special justification shall be included in the treatment plan. The circumstances shall include:

- (1) use of any procedures which subject the client/patient to pain and/or physical risk. The use of any such procedure shall be governed by specific policies and procedures designed to safeguard the client's/patient's right and safety;
- (2) use of less appropriate treatment when the most appropriate treatment has been refused by client/patient or is unavailable; and
- (3) use of treatments for research purposes including use of novel or untested techniques.

~~5. The treatment plan shall be reviewed and updated at least every 90 days, signed, and dated by the reviewer(s), unless otherwise specified and justified in the treatment plan.~~

~~6. Medical responsibility shall be vested in a physician, preferably a psychiatrist, who is licensed to practice medicine in Arkansas. If medical responsibility is not vested in a psychiatrist, then psychiatric consultation must be available.~~

~~7. Clinical Records~~

~~Complete and accurate clinical records shall be maintained for any individual who receives direct services from the Center and is formally admitted to care. Though the format may vary, each clinical record shall contain at least the following information:~~

- ~~a. identifying data and demographic information;~~
- ~~b. any consent for service and release of information forms required by law or local policy;~~
- ~~c. referral source;~~
- ~~d. reason for referral;~~
- ~~e. the content and results of all diagnostic workups and/or problem assessment, including the source documents, e.g., social history, test protocols, mental status examination, etc.;~~
- ~~f. formal treatment plan;~~
- ~~g. a separate medication record of all medications prescribed and/or administered;~~
- ~~h. progress notes and/or other documentation of:
 - ~~(1) treatments received;~~
 - ~~(2) changes in the client's/patient's situation or condition;~~
 - ~~(3) significant events in the client's/patient's life relevant to treatment; and~~
 - ~~(4) response to treatment.~~~~

~~The development of objective measures of progress is strongly encouraged.~~

- ~~i. consultation reports, if appropriate;~~
- ~~j. reports of all additional evaluations and/or examinations;~~
- ~~k. discharge summary;~~
- ~~l. discharge plan and documentation of follow-up activities, unless clinically contraindicated and justified as such in the chart, including:
 - ~~(1) documentation of follow-up on missed appointments; and~~
 - ~~(2) documentation of follow-up on referral.~~~~

~~8. Policies and procedures shall be developed providing for~~

- ~~a. the currentness, accuracy, and completeness of clinical information;~~
- ~~b. safeguarding the record against tampering, loss, destruction of all or part of it, and unauthorized use;~~
- ~~c. the maintenance of confidentiality of information in the clinical record except as provided by law;~~
- ~~d. assuring that release of information is subsequent to obtaining consent to release information from the client/patient or other legally responsible party;~~
- ~~e. accessibility of the records to appropriate staff; and~~

~~f. the permanent storage, disposal, and/or destruction of clinical records. Any clinical records should be kept at least three (3) years after termination of active treatment.~~

~~B. Emergency Services~~

- ~~1. Each Center or Clinic shall provide 24-hour emergency services to any person regardless of residence, including adequate provisions for handling special and difficult circumstances.~~
- ~~2. The Center or Clinic shall maintain a publicly listed and publicized telephone number through which emergency care is available at all times.~~
- ~~3. All personnel staffing the emergency service shall have appropriate preparation in emergency work.~~
- ~~4. Medical coverage shall be available for emergency services at all times.~~
- ~~5. Evaluation and treatment services shall be made available outside the Center's/Clinic's facilities if needed in emergency situations.~~
- ~~6. There shall be written documentation of requests for emergency services and responses made to these requests, including responses made by a provider to whom the patient has been referred.~~
- ~~7. The arrangements for emergency services shall be so structured as to provide prompt response to requests for emergency services.~~

~~C. Inpatient Services~~

- ~~1. A Center or Clinic shall make provision for 24-hour inpatient services for clients/patients who need 24-hour supervision in a protected environment.~~
- ~~2. Inpatient services shall be licensed by the State where the facility is located.~~
- ~~3. The client/patient and/or his/her family shall be given adequate preparation for admission to the inpatient services and an orientation to the program to be followed.~~
- ~~4. Inpatient facilities shall be suitable for assuring client/patient privacy when clinically desirable.~~
- ~~5. Services in other elements shall be made available to inpatients on the basis of clinical need.~~

~~D. Therapeutic & Rehabilitative Services~~

~~Those services include a continuum of high to low expectation services and environments designed to improve or maintain clients' abilities to function in normal social roles. Some of these services should be available on an indefinite duration basis, and should include, but need not be limited to services which train clients in daily and community living skills; help clients develop social skills; interests and leisure time activities; and help clients find and make use of appropriate employment opportunities and vocational services.~~

- ~~1. A Center or Clinic shall make therapeutic day services available for clients/patients who need a more intensive treatment program than that provided in outpatient while not needing 24-hour supervision found in inpatient services.~~

2. The facilities used in therapeutic day services shall be adequate and appropriate for the program provided.
3. The therapeutic day services facilities shall be readily accessible to the public and, if possible, should be situated close to public transportation.
4. When meals are prepared as a part of the therapeutic day services program, care shall be taken to ensure their preparation in sanitary surroundings and that their content conforms to the requirements of good nutrition.
5. As least one Mental Health Professional member shall be available at all times when the therapeutic day services program is operating.

E. Initial Screening and Pre-Care

1. The Center or Clinic shall provide initial screening services for residents of its catchment area who are being considered for referral to the Arkansas Mental Health System to determine whether or not appropriate alternatives to institutionalization are available. Such screening services shall be available to community organizations, agencies, or private practitioners.
2. Upon determination that an individual is most appropriately referred to the State operated inpatient units, the individual shall be given such pre-care as is appropriate to his/her condition and circumstances. Such pre-care activities shall include preparation of the patient and his/her family, if appropriate, for inpatient hospitalization.
3. The Center or Clinic shall document all cases of initial screening and pre-care and make both summary and individual information available, as appropriate, to the Division of Mental Health Services and to inpatient staff.

F. Follow-up and Aftercare

1. The Center or Clinic shall provide aftercare and follow-up services to residents of its catchment area referred from the State operated inpatient units or other institutional settings.
2. The Center or Clinic shall work with the State operated inpatient units and other institutions to provide maximum continuity of care for patients discharged from the inpatient units and subsequently receiving Center or Clinic services.
3. The Center or Clinic shall document all cares of follow-up and aftercare and make both summary and individual information on aftercare clients/patients readily available to State operated inpatient unit staff and those of other institutional settings.
4. All residential components of transitional services shall provide a living environment which meets all laws, rules, and regulations applicable to the facility of its type.

G. Outpatient Services

1. A Center or Clinic shall offer outpatient services to the community.
2. The variety of outpatient services made available shall be based on an assessment of client demand and community need.
3. Outpatient services shall be available within a reasonable period of time. Reasonable shall be defined by the Board of Directors of each Center or Clinic.
4. Outpatient services shall be offered in pleasant and appropriate facilities which provide for adequate privacy.

~~H. Community Support System for Persons with Long-Term Mental Illness in Arkansas. Each Center or Clinic shall make arrangements to provide a Community Support System designed to provide an organized network of caring and responsible people committed to assisting the identified population in meeting their needs and developing their potential without being unnecessarily isolated or excluded from the community.~~

~~Each community mental health center or clinic in Arkansas shall make arrangements to provide the following services throughout the catchment area:~~

- ~~1. Client Outreach—The Community Support System shall provide for location, and outreach including identification, assessment, and diagnosis to clients. The Community Support System shall assure access to services and resources by arranging transportation to or by taking services to the client.~~
- ~~2. Assistance To CSP Clients In Meeting Basic Human Needs—This service includes:
 - ~~a. helping CSP clients meet needs for food, clothing, shelter, personal safety, and general medical and dental care.~~
 - ~~b. assisting CSP clients in applying for income, Medicaid, housing and other entitlements and benefits.~~~~
- ~~3. Crisis Stabilization And Intervention Services—The Community Support System shall provide short-term crisis-oriented services to CSP clients experiencing an acute crisis. These services shall be offered in the least restrictive setting possible, based on client need. Crisis Stabilization and Intervention (CSI) Services shall be available 24 hours a day, seven days a week. The purpose of CSI services is to avert hospitalization or placement in a more restrictive setting.~~
- ~~4. Therapeutic and Rehabilitative Services—(See Section IV. D.)~~
- ~~5. Supportive Services—The Center or Clinic shall offer services that:
 - ~~a. facilitate a range of supportive housing options for persons not in crisis.~~
 - ~~b. facilitate a range of supportive work options.~~
 - ~~c. provide for various degrees of support, based on individual client need, designed to enhance and encourage clients to assume increasing responsibility for their lives.~~~~
- ~~6. Mental Health Care—The Center or Clinic shall provide and supervise mental health care including diagnostic evaluation, prescription, periodic review and regulation of psychotropic drugs, and community-based psychiatric, psychological and/or counseling and treatment services.~~
- ~~7. Advocacy Services—The Center or Clinic shall offer back-up support, assistance, consultation and education to families, friends, landlords, employers, community agencies and others who come in frequent contact with clients, to maximize benefits and minimize problems for clients.~~
- ~~8. Recognition of Natural Support Systems—The Community Support System shall be designed to recognize and involve natural support systems, such as self-help groups, consumer and family groups, neighborhood networks, community organizations, etc.~~
- ~~9. Grievance Procedures/Protection of Client Rights—The Center or Clinic shall establish grievance procedures and mechanisms designed to protect client rights both in and out of the mental health system.~~

~~10. Case Management—The Center or Clinic shall have a case management system that designates a single person or team responsible for helping the client make informed choices about opportunities and services. The case management system shall be designed to coordinate all services to meet the client's goals and to facilitate effective use by clients of formal and informal support systems.~~

~~I. At Risk Target Populations—A Center or Clinic shall ensure that the special "at-risk" target population groups in their catchment areas—children and youth; the elderly; minorities; substance abusers; and the seriously mentally ill—receive an appropriate mix of required services based on clinical need.~~

MARK-UP

~~STANDARDS FOR COMMUNITY MENTAL HEALTH CENTERS AND CLINICS
IN THE STATE OF ARKANSAS~~

~~SECTION V
QUALITY ASSURANCE~~

MARK-UP

V. QUALITY ASSURANCE

Each Center or Clinic shall establish a Quality Assurance Program that shall conduct and document on an annual basis a program of evaluation that includes, but is not limited to:

A. Personnel Distribution

The Center or Clinic shall hire personnel with the qualifications necessary to meet the needs of the communities it serves. While there is a great deal of room for flexibility and innovative use of personnel, especially paraprofessionals, there shall be sufficient mental health professionals available to ensure close and adequate supervision of all clinical activities of the Center or Clinic with responsibilities defined as follows:

1. Mental Health Professional shall meet all professional requirements as defined in the licensing and/or certification laws relating to their respective profession. However, no one shall be considered a Mental Health Professional under this section unless the person has at least a Master's degree in a mental health related field and appropriate experience in the area of mental health, except that a registered nurse with one year's supervised experience, including supervised training and experience in diagnosis and therapy may be considered a Mental Health Professional under this section.

Only a Mental Health Professional may make final diagnostic decisions and be responsible for treatment planning. Students may participate in diagnostic and treatment activities, provided they are supervised according to the requirements of good professional practice and any appropriate licensing or certification laws. This section includes the following professions:

- a. Psychiatrist (licensed in the State of Arkansas and having completed an accepted residency in psychiatry);
- b. Psychologist (licensed in the State of Arkansas);
- c. Psychological Examiner (licensed in the State of Arkansas);
- d. Master of Social Work (licensed in the State of Arkansas);
- e. Licensed Professional Counselor (licensed in the State of Arkansas);
- f. Registered Nurse with 1 year supervised experience in a mental health setting (licensed in the State of Arkansas);
- g. Physician (licensed in the State of Arkansas). (See reference IV. A. 6. page _____);
- h. Persons in a related profession (licensed in the State of Arkansas and practicing within the bounds permitted by their licensing authority) with at least a Master's degree and appropriate experience in a mental health setting, including documented, supervised training and experience in diagnosis and therapy of a broad range of mental disorders.

2. Mental Health Paraprofessionals are defined as persons with a Bachelor's degree or persons licensed by the Arkansas State Board of Nursing who do not meet the definition of Mental Health Professional, but who are licensed and certified by the State of

Arkansas in a related profession and practicing within the bounds permitted by their licensing authority, or persons employed by a certified Community Mental Health Center or Clinic with a high school diploma and documented training in the area of mental health. A Mental Health Paraprofessional may provide certain Rehabilitative Services for persons with mental illness under supervision of a Mental Health Professional.

B. Mental Health Paraprofessional Training

The Community Mental Health Center or Clinic is responsible for ensuring all Mental Health Paraprofessionals successfully complete training in mental health service provision from a Mental Health Professional experienced in the area of mental health, a certified Community MH Medicaid provider, or a facility licensed by the State Board of Education before client contact.

1. Mental Health Paraprofessionals must receive orientation to the Community Mental Health agency.
2. The Mental Health Paraprofessional training course must total a minimum of forty (40) hours and must be successfully completed within a maximum time period of two (2) months.
3. The training curriculum must include, but is not limited to:
 - * communication skills
 - * knowledge of mental illnesses
 - * how to be an appropriate role model
 - * behavior management
 - * handling emergency situations
 - * record keeping
 - * observing client and reporting/recording observations
 - * time/employment records
 - * knowledge of clinical limitations
 - * knowledge of appropriate relationships with client
 - * group interaction
 - * listening techniques
 - * confidentiality
 - * knowledge of medications and side effects
 - * daily living skills
 - * hospitalization procedures
 - * single point of entry policies and procedures
 - * knowledge of Social Security (SSI) and application process
 - * knowledge of Rehabilitative Day Treatment models
 - * proper placement levels
 - * awareness of options
4. A written examination of the Mental Health Paraprofessional's knowledge of the forty (40) hour classroom training curriculum must be successfully completed.
5. Evaluation of the Mental Health Paraprofessional's ability to teach daily living skills (DLS) for mental health services must be successfully completed by means of a skills test.

6. The Mental Health Paraprofessional who successfully completes the training must be awarded a certificate. This certificate must state the person is qualified to work in an agency under professional supervision as a Mental Health Professional.

7. Inservice training sessions are required at a minimum of once each calendar year after the successful completion of the forty (40) hour training course. These inservice training sessions must total a minimum of eight (8) hours per calendar year and may be conducted, in part, in the field.

A Mental Health Paraprofessional who can provide documentation of training or experience in mental health service delivery may be exempt from the forty (40) hours classroom training.

Effective April 1, 1989, all Mental Health Paraprofessionals who provided mental health services for a Medicaid certified Community Mental Health Center or Clinic provider on or before April 1, 1989, but since May 1, 1988, will be certified as a Mental Health Paraprofessional. These Mental Health Paraprofessionals may be exempt from the forty (40) hour classroom training. However, a written examination of the Mental Health Paraprofessional's knowledge of the forty (40) hour training course must be successfully completed and an evaluation of his/her ability to perform the daily living skills must be successfully completed by means of a skills test. A certificate must be awarded to the Mental Health Paraprofessional and available for review by the Division of Economic and Medical Services' and Division of Mental Health Services' staff upon request.

C. Utilization and Review

1. A statistically representative sample of clinical records shall be reviewed periodically by the Center or Clinic for the presence and proper completion of all required documents. Each review shall be signed and dated by the reviewer, and the results communicated to the appropriate staff. These reviews shall be maintained in a special file until such time as the delinquent record is brought up to date.

2. The Center or Clinic shall maintain and document an ongoing process of evaluation of the quality of care given to each client/patient. This shall be done through Individual Case Review, Clinical Care Evaluation Studies, and Utilization Review.

3. Each Center or Clinic shall establish and maintain a Utilization Review Committee which shall examine the clinical records for completeness, adequacy, appropriateness of care, quality of care, and efficient utilization of Center or Clinic resources.

Policies and procedures for utilization review shall be established, including:

- a. the method of selecting cases for review;
- b. documentation of the results of the review; and
- c. the method of disseminating the results to appropriate staff members.
- d. the Utilization Review documents should be filed separately from the clinical record.

D. Referrals

~~The Center or Clinic shall establish policies and procedures for making referrals both inside and outside the Center or Clinic and for following up on referrals once made.~~

~~Continuity of care shall be maintained for all transfers from one service element to another and from one staff member to another within the Center or Clinic.~~

~~Evidence of good internal continuity of care shall include:~~

- ~~1. transfer from one service element to another according to client/patient need;~~
- ~~2. transfer of client/patient records from one element of service to another and/or from one participating staff member to another; and~~
- ~~3. continued participation of those who cared for a client/patient in one element of service in the planning for, as appropriate, and/or conduct of treatment when the client/patient is transferred to another element of service.~~

~~NOTE: Every effort shall be made to maintain continuity of care when the client/patient is transferred from the Center or Clinic to another human service provider.~~

E. Client/Patient Rights

~~The Center or Clinic shall adopt policies and procedures which safeguard the client's/patient's legal, civil and human rights.~~

MARKUP

**STANDARDS FOR COMMUNITY MENTAL HEALTH CENTERS AND CLINICS
IN THE STATE OF ARKANSAS**

SECTION VI

CONSULTATION, EDUCATION, AND PREVENTION

MARKUP

VI. CONSULTATION, EDUCATION, AND PREVENTION

~~A. Centers or Clinics shall provide consultation, education, and prevention services to their communities. Centers or Clinics shall designate staff and resources to develop, coordinate, and implement these services.~~

~~B. Individual records of consultation, education, and prevention services shall fall under the same standards of confidentiality and protection of civil rights as do the records of direct service to client/patients.~~

MARK-UP

**STANDARDS FOR COMMUNITY MENTAL HEALTH CENTERS AND CLINICS
IN THE STATE OF ARKANSAS**

SECTION VII

REVIEW AND MODIFICATION OF STANDARDS

MARKUP

~~VII. REVIEW AND MODIFICATION OF THESE STANDARDS~~

~~A. The Standards for Community Mental Health Centers and Clinics in the State of Arkansas shall be annually reviewed and updated.~~

~~B. The reviewers, who shall be responsible for the constant evaluation and revision of these Standards, shall consist of the Standards Review Committee mentioned in Section I.~~

~~C. Centers or Clinics shall have one year from July 1 of the year for which changes are made to come into compliance with any addition to the Standards made during the annual review unless the Standards Review Committee recommends by a two-thirds majority of all members that the changes be put into effect immediately and the Commissioner of the Division of Mental Health Services concurs with this recommendation.~~

MARK-UP

ACCREDITATION POLICY

- I. ~~All Community Mental Health Centers or Clinics presently certified by the Division of Mental Health Services under the Standards For Community Mental Health Centers And Clinics In The State Of Arkansas must seek and attain accreditation by either the Commission on Accreditation of Rehabilitation Facilities (CARF) or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) in order to continue receiving funding under contract with the Division of Mental Health Services and/or to maintain designation as a certified Community Mental Health Center or Clinic.~~
- ...
- A. ~~The Accreditation Survey must take place within 18 months of the effective date of this policy.~~
- B. ~~All Community Mental Health Centers or Clinics will be expected to select an accreditation model and provide notification of this choice to the Division of Mental Health Services within 90 days of the effective date of this policy.~~
- C. ~~Community Mental Health Centers or Clinics who are Non-Accredited by CARF or JCAHO will not be eligible to contract with the Division of Mental Health Services.~~
- D. ~~The certified Community Mental Health Center or Clinic must be accredited in all program elements currently covered by the Standards For Community Mental Health Centers And Clinics in The State Of Arkansas, 1990, that would be applicable to the status (community mental health center or clinic) applied for through the Division of Mental Health Services.~~

~~Program areas for services include, but are not limited to:~~

- ~~1. Emergency Services.~~
- ~~2. Partial Care Services including partial care and day treatment programs, including clubhouse programs.~~
- ~~3. Outpatient Services.~~
- ~~4. Consultation, Education, and Prevention.~~
- ~~5. Follow-up and Aftercare Services.~~
- ~~6. Initial Screening and Pre-care Services, and~~
- ~~7. A Community Support System.~~

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- E. ~~Affiliates must be accredited by CARF/JCAHO in those elements of service for which they contract with the Community Mental Health Centers. Affiliates providing services not covered or required by the contract between the Division of Mental Health Services and the Community Mental Health Center or Clinic are exempt from this policy.~~
- F. ~~The Division of Mental Health Services may establish additional standards or require organizations to meet additional standards that have a basis in law and/or regulation, in the event that these requirements are not addressed by the accrediting body.~~

II. ~~Costs~~

~~Community Mental Health Centers or Clinics or their affiliates will be responsible for all costs associated with accreditation including written materials, manuals, technical assistance, training, application and surveyor fees, etc. No accreditation costs will be paid by the Division of Mental Health Services.~~

III. ~~Reporting~~

- A. ~~Organizations will submit to the Division of Mental Health Services a copy of the accrediting body's written survey report or re-survey reports within 30 days of the receipt of the report. This report should include:~~
- ~~1. The accrediting body's conclusions regarding the award or denial of accreditation status.~~
 - ~~2. Any terms or requirements the organizations must meet as a condition for achieving or maintaining accreditation status.~~
 - ~~3. Deficiencies or recommendations.~~
- B. ~~When the accrediting body requires a corrective action plan and/or periodic written progress reports to address identified needs/recommendations that are conditions for attaining or maintaining accredited status, a copy of this plan and all subsequent reports shall be submitted to the Division of Mental Health Services.~~
- C. ~~Identification of problem areas any time during the accreditation period may result in corrective action by the Division of Mental Health Services.~~

IV. CARF

A. Possible Outcomes

The CARF accreditation process offers four (4) possible survey outcomes: ~~Three-Year Accreditation; One-Year Accreditation; Provisional Accreditation; and Non-Accreditation.~~ There is one (1) other survey outcome option available: ~~Twelve-Month Abeyance.~~ The Division of Mental Health Services shall accept that a Community Mental Health Center or Clinic is certified as a Community Mental Health Center or Clinic if it receives any survey outcome other than ~~Non-Accreditation.~~ A Community Mental Health Center or Clinic whose survey results in an "Abeyance" decision shall be considered accredited for the purposes of being eligible for a Division of Mental Health Services' contract during the time of the abeyance. However, an agency must become accredited during the Twelve-Month Abeyance process to be eligible for subsequent Division of Mental Health Services' contracts. EXPLANATION: Due to the presence of conditions affecting the service benefits, health, welfare or safety of persons served, an organization may fall short of a One-Year Accreditation. When CARF recognizes a willingness and capability of an organization to correct such existing conditions, then the decision to accredit or not accredit will be delayed until the organization is provided up to twelve (12) months to correct the problems. This is a "one-time only" abeyance, and is not available to currently CARF accredited organizations.

V. JCAHO

A. Possible Outcomes

The JCAHO accreditation process offers five (5) categories of accreditation decisions: ~~Three-Year Accreditation with Commendation; Three-Year Accreditation With Or Without Type 1 Recommendations; Conditional Accreditation; Provisional Accreditation; and Not Accredited.~~ The Division of Mental Health Services shall accept that a Community Mental Health Center or Clinic is certified as a Community Mental Health Center or Clinic if it receives any survey outcome other than ~~Provisional Accreditation or Not Accredited.~~ If a Community Mental Health Center or Clinic receives an Accreditation With Type 1 Recommendations, or a Conditional Accreditation, it shall be deemed to be certified during that period pending results of follow-up monitoring conducted by the accrediting body.

- B. Organizations receiving accreditation with Type 1 Recommendations risk loss of accreditation if the recommendations are not resolved within a period of time specified by JCAHO. Improvement in these areas is monitored and assessed through the use of focused surveys or written progress reports. Organizations receiving Accreditation With Type 1 Recommendations will not be in jeopardy of loss of contract during this monitoring period.

- ...
- C. ~~Conditional Accreditation indicates that multiple substantial standards compliance deficiencies exist in an organization or that the organization has not corrected Type 1 Recommendations in the timeframes specified. Organizations in this status are required to develop a plan of correction and demonstrate sufficient improvement in a follow-up survey within six (6) months. Community Mental Health Centers or Clinics shall be considered accredited for the purposes of being eligible for a Division of Mental Health Services' contract during the time pending results of the follow-up survey.~~
- D. ~~Provisional Accreditation is granted when an organization has demonstrated substantial compliance with selected structural standards surveyed in the first of two surveys conducted under the Early Survey Policy. The second survey is conducted approximately six (6) months later to allow sufficient time to demonstrate a track record of performance. Provisional Accreditation status remains until the organization completes the second full survey. The Early Survey Policy is available to new organizations that would like to be accredited but are not ready for a full evaluation, to organizations in operation less than four (4) months, and to organizations undergoing their first JCAHO survey. Community Mental Health Centers or Clinics shall not be considered accredited for the purposes of being eligible for a Division of Mental Health Services' contract during the time of Provisional Accreditation. A Community Mental Health Center or Clinic shall be considered accredited for the purposes of being eligible for a contract if a decision of accreditation status other than Not Accredited is awarded after a second survey.~~

VI. Evaluation Process

~~The Division of Mental Health Services may establish a process to monitor services provided by the Community Mental Health Centers or Clinics through the ongoing collection of uniform, objective performance data.~~

1 State of Arkansas
2 90th General Assembly
3 Fiscal Session, 2016

A Bill

SENATE BILL 125

4
5 By: Joint Budget Committee

For An Act To Be Entitled

8 AN ACT TO MAKE AN APPROPRIATION FOR PERSONAL SERVICES
9 AND OPERATING EXPENSES FOR THE DEPARTMENT OF HUMAN
10 SERVICES - DIVISION OF BEHAVIORAL HEALTH SERVICES FOR
11 THE FISCAL YEAR ENDING JUNE 30, 2017; AND FOR OTHER
12 PURPOSES.

Subtitle

16 AN ACT FOR THE DEPARTMENT OF HUMAN
17 SERVICES - DIVISION OF BEHAVIORAL HEALTH
18 SERVICES APPROPRIATION FOR THE 2016-2017
19 FISCAL YEAR.

22 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:

24 SECTION 1. REGULAR SALARIES - OPERATIONS. There is hereby established for
25 the Department of Human Services - Division of Behavioral Health Services for
26 the 2016-2017 fiscal year, the following maximum number of regular employees.

| | | | | Maximum Annual |
|------|-------|--|-----------|----------------|
| | | | | Salary Rate |
| Item | Class | | No. of | Fiscal Year |
| No. | Code | Title | Employees | 2016-2017 |
| 32 | (1) | L005N PSYCHIATRIC SPECIALIST | 1 | GRADE N919 |
| 33 | (2) | N182N ASH CHIEF OPERATING OFFICER | 1 | GRADE N918 |
| 34 | (3) | L009N DHS BEHAV HLTH GENERAL PHYSICIAN | 6 | GRADE N917 |
| 35 | (4) | L011N DENTIST | 1 | GRADE N916 |
| 36 | (5) | L014N DIRECTOR OF PHARMACY | 1 | GRADE N914 |



| | | | | | |
|----|------|-------|--------------------------------------|----|------------|
| 1 | (6) | L016N | REGISTERED PHARMACIST | 2 | GRADE N911 |
| 2 | (7) | N019N | DHS DEP DIR BEHAV HLTH SERVICES | 1 | GRADE N910 |
| 3 | (8) | N184N | DHS DIR OF PROG IMP & INVESTIGATIONS | 1 | GRADE N908 |
| 4 | (9) | N189N | DHS/DMS DEPUTY DIRECTOR | 1 | GRADE N908 |
| 5 | (10) | N088N | DHS AHC DIRECTOR OF NURSING | 1 | GRADE N906 |
| 6 | (11) | N103N | DHS MENTAL HEALTH CENTER DIRECTOR | 1 | GRADE N906 |
| 7 | (12) | N128N | DHS ASST DIR QUALITY ASSURANCE | 1 | GRADE N904 |
| 8 | (13) | N123N | DHS/DBHS ASST DIR FOR FINANCE | 1 | GRADE N904 |
| 9 | (14) | N127N | DHS/DBHS DIR ALCHL & DRUG ABUSE PREV | 1 | GRADE N904 |
| 10 | (15) | N185N | DIR OF OUTCOMES MGMT & PRACTICE IMPR | 1 | GRADE N904 |
| 11 | (16) | N135N | DHS AHC NURSING HOME ADMINISTRATOR | 1 | GRADE N903 |
| 12 | (17) | N167N | DHS POLICY & RESEARCH DIRECTOR | 2 | GRADE N901 |
| 13 | (18) | N153N | DHS/DBHS CLINICAL DIRECTOR | 1 | GRADE N901 |
| 14 | (19) | L022N | OCCUPATIONAL THERAPIST | 3 | GRADE N901 |
| 15 | (20) | L021N | PHYSICAL THERAPIST | 1 | GRADE N901 |
| 16 | (21) | N162N | STATE DRUG PREVENTION DIRECTOR | 1 | GRADE N901 |
| 17 | (22) | L001C | PSYCHOLOGIST SUPERVISOR | 2 | GRADE C129 |
| 18 | (23) | M002C | DHS BEHAV HLTH ASSOC DIR, AHC | 1 | GRADE C127 |
| 19 | (24) | M003C | DHS BEHAV HLTH CHILDREN SYS CARE DIR | 2 | GRADE C127 |
| 20 | (25) | L003C | PSYCHOLOGIST | 4 | GRADE C127 |
| 21 | (26) | L006C | ASSOCIATE DIRECTOR OF NURSING | 3 | GRADE C126 |
| 22 | (27) | L011C | DHS ALCHL/DRUG ABUSE PREV AST DP DIR | 1 | GRADE C125 |
| 23 | (28) | A024C | DHS DIVISION CHIEF FISCAL OFFICER | 2 | GRADE C125 |
| 24 | (29) | L009C | NURSE MANAGER | 8 | GRADE C125 |
| 25 | (30) | M004C | RESIDENTIAL OPERATIONS MANAGER | 2 | GRADE C125 |
| 26 | (31) | L015C | CLINICAL SPEECH PATHOLOGIST | 2 | GRADE C124 |
| 27 | (32) | L024C | DHS BEHAV HLTH FACILITY ADMIN | 1 | GRADE C123 |
| 28 | (33) | A038C | FISCAL SUPPORT MANAGER | 1 | GRADE C123 |
| 29 | (34) | G099C | DHS PROGRAM ADMINISTRATOR | 5 | GRADE C122 |
| 30 | (35) | A041C | PROGRAM FISCAL MANAGER | 1 | GRADE C122 |
| 31 | (36) | L027C | REGISTERED NURSE SUPERVISOR | 19 | GRADE C122 |
| 32 | (37) | A052C | ACCOUNTING COORDINATOR | 1 | GRADE C121 |
| 33 | (38) | M010C | FAMILY SERVICE WORKER CLINICAL SPEC | 2 | GRADE C121 |
| 34 | (39) | M009C | LICENSED CERTIFIED SOCIAL WORKER | 30 | GRADE C121 |
| 35 | (40) | S004C | MAINTENANCE MANAGER | 2 | GRADE C121 |
| 36 | (41) | L036C | NURSE INSTRUCTOR | 1 | GRADE C121 |

| | | | | | |
|----|------|-------|--------------------------------------|----|------------|
| 1 | (42) | R014C | PERSONNEL MANAGER | 3 | GRADE C121 |
| 2 | (43) | L033C | PSYCHOLOGICAL EXAMINER | 3 | GRADE C121 |
| 3 | (44) | L032C | REGISTERED NURSE - HOSPITAL | 61 | GRADE C121 |
| 4 | (45) | G131C | DHS BEHAV HLTH MED BUS PRACTICES ADM | 2 | GRADE C120 |
| 5 | (46) | T031C | DHS BEHAV HLTH PUBLIC SAFETY DIR | 2 | GRADE C120 |
| 6 | (47) | L040C | DIETARY SERVICES DIRECTOR | 1 | GRADE C120 |
| 7 | (48) | E026C | EDUCATION & INSTRUCTION COORDINATOR | 1 | GRADE C120 |
| 8 | (49) | D057C | INFORMATION TECHNOLOGY MANAGER | 1 | GRADE C120 |
| 9 | (50) | G124C | OMBUDSMAN | 1 | GRADE C120 |
| 10 | (51) | L038C | REGISTERED NURSE | 8 | GRADE C120 |
| 11 | (52) | E023C | TRAINING PROJECT MANAGER | 1 | GRADE C120 |
| 12 | (53) | V008C | BUYER SUPERVISOR | 1 | GRADE C119 |
| 13 | (54) | E035C | CERTIFIED MASTERS TEACHER | 1 | GRADE C119 |
| 14 | (55) | D062C | DATABASE ANALYST | 2 | GRADE C119 |
| 15 | (56) | L044C | DHS BEHAV HLTH CASE REVIEW ANALYST | 1 | GRADE C119 |
| 16 | (57) | G152C | DHS PROGRAM MANAGER | 7 | GRADE C119 |
| 17 | (58) | G147C | GRANTS COORDINATOR | 1 | GRADE C119 |
| 18 | (59) | X062C | QUALITY ASSURANCE COORDINATOR | 1 | GRADE C119 |
| 19 | (60) | A063C | RESEARCH & STATISTICS SUPERVISOR | 1 | GRADE C119 |
| 20 | (61) | A060C | SENIOR AUDITOR | 1 | GRADE C119 |
| 21 | (62) | R024C | ASSISTANT PERSONNEL MANAGER | 2 | GRADE C118 |
| 22 | (63) | L050C | CERTIFIED RESPIRATORY THERAPY TECH | 4 | GRADE C118 |
| 23 | (64) | A074C | FISCAL SUPPORT SUPERVISOR | 3 | GRADE C118 |
| 24 | (65) | M026C | LICENSED SOCIAL WORKER | 5 | GRADE C118 |
| 25 | (66) | M045C | ADULT PROTECTIVE SERVICES WORKER | 1 | GRADE C117 |
| 26 | (67) | E044C | CERTIFIED BACHELORS TEACHER | 5 | GRADE C117 |
| 27 | (68) | G184C | DHS PROGRAM CONSULTANT | 4 | GRADE C117 |
| 28 | (69) | G183C | DHS PROGRAM COORDINATOR | 17 | GRADE C117 |
| 29 | (70) | T052C | DHS/DBHS PUBLIC SAFETY SUPERVISOR | 8 | GRADE C117 |
| 30 | (71) | L055C | DIETICIAN | 2 | GRADE C117 |
| 31 | (72) | G180C | GRANTS ANALYST | 4 | GRADE C117 |
| 32 | (73) | R025C | HUMAN RESOURCES ANALYST | 1 | GRADE C117 |
| 33 | (74) | X101C | INTERNAL AFFAIRS INVESTIGATOR | 2 | GRADE C117 |
| 34 | (75) | S017C | MAINTENANCE COORDINATOR | 2 | GRADE C117 |
| 35 | (76) | P020C | PRODUCTION ARTIST | 1 | GRADE C117 |
| 36 | (77) | L051C | REHABILITATION COUNSELOR | 2 | GRADE C117 |

| | | | | | |
|----|-------|-------|--------------------------------------|-----|------------|
| 1 | (78) | B076C | RESEARCH PROJECT ANALYST | 4 | GRADE C117 |
| 2 | (79) | C022C | BUSINESS OPERATIONS SPECIALIST | 1 | GRADE C116 |
| 3 | (80) | P031C | MEDIA SPECIALIST | 1 | GRADE C116 |
| 4 | (81) | T055C | PUBLIC SAFETY OFFICER | 27 | GRADE C116 |
| 5 | (82) | S022C | SKILLED TRADES SUPERVISOR | 8 | GRADE C116 |
| 6 | (83) | S021C | WATER FILTER/WASTE DISPOSAL PLNT SUP | 1 | GRADE C116 |
| 7 | (84) | C037C | ADMINISTRATIVE ANALYST | 10 | GRADE C115 |
| 8 | (85) | D079C | COMPUTER SUPPORT TECHNICIAN | 2 | GRADE C115 |
| 9 | (86) | A091C | FISCAL SUPPORT ANALYST | 1 | GRADE C115 |
| 10 | (87) | D077C | HELP DESK SPECIALIST | 1 | GRADE C115 |
| 11 | (88) | R032C | HUMAN RESOURCES PROGRAM REP | 1 | GRADE C115 |
| 12 | (89) | L062C | LICENSED PRACTICAL NURSE SUPERVISOR | 14 | GRADE C115 |
| 13 | (90) | S033C | MAINTENANCE SUPERVISOR | 2 | GRADE C115 |
| 14 | (91) | C028C | MEDICAL RECORDS SUPERVISOR | 1 | GRADE C115 |
| 15 | (92) | A090C | PAYROLL SERVICES SPECIALIST | 2 | GRADE C115 |
| 16 | (93) | G204C | PLANNING SPECIALIST | 2 | GRADE C115 |
| 17 | (94) | V015C | PURCHASING SPECIALIST | 1 | GRADE C115 |
| 18 | (95) | X136C | QUALITY ASSURANCE REVIEWER | 1 | GRADE C115 |
| 19 | (96) | S031C | SKILLED TRADESMAN | 25 | GRADE C115 |
| 20 | (97) | S030C | WATER FILTER/WASTE DISPOSAL PLNT OPE | 2 | GRADE C115 |
| 21 | (98) | S041C | BOILER OPERATOR | 3 | GRADE C114 |
| 22 | (99) | S044C | FOOD PREPARATION MANAGER | 2 | GRADE C114 |
| 23 | (100) | M066C | PROGRAM ELIGIBILITY SPECIALIST | 4 | GRADE C114 |
| 24 | (101) | M065C | RECREATIONAL ACTIVITY SUPERVISOR | 3 | GRADE C114 |
| 25 | (102) | E051C | STAFF DEVELOPMENT SPECIALIST | 1 | GRADE C114 |
| 26 | (103) | S099C | STATIONARY ENGINEER | 1 | GRADE C114 |
| 27 | (104) | V018C | WAREHOUSE MANAGER | 1 | GRADE C114 |
| 28 | (105) | C050C | ADMINISTRATIVE SUPPORT SUPERVISOR | 1 | GRADE C113 |
| 29 | (106) | X167C | COMPLAINTS INVESTIGATOR | 1 | GRADE C113 |
| 30 | (107) | R036C | HUMAN RESOURCES SPECIALIST | 6 | GRADE C113 |
| 31 | (108) | V020C | INVENTORY CONTROL MANAGER | 4 | GRADE C113 |
| 32 | (109) | L069C | LICENSED PRACTICAL NURSE | 135 | GRADE C113 |
| 33 | (110) | S046C | MAINTENANCE TECHNICIAN | 3 | GRADE C113 |
| 34 | (111) | L067C | PSYCHOLOGICAL INTERN | 3 | GRADE C113 |
| 35 | (112) | C043C | RECORDS MANAGEMENT ANALYST | 5 | GRADE C113 |
| 36 | (113) | L066C | REHABILITATION INSTRUCTOR | 41 | GRADE C113 |

| | | | | | |
|----|-------|-------|-----------------------------------|-----|------------|
| 1 | (114) | T072C | SECURITY OFFICER SUPERVISOR | 1 | GRADE C113 |
| 2 | (115) | C056C | ADMINISTRATIVE SPECIALIST III | 51 | GRADE C112 |
| 3 | (116) | R037C | BENEFITS TECHNICIAN | 2 | GRADE C112 |
| 4 | (117) | A098C | FISCAL SUPPORT SPECIALIST | 5 | GRADE C112 |
| 5 | (118) | A097C | PAYROLL TECHNICIAN | 2 | GRADE C112 |
| 6 | (119) | V022C | PURCHASING TECHNICIAN | 1 | GRADE C112 |
| 7 | (120) | S056C | FOOD PREPARATION SUPERVISOR | 11 | GRADE C111 |
| 8 | (121) | M076C | RECREATIONAL ACTIVITY LEADER II | 29 | GRADE C111 |
| 9 | (122) | V023C | STOREROOM SUPERVISOR | 1 | GRADE C111 |
| 10 | (123) | B111C | LABORATORY TECHNICIAN | 1 | GRADE C110 |
| 11 | (124) | T084C | PUBLIC SAFETY SECURITY OFFICER | 45 | GRADE C110 |
| 12 | (125) | L074C | THERAPY ASSISTANT | 3 | GRADE C110 |
| 13 | (126) | V025C | WAREHOUSE SPECIALIST | 1 | GRADE C110 |
| 14 | (127) | C073C | ADMINISTRATIVE SPECIALIST II | 17 | GRADE C109 |
| 15 | (128) | L082C | CERTIFIED NURSING ASSISTANT | 157 | GRADE C109 |
| 16 | (129) | L080C | DIETETIC TECHNICIAN | 2 | GRADE C109 |
| 17 | (130) | M082C | RECREATIONAL ACTIVITY LEADER I | 4 | GRADE C109 |
| 18 | (131) | E056C | TEACHER ASSISTANT | 4 | GRADE C109 |
| 19 | (132) | M084C | BEHAV HLTH AIDE | 77 | GRADE C108 |
| 20 | (133) | C078C | CASHIER | 1 | GRADE C108 |
| 21 | (134) | A102C | FISCAL SUPPORT TECHNICIAN | 1 | GRADE C108 |
| 22 | (135) | S067C | HOUSEKEEPER SUPERVISOR | 1 | GRADE C108 |
| 23 | (136) | V027C | INVENTORY CONTROL TECHNICIAN | 7 | GRADE C108 |
| 24 | (137) | C074C | MEDICAL RECORDS ASSISTANT | 1 | GRADE C108 |
| 25 | (138) | M083C | RESIDENTIAL CARE TECHNICIAN | 4 | GRADE C108 |
| 26 | (139) | S070C | EQUIPMENT TECHNICIAN | 8 | GRADE C107 |
| 27 | (140) | C087C | ADMINISTRATIVE SPECIALIST I | 7 | GRADE C106 |
| 28 | (141) | L086C | PHARMACY ASSISTANT | 2 | GRADE C106 |
| 29 | (142) | V028C | WAREHOUSE WORKER | 2 | GRADE C106 |
| 30 | (143) | C088C | MAIL SERVICES ASSISTANT | 1 | GRADE C105 |
| 31 | (144) | V030C | SHIPPING & RECEIVING CLERK | 3 | GRADE C105 |
| 32 | (145) | S086C | COOK | 1 | GRADE C104 |
| 33 | (146) | S085C | FOOD PREPARATION SPECIALIST | 8 | GRADE C104 |
| 34 | (147) | S084C | INSTITUTIONAL SERVICES SUPERVISOR | 4 | GRADE C104 |
| 35 | (148) | S087C | INSTITUTIONAL SERVICES ASSISTANT | 53 | GRADE C103 |
| 36 | (149) | S089C | FOOD PREPARATION TECHNICIAN | 43 | GRADE C102 |

1 (150) V031C STOCK CLERK 2 GRADE C102
 2 MAX. NO. OF EMPLOYEES 1,167
 3

4 SECTION 2. EXTRA HELP - OPERATIONS. There is hereby authorized, for
 5 the Department of Human Services - Division of Behavioral Health Services for
 6 the 2016-2017 fiscal year, the following maximum number of part-time or
 7 temporary employees, to be known as "Extra Help", payable from funds
 8 appropriated herein for such purposes: three hundred thirty-five (335)
 9 temporary or part-time employees, when needed, at rates of pay not to exceed
 10 those provided in the Uniform Classification and Compensation Act, or its
 11 successor, or this act for the appropriate classification.
 12

13 SECTION 3. APPROPRIATION - STATE OPERATIONS. There is hereby
 14 appropriated, to the Department of Human Services - Division of Behavioral
 15 Health Services, to be payable from the Behavioral Health Services Fund
 16 Account, for personal services and operating expenses of the Department of
 17 Human Services - Division of Behavioral Health Services - State Operations
 18 for the fiscal year ending June 30, 2017, the following:
 19

| 20 ITEM | FISCAL YEAR |
|------------------------------------|----------------------|
| 21 <u>NO.</u> | <u>2016-2017</u> |
| 22 (01) REGULAR SALARIES | \$40,701,756 |
| 23 (02) EXTRA HELP | 6,032,518 |
| 24 (03) PERSONAL SERVICES MATCHING | 16,818,290 |
| 25 (04) OVERTIME | 4,212,006 |
| 26 (05) MAINT. & GEN. OPERATION | |
| 27 (A) OPER. EXPENSE | 24,224,263 |
| 28 (B) CONF. & TRAVEL | 75,725 |
| 29 (C) PROF. FEES | 9,974,882 |
| 30 (D) CAP. OUTLAY | 2,000,000 |
| 31 (E) DATA PROC. | 0 |
| 32 (06) GRANTS/PATIENT SERVICES | 24,467,531 |
| 33 (07) MENTAL HEALTH CTR TRANSFER | <u>2,599,382</u> |
| 34 TOTAL AMOUNT APPROPRIATED | <u>\$131,106,353</u> |

35
 36 SECTION 4. APPROPRIATION - COMMUNITY ALCOHOL SAFETY OPERATIONS. There

1 is hereby appropriated, to the Department of Human Services - Division of
 2 Behavioral Health Services, to be payable from the Highway Safety Special
 3 Fund, for personal services and operating expenses of the Department of Human
 4 Services - Division of Behavioral Health Services - Community Alcohol Safety
 5 Operations for the fiscal year ending June 30, 2017, the following:

| 7 | ITEM | FISCAL YEAR |
|----|--|--------------------|
| 8 | <u>NO.</u> | <u>2016-2017</u> |
| 9 | (01) REGULAR SALARIES | \$20,788 |
| 10 | (02) PERSONAL SERVICES MATCHING | 9,870 |
| 11 | (03) MAINT. & GEN. OPERATION | |
| 12 | (A) OPER. EXPENSE | 2,000 |
| 13 | (B) CONF. & TRAVEL | 0 |
| 14 | (C) PROF. FEES | 0 |
| 15 | (D) CAP. OUTLAY | 0 |
| 16 | (E) DATA PROC. | 0 |
| 17 | (04) COMMUNITY ALCOHOL SAFETY GRANTS AND | |
| 18 | AID | <u>4,061,509</u> |
| 19 | TOTAL AMOUNT APPROPRIATED | <u>\$4,094,167</u> |

21 SECTION 5. APPROPRIATION - CANTEENS - CASH. There is hereby
 22 appropriated, to the Department of Human Services - Division of Behavioral
 23 Health Services, to be payable from the cash fund deposited in the State
 24 Treasury as determined by the Chief Fiscal Officer of the State, for
 25 operating expenses of the Department of Human Services - Division of
 26 Behavioral Health Services - Canteens - Cash for the fiscal year ending June
 27 30, 2017, the following:

| 29 | ITEM | FISCAL YEAR |
|----|------------------------------|------------------|
| 30 | <u>NO.</u> | <u>2016-2017</u> |
| 31 | (01) MAINT. & GEN. OPERATION | |
| 32 | (A) OPER. EXPENSE | \$349,048 |
| 33 | (B) CONF. & TRAVEL | 0 |
| 34 | (C) PROF. FEES | 0 |
| 35 | (D) CAP. OUTLAY | 0 |
| 36 | (E) DATA PROC. | <u>0</u> |

1 TOTAL AMOUNT APPROPRIATED \$349,048

2

3 SECTION 6. APPROPRIATION - PATIENT BENEFITS - CASH. There is hereby
 4 appropriated, to the Department of Human Services - Division of Behavioral
 5 Health Services, to be payable from the cash fund deposited in the State
 6 Treasury as determined by the Chief Fiscal Officer of the State, for benefits
 7 of the patients of the Department of Human Services - Division of Behavioral
 8 Health Services for the fiscal year ending June 30, 2017, the following:

9

| 10 ITEM | FISCAL YEAR |
|------------------------------|------------------|
| 11 <u>NO.</u> | <u>2016-2017</u> |
| 12 (01) PATIENT BENEFIT FUND | <u>\$75,000</u> |

13

14 SECTION 7. APPROPRIATION - COMMUNITY MENTAL HEALTH CENTERS. There is
 15 hereby appropriated, to the Department of Human Services - Division of
 16 Behavioral Health Services, to be payable from the Behavioral Health Services
 17 Fund Account, for state assistance to the Community Mental Health Centers by
 18 the Department of Human Services - Division of Behavioral Health Services for
 19 the fiscal year ending June 30, 2017, the following:

20

| 21 ITEM | FISCAL YEAR |
|--------------------------|--------------------|
| 22 <u>NO.</u> | <u>2016-2017</u> |
| 23 (01) STATE ASSISTANCE | <u>\$8,780,603</u> |

24

25 SECTION 8. APPROPRIATION - MENTAL HEALTH GRANTS. There is hereby
 26 appropriated, to the Department of Human Services - Division of Behavioral
 27 Health Services, to be payable from the paying account as determined by the
 28 Chief Fiscal Officer of the State, for grant payments of the Department of
 29 Human Services - Division of Behavioral Health Services for the fiscal year
 30 ending June 30, 2017, the following:

31

| 32 ITEM | FISCAL YEAR |
|------------------------------|--------------------|
| 33 <u>NO.</u> | <u>2016-2017</u> |
| 34 (01) MENTAL HEALTH GRANTS | <u>\$9,789,616</u> |

35

36 SECTION 9. APPROPRIATION - ACUTE MENTAL HEALTH SERVICES - PER CAPITA.

1 There is hereby appropriated, to the Department of Human Services - Division
 2 of Behavioral Health Services, to be payable from the Behavioral Health
 3 Services Fund Account, for acute mental health services within community-
 4 based settings of the catchment areas served by Community Mental Health
 5 Centers licensed and certified by the Department of Human Services - Division
 6 of Behavioral Health Services for the fiscal year ending June 30, 2017, the
 7 following:

| 9 ITEM | FISCAL YEAR |
|--|--------------------|
| 10 <u>NO.</u> | <u>2016-2017</u> |
| 11 (01) ACUTE MENTAL HEALTH SERVICES-PER | |
| 12 CAPITA | <u>\$3,875,080</u> |

13
 14 SECTION 10. APPROPRIATION - ALCOHOL AND DRUG ABUSE PREVENTION. There
 15 is hereby appropriated, to the Department of Human Services - Division of
 16 Behavioral Health Services, to be payable from the Drug Abuse Prevention and
 17 Treatment Fund, for education, drug abuse prevention and treatment services
 18 of the Department of Human Services - Division of Behavioral Health Services
 19 - Alcohol and Drug Abuse Prevention for the fiscal year ending June 30, 2017,
 20 the following:

| 22 ITEM | FISCAL YEAR |
|--|---------------------|
| 23 <u>NO.</u> | <u>2016-2017</u> |
| 24 (01) EDUCATION/PREVENTION/TREATMENT | <u>\$21,770,069</u> |

25
 26 SECTION 11. APPROPRIATION - JUVENILE DRUG COURTS. There is hereby
 27 appropriated, to the Department of Human Services - Division of Behavioral
 28 Health Services, to be payable from the Behavioral Health Services Fund
 29 Account, for drug treatment of juveniles in Arkansas Juvenile Drug Courts of
 30 the Department of Human Services - Division of Behavioral Health Services -
 31 Juvenile Drug Courts for the fiscal year ending June 30, 2017, the following:

| 33 ITEM | FISCAL YEAR |
|---------------------------------|------------------|
| 34 <u>NO.</u> | <u>2016-2017</u> |
| 35 (01) JUVENILE DRUG TREATMENT | <u>\$500,000</u> |

36

1 SECTION 12. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
 2 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.
 3 BEHAVIORAL HEALTH SERVICES - ALLOCATION RESTRICTIONS. There is hereby
 4 allocated to the Community Mental Health Centers, as set out herein, the
 5 following amounts of the funds appropriated for State Assistance in the
 6 Behavioral Health Services - Community Mental Health Centers appropriation,
 7 to the Department of Human Services - Behavioral Health Services Division,
 8 there to be used as provided by law, for the fiscal year ending June 30,
 9 ~~2016~~ 2017, the following:

| 10 | Maximum Allocation |
|--|-----------------------------------|
| 11 Item | Fiscal Year |
| 12 No. Mental Health Center | 2015-16 <u>2016-17</u> |
| 13 (01) OZARK GUIDANCE CENTER, INC. | \$1,407,968 |
| 14 (02) HEALTH RESOURCES OF ARKANSAS, INC\OCS | 1,052,251 |
| 15 (03) DELTA COUNSELING ASSOCIATES, INC. | 230,898 |
| 16 (04) SOUTH ARKANSAS REGIONAL HEALTH CENTER | 345,669 |
| 17 (05) SOUTHEAST ARKANSAS BEHAVIORAL HEALTHCARE SYS. INC. | 412,935 |
| 18 (06) SOUTHWEST ARKANSAS COUNSELING | |
| 19 & MENTAL HEALTH CENTER, INC. | 354,528 |
| 20 (07) COMMUNITY COUNSELING SERVICES, INC. | 520,106 |
| 21 (08) WESTERN ARK. COUNSELING & GUIDANCE CENTER | 783,125 |
| 22 (09) COUNSELING ASSOCIATES, INC. | 766,168 |
| 23 (10) COUNSELING CLINIC, INCORPORATED | 322,561 |
| 24 (11) PROFESSIONAL COUNSELING ASSOCIATES | 722,207 |
| 25 (12) LITTLE ROCK CMHC | 662,430 |
| 26 (13) MID-SOUTH HEALTH SYSTEMS | <u>1,199,757</u> |
| 27 TOTAL AMOUNT ALLOCATED | \$8,780,603 |

28 The additional funding provided by this provision shall supplement and not
 29 supplant any monies currently funding state assistance to Community Mental
 30 Health Centers.

31 The requirements in this section shall only be implemented in accordance
 32 with any necessary approval by the Centers for Medicare and Medicaid
 33 Services, and in the event that additional general revenue funding is
 34 provided by the General Assembly for these purposes. Should additional
 35 funding provided for these purposes be insufficient to provide for the
 36 increases in full, the increases shall be provided to the extent that funding

1 is made available.

2 The provisions of this section shall be in effect only from July 1, 2015
3 2016 through June 30, ~~2016~~ 2017.

4

5 SECTION 13. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
6 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.

7 BEHAVIORAL HEALTH SERVICES - ALLOCATION RESTRICTION AND TRANSFER PROVISION.

8 Of the amounts allocated in the BEHAVIORAL HEALTH SERVICES - ALLOCATION
9 RESTRICTIONS section above, it is the intent of the General Assembly that
10 such amounts are to be the maximum expended in the applicable fiscal year
11 from the funds as appropriated for State Assistance in the Behavioral Health
12 Services - Community Mental Health Centers appropriation for the benefit of
13 the appropriate program so enumerated. Provided, however, in the event that
14 unforeseen circumstances occur in the fiscal year which would necessitate a
15 transfer of the maximum allocation provided the BEHAVIORAL HEALTH SERVICES -
16 ALLOCATION RESTRICTIONS section above from one or more programs to another
17 program or programs as enumerated in the BEHAVIORAL HEALTH SERVICES -
18 ALLOCATION RESTRICTIONS section above, the Behavioral Health Services
19 Division with the approval of the Director of the Department of Human
20 Services shall make its request known, and the reasons thereof, to the Office
21 of Budget, Department of Finance and Administration in such form and detail
22 as may be required by the Chief Fiscal Officer of the State. If approved,
23 such transfer approval shall be transmitted to the Bureau of Legislative
24 Research who shall make a report of the transfer and the reasons thereof to
25 the Arkansas Legislative Council at least quarterly.

26 The provisions of this section shall be in effect only from July 1, 2015
27 2016 through June 30, ~~2016~~ 2017.

28

29 SECTION 14. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
30 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.

31 BEHAVIORAL HEALTH SERVICES - LEGISLATIVE AUDIT OF MENTAL HEALTH CENTERS.

32 Every Mental Health Center eligible to receive any of the funds appropriated
33 for State Assistance in the Behavioral Health Services - Community Mental
34 Health Centers appropriation in this Act shall, as a condition of receiving
35 any such funds, be subject to an annual audit of the overall operation of
36 such Mental Health Center by the Division of Legislative Audit. The Mental

1 Health Centers shall submit a budget to the Behavioral Health Services
2 Division, Department of Human Services, and the Arkansas Legislative Council
3 and go through the budget procedures process in the same manner as State
4 departments, agencies, institutions, boards and commissions. Budgets shall be
5 submitted based on operating revenues and expenses of each Center and each
6 Center shall provide information related to financial status requested by the
7 Legislative Council and/or Joint Budget Committee.

8 The provisions of this section shall be in effect only from July 1, ~~2015~~
9 2016 through June 30, ~~2016~~ 2017.

10
11 SECTION 15. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
12 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.

13 BEHAVIORAL HEALTH SERVICES - APPORTIONMENT OF FUNDS. All funds appropriated
14 under the provisions of the State Assistance line item in the Behavioral
15 Health Services - Community Mental Health Centers appropriation in this Act
16 shall be apportioned on the basis of three dollars and six cents (\$3.06) per
17 capita for fiscal year ~~2015-2016~~ 2016-2017 or so much thereof as funds shall
18 become available. Additional funds shall be apportioned on the basis of fifty
19 cents (\$.50) per capita or a one-to-one State/Local funds matching basis for
20 the fiscal year ending June 30, ~~2016~~ 2017. The total \$8,780,603 allocated for
21 FY ~~2015-2016~~ 2016-2017 shall be distributed to the community mental health
22 centers as described in this section.

23 The provisions of this section shall be in effect only from July 1, ~~2015~~
24 2016 through June 30, ~~2016~~ 2017.

25
26 SECTION 16. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
27 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.

28 BEHAVIORAL HEALTH SERVICES - GRANTS-IN-AID CONDITIONS FOR RECEIVING FUNDS.

29 Only locally-operated Centers and Clinics licensed or certified by the
30 Behavioral Health Services Division are eligible to receive funds
31 appropriated for State Assistance in the Behavioral Health Services -
32 Community Mental Health Centers appropriation in this Act, and as a condition
33 of receiving such funds they shall:

34 (1) Meet minimum standards of performance in the delivery of Mental Health
35 Services as defined by the Department of Human Services, Behavioral Health
36 Services Division. Such standards will identify priority and/or target

1 populations to be served. The standards shall describe procedures for
2 assuring timely service delivery to clients who are within the custody of the
3 Department of Human Services when such clients are referred to a duly
4 certified center or clinic. Provided further, all such priorities, policies
5 and procedures shall be reviewed by the House Aging, Children & Youth,
6 Legislative and Military Affairs Committee and the Senate Children and Youth
7 Committee.

8 (2) Supply statistical data to the Department of Human Services,
9 Behavioral Health Services Division.

10 (3) Establish and maintain a sound financial management system in
11 accordance with guidelines as set forth by the Department of Human Services,
12 Behavioral Health Services Division.

13 (4) Establish and maintain community support programs designed to provide
14 coordinated care and treatment to ensure ongoing therapeutic involvement and
15 individualized treatment for persons with long-term, severe mental illness.
16 Every community support program shall use a coordinated case management
17 system and shall provide or assure access to services for persons with long-
18 term, severe mental illness who reside within the respective catchment area
19 of the Center. At a minimum, each community support program shall provide
20 assessment, diagnosis, identification of persons in need of services, case
21 management, crisis intervention, psychiatric treatment including medication
22 services and supervision, counseling and psychotherapy, activities of daily
23 living, housing, protection and advocacy, and psychosocial rehabilitation
24 which may include services provided by day treatment programs.

25 (5) The Board of Directors of each Center or Clinic licensed or certified
26 by the Department of Human Services, Behavioral Health Services Division,
27 shall adopt and submit to the Director, Behavioral Health Services Division,
28 in the form and according to the procedures specified by the Director,
29 Behavioral Health Services Division, an annual plan for the delivery of
30 community support services for persons with long-term, severe mental illness.
31 Each Center's plan must be approved by the Director, Behavioral Health
32 Services Division.

33 The provisions of this section shall be in effect only from July 1, 2015
34 2016 through June 30, ~~2016~~ 2017.

35
36 SECTION 17. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS

1 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.
 2 BEHAVIORAL HEALTH SERVICES - FEDERAL FUNDS. It is the specific intent of the
 3 General Assembly that in the event of the availability of federal funding for
 4 the Division of Behavioral Health Services during the fiscal year ending June
 5 30, ~~2016~~ 2017, that such funding be utilized to conserve or reduce the
 6 expenditure of general revenue except where prohibited by law.

7 The provisions of this section shall be in effect only from July 1, ~~2015~~
 8 2016 through June 30, ~~2016~~ 2017.

9
 10 SECTION 18. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
 11 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.
 12 BEHAVIORAL HEALTH SERVICES. Pay rates for physicians and chief psychologists
 13 within the Division of Behavioral Health Services may include the special
 14 allowances available to UAMS physicians and professional faculty as described
 15 in the special language of the UAMS appropriation. Part of the salaries of
 16 such staff will come from the receipt of professional income in the care of
 17 patients and/or funds received from federal agencies, foundations and other
 18 private sponsors in the support of research. Provided that any such allowance
 19 shall not exceed, for any employee, an amount equal to two and one half times
 20 the salary authorized by the General Assembly. The specific Division of
 21 Behavioral Health classifications covered by this language are:

22 Class
 23 Code Title
 24 L005N Psychiatric Specialist
 25 L009N DHS Behavioral Health General Physician
 26 L001C Psychologist Supervisor

27 Prior to these allowances being made available for an individual, they
 28 will be approved by the Chief Fiscal Officer of the State and reviewed by the
 29 Personnel Committee of the Arkansas Legislative Council or the Joint Budget
 30 Committee.

31 The provisions of this section shall be in effect only from July 1, ~~2015~~
 32 2016 through June 30, ~~2016~~ 2017.

33
 34 SECTION 19. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
 35 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.
 36 BEHAVIORAL HEALTH SERVICES - VOCATIONAL TRAINEES. The Division of Behavioral

1 Health Services of the Department of Human Services is hereby authorized to
2 provide employment opportunities for some of the working residents who are
3 separate from the currently authorized regular vocational trainee positions.
4 The positions authorized herein shall not be incorporated into the present
5 classification system but shall be provided for by each Community Mental
6 Health Center, or State Hospital, on a cash account basis. It is the intent
7 of the General Assembly that the authorization of these positions shall
8 facilitate the Agency's ability to provide for residents who are not part of
9 a regular vocational training program.

10 The provisions of this section shall be in effect only from July 1, ~~2015~~
11 2016 through June 30, ~~2016~~ 2017.

12
13 SECTION 20. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
14 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.

15 BEHAVIORAL HEALTH SERVICES - JOB SHARE. The Division of Behavioral Health
16 Services can utilize job share for positions within the nursing
17 classification (RN, LPN/LPTN, BHA/CNA) for up to 24 hours per week per
18 individual. This will allow the Division to offer weekend option shifts to
19 nursing personnel without increasing the number of positions.

20 The provisions of this section shall be in effect only from July 1, ~~2015~~
21 2016 through June 30, ~~2016~~ 2017.

22
23 SECTION 21. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
24 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.

25 BEHAVIORAL HEALTH SERVICES - STATE HOSPITAL CONTINGENCY POSITIONS. If the
26 Department of Human Services determines, and after prior review by the
27 Legislative Council, it shall be determined that it is in the best interest
28 of the State of Arkansas to discontinue a management contract with a private
29 provider and it is deemed necessary to utilize Department staff to provide
30 the required services, the Director of the Department of Human Services may
31 request the Department of Finance and Administration to approve the
32 establishment of one or more additional positions at salary rates not to
33 exceed the maximum salaries established for comparable positions in the
34 Uniform Classification and Compensation Act, the Department of Human
35 Services' Appropriation Act, and the University of Arkansas for Medical
36 Sciences' Appropriation Act. Upon approval by the Department of Finance and

1 Administration and after review by the Legislative Council, the Department of
2 Human Services, Division of Behavioral Health Services may establish such
3 positions.

4 If the agency requests continuation of a "Growth Pool" position(s) as
5 established herein, the position(s) must be requested as a new position(s) in
6 the agency's budget request.

7 The provisions of this section shall be in effect only from July 1, 2015
8 2016 through June 30, ~~2016~~ 2017.

9
10 SECTION 22. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
11 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. ARKANSAS
12 HEALTH CENTER. (A) The Department of Human Services shall not close the
13 Arkansas Health Center that provides skilled nursing through specialized
14 services and programs.

15 (B) The Department of Human Services shall continue to accept clients for
16 whom it has determined that skilled nursing and specialized services are
17 needed at the Arkansas Health Center.

18 (C) No funds shall be transferred or reduced from the Arkansas Health
19 Center, except for use as federal matching funds, below the approved funding
20 level on March 1, 2003 without the prior approval of the Arkansas Legislative
21 Council or the Joint Budget Committee.

22 (D) Determining the maximum amount of appropriation and general revenue
23 funding for a state agency each fiscal year is the prerogative of the General
24 Assembly. This is usually accomplished by delineating such maximums in the
25 appropriation act(s) for a state agency and the general revenue allocations
26 authorized for each fund and fund account by amendment to the Revenue
27 Stabilization law. Further, the General Assembly has determined that the
28 Department of Human Services may operate more efficiently if some flexibility
29 is provided to the Department of Human Services authorizing broad powers
30 under this Section. Therefore, it is both necessary and appropriate that the
31 General Assembly maintain oversight by requiring prior approval of the
32 Legislative Council or Joint Budget Committee as provided by this section.
33 The requirement of approval by the Legislative Council or Joint Budget
34 Committee is not a severable part of this section. If the requirement of
35 approval by the Legislative Council or Joint Budget Committee is ruled
36 unconstitutional by a court of competent jurisdiction, this entire section is

1 void.

2 The provisions of this section shall be in effect only from July 1, ~~2015~~
3 2016 through June 30, ~~2016~~ 2017.

4

5 SECTION 23. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
6 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. EXTRA
7 HELP - BEHAVIORAL HEALTH SERVICES. Employees in extra-help positions at the
8 Department of Human Services - Behavioral Health Division may receive an
9 amount not to exceed eighty-five percent (85%) of the maximum annual salary
10 for a comparable position as authorized under § 21-5-201 et seq. during any
11 fiscal year, nor shall such an employee be employed for a period of time to
12 exceed one thousand eight hundred (1,800) hours in any single fiscal year.

13 The provisions of this section shall be in effect only from July 1, ~~2015~~
14 2016 through June 30, ~~2016~~ 2017.

15

16 SECTION 24. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
17 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.
18 BEHAVIORAL HEALTH SERVICES - APPORTIONMENT OF FUNDS. Each Community Mental
19 Health Center shall contract with one or more facilities of its choice
20 (excluding Arkansas State Hospital) to provide the inpatient care for
21 indigent patients which the Community Mental Health Center has determined to
22 be necessary after prompt screening by the Community Mental Health Center.
23 Payment for patients screened and approved by the Community Mental Health
24 Center who receive care at these inpatient facilities shall be provided to
25 the inpatient facilities at the contract rate unless the funds available for
26 this purpose have been exhausted. Available funding as determined by the
27 Director of the Department of Human Services shall be apportioned on a per
28 capita basis up to a maximum of three dollars and forty-eight cents (\$3.48)
29 per capita for fiscal year ~~2015-2016~~ 2016-2017. The most recently available
30 federal population census shall be used in determining the population of each
31 catchment area of the thirteen Community Mental Health Centers. All amounts
32 appropriated under this section shall be used by Community Mental Health
33 Centers for residents of each center's catchment area and such funds shall
34 only be accessed as the payment of last resort.

35 The provisions of this section shall be in effect only from July 1, ~~2015~~
36 2016 through June 30, ~~2016~~ 2017.

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SECTION 25. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.

REPORTING. The Division of Behavioral Health Services shall develop an evaluation and monitoring program that will assure all expenditures are made consistent with the intent of these appropriations. As a condition for receiving funds under this Act, Community Mental Health Centers (CMHCs) shall report quarterly to the Division of Behavioral Health Services the following data:

- (1) The number of involuntary commitments and medically indigent admissions referred by CMHCs to community-based settings;
- (2) The number of involuntary commitments and medically indigent admissions to community-based settings receiving assistance from the acute mental health services funds;
- (3) The total number of acute bed days utilized by these involuntary commitments;
- (4) The total number of bed days utilized by these medically indigent admissions;
- (5) The average length of stay of admissions for these involuntary commitments per catchment area;
- (6) The average length of stay of admissions for these medically indigent admissions per catchment area;
- (7) The number of medically indigent admissions per catchment area unable to receive assistance from the acute mental health services funds due to such funds being depleted by prior admissions;
- (8) The number of re-admissions per catchment area for involuntary commitments and medically indigent admissions to community-based settings receiving assistance from the acute mental health services; and
- (9) Identify any steps taken by CMHCs to improve access to acute mental health services.

The Department of Human Services - Division of Behavioral Health Services shall report quarterly the data collected from the CMHCs to the House and Senate Subcommittees on Public Health.

The provisions of this section shall be in effect only from July 1, ~~2015~~ 2016 through June 30, ~~2016~~ 2017.

1 SECTION 26. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
2 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. ACUTE
3 MENTAL HEALTH SERVICES – PER CAPITA - LEGISLATIVE FINDINGS AND INTENT. The
4 General Assembly recognizes that the state encouraged the treatment of
5 mentally ill residents within community-based settings over two decades ago
6 and has taken various approaches to funding since then. The General Assembly
7 also recognizes that there are inherent problems within the current public
8 mental health system that create disincentives for proper treatment and care.
9 The purpose of the Acute Mental Health Services – Per Capita appropriation is
10 to provide an appropriation for acute mental health services to be utilized
11 within community-based settings for the treatment and care of medically
12 indigent persons 18 years of age and older and involuntary commitments to the
13 public mental health system. The appropriation for acute mental health
14 services provided in this Act shall only be used for Community Mental Health
15 Centers licensed and certified by the Division of Behavioral Health of the
16 Department of Human Services for use within community-based settings and
17 facilities.

18 The provisions of this section shall be in effect only from July 1, 2015
19 2016 through June 30, ~~2016~~ 2017.

20
21 SECTION 27. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
22 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW.
23 BEHAVIORAL HEALTH SERVICES - PROCEEDS FOR SALES OF TIMBER AND HAY - CAPITAL
24 IMPROVEMENTS AND EQUIPMENT. The Division of Behavioral Health Services is
25 authorized to use administrative operating account for capital improvements
26 to the physical plant, and for the purchase of capital equipment, and for the
27 operation of the Arkansas Health Center, operated by the Department of Human
28 Services, Division of Behavioral Health Services. The funds shall be held by
29 the Department of Human Services, Division of Behavioral Health Services,
30 from the proceeds of the sale of timber and hay that may be harvested from
31 land owned by the Division of Behavioral Health Services. All funds deposited
32 and all expenses shall be tracked separately. The harvesting of timber and
33 hay is specifically authorized to provide funds to finance capital
34 improvements to the physical plant, for the purchase of major capital
35 equipment, and for the operation of the Arkansas Health Center. The Division
36 of Behavioral Health Services shall report all income derived from the sale

1 of timber and hay to the Chief Fiscal Officer of the State and the
 2 Legislative Council. Any contracts initiated for the harvesting of timber and
 3 hay shall be submitted to the Review Subcommittee of the Arkansas Legislative
 4 Council for prior review. All expenditures of funds derived from the sale of
 5 timber and hay will be expended in accordance with relevant state purchasing
 6 laws.

7 The provisions of this section shall be in effect only from July 1, 2015
 8 2016 through June 30, ~~2016~~ 2017.

9
 10 SECTION 28. SPECIAL LANGUAGE. NOT TO BE INCORPORATED INTO THE ARKANSAS
 11 CODE NOR PUBLISHED SEPARATELY AS SPECIAL, LOCAL AND TEMPORARY LAW. SPECIAL
 12 RATES OF PAY AND EMPLOYMENT WORK DAYS. For employees hired on or after July
 13 1, 2013, at the Arkansas State Hospital in the classifications listed below,
 14 the Division of Behavioral Health Director shall implement salary adjustments
 15 utilizing the approved pay grid for teachers employed by the Arkansas Schools
 16 for the Blind and Deaf.

17 To achieve the salary adjustments, the Division of Behavioral Health is
 18 authorized to pay special rates of pay for classifications at the Arkansas
 19 State Hospital listed below:

| 20 | Classification | Title | Grade |
|----|----------------|-----------------------------|-------|
| 21 | E044C | Certified Bachelors Teacher | C117 |
| 22 | E035C | Certified Masters Teacher | C119 |

23 Funding for the minimum compensation provided for in this section that
 24 is supported in whole or in part from general revenues, shall, if required,
 25 be provided by a transfer from the Merit Adjustment Fund to the proper fund
 26 or fund account and in such amounts as determined by the Chief Fiscal Officer
 27 of the State. The Division of Behavioral Health shall in addition to the
 28 funds provided in this Act for Annual Career Service Recognition Payments
 29 from the Merit Adjustment Fund, make available any funding generated from
 30 agency salary savings for such purposes from the funds or fund accounts as
 31 provided by law.

32 For employees hired on or after July 1, 2013, at the Arkansas State
 33 Hospital in the classifications listed above, the Division of Behavioral
 34 Health Director shall set the number of work days for the employment year to
 35 equal the number of days worked by those employed in the same classifications
 36 at the Arkansas Schools for the Blind and Deaf. The accrual, use, and

1 carryover of sick days, personal days, and holidays of the employees at the
2 Arkansas State Hospital that are hired on or after July 1, 2013, or current
3 employees choosing to adopt this plan, shall be treated in the same manner as
4 those employed in the same classifications at the Arkansas Schools for the
5 Blind and Deaf.

6 Those currently employed at the Arkansas State Hospital in the
7 classifications listed above as of June 30, 2013, have the one-time option of
8 adopting this language or continuing to operate under the same salary, leave
9 and benefit plans they are currently receiving. Employees must make their
10 decision by June 30, 2013.

11 Accrued annual and holiday leave, up to 240 hours, as of June 30,
12 2013, will be paid out to current employees choosing to adopt this plan. Any
13 additional accrued annual and holiday leave will be forfeited. Accrued sick
14 leave, as of June 30, 2013, shall be retained on file and shall be exhausted
15 before any newly accrued sick leave may be taken.

16 All employees affected by this section shall be eligible to receive
17 hazardous duty pay for time worked in eligible areas.

18 The provisions of this section shall be in effect only from July 1, 2015
19 2016 through June 30, ~~2016~~ 2017.

20
21 SECTION 29. COMPLIANCE WITH OTHER LAWS. Disbursement of funds
22 authorized by this act shall be limited to the appropriation for such agency
23 and funds made available by law for the support of such appropriations; and
24 the restrictions of the State Procurement Law, the General Accounting and
25 Budgetary Procedures Law, the Revenue Stabilization Law, the Regular Salary
26 Procedures and Restrictions Act, or their successors, and other fiscal
27 control laws of this State, where applicable, and regulations promulgated by
28 the Department of Finance and Administration, as authorized by law, shall be
29 strictly complied with in disbursement of said funds.

30
31 SECTION 30. LEGISLATIVE INTENT. It is the intent of the General
32 Assembly that any funds disbursed under the authority of the appropriations
33 contained in this act shall be in compliance with the stated reasons for
34 which this act was adopted, as evidenced by the Agency Requests, Executive
35 Recommendations and Legislative Recommendations contained in the budget
36 manuals prepared by the Department of Finance and Administration, letters, or

1 summarized oral testimony in the official minutes of the Arkansas Legislative
2 Council or Joint Budget Committee which relate to its passage and adoption.

3
4 SECTION 31. EMERGENCY CLAUSE. It is found and determined by the
5 General Assembly, that the Constitution of the State of Arkansas prohibits
6 the appropriation of funds for more than a one (1) year period; that the
7 effectiveness of this Act on July 1, 2016 is essential to the operation of
8 the agency for which the appropriations in this Act are provided, and that in
9 the event of an extension of the legislative session, the delay in the
10 effective date of this Act beyond July 1, 2016 could work irreparable harm
11 upon the proper administration and provision of essential governmental
12 programs. Therefore, an emergency is hereby declared to exist and this Act
13 being necessary for the immediate preservation of the public peace, health
14 and safety shall be in full force and effect from and after July 1, 2016.

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17 **APPROVED: 05/03/2016**
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A.C.A. § 25-10-126

Unofficially updated with laws effective through Act 751 of the 2019 Regular Session (except Acts 288, 315, 377-394, 545, 552, 577 sec. 4, 597, and 738 sec. 7), and also including Acts 1051, 1052, 1068, 1069, 1074, 1077, 1079 and 1084 and all laws effective through May 1, 2019 of the 2019 Regular Session. Unofficial updates are provisional only and do not include corrections and edits by the Arkansas Code Revision Commission

AR - Arkansas Code Annotated > Title 25 State Government > Chapter 10 Department of Human Services > Subchapter 1-- General Provisions

25-10-126. Grants-in-aid -- Conditions for receiving funds.

Any private nonprofit community-based agency that receives grants-in-aid through the Department of Human Services for the provision of services, as a condition of receiving such funds, shall:

- (1) Meet minimum standards of performance in the delivery of services as defined by the department's division or office from which the grant-in-aid is awarded;
- (2) Supply statistical data to the department; and
- (3) Establish and maintain a sound financial management system in accordance with guidelines as set forth by the department.

History

Acts 1993, No. 1239, § 71.

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