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**Room 315, State Capitol Building
Little Rock, AR 72201**

David Ferguson
Executive Secretary

Tel: 501-682-1937
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May 26, 2011

Mr. John Selig, Director
Arkansas Department of Human Services
P.O. Box 1437, Slot S201
Little Rock, Arkansas 72203-1437

Dear Mr. Selig:

The Legislative Council met on May 20, 2011 and reviewed the Monthly Report of the Medicaid In-State and Out-of-State Inpatient Psychiatric Placements for April 2011. During the discussion of the report, Representative Lori Benedict asked for the following additional information:

- (1) a more detailed breakdown of expenditures;
- (2) the average expenditure and a high-end expenditure; and
- (3) more detail regarding the services that are rendered.

If you would please provide me with this information, I will send it to the members of the Legislative Council. Also, we are requesting that future monthly reports provide this additional information.

Please contact me if I may be of assistance with this request or with other matters.

Sincerely,

A handwritten signature in blue ink that reads "David Ferguson".

David Ferguson
Executive Secretary

DF:vjf

cc: Mr. Eugene I. Gessow, Director, Division of Medical Services
Ms. Marilyn Strickland, Division of Medical Services



Office of the Director

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June 10, 2011

Senator Mary Anne Salmon, Chair
Representative Tommy Lee Baker, Chair
Arkansas Legislative Council
State Capitol Building
Little Rock, AR 72201

Dear Senator Salmon and Representative Baker:

Attached is the information related to questions asked by Representative Lori Benedict regarding the Arkansas Medicaid Inpatient Psychiatric Program for Beneficiaries under Age 21. The information is being supplied in response to the request of the Legislative Council on May 20, 2011.

If you have any questions regarding the attached report, please contact Marilyn Strickland, DMS Chief Operating Officer, at 501-682-8330, or Anita Castleberry, DMS Medical Services Manager at 501-682-8154.

Sincerely,

A handwritten signature in black ink, appearing to read "John Selig". The signature is fluid and stylized, with a long horizontal stroke at the end.

John Selig,
Director,
Arkansas Department of Human Services

JS/abc/jm

Inpatient Psychiatric Hospitals

Provider Number	Provider Name	Segment Type	Per Diem
114301125	AR STATE HOSPITAL	HR	605.00
142700125	BHC PINNACLE POINTE HOSPITAL INC	HR	479.00
105312125	BRIDGEWAY	HR	472.00
182423125	SPRINGWOODS BEHAVIORAL HEALTH	HR	507.00
154265125	UHS OF BENTON INC	HR	465.00
145121125	UNITED METHODIST BEHAVIORAL	HR	507.00
140704125	VISTA HEALTH	HR	507.00
150096125	VISTA HEALTH FORT SMITH	HR	507.00
182577125	VISTA HEALTH TEXARKANA	HR	507.00
159162125	BRENTWOOD ACQUISITION SHREVEPORT	HR	488.00
142135125	PARKWOOD BEHAVIORAL HEALTHSYSTEM	HR	457.00
119826125	HEARTLAND BEHAVIORAL HEALTH SVC	HR	507.00
118836125	LAKELAND REGIONAL HOSPITAL	HR	434.00
142103125	LAKESIDE BEHAVIORAL HEALTHSYSTEM	HR	468.00
179886125	GREEN OAKS HOSPITAL	HR	507.00

Freestanding Residential Treatment Centers

115662125	CENTERS FOR YOUTH & FAMILIES INC	HR	350.00
165008125	DELTA FAMILY HLTH & FITNESS	HR	350.00
155700125	HORIZON ADOLESCENT TREATMENT CTR	HR	322.00
135301725	MILLCREEK OF ARKANSAS	HR	350.00
114618125	OZARK GUIDANCECENTER INC	HR	350.00
166757125	PINEY RIDGE CENTER NORTHEAST	HR	348.00
166572125	PINEY RIDGE CENTER OF FORRESTCITY	HR	340.00
162602125	PINEY RIDGE TREATMENT CENTER	HR	342.00
167626125	THE CENTERS FOR YOUTH & FAMILIES	HR	350.00
181901125	TIMBER RIDGE RANCH NEURORESTORATI	HR	350.00
157516125	TRINITY BEHAVIORAL HEALTHHEALTH	HR	350.00
140636125	UNITED METHODIST CHILDREN'S HOME	HR	350.00
171082125	UNITED METHODIST CHILDRENSHOME	HR	350.00
113493125	YOUTH HOME INCINTENSIVE B&G	HR	350.00
142682125	COMPASS INTERVENTION CENTER LLC	HR	350.00
119304725	YOUTH VILLAGESDOGWOOD VILLAGE	HR	350.00
149375125	SAN MARCOS TREATMENT CENTER	HR	300.00
182940125	LAUREL HEIGHTSHOSPITAL	HR	350.00
141554125	NATIONAL DEAF ACADEMY LLC	HR	350.00

Provider Based Residential Treatment Centers

154265125	UHS OF BENTON INC	RR	358.00
114301125	AR STATE HOSPITAL	RR	597.00
142700125	BHC PINNACLE POINTE HOSPITAL INC	RR	358.00
105312125	BRIDGEWAY	RR	328.00
145121125	UNITED METHODIST BEHAVIORAL	RR	369.00
140704125	VISTA HEALTH	RR	369.00
150096125	VISTA HEALTH FORT SMITH	RR	369.00
182577125	VISTA HEALTH TEXARKANA	RR	369.00
142135125	PARKWOOD BEHAVIORAL HEALTHSYSTEM	RR	203.00
119826125	HEARTLAND BEHAVIORAL HEALTH SVC	RR	265.00
118836125	LAKELAND REGIONAL HOSPITAL	RR	295.00
142103125	LAKESIDE BEHAVIORAL HEALTHSYSTEM	RR	344.00

- B. The date and actual time the services were provided (Time frames may not overlap between services. All services must be outside the time frame of other services),
- C. Name and title of the person who provided the services,
- D. The setting in which the services were provided,
- E. The relationship of the services to the treatment regimen described in the plan of care and
- F. Updates describing the patient's progress.

Documentation must be legible and concise. The name and title of the person providing the service must reflect the appropriate professional level.

All documentation must be available to representatives of the Division of Medical Services at the time of an audit by the Medicaid Field Audit Unit. All documentation must be available at the provider's place of business. No more than thirty (30) days will be allowed after the date on the recoupment notice in which additional documentation will be accepted. Additional documentation will not be accepted after the 30-day period.

210.000 PROGRAM COVERAGE

211.000 Scope

10-13-03

Inpatient psychiatric services covered by the Arkansas Medicaid Program must be provided:

- A. By an inpatient psychiatric provider enrolled in the Arkansas Medicaid Program;
- B. By an enrolled inpatient psychiatric provider selected by the recipient;
- C. To eligible Arkansas Medicaid recipients only after receipt of a primary care physician (PCP) referral except in cases of emergency;
- D. To eligible Arkansas Medicaid recipients who have a certification of need issued by the facility-based and independent teams that the recipient meets the criteria for inpatient psychiatric services;
- E. To eligible Arkansas Medicaid recipients who have a prior authorization;
- F. To eligible Arkansas Medicaid recipients before the recipient reaches age 21 or, if the recipient was receiving inpatient psychiatric services at the time he or she reached age 21, services may continue until the recipient no longer requires the services or the recipient becomes 22 years of age, whichever comes first and
- G. Under the direction of a physician (contracted physicians are acceptable).

212.000 Covered Services

7-1-04

Coverage of Inpatient Psychiatric Services for Under Age 21 is restricted to services to individuals with a primary diagnosis of mental illness. Coverage includes all medical, psychiatric and social services required of the admitting facility for licensure, certification and accreditation (Section 202.000). This includes, but is not limited to:

- A. Drugs,
- B. Evaluations,
- C. Therapies,
- D. Visits by a physician that are directly related to the remediation of the recipient's psychosocial adjustment,
- E. Therapeutic leave days,
- F. Absent without permission days and
- G. Acute care leave days.

212.100 Covered Locations

10-13-03

Inpatient psychiatric services are covered by Arkansas Medicaid only when provided in:

- A. An inpatient psychiatric hospital;
- B. A residential treatment unit within a psychiatric hospital;
- C. A residential treatment center (freestanding) and
- D. A Sexual Offender Program.

212.200 Exclusions

7-1-04

The following are not considered inpatient psychiatric services and are not covered in this program:

- A. Personal allowances,
- B. Clothing allowances,
- C. Educational evaluations and services,
- D. Vocational training,
- E. Non-therapeutic leave days and
- F. Services to individuals whose primary diagnosis is substance abuse.

213.000 Primary Care Physician (PCP) Referral

10-13-03

Effective for dates of service on or after December 1, 2002, a primary care physician (PCP) referral is required before a Medicaid recipient under age twenty-one is eligible for inpatient psychiatric services.