Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

1	State of Arkansas	As Engrossed: S3/17/05	
2	85th General Assembly	A Bill	
3	Regular Session, 2005		SENATE BILL 1088
4			
5	By: Senators Horn, Critcher, J. I	Bookout, Womack, Faris, B. Johnson, W	ooldridge
6			
7			
8		For An Act To Be Entitled	
9	AN ACT TO AMEND THE LAW REGARDING ASSISTANCE FOR		
10	INDIGENT PERSONS; TO ENSURE THAT PROVIDERS ARE		
11	TREATED FA	AIRLY AND IMPARTIALLY; AND FOR	OTHER
12	PURPOSES.		
13			
14		Subtitle	
15	AN ACT	TO AMEND THE LAW REGARDING	
16	ASSISTA	ANCE FOR INDIGENT PERSONS; TO	
17	ENSURE	THAT PROVIDERS ARE TREATED FA	IRLY
18	AND IME	PARTIALLY.	
19			
20			
21	BE IT ENACTED BY THE GEN	ERAL ASSEMBLY OF THE STATE OF	ARKANSAS:
22			
23	SECTION 1. Arkans	as Code Title 20, Chapter 77,	is amended to add an
24	additional subchapter to	read as follows:	
25	20-77-1601. Defin		
26	As used in this su		
27	<u>(1) "Child"</u>	means any person under eighte	een (18) years of age;
28	(2)(A) "Med	ical necessity" for the purpos	se of determining
29	authorization for admiss	ion in a psychiatric residenti	ial treatment facility
30	means when a child exper	iences significant impairment	in psychological,
31	emotional, or behavioral	functioning which causes dist	ress or disruption for
32	the individual, family, educational personnel or immediate others, that has		
33	not been ameliorated with less restrictive interventions.		
34	<u>(B) T</u>	<u>he impairment must be signific</u>	cant enough to warrant
35	an Axis I diagnosis from	the Diagnostic and Statistica	al Manual of Mental
36	<pre>Illness (DSM-IV-TR).</pre>		

1	(C) The child should have engaged in one (1) month of
2	outpatient counseling with the admitting facility receiving, from the
3	therapist, written or verbal assurance of the client's need for residential
4	treatment and a recommendation for residential treatment;
5	(3) "Medical necessity" for the purpose of continuing care means
6	that the admission standard has been met and the patient's current level of
7	functioning will continue to disrupt normal activities of daily living for
8	the individual, family, educational personnel, or immediate others or that
9	the patient will regress in a less restrictive setting;
10	(4) "Provider" means any of the following that serve Medicaid
11	recipients:
12	(A) An inpatient psychiatric hospital;
13	(B) A psychiatric residential treatment facility for
14	children; or
15	(C) An outpatient mental health service; and
16	(5) "Survey" means any process by which compliance with
17	applicable federal or state laws and regulations applicable to a provider is
18	determined.
19	
20	20-77-1602. Prior authorizations.
21	(a) For an in-state provider only, prior authorizations and continuing
22	care authorizations in psychiatric residential treatment facilities for
23	children shall be given based upon medical necessity.
24	(b) Prior authorization and continuing authorizations for care shall
25	constitute a finding that medical necessity criteria have been met.
26	(c) A provider that provides services in reliance on a prior
27	authorization or continuing care authorization shall be entitled to payment
28	for those services.
29	(d) Participants in the Medicaid program shall be entitled to receive
30	services from any willing in-state provider that is approved to participate
31	in the program.
32	(e) No child shall be denied psychiatric residential treatment by the
33	indigent medical program because there is:
34	(1) Drug or alcohol use or abuse by the child which is secondary
35	to a psychological or emotional impairment or that is a form of self-
36	medication used to alleviate psychological distress;

1	(2) Legal involvement which appears to be symptomatic of an Axis
2	I psychiatric condition;
3	(3) Lack of parenting skills or functional abilities of the
4	child's parents that interferes with lesser restrictive therapeutic
5	improvements; and
6	(4) Lack of current outpatient counseling when barriers exist
7	that prevents the child from attending or progressing at an outpatient level
8	of care.
9	(f)(1) For in-state providers only, if a child is court-ordered to
10	receive psychiatric residential treatment, requests for prior authorization
11	and continuing care authorization for treatment shall be reviewed within five
12	(5) days and shall be granted when criteria for medical necessity are met,
13	pending a determination of eligibility.
14	(2)(A) If the applicant is found to be eligible for the indigent
15	care program, payment for services shall be authorized from the date of
16	preauthorization.
17	(B) No payment for services shall be made if the resident
18	is found not to be eligible for participation in the indigent care program.
19	
20	20-77-1603. Surveys - Right of Action.
21	(a) A provider shall have a right of action for damages, declaratory
22	judgment, or injunctive relief against any entity conducting any survey or
23	employee of any entity conducting any survey as follows:
24	(1) As a remedy for damages caused to a provider from any entity
25	with whom the department contracts to conduct a survey who does so in a
26	manner that exceeds the permissible scope of enforcement under § 20-77-1604;
27	(2) For determination of the applicability or interpretation of
28	the meaning of a statute or rule; and
29	(3) For injunctive relief from arbitrary or capricious action or
30	from abuse of discretion by any party conducting a survey.
31	(b) The right of action for damages and injunctive relief provided by
32	this section shall be immediately available to a provider at any time after
33	the conduct giving rise to the basis for the action occurs.
34	(c) The State of Arkansas shall not be permitted or required to
35	reimburse any entity or person conducting a survey in a manner that violates
36	this subchapter for any losses the entity or person incurs.

36

1 (d) The state agency operating the indigent medical care program shall 2 notify all providers of any proposed regulatory changes in advance of the public comment period for the promulgation of rules. The notification shall 3 4 be by certified mail. 5 (e) This subchapter does not limit the department or any entity with 6 which it contracts in the exercise and application of professional medical 7 judgment in determining when and under what circumstances care is a medically 8 necessity. 9 10 20-77-1604. Review of providers. 11 (a)(1) Nothing in this subchapter shall be construed to permit any 12 state agency or any entity with which it contracts to enforce, attempt to enforce, or promulgate any rules, regulations, or standards of practice 13 governing inpatient psychiatric hospitals, psychiatric residential treatment 14 15 facilities, or outpatient mental health services funded by an indigent 16 medical care program that are not mandated pursuant to lawfully promulgated 17 federal law or regulation, or state law. (2) However, the Department of Human Services and any entity 18 19 with which it contracts may rely on official publications of the United 20 States Department of Health and Human Services for the administration of the indigent medical care program and other rules, regulations, standards, 21 22 guidance, or information that applies to the indigent medical care program by 23 reference in federal statutes, federal promulgated regulations, rules, or 24 official federal publications. 25 (3) For matters for which statutes or regulations are silent or 26 ambiguous, discretion shall be left to the treating physician and treatment 27 team. 28 (b)(1) The Director of the Department of Human Services or his or her designee shall ensure that all surveys of providers comply with § 20-77-107, 29 30 including providing a process for providers to appeal any adverse decision or citation of a surveyor pursuant to the Arkansas Administrative Procedure Act, 31 32 $\S 25-15-201$ et seq. 33 (2) The Arkansas Rules of Civil Procedure and the Arkansas Rules 34 of Evidence shall apply to appeals under this subsection (b). 35

20-77-1605. Per diems.

1	(a) If a license to operate an inpatient psychiatric hospital or	
2	psychiatric residential treatment facility is sold or transferred, the entity	
3	to which the license is transferred shall:	
4	(1) Be subject to the same per diem rate as the seller until the	
5	next annual budget is due; and	
6	(2) Have the same provider number as the selling or transferring	
7	entity.	
8	(b) The service unit rate for outpatient mental health care services	
9	shall be no less than that provided to participating programs as of January	
10	<u>1, 2005.</u>	
11	(c)(1) Rate methodology for psychiatric residential treatment	
12	facilities shall be the same as January 1, 2005, except the cap shall be	
13	three hundred seventy-five (\$375) dollars per day.	
14	(2) The rate shall be calculated as budgeted cost plus sixty-	
15	nine dollars (\$69.00) per day for a professional component. A provider may	
16	include all costs except costs for education. The rate is prospective and no	
17	cost settlement shall be allowed.	
18	(d) The Department of Human Services may increase rates annually due	
19	to inflation.	
20	(e)(1) All psychiatric residential treatment facilities and any entity	
21	or individual who provides outpatient mental health services shall be	
22	accredited by one (1) of the following:	
23	(A) The Joint Commission on Health Care Accreditation;	
24	(B) The Commission on Accreditation of Rehabilitation	
25	Facilities;	
26	(C) The Council on Accreditation; or	
27	(D) A similar behavioral health accrediting entity.	
28	(2) Physicians or psychologists shall not be subject to the	
29	accreditation requirement of this subdivision (e)(1).	
30		
31	SECTION 2. EMERGENCY CLAUSE. It is found and determined by the	
32	General Assembly of the State of Arkansas that the regulatory process	
33	applicable to providers in its present form is not sufficiently delineated	
34	and that this uncertainty creates a condition in which a delay in the	
35	effective date of this act could work irreparable harm upon the proper	
36	administration and provision of essential government programs. Therefore an	

1	emergency is declared to exist and this act being immediately necessary for			
2	the preservation of the public peace, health, and safety shall become			
3	effective on:			
4	(1) The date of its approval by the Governor;			
5	(2) If the bill is neither approved nor vetoed by the Governor,			
6	the expiration of the period of time during which the Governor may veto the			
7	bill; or			
8	(3) If the bill is vetoed by the Governor and the veto is			
9	overridden, the date the last house overrides the veto.			
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11	/s/ Horn			
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