

Behavioral Health & Developmental Screenings

Primary Care Providers (PCP)

March 1, 2024

Early Intervention Day Treatment (EIDT) Referral Process Changes

Process Changes - EIDT Services for Children

Early Intervention Day Treatment (EIDT) facilities provide a clinic-based array of all inclusive evaluation, therapeutic, developmental, and preventative services to children with significant intellectual and developmental disabilities for up to eight (8) hours a day. EIDT services include:

- Day habilitative services in areas of cognition, communication, social/emotional, motor, and adaptive, self-care skill acquisition, and activities to reinforce skills learned in occupational, physical or speech-language therapy
 - Occupational therapy services
 - Physical therapy services
 - Speech-language pathology services
 - Nursing services for medically fragile children
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- **The current EIDT eligibility process will change April 1, 2024**

Developmental Screening

- Beginning April 1, 2024, the child's **Primary Care Provider (PCP)** will administer and analyze the required developmental screen for initial EIDT eligibility determination purposes, rather than an outside vendor.
- A list of validated screening tools can be found in the Screening Tool Finder in the American Academy of Pediatrics "Screening Technical Assistance and Resource (STAR) Center at this link: <https://www.aap.org/en/patient-care/screening-technical-assistance-and-resource-center/>

Please note: A PCP administered developmental screen is not a prerequisite to demonstrate continued eligibility for children already receiving EIDT services. It is only required when determining a child's initial eligibility for EIDT services.

Procedure Code 96110

- Procedure code 96110 will be billable at a rate of \$8.80 per screen by PCPs for the administration and analysis of this required initial developmental screen.

- PCPs will be allowed to bill procedure code 96110 as follows:
 - One (1) unit before twelve (12) months of age;
 - Two (2) units (but no more than one per year) between the ages of thirteen (13) to forty-eight (48) months; and
 - Starting April 1, 2024, one (1) unit between the ages of forty-eight (48) to sixty (60) months.

DMS-642 EIDT Evaluation and Treatment Forms

Form DMS-642 ER

- If, after reviewing the results of the developmental screen and conducting other relevant medical surveillance and diagnostic activities, the PCP believes that the child should be referred to an EIDT program for evaluation, the PCP will complete and sign a **DMS-642 Evaluation Referral form**, which is the new EIDT specific evaluation referral form effective 4/1/24.
- The developmental screen must have been administered by the PCP within the twelve (12) months preceding the date of the child's initial DMS-642 ER to meet the requirement.

Form DMS-642-TP

- If the results of those evaluations ordered on the DMS-642 ER demonstrate the child is eligible for EIDT services, then the child's PCP may prescribe the medically necessary amount of EIDT services using a new EIDT treatment prescription form **DMS-642 Treatment Plan form**, effective 4/1/24.

Please note: Evaluation referrals and prescriptions for standalone (i.e. not at EIDT) occupational therapy, physical therapy, and speech-language pathology services will continue to be completed using the DMS-640.

BH Services - Independent Assessments (IA) & Referral Process

Who Needs a Referral?

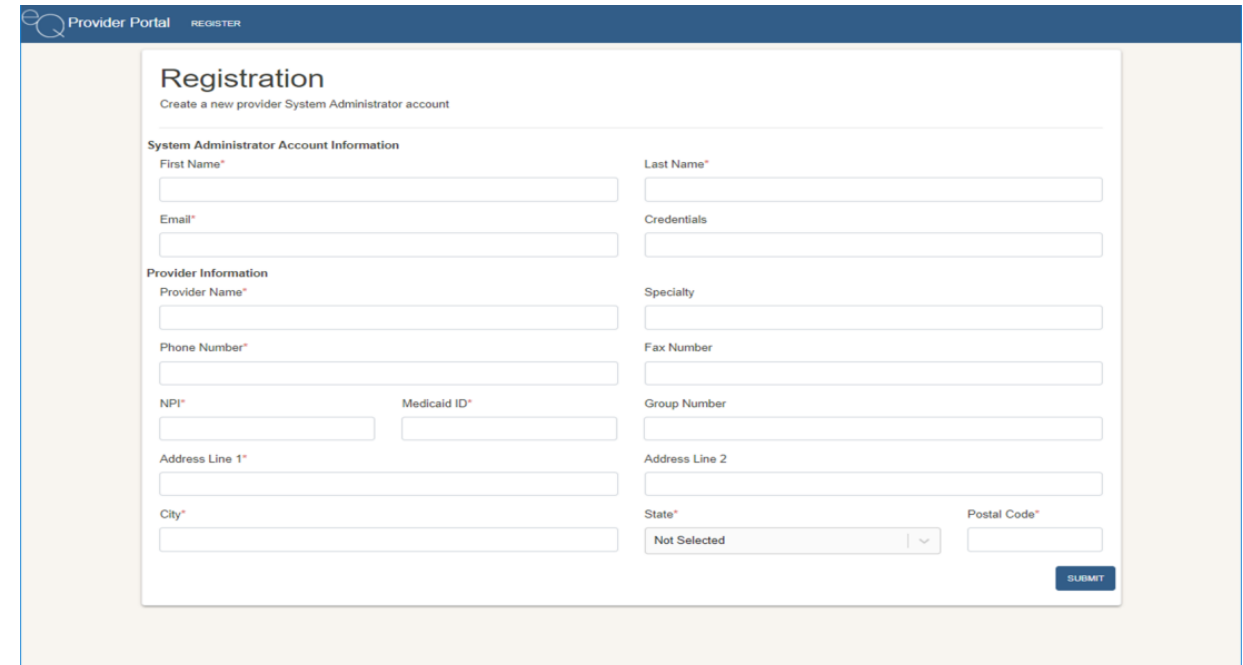
- Behavioral Health (BH) Independent Assessment referrals for consideration of placement in a Tier 2 or Tier 3 PASSE are needed for:
 - Any youth who is receiving outpatient counseling services for a mental health or substance use disorder and is not responding to treatment.
 - Any youth identified as in need of home and community based or residential services to treat a mental health or substance use disorder.
 - Since a screening tool does not diagnose a mental health disorder, an IA referral should not be submitted based solely on a screening tool. If the PCP office does not provide counseling services, families can be referred to the AFMC Mental Health & Addiction Support Line (844-763-0198) for a list of mental health providers.

Referral Process – Who Can Refer

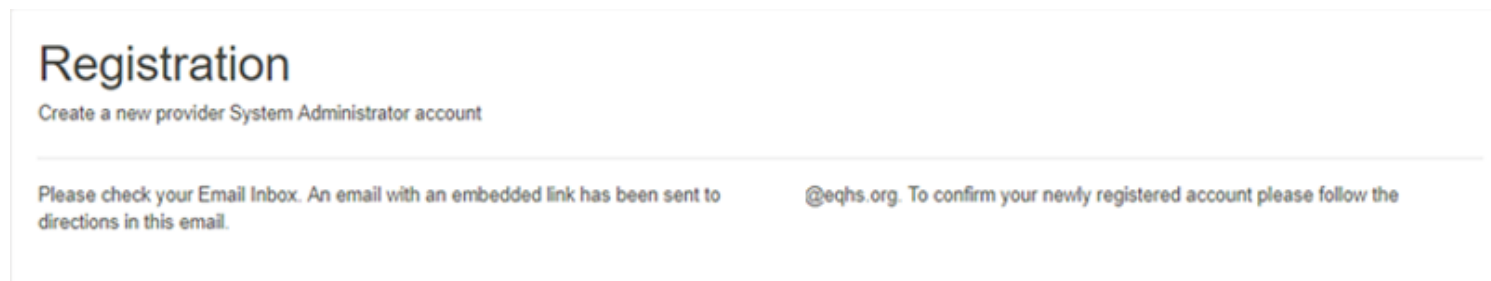
- Behavioral Health Service Providers
- Primary Care Provider (PCP) – Effective 1/1/24
- Providers can send expedited requests for individuals who are in crisis or who do not have a behavioral health diagnosis in the Medicaid system.
- AR Medicaid beneficiaries who are receiving services in a psychiatric acute hospital setting receive an automatic referral and the time-of-service authorization by Acentra.

How to Register for the Portal

- Online Provider Portal Registration is Available - <https://ar.eqhs.com>
- Check your email for a confirmation email and follow the instructions to activate your new Provider Portal account.



The screenshot shows the 'Registration' page of the Provider Portal. The page title is 'Registration' with the subtitle 'Create a new provider System Administrator account'. The form is divided into two main sections: 'System Administrator Account Information' and 'Provider Information'. The 'System Administrator Account Information' section includes fields for 'First Name*', 'Last Name*', 'Email*', and 'Credentials'. The 'Provider Information' section includes fields for 'Provider Name*', 'Specialty', 'Phone Number*', 'Fax Number', 'NPI*', 'Medicaid ID*', 'Group Number', 'Address Line 1*', 'Address Line 2', 'City*', 'State*' (with a dropdown menu currently set to 'Not Selected'), and 'Postal Code*'. A 'SUBMIT' button is located at the bottom right of the form.



The screenshot shows an email confirmation message. The subject is 'Registration' with the subtitle 'Create a new provider System Administrator account'. The message text reads: 'Please check your Email Inbox. An email with an embedded link has been sent to @eqhs.org. To confirm your newly registered account please follow the directions in this email.'

Submitting a Referral

Home	Provider Education Resources	Provider Bulletins	ADDT/EIDT: Nursing Services	Behavioral Health	DCFS : Foster Care Evaluations	DYS: Alexander Unit
EPSDT: Applied Behavior Analysis (ABA)	EPSDT: Day Habilitative Services	OT/PT/ST	Personal Care	Quality Review Requirements	Contact Us	

Navigating EQSuite

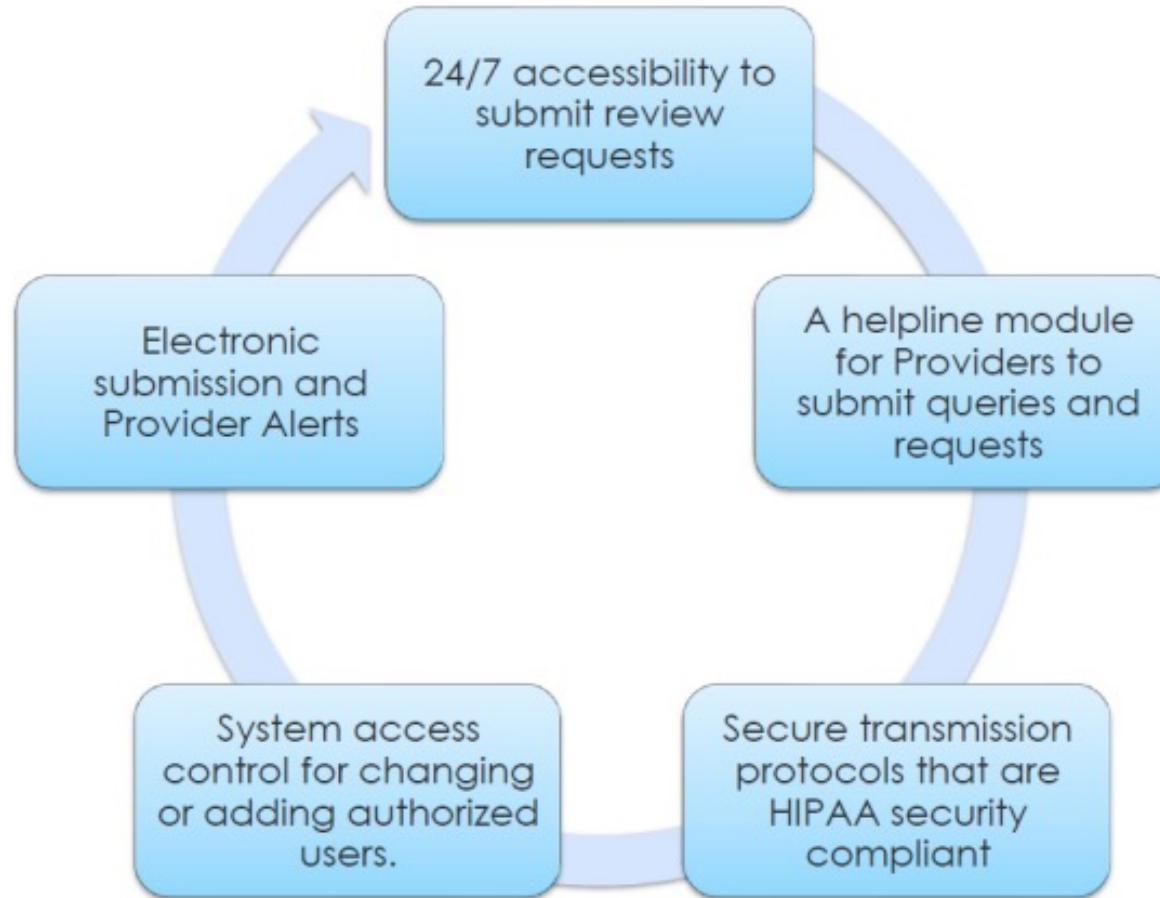
- [eQSuite Help Ticket User Guide](#)
- [eQSuite Help Ticket User Guide for Assistance without a User Profile](#)
- [How to view notes from Clinical Team in eQSuite](#)
- [Fulfilling a Quality Review/Retrospective Audit request in the eQSuite Portal](#)



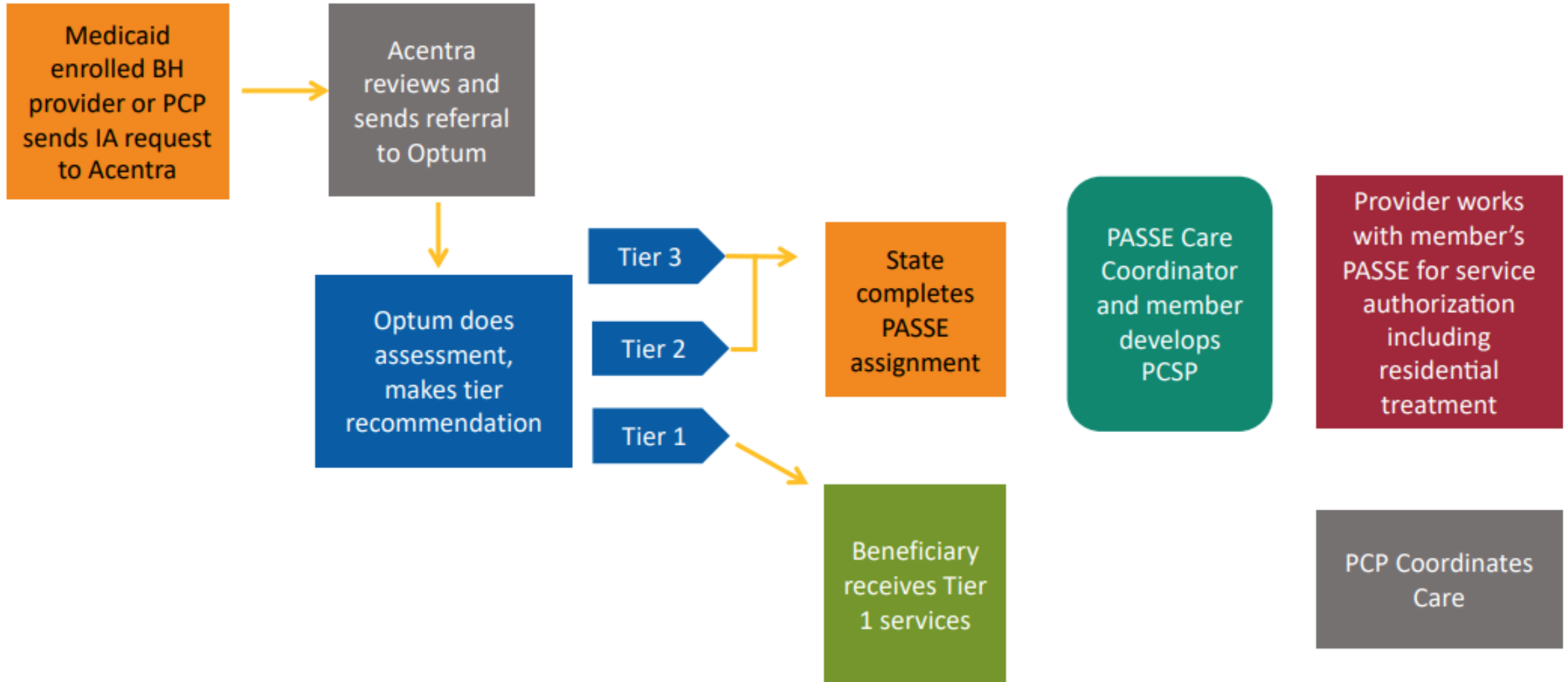
Submitting A PA Or Referral In EQSuite

- [Entering a PA for Day Habilitative Services in the eQSuite Portal](#)
- [Entering a PA for Therapy \(OT/PT/ST\) Services in the eQSuite Portal](#)
- [Entering a PA for Personal Care Services in the eQSuite Portal](#)
- [Entering a PA for EPSDT - Applied Behavior Analysis \(ABA\) Services in the eQSuite Portal](#)
- [Entering a PA for ADDT/EIDT - Nursing Services in the eQSuite Portal](#)
- [Entering a PA for Outpatient Behavioral Health in the eQSuite Portal](#)
- [Entering a PA for Inpatient Behavioral Health in the eQSuite Portal](#)
- [Entering a Behavioral Health Referral Request in the eQSuite Portal](#)

Overview of the Portal



BH Independent Assessment Workflow



Tier Definitions

- Tier 1 means the score reflected that the individual can continue Counseling and Medication Management services but is not eligible for the additional array of services available in Tier 2 or Tier 3
- Tier 2 and 3 means the score reflected difficulties with certain behaviors allowing eligibility for a full array of services to help the beneficiary function in home and community settings and move towards recovery or services including 24 hours a day/7 days a week residential services
- See Tiering Logic in section 210.300 of the AR Medicaid Arkansas Independent Assessment (ARIA) Provider manual
- Youth receiving Tier 2 or 3 scores will be enrolled in the Provider-led AR Shared Savings Entity (PASSE) and will begin receiving care coordination that will assist them in finding a provider for the needed service

Acentra Resources

Phone: 888-660-3831

Fax: 855-997-3707

(General inquiries/questions/status updates)

Provider Website:

<http://ar.eqhs.com/>

(Provider Forms/Education and Training Material)

Provider Outreach Email:

AR.PR@EQHS.COM

(Provider Education/Training Assistance)

Behavioral Health Integration

Primary Care Physician Manual – Section II

292.740

Counseling Services

1-1-23

The [counseling procedures](#) covered under the Physician Program are allowed as a covered service when provided by the physician or when provided by a qualified practitioner who by State licensure is authorized to provide them.

Counseling Services must be provided by a physician or qualified performing provider in the physician's office or the outpatient hospital. Counseling codes may not be billed in conjunction with an inpatient hospital visit, or inpatient psychiatric facility visit and may not be billed when services are performed as Medicaid Behavioral Health Counseling Services at another enrolled Arkansas Medicaid provider type site. Only one (1) counseling visit per day is allowed in the physician's office, the outpatient hospital, or nursing home. Counseling Services provided and billed by a physician's office are defined in the Arkansas Medicaid [Counseling Services provider manual](#). The rules set forth in the Counseling Services manual will apply with the exception of the place of service codes. Place of service will be limited to the following place of service codes: Place of Service Code 22 Outpatient Hospital, 11 Doctor's Office and 12 Patient's Home. Any additional services provided by a psychiatrist enrolled in the physician's program will count against the sixteen (16) visits per State Fiscal Year physician benefit limit. Record Review is not covered.

Primary Care Physician Manual – Section II

292.741

Behavioral Health Screen

1-1-23

A physician, physician's assistant, or advanced nurse practitioner may administer a brief standardized emotional/behavioral assessment screening to a client along with an office visit. The allowable screening is up to two (2) units per visit and is allowable up to four (4) times per state fiscal year without prior authorization. An extension of benefits may be requested if additional screening is medically necessary. If a client is under the age of eighteen (18), and the parent/legal guardian appears depressed, he or she can be screened as well, and the screening billed under the minor's Medicaid number. The provider cannot prescribe meds for the parent under the child's Medicaid number. A parent/legal guardian session will count towards the four (4) counseling screening limit. The physician must have the capacity to treat or refer the parent/guardian for further treatment if the screening results indicate a need, regardless of payor source.

Behavioral Health Outpatient Counseling

Outpatient Counseling no longer requires a PCP referral

172.100 Services not Requiring a PCP Referral 2-1-24

M. Mental health services, as follows:

1. Psychiatry for services provided by a psychiatrist enrolled in Arkansas Medicaid and practicing as an individual practitioner
2. Medication Assisted Treatment for Opioid Use Disorder
3. Rehabilitative Services for Youth and Children (RSYC) Program
4. **Outpatient counseling services**

