



# Arkansas Department of Human Services

## Division of Medical Services

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### OFFICIAL NOTICE

**DMS-2002-AR-7**

**DMS-2002-C-2**

**DMS-2002-DD-2**

**DMS-2002-YY-4**

**DMS-2002-SB-2**

**TO: Health Care Provider – ARKids First-B, Child Health Management Services (CHMS), Licensed Mental Health Practitioners (LMHP), Rehabilitative Services for Persons with Mental Illness (RSPMI), and School-Based Mental Health Services (SBMH)**

**DATE:**

**SUBJECT: Primary Care Physician (PCP) Referral Requirement For Outpatient Mental Health Services For Medicaid Recipients Under Age 21**

#### I. General Information

Effective for dates of service on or after October 1, 2002, a primary care physician (PCP) referral will be required for each Medicaid recipient under age twenty-one for outpatient mental health services provided by the Medicaid providers listed above.

See section 182.40 of the provider manual for PCP verification procedures. If a PCP is required but not listed, the recipient must choose a PCP.

Section 181 contains a list of Medicaid recipients that are exempt from the PCP requirement with one exception. Children's Medical Services (9cms) clients **must** choose a PCP.

Section 185.40 explains the form a PCP referral may take.

#### II. Medicaid Eligible at Time of Service

A PCP referral is required **prior** to providing service to Medicaid eligible children.

III. Ineligible for Medicaid at Time of Service

- A. When a child who is not eligible for Medicaid receives an outpatient mental health service, an application for Medicaid eligibility may be filed by the child or his or her representative.
- B. If the application for Medicaid coverage is approved, a PCP referral is not required for the period prior to the Medicaid authorization date. This period is considered **retroactive** eligibility and does not require a referral.
- C. A PCP referral is required no later than **five (5) calendar days** after the authorization date. If the PCP referral is not obtained within five (5) calendar days of the Medicaid authorization date, reimbursement will begin, if all other requirements are met, the date the PCP referral is received. To verify the authorization date, a provider may call the EDS telephone number in this notice or call the local DHS Office.

IV. Renewal of PCP Referral

If a recipient continues to require outpatient mental health services for six months or more, the PCP referral must be renewed every 6 months.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-1461 (voice) or at (501) 682-6789 and 1-877-708-8191 (TDD).

**If you have questions regarding this notice, please contact the EDS Provider Assistance Center at In-State WATS 1-800-457-4454, or locally and Out-of-State at (501) 376-2211.**

Thank you for your participation in the Arkansas Medicaid Program.

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Ray Hanley, Director

*Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: [www.medicaid.state.ar.us](http://www.medicaid.state.ar.us).*