



## ADMINISTRATIVE POLICY STATEMENT ARKANSAS PASSE

Policy Name	Policy Number	Date Effective
Intellectual or Developmental Disabilities (IDD) Documentation	AD-1111	01/01/2022-10/31/2022
Policy Type		
Medical	<b>ADMINISTRATIVE</b>	Pharmacy
		Reimbursement

Administrative Policy Statements prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

### Table of Contents

Administrative Policy Statement .....	1
A. Subject .....	2
B. Background .....	2
C. Definitions .....	2
D. Policy .....	3
E. Conditions of Coverage .....	6
F. Related Policies/Rules .....	6
G. Review/Revision History .....	6
H. References .....	6



## A. Subject

### Intellectual or Developmental Disabilities (IDD) Documentation

## B. Background

The Developmental Disability Services Community and Employment Support (DDS CES) waiver program is for beneficiaries who, without the waiver's services, would require institutionalization. The Developmental Disabilities (DD) service system includes center based services called Early Intervention Developmental Treatment (EIDT), Adult Developmental Day Treatment (ADDT), therapy services, transportation, and home and community-based services and supports under the DHS/DDS Community & Employment Supports (CES) Waiver program.

Medical record documentation is a fundamental element required to support medical necessity and is the foundation for coding and billing. Documentation relays important information such as (but not limited to) assessments completed, services provided, coordination of services, timeliness of care, plan of treatment, rationale for orders, health risk factors, member's progress, and response to treatment.

## C. Definitions

- **Adult Developmental Day Treatment (ADDT)** - assessments, as well as habilitative, supervised living, prevocational, therapeutic, and educational services provided by a licensed adult day treatment clinic.
- **DDS Waiver** – also known as CES Waiver is a waiver used to provide many services, such as supported living services, to eligible children and adults in their homes and communities
- **Early Intervention Day Treatment (EIDT)** - a program to provide full medical multidiscipline diagnosis, evaluation, and treatment of developmental delays in Medicaid recipients who meet eligibility criteria and for whom the treatment has been deemed medically necessary.
- **Habilitative Services** - instruction in areas of cognition, communication, social/emotional, motor, and adaptive skills; or to reinforce skills learned and practiced in occupational, physical or speech therapy. Habilitation activities must be designed to teach habilitation goals and objectives specified in the client's Individual Treatment Plan (ITP).
- **Individual Program Plan (IPP)** - a written, individualized plan to improve or maintain the member's condition based upon evaluation of the member. The IPP must contain specific ADDT services and a written description of the treatment objectives for the member
- **Intellectual/Developmental Disabilities** - a group of conditions due to an impairment in physical, learning, language, or behavior areas. These conditions begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.



## D. Policy

### I. Person Centered Service Plan

- A. All CES waiver services are delivered pursuant to a person centered service plan (PCSP), which is based on an Independent Assessment and other needs assessments.
- B. The member (and, if applicable, their legal guardian) must be an active participant in the PCSP planning and revision process
- C. The PCSP must:
  1. Be developed, overseen, and updated through consultation with a PCSP team;
  2. Identify the setting in which the member chooses to reside;
  3. Reflect the member's strengths, preferences, interests, and needs;
  4. Include individually identified goals and desired outcomes for the member;
  5. Reflect the services and supports (both paid and unpaid) that will assist the member to achieve identified goals, and the providers of those services and supports, including natural supports;
  6. Reflect the risk factors identified through the Independent Assessment and the measures in place to minimize them, including individualized back-up plans and strategies when needed;
  7. Be understandable to the member, and the individuals important in supporting him or her.
    - a. At a minimum, the PCSP must be written in plain language and in a manner that is accessible to individuals with disabilities and persons who are limited English proficient.
  8. Identify the care coordination Provider and the individual care coordinator responsible for monitoring the PCSP;
  9. Measure progress through data collection;
  10. Be finalized and agreed to, with the informed consent of the member in writing, and signed by all individuals and Providers responsible for the PCSP's implementation;
  11. Be distributed to the member and other individuals/Providers involved in the development and implementation of the PCSP;
  12. Prevent the provision of unnecessary or inappropriate services and supports;
  13. Document any modifications to the PCSP that are contrary to the home and community based settings requirements;
  14. Be reviewed and updated annually.

### II. Medication Management Plan and Medication Logs

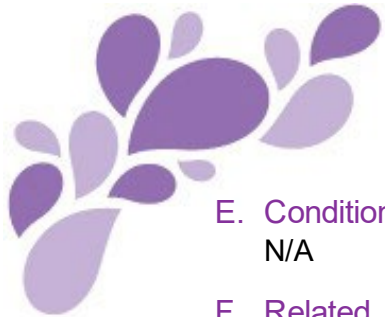
- A. A medical prescription for medications, services, and level of care must be obtained annually.
- B. A medication management plan must be developed for every member with prescribed medications. The medication plan must include:
  1. How each medication will be administered (i.e. times, doses, delivery, etc.) and charted;
  2. A list of potential side effects caused by any medication/s;



3. A description of the reason each medication has been prescribed and the related symptoms;
  4. The member/legal guardian's consent to the administration of the medication/s;
  5. How each medication must be administered and by whom, including a list of which medications may be administered by which staff.
- C. When medication is used to treat a specifically diagnosed mental illness, the prescribed medication must be managed by a psychiatrist who periodically provides information regarding the effectiveness of, and any side effects experienced from the medication.
- D. For all prescribed psychotropic medications due to behaviors, the care coordination Provider shall develop and implement a behavior management plan and update as necessary.
- E. Providers are required to provide training to direct care staff which details the specifics of the member's medical management plan, including possible side effects.
- F. Direct care staff members are required to be re-trained on the medication management plan and behavior management plan (if applicable) any time medications are updated.
- G. Providers delivering direct care services must maintain medications logs detailing the administration of prescribed medications to the member. The medication logs must be available for DDS review and include:
1. Name and dosage of the medication administered;
  2. Route the medication was administered;
  3. Date and time the medication was administered (recorded at the time of medication administration);
  4. Initials of the staff administering or assisting with the administration of the medication;
  5. Any side effects or adverse reactions to the medication;
  6. Any errors in administering the medication.
  7. For PRN and over-the-counter medications, providers must document the following:
    - a. How often the medication is used;
    - b. Date and time each medication was administered (recorded at the time of medication administration);
    - c. The circumstances in which the medication is used;
    - d. The symptom for which the medication was used;
    - e. The effectiveness of the medication.
- III. Daily Service Activity Logs and Required Service Record Documentation
- A. Daily service activity logs must be maintained by all providers delivering direct care services and document the following:
1. The name and sign-in/sign-out times for each direct care staff member;
  2. The specific services rendered;
  3. The date and actual beginning and ending time of day the services were performed;
  4. Name(s) of the staff/person(s) providing the service(s);



5. The relationship of the services to the goals and objectives described in the member's individualized PCSP;
  6. Daily progress notes/narrative signed and dated by the staff delivering the service(s), describing each member's status with respect to each of his or her individualized goals and objectives.
- B. Each provider delivering care coordination services or direct care services to a member must establish a service record for the member that contains:
1. The Independent Assessment;
  2. A copy of the PCSP
  3. Behavior management plan with proper member/legal guardian approval, if applicable;
  4. Daily service activity logs;
  5. Care coordinator monthly contact reports;
  6. Fully approved medication management plan and Medication logs, or signed election to self-administer medication, if applicable;
  7. Fully executed copy of lease, residency agreement, or other form of written agreement that provides protections that address eviction processes and appeals comparable to those provided under a landlord-tenant law;
  8. Any documentation providing additional individuals with access to a member's service record;
  9. Guardianship Order, if applicable.
- C. Face Sheets
- A summary document ("Face sheet") must be maintained at the front of a beneficiary's service record file, which must document the following:
1. Full name of beneficiary
  2. Address, county of residence, telephone number and email address, if applicable
  3. Marital status, if applicable
  4. Race and gender
  5. Birth date
  6. Social Security number
  7. Medicaid Number
  8. Legal status
  9. Legal guardian's name and address and relationship, if applicable
  10. Name, address, telephone number and relationship of person to contact in emergency
  11. Health insurance benefits and policy number
  12. Primary language
  13. Admission date
- IV. Each Provider must retain all files/services records for ten (10) years from the date of service or until all audit questions or review issues, appeals hearings, investigations or administrative or judicial litigation to which the files/services records may relate are finally concluded, whichever period is later.



**E. Conditions of Coverage**

N/A

**F. Related Policies/Rules**

N/A

**G. Review/Revision History**

DATES		ACTION
<b>Date Issued</b>	05/12/2021	New Policy
<b>Date Revised</b>		
<b>Date Effective</b>	01/01/2022	
<b>Date Archived</b>	10/31/2022	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

**H. References**

1. Arkansas Code. Rule 016.05.17-005 - DDS Community and Employment Supports (CES). Retrieved May 7, 2021 from [www.casetext.com](http://www.casetext.com).
2. Arkansas Department of Human Services, Division of Developmental Disabilities Services. DDS Community and Employment Supports (CES) Waiver Minimum Certification Standards. Retrieved May 7, 2021 from [www.ssl-dhs2.ark.org](http://www.ssl-dhs2.ark.org).
3. United States. Electronic Code of Federal Regulations (e-CFR). 42 CFR § 425.314 - Audits and record retention. Retrieved May 7, 2021 from [www.law.cornell.edu](http://www.law.cornell.edu).

The Administrative Policy Statement detailed above has received due consideration as defined in the Administrative Policy Statement Policy and is approved.