



# ADMINISTRATIVE POLICY STATEMENT

## Arkansas PASSE

Policy Name & Number	Date Effective
Intellectual or Developmental Disabilities (IDD) Documentation AR PASSE-AD-1111	11/01/2022-02/29/2024

Policy Type
<b>ADMINISTRATIVE</b>

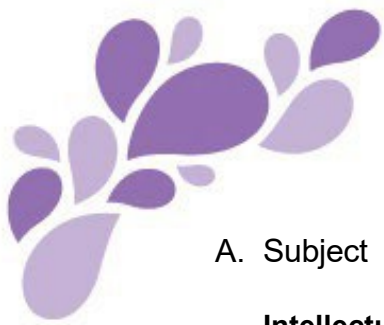
Administrative Policy Statements prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy 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.

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## A. Subject

### **Intellectual or Developmental Disabilities (IDD) Documentation**

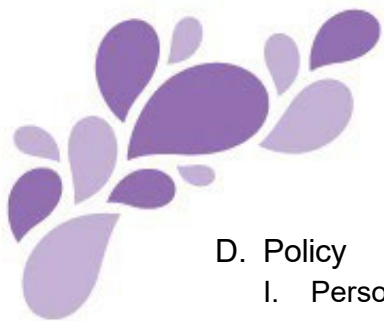
## B. Background

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 Service (DDS) 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 and 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 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, 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 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, containing specific ADDT services and a written description of the treatment objectives.
- **Intellectual/Developmental Disabilities** - a group of conditions due to an impairment in physical, learning, language, or behavior areas that begin during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.
- **Person-Centered Service Plan** - a plan that reflects the services and supports that are important for the individual to meet the needs identified through an assessment of functional need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports.



## 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, his or her 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 in achieving identified goals, and the providers of those services and supports, including natural supports;
  6. Reflect the risk factors identified through the IA 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. 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) 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
5. medication(s);  
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 medication 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 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 (BMP) with proper member/legal guardian approval, if applicable, must be:
    - a. Written and supervised by a qualified professional
    - b. designed so that the rights of the member are protected;
    - c. preclude procedures that are punishing, physically painful, emotionally frightening, involve deprivation, or put the member at medical risk, and
    - d. maintained as an addendum with the PCSP
  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;
  10. All use of restraint must be documented in the member's record, including the initiating behavior, length of time of restraint, name of authorizing personnel, and names of all individuals involved and outcomes of the event;
  11. Use of restrictive interventions requires submission of an incident report that must be submitted no later than the end of the second business day following the incident.
- 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

Nonmedical Community Supports and Services (NCSS)

Nonmedical community supports and services (NCSS) are available under federal authority in sections 1905, 1915(c), and/or 1915(i) and included in the PASSE program created under Arkansas Act 775. NCSS are provided with the intention to prevent or delay entry into an institutional setting or to assist or prepare an individual to leave an institutional setting, meaning the service should assist the individual to live safely and successfully in his/her own home or in the community. NCSS must be rooted in specific member needs found identified through their Independent Assessment leading to placement in the PASSE and included within their individually created Person-Centered Service Plan (PCSP). NCSS should be reviewed and updated regularly through the care coordination and PCSP process. NCSS are not medical in nature but instead support pursuit of safe independent living and member goals clearly established in the member's PCSP.

F. Related Policies/Rules

N/A

G. Review/Revision History

DATES		ACTION
<b>Date Issued</b>	05/12/2021	
<b>Date Revised</b>	08/03/2022	Added new requirements: Behavioral Action Plan B.3.01. and documentation of restraint or restrictive interventions. Added Nonmedical Community Supports and Services (NCSS) Statement. Updated references.
<b>Date Effective</b>	11/01/2022	
<b>Date Archived</b>	02/29/2024	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 August 3, 2022 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 August 3, 2022 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 August 3, 2022 from [www.law.cornell.edu](http://www.law.cornell.edu).

Archived