

ADMINISTRATIVE POLICY STATEMENT Arkansas PASSE

Policy Name & Number	Date Effective
Intellectual or Developmental Disabilities (IDD) Documentation AR PASSE-AD-1111	03/01/2024-02/28/2025
Policy Type	
ADMINISTRATIVE	
<p>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.</p> <p>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.</p> <p>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.</p>	

Table of Contents

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.....	7

A. Subject

Intellectual or Developmental Disabilities (IDD) Documentation

B. Background

The Developmental Disability Services (DDS) Community and Employment Support (DDS CES) waiver program is for beneficiaries who, without waiver services, would require institutionalization. The 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 (HCBS) 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.
- **Behavioral Issues** - Problematic or maladaptive behaviors or actions that conflict with what is generally accepted in the individual's community, isolate the member from the community, or are barriers to the member living or remaining in the community.
- **Community and Employment Support Waiver** - The home and community-based waiver program authorized by the Centers for Medicare & Medicaid Services under section 1915(c) of the Social Security Act, 42 U.S.C. § 1396 et seq., and administered by the Division of Developmental Disabilities Services to provide services to members in 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 Disability** - Chronic disability of an individual according to ARK. CODE ANN. § 20-48-101, originating before 22 years of age that has

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continued or can be expected to continue indefinitely and constitutes a substantial impairment abilities to function without support services..

- **Medication Error** - As defined by the State, includes the following: (1) loss, unavailability, or theft of medication; (2) falsification of medication logs; (3) missed or incorrect doses of medication; (4) incorrect medications, method, or time administered; and (5) discovery of unlocked medication container(s) that are always supposed to be locked.
- **Person-Centered Service Plan** - A member's total plan of care made in accordance with 42 C.F.R. § 441.301(c)(1) that indicates services necessary for the member, specific member needs, member strengths, and a crisis plan.
- **Restraint** - Manual methods, physical or mechanical devices, materials, or equipment immobilizing a person or reducing the ability to move arms, legs, body, or head freely.
 - **Chemical** - Use of a drug or medication to control behavior or restrict free movement.
 - **Mechanical** - Use of a device or equipment to restrict free movement.
 - **Physical** - A personal restriction that restricts free movement.
 - **Supine** - Restraint in a face up position on the back on the floor or another surface with physical pressure applied to the body to keep the individual in that position.

D. Policy

- I. All services must be uniformly organized and documented in a separate, updated, and complete service record for each member and remain confidential in a locked area, including summary documents, service records, and daily service logs.
- II. Providers must retain all files and service records for 10 years from the date the member exits from the provider or until all audit questions or review issues, appeals, hearings, investigations or administrative or judicial litigation to which the files or service records may relate are concluded, whichever is later.
- III. All CES waiver services are delivered pursuant to a Person-Centered Service Plan (PCSP) based on an Independent Assessment and other needs assessments. CareSource publishes a policy outlining requirements and guidelines for the PCSP process and plan. IDD services must comply with that policy.
- IV. The following information is furnished to assist providers with documentation requirements for member records maintained by the State. The Arkansas Department of Human Services (DHS) publishes documentation requirements on the DHS website. Any State-implemented updates will supersede this policy.
 - A. Face Sheet or Summary Sheet

A summary document at the front of the client record must include the following, at a minimum:

 1. client information:
 - a. full name, address and county of residence

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- b. telephone number and email address, if available
 - c. date of birth, social security number, and primary language
 - d. diagnoses and any known allergies
 - e. medications, dosage, and frequency, if applicable
 - f. medicaid number
 - g. commercial or private health insurance information, if applicable
2. date member began receiving services from the provider
3. date member exited the provider, if applicable
4. name, phone numbers and email address of assigned care coordinator
5. contact information for the member's legal guardian, if applicable (i.e., name, address, phone number, email address)
6. contact information for the primary care provider (i.e., name, address, phone number)

B. Required Service Record Documentation

Each provider delivering care coordination or direct care services must establish a service record for the member that contains the following:

1. Arkansas Independent Assessment (ARIA)
2. copy of the PCSP
3. all waiver service treatment plans and service authorizations
4. copies of all completed client assessments and evaluations
5. copies of any court orders
6. Positive Behavior Support Plan (PBSP)

A PBSP is required for any member with behavioral issues and must be developed and supervised by a qualified professional. PBSPs are designed to protect member rights with interventions that exclude punishment, physical pain, emotional fright, or medical risk. Review of the PBSP will occur at least quarterly but may occur more frequently if behaviors occur 3 or more times in a 3-month period. PBSPs are maintained as an addendum to the PCSP.

Member and legal guardian approval is to be documented. Referral of the member to an appropriately licensed professional will occur if the plan is not achieving desired results. Include the following, at a minimum:

- a. each behavior to be decreased or increased (target behavior)
 - b. event or stimuli that trigger behavior to be increased or decreased
 - c. what should be provided or avoided in a member's environment to incentivize or disincentivize behaviors to be decreased or increased
 - d. specific methods used by staff to manage behaviors
 - e. interventions or actions for staff if a triggering event occurs
 - f. interventions or actions for staff if a target behavior occurs
7. daily service activity logs

Providers delivering direct care services must ensure that each log entry is included in the service record (either electronic or paper) and document the following, at a minimum:

- a. specific services rendered
 - b. date of the service with beginning and ending times
 - c. name, title, and credential(s) of each person performing the service for each date and time

- d. the relationship of the service to goals and objectives described in the treatment plan
 - e. progress notes and narratives that describe member status and progress toward goals and objectives
 - f. signature and date by the employee responsible for the service on each service log
8. care coordinator monthly contact reports
 9. approved medication management plan and medication logs or signed election to self-administer medication, if applicable (see Section D.IV.C.)
 10. fully executed copy of lease, residency agreement, or other written agreement that provides protections addressing eviction processes and appeals comparable to those provided under a landlord-tenant law
 11. documentation providing additional individuals with access to a member's service record, if applicable
 12. Guardianship Order, if applicable
 13. Incident Reports submitted to the PASSE and DHS

C. Medication Management Plans (MMP) and Medication Logs

Medication used to treat diagnosed mental illness must be managed by a psychiatrist (or physician if a psychiatrist is not available), who provides updates regarding efficacy and any side effects experienced by the member.

Psychotropic medication(s) prescribed due to member behavior will be accompanied by the implementation of a PBSP (see section D.IV.B.) created by the care coordinator and provider and updated as necessary. Providers are required to train direct care staff, detailing the specifics of the MMP, PBSP, if applicable, and possible side effects from medication. Re-training is required any time medications are updated. A medical prescription for medications, services, and level of care must be obtained annually. MMPs must be developed and documented for every member with prescribed medications and include the following:

1. medication administration details (i.e., time, dose, delivery)
2. potential side effects caused by any medication(s)
3. rationale for each prescription, including related symptoms
4. member or legal guardian's consent regarding administration
5. any transfer of medication from its original container into individual dosage containers by the member's legal guardian
6. any medical error and the name of the supervisor to whom the error was reported, including reports as required under all laws and rules without limitation to laws and rules governing controlled substances
7. staff members or others who can administer each medication and documentation of this service on a medication log available for DDS review with the following information:
 - a. prescription medication
 01. name, dosage and route of administered medication
 02. date and time at the time of administration
 03. staff initials assisting with or administering medication
 04. side effects or adverse reactions

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- 05. any errors in administration
- b. pro re nata (PRN) and over the counter (OTC) medications:
 - 01. frequency of medication use
 - 02. date and time recorded at administration for each medication
 - 03. circumstances for which the medication was used
 - 04. symptom(s) requiring administration
 - 05. medication efficacy
- D. Restraints - Additional Information

Any PCSP and behavior management plan permitting the use of restraints or interventions must include specific information located in Arkansas's DDS CES Waiver Minimum Certification Standards manual. The use of emergency restraints have different requirements and documentation standards. The use of restraints or interventions must be documented in the member's record, including the following information:

 - 1. the initiating behavior
 - 2. length of time of restraint
 - 3. name of authorizing personnel
 - 4. names of all individuals involved
 - 5. outcome(s) of the event

Use of restrictive interventions also requires submission of an incident report to DDS Quality Assurance and CareSource PASSE to be submitted no later than the end of the second business day following the incident. If the use of a restraint or restrictive intervention occurs more than 3 times in any 30-day period, permitted use of restraints and interventions must be discussed by the PCSP development team, addressed in the PCSP, and implemented pursuant to an appropriate behavior management plan.

E. Conditions of Coverage
NA

F. Related Policies/Rules
Non-medical Community Supports and Services
Person Centered Service Plan

G. Review/Revision History

DATES		ACTION
Date Issued	05/12/2021	
Date Revised	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.
	11/29/2023	Reorganized policy. Added additional requirements from Rules for CES Waiver State pdf. Updated references. Approved at Committee.

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

Date Effective	03/01/2024	
Date Archived	02/28/2025	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. *DDS Community and Employment Supports (CES) Waiver and Medicaid Provider Manual*, ARK. CODE R. 016.05.17-005 (2023).
2. *DDS Community and Employment Supports (CES) Waiver Minimum Certification Standards*. Arkansas Dept of Human Services, Division of Developmental Disabilities Services; 2017. Accessed November 15, 2023. www.humanservices.arkansas.gov
3. Definitions, ARK. CODE ANN. § 20-48-1001 (2023).
4. Definitions, ARK. CODE ANN. § 20-48-101 (2023).
5. *Rules for the Division of Developmental Disabilities Services Waiver Providers*. Arkansas Dept of Human Services. Updated January 1, 2023. Accessed November 16, 2023.

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