



ADMINISTRATIVE POLICY STATEMENT

Arkansas PASSE

| Policy Name & Number | Date Effective |
|--|-----------------------|
| Supportive Living while Inpatient - AR PASSE - AD-1174 | 09/01/2022-10/31/2023 |
| Policy Type | |
| ADMINISTRATIVE | |

Administrative Policy Statement 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

Rule 213: Supportive Living while Inpatient

B. Background

The Arkansas Medical Assistance Program (Medicaid) through CareSource PASSE offers certain home and community-based services as an alternative to institutionalization. These services are available for eligible individuals with a developmental disability who would otherwise require an intermediate care facility level of care and are described as DDS Alternative Community Services (ACS). Home and community-based waiver services are available only to individuals who are not inpatients (residents) of a hospital, nursing facility (NF) or intermediate care facility (ICF) for intellectual disabilities, only if payment to the hospital, nursing facility or ICF/MR is being made through private pay or private insurance.

Supportive living is an array of individually tailored services and activities that enable eligible individuals to reside successfully in their own homes, with their families, or in an alternative living residence or setting. The services are designed to assist individuals in acquiring, retaining and improving the self-help, socialization and adaptive skills necessary to reside successfully in the home and community-based setting.

C. Definitions

- **Developmental Disability Services (DDS)** – A division of the Department of Health and Human Services that provides services for Arkansans with disabilities and developmental delays.
- **Developmental Disability (DD)** – A substantial, long-term disability that begins from birth through age 21 and is expected to last for a lifetime, “an impairment of general intellectual functioning or adaptive behavior” that is a “substantial impairment to the ability to function without appropriate support services, including, but not limited to, planned recreational activities, medical services such as physical therapy and speech therapy, and possibilities for sheltered employment or job training.”
- **Mental Illness** – A substantial impairment of emotional processes, the ability to exercise conscious control of one's actions, or the ability to perceive reality or to reason when the impairment is manifested by instances of extremely abnormal behavior or extremely faulty perceptions but does not include impairment solely caused by:
 - Epilepsy
 - Intellectual or other developmental disability
 - Continuous or noncontinuous periods of intoxication caused by substances, such as alcohol or drugs
 - Dependence upon or addiction to any substance, such as alcohol or drugs
- **Direct Service Provider (DSP)** – Licensed or certified organizations who facilitate access to flexible services and other community and support services, ensuring the protection of beneficiary rights and due process.
- **Intermediate Care Facility (ICF)** – A facility that provides diagnosis, active treatment, and rehabilitation of persons with intellectual disabilities or related conditions in a protective residential setting.

- **Person Centered Service Plan (PCSP)** – A written plan that provides information and support directing the process of care for a member to the maximum extent possible and enabling informed choices and decisions, reflecting services and supports to meet needs identified through an assessment of functional need, both paid and unpaid, to achieve identified goals, and identifying the providers of those services and supports, including natural supports.
- **Inpatient Setting:**
 - **Psychiatric Inpatient** – A facility that treats primary diagnoses of mental illness and includes all medical, psychiatric and social services required of the admitting facility for licensure, certification and accreditation, including medications, evaluations and therapies.
 - **Hospital Inpatient** – Items and services furnished by a facility for care and treatment of patients under the direction of a licensed practitioner (physician or dentist with staff affiliation) for medically necessary and documented treatment and care of injured persons, individuals with disabilities, or sick persons.
- **Institute for Mental Disease (IMD)** – A hospital, nursing facility, or other institution of more than sixteen (16) beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including medical attention, nursing care, and related services.

D. Policy

I. Supportive Living Services (SLS)

SLS include care, supervision, and activities that directly relate to active treatment goals and objectives set forth in the member's PCSP, excluding room and board expenses, including general maintenance, upkeep, or improvement to the home. The objective served by each activity should be documented in the member's PCSP.

Examples of SLS include the following:

1. Decision making, including the identification of and response to dangerous or threatening situations, making decisions and choices affecting the person's life and initiating changes in living arrangement or life activities.
2. Money management, consisting of training, assistance, or both in handling personal finances, making purchases and meeting personal financial obligations.
3. Daily living skills, including training in accomplishing routine housekeeping tasks, meal preparation, dressing, personal hygiene, self administration of medications to the extent permitted under state law, and other areas of daily living including proper use of adaptive and assistive devices, appliances, home safety, first aid and emergency procedures.
4. Socialization, including training, assistance, or both in participation in general community activities and establishing relationships with peers to assist the continuing participation in such activities on an ongoing basis.
5. Community integration, including activities intended to instruct daily living and community living skills in integrated settings, such as shopping, church attendance, sports, etc.
6. Mobility, including training, assistance, or both, aimed at enhancing movement within the person's living arrangement, mastering the use of adaptive aids and equipment, accessing and using public transportation, independent travel or movement within the community.
7. Communication, including training in vocabulary building, use of augmentative communication devices, and receptive and expressive language.

8. Behavior shaping and management, including training, assistance or both in appropriate expressions of emotions or desires, compliance, assertiveness, acquisition of socially appropriate behaviors or reduction of inappropriate behaviors.
9. Reinforcement of therapeutic services, such as reinforcement of physical, occupational, speech, behavioral, or other therapeutic programs.
10. Companion activities and therapies, or the use of animals as modalities to motivate members to meet functional goals established for the member's habilitative training, including language skills, increased range of motion, socialization, and the development of self-respect, self-esteem, responsibility, confidence, or assertion.
11. Health maintenance activities, including tasks that members would otherwise do for themselves or have a family member do, with the exception of injections and intravenous medication administration.

II. Coverage while Inpatient

When deemed necessary or to ensure the safety of the member and staff at an inpatient facility, CareSource shall review each request on a case-by-case basis for non-medical community supports and services authorization per each inpatient admission for continued supportive living services to be provided in the inpatient setting by the member's direct service provider. Services must be authorized and part of the member's PCSP.

III. Exclusions

- A. Only hired caregivers may be reimbursed for supportive living services provided.
- B. Payments for supportive living services will not be made to the parent, stepparent or legal guardian of a person less than 18 years old.
- C. Payments will not be made to a spouse or to the guardian or guardian's spouse when the spouse is named as co-guardian and has the authority to act in such manner for an individual over age 18.
- D. The payments for these services exclude the costs of room and board, including general maintenance, upkeep or improvement to the individual's own home or that of his or her family.
- E. Routine care and supervision for which payment will not be made are defined as those activities that are necessary to assure a person's well being but are not activities that directly relate to active treatment goals and objectives.

E. Conditions of Coverage

Prior authorization is required for all services.

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. 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 the Independent Assessment leading to placement in the PASSE and included within an 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

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



support pursuit of safe independent living and member goals clearly established in the member's PCSP.

F. Related Policies/Rules

NA

G. Review/Revision History

| DATE | | ACTION |
|-----------------------|------------|---|
| Date Issued | 09/01/2022 | |
| Date Revised | 07/21/2022 | Added NCSS statement to Conditions of Coverage. |
| Date Effective | 09/01/2022 | |
| Date Archived | 10/31/2023 | 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 Annotated §16-123-102(3). Definitions. Retrieved April 26, 2022 from www.lexis.com.
2. Arkansas Code Annotated § 20-77-2706. Characteristics and duties of risk-based provider organization. Retrieved April 26, 2022 from www.lexis.com.
3. Arkansas Division of Medical Services. Provider Manual. Section II. Program Policy. Hospital/Critical Access Hospital (CAH)/End-Stage Renal Disease (ESRD). Retrieved April 26, 2022 from www.humanservices.arkansas.gov.
4. Arkansas Division of Medical Services. Provider Manual. Section II. Program Policy. Inpatient Psychiatric Services for Under Ages 21. Retrieved April 26, 2022 from www.humanservices.arkansas.gov.
5. Arkansas Division of Medical Services. Provider Manual. Section II. Program Policy. Rehabilitative Hospital General Information. Retrieved April 26, 2022 from www.humanservices.arkansas.gov.
6. Arkansas Medicaid DDS Alternative Community Services (ACS) Waiver, Section II. (2005, October 01). Retrieved March 8, 2022 from www.medicaid.state.ar.us
7. Code of Federal Regulations. Title 42. Public Health. §441.301(b)(1)(ii). Contents of request for a waiver. (2014, January 16). Retrieved March 8, 2022 from www.law.cornell.edu.
8. Code of Federal Regulations. Title 42. Public Health. §441.540. Person-centered service plan. Retrieved April 26, 2022 from www.law.cornell.edu.

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