

ADMINISTRATIVE POLICY STATEMENT Arkansas PASSE

| Policy Name & Number | Date Effective |
|--|-----------------------|
| Supportive Living while Inpatient-AR PASSE-AD-1174 | 11/01/2023-01/31/2024 |
| 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.

Table of Contents

| | |
|---------------------------------|---|
| A. Subject..... | 2 |
| B. Background..... | 2 |
| C. Definitions | 2 |
| D. Policy | 3 |
| E. Conditions of Coverage..... | 4 |
| F. Related Policies/Rules..... | 4 |
| G. Review/Revision History..... | 4 |
| H. References..... | 5 |

A. Subject

Supportive Living while Inpatient

B. Background

The Arkansas Medical Assistance Program (Medicaid) through CareSource PASSE offers home and community-based services as an alternative to institutionalization for eligible individuals with a developmental disability who would otherwise require an intermediate care facility level of care and are described as Developmental Disability Services (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 his/her own homes, with 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 expected to last 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 developmental disability or substances.
- **Direct Service Provider (DSP)** – Licensed or certified organizations who facilitate access to flexible services and other community and support services.
- **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)** – The total plan of care made in accordance with the planning process as described in the 1915(c) waiver requirements for Home and Community-Based Services (42 CFR § 441.301 (c)) and 1915(i) State Plan Services (42 CFR § 441.725).

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

- **Inpatient Settings**

- **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 primarily engaged in diagnosis, treatment, or care of persons with mental illness, including medical attention, nursing care, and related services.

D. Policy

I. Supportive Living Services (SLS)

SLS include care, supervision, and activities directly relating to active treatment goals and objectives in the member's PCSP. The objective served by each activity should be documented in the PCSP. Examples of SLS include the following:

- A. 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
- B. money management, consisting of training, assistance, or both in handling personal finances, making purchases and meeting personal financial obligations
- C. daily living skills, including training in routine housekeeping tasks, meal preparation, dressing, personal hygiene, self-administration of medications as permitted under state law, and other areas including proper use of adaptive and assistive devices, appliances, home safety, first aid and emergency procedures
- D. 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
- E. community integration, including activities to instruct daily living and community living skills in integrated settings, such as shopping, church attendance, sports
- F. mobility, including training, assistance, or both, to enhance movement within the living arrangement, mastering adaptive aids and equipment, accessing and using public transportation, independent travel or movement within the community
- G. communication, including training in vocabulary building, use of augmentative communication devices, and receptive and expressive language
- H. behavior shaping and management, including training, assistance, or both in appropriate expression of emotions or desires, compliance, assertion, acquisition of socially appropriate behaviors or reduction of inappropriate behaviors
- I. reinforcement of therapeutic services, such as physical, occupational, speech, behavioral, or other therapeutic programs
- J. companion activities or use of animals as modalities to motivate members to meet functional goals established for habilitative training, including language

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

skills, increased range of motion, socialization, and development of self-respect, self-esteem, responsibility, confidence, or assertion

- K. health maintenance activities, including tasks members would otherwise do themselves or have family members do, with exception of injections and intravenous medication administration. Supportive living may be provided in clinic setting (physician office, wound clinic) to facilitate appropriate care and follow-up. If health maintenance activity is performed in a hospital setting for supportive care of the individual while receiving medical care, supportive living cannot exceed fourteen (14) consecutive days nor exceed approved prior authorized rate for the service in place prior to hospitalization.

II. Coverage while Inpatient

When deemed necessary or to ensure the safety of the member and staff at an inpatient facility, CareSource will 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 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.
- C. The payments for these services exclude the costs of room and board, including general maintenance, upkeep, or improvement to the member's own home or that of the member's family.
- D. 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. Services are not to take the place of traditional outpatient treatment, serve as respite services, or fulfill basic overseeing services (i.e., babysitting, watching, tending).

E. Conditions of Coverage

Prior authorization is required for all services.

F. Related Policies/Rules

Medical Necessity Determinations
Nonmedical Community Supports and Services
Person Centered Service Plans

G. Review/Revision History

| DATE | | ACTION |
|-------------|------------|--------|
| Date Issued | 09/01/2022 | |

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

| | | |
|-----------------------|--------------------------|---|
| Date Revised | 07/21/2022 07/19/2023 | Added NCSS statement to Conditions of Coverage. Annual review. Added new manual info D. I. 11 & exclusion E. Added NCSS & PCSP policies to Related Policies. Approved at Committee. |
| Date Effective | 11/01/2023 | |
| Date Archived | 01/31/2024 | 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. *Adults with Disabilities Service Guide*. Arkansas Division of Developmental Disabilities. Accessed July 13, 2023. www.humanservices.arkansas.gov
2. Arkansas Medicaid DDS Alternative Community Services (ACS) Waiver, Section II. (2005, October 01). Accessed March 8, 2022. www.medicaid.state.ar.us
3. Characteristics and duties of risk-based provider organization. § 20-77-2706. ARKANSAS CODE ANNOTATED. (2022).
4. *Children with Disabilities Service Guide*. Arkansas Division of Developmental Disabilities. Accessed July 13, 2023. www.humanservices.arkansas.gov
5. Contents of Request for a Waiver. §441.301(b)(1)(ii). Accessed July 13, 2023. www.law.cornell.edu
6. Definitions. §16-123-102. ARKANSAS CODE ANNOTATED. (2022).
7. Definitions. § 20-38-101. ARKANSAS CODE ANNOTATED. (2022).
8. *Home and Community Based Services for Clients with Intellectual Disabilities and Behavioral Health Needs Provider Manual, Section II*. Arkansas Division of Medical Services. Accessed July 13, 2023. www.humanservices.arkansas.gov
9. *Hospital Provider Manual, Section II*. Arkansas Division of Medical Services. Accessed July 13, 2023. www.humanservices.arkansas.gov
10. *Inpatient Psychiatric Provider Manual, Section II*. Arkansas Division of Medical Services. Accessed July 13, 2023. www.humanservices.arkansas.gov
11. Person-Centered Serviced Plan. 42 C. F. R. §441.540. (2022).
12. *Rehabilitative Hospital Provider Manual, Section II*. Arkansas Division of Medical Services. Accessed July 11, 2023. www.humanservices.arkansas.gov

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