



ADMINISTRATIVE POLICY STATEMENT Arkansas PASSE

Policy Name & Number	Date Effective
Nonmedical Community Supports and Services-AR PASSE-AD-1224	12/01/2022-04/30/2024
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.

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A. Subject

Nonmedical Community Supports and Services (NCSS)

B. Background

Created in the 2017 Arkansas General Session and codified as ACA 20-77-2701 et seq., the Provider-led Shared Savings Entities (PASSEs) are responsible for integrating the physical health, behavioral health, and specialized developmental disabilities services for individuals who have intensive levels of treatment or care needs due to mental illness, substance abuse, or intellectual or developmental disability. The PASSE program organizes and manages the delivery of services for Medicaid clients pursuant to Title XIX of the Social Security Act (The Act) and Arkansas Act 775. According to Act 775 of 2015 of the Arkansas General Assembly

Under the authority of a concurrent 1915(b)/(c) waiver along with a 1915(i) State Plan Amendment, the PASSEs provide all services to members under a managed care organization (MCO) model, providing care coordination to assigned members, developing person-centered service plans (PCSPs), and delivering all services. The provision of comprehensive medically necessary and nonmedical community supports and services are delivered to clients who have received the Arkansas Independent Assessment.

C. Definitions

- **Arkansas Independent Assessment (ARIA)** – A system comprised of several parts administered through separate steps for each eligible Medicaid individual served through one of the state's waiver programs or state plan personal care services. ARIA assesses a member's capabilities and limitations in performing activities of daily living and determines eligibility for certain services offered through Home and Community Based Services (HCBS) waivers.
- **Managed Care Organization (MCO)** – An organization or health care delivery system contracted with state Medicaid agencies to accept a set per member per month (capitation) payment and organized to manage cost, utilization, and quality to provide for the delivery of Medicaid health benefits and additional services.
- **Medically Necessary/Medical Necessity** – A service that is reasonably calculated to prevent, diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, cause suffering or pain, result in illness or injury, threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and if there is no other equally effective, although more conservative or less costly, course of treatment available or suitable for the beneficiary requesting the service. For this purpose, a "course of treatment" may include mere observation or, where appropriate, no treatment at all. The determination of medical necessity may be made by the Medical Director for the PASSE Program or by the PASSE Program Quality Improvement Organization (QIO).
- **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.

D. Policy

I. Nonmedical Community Supports and Services (NCSS)

These supports and services are nonmedical in nature and are available under the federal authority of sections 1905, 1915(c), or 1915(i) or under state authority under Act 775 to provide such supports and services through an Arkansas Medicaid-enrolled provider as approved by a PASSE for an individual. 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 or her own home or in the community. The need for these supports and services is established by the functional deficits identified on the Arkansas Independent Assessment (ARIA). Some examples of nonmedical community supports and services may include hands-on assistance with daily living and habilitation activities, such as money management, meal preparation and shopping for personal hygiene, household, or meal items.

A. Arkansas Independent Assessment (ARIA)

ARIA identifies a need for services. The types and levels of supports and services needed to achieve individual member goals are beyond the scope of the ARIA and, instead, are developed by the PCSP process.

B. Person Centered Service Plan (PCSP)

1. Supports and services for each member are described in the member's PCSP and are individualized depending on member needs.
2. The PCSP must be reviewed by the care coordinator and the member not less than monthly and revised if the condition or situation of the member changes.
3. To ensure the integrity of the PCSP, prior authorization and utilization review procedures should use criteria which would allow appropriately enrolled providers to perform nonmedical services and supports.
 - a. The PASSE must ensure appropriate firewalls between the PASSE and providers and between internal staff and processes used to ensure that services and supports are approved or denied in a conflict-free manner.
 - b. The "independent review" requirement of 1915(i) also means there should be internal firewalls within the PASSE to separate the development of the PCSP from staff with fiscal duties or utilization review.

II. Medical Necessity Determinations

Medical necessity reviews occur separately from reviews for nonmedical community supports and services. Medical necessity is determined according to the hierarchy found in the *Medical Necessity Determinations* policy.

E. Conditions of Coverage

NA

F. Related Policies/Rules
Medical Necessity Determinations

G. Review/Revision History

DATE		ACTION
Date Issued	8/31/2022	New policy.
Date Revised		
Date Effective	12/01/2022	
Date Archived	04/30/2024	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 Department of Human Services. Arkansas Independent Assessment Provider Manual, Section II. Retrieved August 3, 2022 from www.humanservices.ar.gov.
2. Arkansas Department of Human Services. Arkansas Division of Medical Services Quality Strategy 2021. (No date). Retrieved August 3, 2022 from www.arkansas.gov.
3. Centers for Medicare and Medicaid Services. Managed Care. Retrieved August 3, 2022 from www.medicaid.gov.