ADMINISTRATIVE POLICY STATEMENT
Arkansas PASSE

Policy Name & Number	Date Effective
Therapeutic Communities-AR PASSE-AD-1365	02/01/2024-01/31/2025
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

Therapeutic Communities

B. Background

In 2017, therapeutic communities (TC) were introduced in Arkansas Medicaid as a system to deliver multiple behavioral health (BH) services throughout the day supporting a complex adult Serious Mental Illness (SMI) population, many of whom lived in provider-owned residential settings. The program allowed providers to focus on treating members with more flexibility in service delivery. With the creation of the Provider-led Arkansas Shared Savings Entity (PASSE), TCs are provided under the 1915(i) waiver and are available to members with complex behavioral health needs, as well as members with intellectual disabilities. This service is provided by Outpatient Behavioral Health (OBH) agencies or a Community Support System Provider (CSSP) with program certification from the Division of Provider Services and Quality Assurance (DPSQA).

TCs are highly structured residential environments that employ earned privileges and community-imposed consequences as part of the recovery and growth process. Members are assigned responsibilities within the setting while acting as facilitators, emphasizing personal responsibility for one's own life, self-improvement, and integration within a community. Two levels of care are available, permitting more frequent and intensive interventions depending on symptoms. Level 1 provides the most supervision, support, and treatment and ensures community safety in a facility, while Level 2 provides a lower level of care and use as a stepdown to begin member transition back into a community setting. TCs have specific staffing ratios, training requirements for staff, and provide 24/7 care.

C. Definitions

- **Activities of Daily Living (ADL)** - Activities of Daily Living (ADLs) - Fundamental skills required to independently care for oneself, including the following:
  - **Basic** - Skills required to manage basic physical needs, including ambulation, feeding, dressing, personal hygiene, continence and toileting.
  - **Instrumental** - Skills requiring complex thinking skills, including transportation and shopping, finance management, meal preparation, house cleaning and home maintenance, communication management, and medication management.
- **Co-Occurring Disorder** - Any combination of mental health and substance use disorder diagnoses for a member.
- **Community Support System Provider (CSSP)** - A type of provider agency certified to provide home and community-based services for Medicaid beneficiaries with behavioral health (BH) and intellectual and developmental disability (IDD) service needs and certified to deliver outpatient behavioral health and Community and Employment Support (CES) Waiver services.
- **Daily Living Activities-20 (DLA-20)** - A standardized, functional assessment tool providing a 30-day snapshot of 20 domains that enables clinicians to measure impacts of illness or disability on an individuals' daily living functioning (i.e., summary of strengths/needs at a specific point in time related to whole health).

- **Intellectual and Developmental Disorder (IDD) Diagnosis** - Chronic disability of an individual in accordance with ARK. CODE ANN. § 20-48-101.
- **Mental Health Professional (MHP)** - An Arkansas-licensed provider of clinical behavioral health services.
- **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 faulty perceptions in accordance with ARK. CODE ANN. § 20-47-202.
- **Person Centered Service Plan (PCSP)** - 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.
- **Serious Persistent Mental Illness (SPMI)** - An individual 18 or older with symptoms or difficulty in life domains and meeting specific criteria established by the State.
- **Therapeutic Individualized Plan of Care (POC)** - A plan developed with the member for specific services to restore, improve, or stabilize a BH condition.
- **Trauma Informed** - Recognition and response to the presence of past and current traumatic experiences and effects on the lives of members.

D. Policy

Eligibility for any service will be determined by a clinical review of documentation that establishes medical necessity and/or nonmedical community supports and services, including determinations from an Arkansas Independent Assessment (ARIA).

I. Therapeutic Community (TC) Certification

Certification as a TC is required, including all provisions found in the Therapeutic Communities Certification Manual on the Arkansas Dept of Human Services (DHS) website and the following guidelines:

A. Level 1 TCs are limited to 16 members.

B. Qualified staff acting within the scope of a license, if applicable, will ensure knowledge about laws, DHS rules, and specific facility policy and procedures and must certify as a staff member with certification documented in the employee's employment record. Prior to having any direct contact with clients, all employees must have at least 1 year of experience working with persons with developmental disabilities and behavioral support needs.

C. Care coordination includes the development of PCSPs, 24-hour notice for member staffing, and notice of critical incidents.

D. Staffing ratios are directed by member need and will be documented on the treatment plan. A multidisciplinary team, including an MHP team leader, will be assigned to each member and oversee the development, delivery, and monitoring of the treatment plan, as well as supervision of the CSSP performing member services. Team members include the following (not an all-inclusive list):
   1. physician and/or advanced practice registered nurse
   2. mental health professionals and paraprofessionals
   3. primary care staff, including dieticians, recreational therapists, and other nursing staff
   4. peer support
   5. care coordinator

E. The TC will have written policies and procedures addressing the use of restraints. Mechanical restraints are not allowed.
F. TCs will have site specific crisis response plans for all locations with face-to-face crisis assessment completed within 2 hours and clinical review by the clinic director within 24 hours.
G. A physician will be available at all times, either on-duty or on call, and will respond by telephone or in person to licensed staff on duty within 20 minutes.
H. Written policy and procedures for all services provided will be available to all members receiving services from that program.

II. General guidelines and basic authorization criteria include the following:
A. Member must be 18 years of age or older and have an SPMI or IDD diagnosis (-es) as outlined in the most recent Diagnostic and Statistical Manual of Mental Disorders, 5th edition, Text Revised (DSM-5-TR).
B. Member must have an individualized POC and PCSP specifying medically necessary services and/or NCSS provided in the least restrictive setting and within, or as close to, the community in which the member resides.
C. A positive behavior support plan (PBSP) is required for any IDD member with behavioral issues. PBSPs will be reviewed at least quarterly. The member will be referred to an appropriately licensed professional if the plan is not achieving the desired results.
D. Member benefit is possible when there is evidence of no benefit from other services across multiple providers that results in a greater risk of hospitalization, homelessness, substance use, victimization, and/or incarceration.
E. Documented behaviors and functional impairments would likely lead to a more restrictive level of care without TC services.
F. Member can be approved up to 90 units (1 unit = 1 day).
G. Provider will complete the TC Prior Authorization Form found on the CareSource PASSE website at www.caresource.com>Providers>Prior Authorization.

III. Level 1 Additional Requirements
CareSource will review requests for TC services on a case-by-case basis. In addition to meeting the general requirements in D.II above, Level 1 individualized POCs will include a minimum of 35 hours a week and the following:

A. A minimum of 2 medical service encounters per month will address psychiatric needs of the member.
B. A minimum of 5 encounters per week for professional services with at least 1 encounter on an individual basis will occur for each member.
C. Functional impairments displayed includes either of the following:
    1. Regression and/or exacerbation of symptoms require inpatient care, but the member does not need the full support of a hospital setting.
    2. The member has multisystem involvement and complex needs for the highest-level of 24/7 supervision, support, and treatment to ensure community safety and includes any of the following:
        a. documented hospitalizations or emergency department visits within the last year related to primary behavioral health diagnoses
        b. symptoms, characterized by a degree of intensity, require a locked residence, medication administration supervision, and co-occurring medical or substance use conditions impact stability
        c. no demonstration of extended periods of positive community integration in the last 2 years or stability in Level 2 after documented interventions and strategies by the treating team to prevent transition to Level 1
D. Comorbid conditions are considered for members who are under a 911, 310, or 180 commitment status and pose a high level of community safety risk.

IV. Level II Additional Requirements
CareSource will review requests for TC services on a case-by-case basis. In addition to meeting the general requirements in D.II above, Level 2 individualized POCs will include a minimum of 30 hours a week and the following:
A. A minimum of 1 medical service encounter per month will address psychiatric needs of the member.
B. A minimum of 3 encounters per week for professional services with at least one encounter on an individual basis will occur for each member.
C. Functional impairments require supervision, support, and treatment at a lower level than Level 1 with at least 3 functional impairments present.
D. Member must present with 3 or more high service needs or comorbid conditions.

V. Continuing stay reviews (CSRs) for Levels 1 and 2 can be approved up to 90 additional units and should include any criteria already established in other sections of this policy. Submission of the following is required for any CSR:
A. most recent treatment plan
B. most recent psychiatric evaluation
C. prescriber/MD notes
D. counseling notes
E. daily notes/logs showing that treatment hour requirements have been met for the previous 30 days

VI. Treatment plan reviews will address the member's BH and/or IDD symptoms and needs. Providers must utilize the DLA-20 during treatment plan reviews and conduct reviews more frequently if the member is admitted to the hospital and/or has a

significant change in status. Level 1 and 2 reviews must include progress reports on treatment goals at the following intervals and be adjusted accordingly for lack of member progress:

A. Level 1 reviews: a minimum of every 90 days.
B. Level 2 reviews: a minimum of every 180 days.

VII. All services must be uniformly organized, documented in a separate, updated, and complete record, and remain confidential secured in a locked area, including summary documents, service records, and daily service logs. Other CareSource policies detail documentation requirements. Additional information can be located in section F.

VIII. Discharge Criteria

Members will be considered for discharge considering the DLA-20 score completed at each treatment plan review in addition to meeting 5 of the criteria listed below:

A. Member acuity level is decreased.
B. Member displays stabilization and improvement of symptoms.
C. Member level of functioning is no longer significantly impaired.
D. Follow-up treatment and crisis plan is understood by the member.
E. Providers and supports are readily available in an outpatient setting.
F. Risk status is acceptable.
G. Member can participate in monitoring at lower level, if available.
H. Medical needs are absent or treatable in a lower level of care.
I. Treatment goals are met.

E. Conditions of Coverage

NA

F. Related Policies/Rules

Behavioral Health Service Record Documentation Standards
Intellectual or Developmental Disabilities Documentation
Medical Necessity Determinations
Non-Medical Community Supports and Services
Person-Centered Service Plans

G. Review/Revision History

	DATE	ACTION
Date Issued	11/08/2023	Approved at Committee.
Date Revised		
Date Effective	02/01/2024	
Date Archived	01/31/2025	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.

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

H. References

1. *Adult Behavioral Health Services for Community Independence Provider Manual, Section II*. Arkansas Dept of Human Services; 2023. Accessed October 17, 2023. www.humanservices.arkansas.gov
2. Community support system provider. Arkansas Dept of Human Services. Accessed October 17, 2023. www.humanservices.arkansas.gov
3. De Leon G, Unterrainer HF. The therapeutic community: a unique social psychological approach to the treatment of addictions and related disorders. *Front Psychiatry*. 2020;11:786. doi:10.3389/fpsyt.2020.00786
4. Definitions, ARK. CODE ANN. § 6-18-2403 (2023).
5. Definitions, ARK. CODE ANN. § 20-47-202 (2023).
6. Definitions, ARK. CODE ANN. § 20-48-101 (2023).
7. *Home and Community Based Services for Client with Intellectual Disabilities and Behavioral Health Needs Provider Manual, Section II*. Arkansas Dept of Human Services. Updated January 1, 2023. Accessed October 17, 2023. www.humanservices.arkansas.gov
8. Iturralde E, Fazzolari L, Shia M, et al. Closing the care gap for people with severe and persistent mental illness: collaborative care, telehealth, and clinical pharmacy. *NEJM Catal Innov Care Deliv*. 2022;3(5):10. doi:10.1056/CAT.21.0417
9. Staiger PK, Liknaitzky P, Lake AJ, et al. Longitudinal substance use and biopsychosocial outcomes following therapeutic community treatment for substance dependence. *J Clin Med*. 2020;9(1):118. doi:10.3390/jcm9010118
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11. Zumstein N, Riese F. Defining severe and persistent mental illness-a pragmatic utility concept analysis. *Front Psychiatry*. 2020;11:648. doi:10.3389/fpsyt.2020.00648