

## MEDICAL POLICY STATEMENT Arkansas PASSE

Policy Name & Number	Date Effective
Adult Developmental Day Treatment Services- AR PASSE-MM-1139	11/01/2023-10/31/2024
Policy Type	
MEDICAL	

Medical 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.

Medical 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 Medical Policy Statement. If there is a conflict between the Medical 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

**Adult Developmental Day Treatment Services**

## B. Background

CareSource assists eligible individuals to obtain medical care and core and optional services in qualified Adult Developmental Day Treatment (ADDT) facilities. When services are determined to be medically necessary, ADDT services are provided to outpatients 18 years and older, who have been diagnosed with a developmental disability.

For each beneficiary who enters the ADDT Program, an individual program plan (IPP) must be developed. This consists of a written, individualized plan to improve or maintain the beneficiary's condition based upon evaluation of the beneficiary. The IPP must contain a written description of the treatment objectives for the beneficiary and be authorized by the physician determining that ADDT services are medically necessary.

## 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.
- **Adult Habilitative Services** - Instruction in areas of cognition, communication, social/emotional, motor, and adaptive (including self-care) or to reinforce skills learned and practiced in occupational, physical or speech therapy.
- **Core Services** - Furnished by Division of Provider Services and Quality Assurance (DPSQA) licensed, comprehensive, adult developmental day treatment centers and include assessment services and adult habilitative services.
- **Developmental Disabilities** - A group of conditions due to an impairment in physical, learning, language, or behavior areas beginning during the developmental period, may impact day-to-day functioning, and usually last throughout a person's lifetime.
- **Individual Program Plan (IPP)** - A written, individualized plan to improve or maintain the beneficiary's condition based upon evaluation of the beneficiary containing a written description of the treatment objectives for the beneficiary.
- **Optional Services** - Includes occupational, physical and speech therapy services and nursing services.

## D. Policy

- I. CareSource considers ADDT medically necessary when **ALL** the following clinical criteria are met:
  - A. Provided to outpatients 21 years and older who have a qualifying diagnosis of intellectual or developmental disability; or
  - B. the member is between eighteen (18) and twenty-one (21) years of age and has a high school diploma or a certificate of completion.
  - C. Ordered by a physician-written prescription;

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

- D. Provided in accordance with a written, individual program plan (IPP) authorized by the physician determining that ADDT services are medically necessary; and
  - E. Must be an outpatient who travels to and from a treatment site on the same day, does not reside in an intermediate care facility for individuals with developmental disabilities (ICF/IDD), and is not an inpatient of a hospital.
- II. Developmental Disability Diagnosis must include **all of the following**:
- A. The disability has continued or is expected to continue indefinitely;
  - B. The disability constitutes a substantial handicap to the beneficiary's ability to function without appropriate support services; **and**
  - C. A qualifying developmental disability includes **one** of the following conditions and is sufficient for eligibility:
    - 1. Intellectual Disability - As established by scores of intelligence tests which fall two or more standard deviations below the mean of a standardized test of intelligence administered by a legally qualified professional.
    - 2. Cerebral Palsy - As established by the results of a medical examination provided by a licensed physician.
    - 3. Spina Bifida - As established by the results of a medical examination provided by a licensed physician.
    - 4. Down syndrome - As established by the diagnosis of a licensed physician.
    - 5. Epilepsy - As established by the results of a neurological and/or licensed physician.
    - 6. Autism Spectrum Disorder - As established by the results of a team evaluation, including at least a licensed physician and a licensed psychologist and a licensed Speech Pathologist, **or**
    - 7. Other conditions found to be closely related to intellectual disabilities due to impairments of general intellectual functioning or adaptive behaviors similar to those of persons with intellectual disability or requiring treatment and services similar to those required for such persons.
      - a. This determination must be based on the results of a team evaluation, including at least a licensed physician and a licensed psychologist.
      - b. In the case of individuals being evaluated for service, eligibility determination shall be based upon establishment of intelligence scores which fall two or more standard deviations below the mean of a standardized test of intelligence, **OR**
      - c. Is attributable to any other condition found to be closely related to an intellectual disability because it results in impairment of general intellectual functioning or adaptive behavior similar to those of persons with an intellectual disability or requires treatment and services similar to those required for such persons.
      - d. Adults will be eligible for services if I.Q. scores fall two or more standard deviations below the mean of a standardized test.
    - 8. Dyslexia resulting from intellectual disability, cerebral palsy, epilepsy spina bifida, Down syndrome or Autism Spectrum Disorder (ASD) as established by the results of a team evaluation including at least a licensed physician and a licensed psychologist.

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NOTE: In the case of individuals being evaluated for service, eligibility shall be based upon his/her condition closely related to an intellectual disability by virtue of adaptive behavior functioning.

### III. Non-Covered Services

- A. Non-covered services include, but are not limited to:
  - 1. Assessment services and adult habilitative services less than 1 hour in length;
  - 2. Supervised living services;
  - 3. Educational services; and
  - 4. Services to inpatients.

### IV. Individual Program Plan (IPP)

- A. For each beneficiary who enters the ADDT Program, an individual program plan (IPP) must be developed. This consists of a written, individualized plan to improve or maintain the beneficiary's condition based upon evaluation of the beneficiary. The IPP must contain a written description of the treatment objectives for the beneficiary. It also must describe:
  - 1. The treatment regimen, or the specific services, therapies and activities that will be used to achieve the treatment objectives.
  - 2. A schedule for service delivery, including the frequency and duration of each type of service.
  - 3. The job titles and/or credentials of personnel furnishing each service.
  - 4. A tentative schedule for completing reevaluations of the beneficiary's condition and updating the IPP.
- B. The physician's original, personal signature and the date signed must be recorded on the IPP. Delegation of this function or a stamped signature is not allowed.

### V. ADDT Core Services

- A. ADDT services may be furnished only by DPSQA licensed, comprehensive adult developmental day treatment centers offering as core services:
  - 1. Assessment Services
    - a. Assessment services are covered separately from ADDT habilitative services. Assessment services are reimbursed on a per unit basis with one unit equal to one hour of service. The length of the service may not exceed one unit per date of service. The billable unit includes time spent administering the test, time spent scoring the test and/or time spent writing a test report. Assessment services are covered once each calendar year, if deemed medically necessary.
  - 2. Adult Habilitative Services
    - a. Adult habilitative services are instruction in areas of cognition, communication, social/emotional, motor, and adaptive (including self-care) or to reinforce skills learned and practiced in occupational, physical

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- or speech therapy. These services must be based on the goals and objectives of the client's individual program plan (IPP).
- b. Adult habilitative services may include prevocational services that prepare a beneficiary for employment. Prevocational services:
    - 01. May not be job-task oriented, but
    - 02. May include such habilitation goals as compliance, attending, task completion, problem solving and safety, and
    - 03. May be provided only to persons who are not expected to be able to join the general work force or to participate in a transitional sheltered workshop within one year, excluding supported employment programs.
      - (1) May not be primarily directed at teaching specific job skills.
      - (2) Must be listed in the IPP as adult habilitative services and may not address explicit employment objectives.
      - (3) The person's compensation must be less than 50% of minimum wage for the training to qualify as prevocational services. Commensurate wage must be paid under a current Wage and Hour Sheltered Workshop Certificate.
      - (4) Documentation must be maintained in each person's file showing that the services are not available under a program funded under Section 110 of the Rehabilitation Act of 1973, as amended, or the Individuals with Disabilities Education Act (IDEA) of 1997.
  - c. Adult habilitative services are established on a unit-of-service basis. Each unit of service equals one (1) hour in the facility with a maximum of five (5) units reimbursable per day. Time spent in transit from the person's place of residence to the provider facility and from the facility back to the person's place of residence is not included in the unit of service calculation.

## VI. ADDT Optional Services

### A. Occupational, Physical and Speech Therapy

Optional services available through ADDT include occupational, physical and speech therapy and assessment as an essential component of the individual program plan (IPP) for an individual accepted for adult developmental disabilities services

- 1. The ADDT client's primary care physician (PCP) or attending physician must refer a client for assessment for occupational, physical or speech therapy services.
- 2. If the beneficiary qualifies for services based on the assessment, the ADDT client's primary care physician (PCP) or attending physician must prescribe occupational, physical and/or speech therapy services, which are included in the individual's ADDT IPP.
- 3. A copy of the prescription must be maintained in the beneficiary's records. The original prescription is to be maintained by the prescribing physician. After the initial referral and initial prescription, subsequent referrals and prescriptions for continued therapy may be made at the same time.

CareSource will accept an electronic signature provided it is compliant with Arkansas Code § 25-31-103.

4. Therapies in the ADDT Program may be provided only to individuals whose IPP includes adult habilitative services. CareSource does not cover optional therapy services furnished by an ADDT provider as “stand-alone” services. To ensure quality care, group therapy sessions are limited to no more than four persons in a group.
    - a. ADDT providers may not bill under the Medicaid Occupational, Physical and Speech Therapy Program for therapy services available in the ADDT Program and provided to ADDT clients.
    - b. Therapy services may not be provided during the same time period ADDT core services are provided.
  5. Therapy services carried out by an unlicensed therapy student may be covered only when the following criteria are met:
    - a. Therapies performed by an unlicensed student must be under the direction of a licensed therapist, and the direction is such that the licensed therapist is considered to be providing the medical assistance.
    - b. The licensed therapist must be present and engaged in student oversight during the entirety of any encounter.
- B. Nursing Services
1. Nursing services are available for members who are medically fragile, have complex health needs, or both, if prescribed by the beneficiary’s PCP. All nursing services must be performed by a licensed nurse and be medically necessary.
  2. Nursing services are defined as the following, or similar, activities:
    - a. Assisting ventilator-dependent beneficiaries;
    - b. Tracheostomy: suctioning and care;
    - c. Feeding tube: feeding, care and maintenance;
    - d. Catheterizations;
    - e. Breathing treatments;
    - f. Monitoring of vital statistics, including diabetes sugar checks, insulin, blood draws and pulse oximetry; and
    - g. Administration of medication
  3. To establish medical necessity for nursing services, the beneficiary must have:
    - a. A medical diagnosis and a comprehensive nursing evaluation approved by a PCP who designates the need for nursing services.
    - b. The evaluation must specify what the needed nursing services are and the number of nursing units needed per day
  4. Nursing services do not include the taking of temperature or provision of standard first aid. Administration of medication alone does not qualify a beneficiary for nursing services.



## VII. ADDT Documentation Requirements

- A. ADDT providers must establish and maintain medical records for each beneficiary that include documentation of medical necessity for ADDT services and the beneficiary's individual program plan (IPP).
- B. Sufficient written documentation for each beneficiary record must support the medical necessity of each of the services provided.
- C. Daily service documentation for each ADDT beneficiary must include the following items:
  1. The specific ADDT covered services furnished daily;
  2. The date and actual beginning and ending time of the services performed;
  3. Name(s) and title(s) of the person(s) providing the service(s);
  4. The relationship of the services to the goals and objectives described in the beneficiary's IPP; and
  5. Weekly or more frequent progress notes signed or initialed by the person(s) providing the covered ADDT service(s) describing each beneficiary's status with respect to his or her goals and objectives.

NOTE: The Arkansas Medicaid Program will accept electronic signatures in compliance with Arkansas Code § 25-31-103.

## E. Conditions of Coverage

N/A

## F. Related Policies/Rules

Early Intervention Day Treatment (EIDT)

## G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	04/28/2021	New Policy
<b>Date Revised</b>	08/02/2023	Added to D.I.B. "the member is between eighteen (18) and twenty-one (21) years of age and has a high school diploma or a certificate of completion." Updated references; Approved at Committee
<b>Date Effective</b>	11/01/2023	
<b>Date Archived</b>	10/31/2024	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.

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

## H. References

1. Arkansas Code § 25-31-103 (2020). Electronic Records and Signatures. Accessed July 5, 2023. [www.law.justia.com/codes/Arkansas](http://www.law.justia.com/codes/Arkansas).
2. Arkansas Department of Human Services. Division Of Developmental Disabilities Services. Adult Developmental Day Treatment (ADDT). Accessed July 5, 2023. [www.medicaid.mmis.arkansas.gov](http://www.medicaid.mmis.arkansas.gov).
3. Arkansas Medicaid. Provider Manual (2022). 212.00 Adult Developmental Day Treatment (ADDT). Accessed July 5, 2023. [www.medicaid.mmis.arkansas.gov](http://www.medicaid.mmis.arkansas.gov).