

MEDICAL POLICY STATEMENT Arkansas PASSE

Policy Name & Number	Date Effective
Adult Developmental Day Treatment-AR PASSE-MM-1139	11/01/2024-07/31/2025
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

B. Background

Adult Developmental Day Treatment (ADDT) provides a diverse range of services targeting the development of self-care, socialization, employability, and cognitive skills that lead to greater independence for individual members. Carefully developed, targeted individualized goals and objectives enhance services delivered and ensure appropriate care. Member receives approximately 5 hours of instruction per day, 5 days a week in a licensed Developmental Disability Services (DDS) facility.

CareSource assists eligible members in obtaining medical care and services in the ADDT program when medically necessary for members. Each member has an individual treatment plan (ITP) written to improve or maintain the member's condition. The ITP is authorized by the member's physician.

Arkansas Department of Human Services (DHS) maintains the *Adult Developmental Day Treatment Provider Manual* that outlines the provision of these services. Additionally, Arkansas code establishes parameters for licensure of facilities, staff ratios, staff training requirements and other facets of this service. Any information provided by the State of Arkansas supersedes information in this policy, which is meant to assist providers with review of medical criteria for members.

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.
- **Individual Treatment Plan (ITP)** – A written, individualized plan to improve or maintain the member's condition based on evaluation of the member and a written description of the treatment objectives.

D. Policy

- I. CareSource considers ADDT services medically necessary when **ALL** the following clinical criteria are met:
 - A. Age Requirement
 1. The member is at least 21 years and older.
 2. The member is between 18 and 21 years of age and has a high school diploma or a certificate of completion.
 - B. Prescription Requirement
 1. All covered ADDT services require a signed and dated written prescription by the primary care provider (PCP) or attending licensed physician.
 2. A prescription is valid for 1 year, unless a shorter period is specified. Renewal is required at least once a year for services to continue.
 3. When prescribing services, the PCP or physician may not make any self-referrals in violation of state or federal law.

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

C. Diagnosis Requirements

A member must have a documented qualifying intellectual or developmental disability diagnosis that originated before the age 22 and is expected to continue indefinitely. The qualifying diagnosis must constitute a substantial handicap to an ability to function without appropriate support services in areas (eg, daily living and social activities, medical services, physical therapy, speech-language pathology, occupational therapy, job training, employment services). A qualifying intellectual or developmental disability diagnosis is any 1 of the following:

1. As established by the results of a medical examination performed by the member's PCP or attending licensed physician:
 - a. Cerebral Palsy
 - b. Spina Bifida
 - c. Down Syndrome
 - d. Epilepsy
2. Autism Spectrum Disorder as established by the results of evaluations performed by at least 2 of 3 of the following licensed professionals, either individually or as a team:
 - a. physician
 - b. psychologist
 - c. speech pathologist
3. An intellectual and developmental disability (IDD) diagnosis or other similar condition closely related to IDD due resulting impairments in general intellectual functioning or adaptive behavior similar to that of a person with an IDD or requires treatment and services similar to those required for a person with an IDD and based on the results of a team evaluation performed by the member's PCP or attending licensed physician and a licensed psychologist.

II. Covered ADDT Services

Covered ADDT services are either core services or optional services. All services must be provided at the ADDT facility and must be provided by individuals employed or contracted with the ADDT provider.

A. Core Services

1. Evaluation and Treatment Planning Services

These services are a component of the process of determining member eligibility for ADDT services and developing the member's ITP. Services are covered once per calendar year and includes time spent administering and scoring an evaluation, writing an evaluation report and developing an ITP.

2. Day Habilitative Services

ADDT day habilitative services are reimbursed on a per unit basis. No more than 5 hours of services may be billed per day without an extension of benefits. Day habilitative services include the following:

- a. instruction in areas of cognition, communication, social and emotional, motor or adaptive (including self-care) skills
- b. instruction to reinforce skills learned and practiced as part of occupational therapy, physical therapy, or speech-language pathology services
- c. prevocational services that prepare a member for employment, including:

01. Prevocational services may not provide job specific skill and task instruction or address explicit employment objectives but may
 - (1). include habilitative goals (eg, compliance, attending, task completion, problem solving, safety)
 - (2). be provided only to members not expected to be able to join the general work force or participate in a transitional sheltered workshop within 1 year, excluding supported employment programs
02. Member compensation for prevocational services must be less than 50% of the minimum wage to qualify as prevocational services.
03. A member must have documentation in the record demonstrating such 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.

B. Optional Services

1. Occupational (OT), Physical (PT), and Speech Therapy (ST)

A qualifying diagnosis in D.I.C. alone does not establish medical necessity for these services. All OT, PT, ST evaluation and treatment services must be performed by an enrolled Arkansas Medicaid provider licensed in the applicable service discipline.

a. Evaluation

01. A written referral is required to evaluate for services and must be signed by the member's PCP or attending physician.
02. An ITP that includes OT, PT, and/or ST must be developed and signed by 1 of the following:
 - (1). the licensed practitioner who conducted the evaluation and treatment planning for the service discipline
 - (2). the prescribing PCP or licensed attending physician

b. Services

01. A written prescription meeting the requirements of Section 212.300 of the *Occupational, Physical and Speech-Language Pathology Services Provider Manual* is required and valid for 1 year unless a shorter time is specified.
02. Services must be medically necessary as demonstrated by the results of a comprehensive assessment that includes the administration of a standardized evaluation and other requirements also found in the above-mentioned provider manual.
03. Services include time spent for clinical observation, administering and scoring a standardized evaluation, administering supplemental tests and tools, writing an evaluation report and comprehensive assessment, and developing the ITP. Section II of the *Occupational, Physical and Speech-Language Pathology Services Provider Manual* outlines additional directions for billing and requesting extension of benefits.

2. Nursing Services

ADDT nursing services must be performed by a licensed registered nurse or licensed practical nurse within the performing nurse's scope of practice as set forth by the Arkansas State Board of Nursing. Services must be prior authorized. Time spent taking a member's temperature and performing other acts of standard first aid is not included in the units of an ADDT nursing service calculation.

- a. ADDT nursing services are defined as the following, or similar, activities:
 01. assisting ventilator dependent members
 02. tracheostomy suctioning and care
 03. feeding tube administration, care, and maintenance
 04. catheterizations
 05. breathing treatments
 06. monitoring of vital statistics, including diabetes sugar checks, insulin, blood draws, and pulse ox
 07. cecostomy tube administration, care, and maintenance
 08. ileostomy tube administration, care, and maintenance
 09. administration of medication when the administration is not the member's only medically necessary nursing service
- b. Medical necessity for nursing services is established by a medical diagnosis and a comprehensive nursing evaluation approved by the member's PCP or attending licensed physician prescribing ADDT services.
 01. The nursing evaluation must specify the required nursing services.
 02. The client's PCP or attending licensed physician must prescribe the specific number of medically necessary nursing service units per day.

III. Individual Treatment Plan (ITP)

Each member receiving covered ADDT services must have an ITP that is evaluated and updated at least annually. At a minimum, the ITP must contain the following:

- A. A written description of goals and objectives for each ADDT service that is
 1. written in the form of a regular function, task, or activity the member is working toward successfully performing
 2. measurable
 3. specific to each individual member
- B. The specific medical and remedial services, therapies, and activities that will be provided and how those services, therapies, and activities are designed to achieve the member's goals and objectives.
- C. Any evaluations or other documentation that supports the medical necessity of the covered ADDT services specified in the ITP.
- D. A schedule of service delivery that includes the frequency and duration of each type of covered ADDT service.
- E. The job title(s) or credential(s) of the personnel who will furnish each covered ADDT service.
- F. The schedule for completing re-evaluations of the client's condition and updating the ITP.

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

IV. ADDT Documentation Requirements

Providers must establish and maintain medical records for each member that include documentation of medical necessity for all covered ADDT services included on the ITP. Section 204.200 of the *ADDT Provider Manual* specifies necessary documentation requirements for occupational, physical and speech services. Arkansas Medicaid does accept electronic signatures in compliance with ARK. CODE § 25-31-103. The following documentation for all day habilitative and nursing services performed must be maintained in each member's record:

- A. specific services furnished each day
- B. date with actual beginning and ending time of the services performed
- C. name(s) and credential(s) of the person(s) providing each service(s)
- D. which ITP goals(s) and objective(s) the day's services are intended to address
- E. weekly or more frequent progress notes signed or initialed by the person(s) providing the service(s) describing each member's status with respect ITP goals and objectives for that service

V. Non-Covered Services and Other Authorization Requirements

Services that are not medically necessary or covered under ADDT services include, but are not limited to, the following:

- A. assessment services and adult habilitative services less than 1 hour in length
- B. supervised living services
- C. educational services
- D. services to inpatient members

E. Conditions of Coverage

- I. Billing and reimbursement information can be located in the *ADDT Provider Manual*.
- II. Arkansas Medicaid provides fee schedules that do not address coverage limitations or special instructions. Fee schedules and procedure codes do not guarantee payment, coverage, or the reimbursement amount and may be changed or updated at any time.
- III. CareSource reserves the right to request documentation to support billing of claims for ADDT services.

F. Related Policies/Rules

Early Intervention Day Treatment (EIDT)
Medical Necessity Determinations
Nonmedical Community Supports and Services

G. Review/Revision History

DATE		ACTION
Date Issued	04/28/2021	New Policy

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

Date Revised	08/03/2022 08/02/2023 07/31/2024	Added to D.I.B. "the member is between 18 & 21 years and has a high school diploma or a certificate of completion." Updated references; Approved at Committee. Annual review. Added Condition of Coverage information. Updated criteria to ADDT manual & references. Approved at Committee.
Date Effective	11/01/2024	
Date Archived	07/31/2025	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.

H. References

1. *Adult Developmental Day Treatment Provider Manual, Section II.* Arkansas Dept of Human Services. Accessed July 3, 2024. www.humanservices.arkansas.gov
2. Definitions. ARK. CODE § 20-48-101 (2023).
3. Electronic Records and Signatures. ARK. CODE § 25-31-103 (2020).
4. *Occupational, Physical, and Speech-Language Pathology Services Provider Manual, Section II.* Arkansas Dept of Human Services. Accessed July 3, 2024. www.humanservices.arkansas.gov
5. Relationship Between State and Communities to Provide for Community-Based Services. ARK. CODE § 20-48-703 to 704 (2019).
6. Rules for DDS ADDT. 016-05-20 ARK. CODE R. § 3 (2021).

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