



## MEDICAL POLICY STATEMENT ARKANSAS PASSE

Policy Name	Policy Number	Date Effective
Rehabilitative Services for Persons with Physical Disabilities	MM-1188	01/01/2022-10/31/2022
Policy Type		
<b>MEDICAL</b>	Administrative	Pharmacy
		Reimbursement

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

### **Rehabilitative Services for Persons with Physical Disabilities (RSPD)**

## B. Background

Under Arkansas State Law 165-00-04 Ark. Code R. § 2, Arkansas Rehabilitation Services (ARS) receives a federal grant from the Rehabilitation Services Administration (Office of Special Education and Rehabilitation Services, Department of Education) to operate a comprehensive, coordinated, effective, efficient and accountable program designed to assess, plan, develop, and provide vocational rehabilitation services for individuals with disabilities, consistent with their strengths, resources, priorities, concerns, abilities, capabilities, and informed choice, in order to prepare for and engage in gainful employment. They are provided on an inpatient basis.

Persons needing rehabilitative services on a less intensive basis than those provided in the inpatient setting may receive outpatient rehabilitative services through other appropriate services, e.g., outpatient hospital, physical therapy, occupational therapy, speech language therapy.

Rehabilitative Services for Persons with Physical Disabilities (RSPD) services are provided for Medicaid-eligible beneficiaries when prescribed by a licensed physician and deemed medically necessary by the Quality Improvement Organization (QIO).

## C. Definitions

- **Absent Days** - Absent days are days when a member is absent from the RSPD facility.
- **Covered Services** - RSPD is a global service, covering all rehabilitative, psychological and/or social services required of the admitting facility for licensure, certification and/or accreditation. This includes evaluations, therapies and visits by a licensed practitioner that are directly related to the member's rehabilitative adjustment. These services include:
  - Restorative Therapies – Restorative therapies include physical, occupational, speech and cognitive therapy. These therapies are provided in an individual or group setting.
  - Behavioral Rehabilitation – Behavioral rehabilitation includes diagnosis, evaluation and treatment of aggression, depression, denial and other common behavioral problems. Behavioral rehabilitation shall address the needs of individuals who have experienced significant personality changes as a result of stroke, illness or serious accident. These services help decrease and control disruptive behaviors and improve coping skills.
  - Life Skills Training – Activities of daily living that are rehabilitative in nature
  - Individual and Group Counseling – These services shall be provided for individuals who are suffering from psychological/adjustment disorders, or substance abuse secondary to their injury or illness. Family counseling may be included in this service when the services are directed exclusively to the



effective treatment of the member and are included in the member's plan of care.

- Assessment Services – These services assess an individual's potential for functional improvement. Under the direction of a neuropsychologist and/or physician, a team of specialists provides an evaluation of the member. The team provides continuous testing during the residential stay as determined medically necessary by the neuropsychologist and/or physician.
- Nursing Care – This service provides the availability of registered nursing services 24 hours a day.
- **Facility-Based Interdisciplinary Team** - The RSPD provider must have a facility-based interdisciplinary team consisting of the following medical personnel:
  - Neuropsychologist and/or physician, licensed to practice in the State of Arkansas
  - At least one of the following must be employed or contracted by the facility to provide services to Medicaid beneficiaries who are admitted to the facility:
    - Registered Nurse, licensed to practice in the State of Arkansas, with at least one year's experience or specialized training in the rehabilitation treatment setting
    - Occupational Therapist licensed to practice in the State of Arkansas
    - Physical Therapist licensed to practice in the State of Arkansas
- **Places of Service** - The following types of facilities may be enrolled in the Arkansas Medicaid Program as RSPD providers:
  - Residential rehabilitation centers
  - Extended Rehabilitative Hospitals
  - State-Operated Extended Rehabilitative Hospitals
- **Plan of Care** - The plan of care is an individualized plan designed to improve the patient's condition to the extent that RSPD services are no longer necessary.
- **Medically Necessary/Medical Necessity** - A service is "medically necessary" if it 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 member requesting the service.
- **Responsibilities of the Facility-Based Interdisciplinary Team** - The responsibilities of the facility-based interdisciplinary team include the following:
  - Assessing the member's immediate and long-range therapeutic needs.
  - Assessing the member's developmental priorities, personal strengths and liabilities.
  - Assessing the potential social resources of the member and the member's family.
  - Developing the member's plan of care.
  - Setting treatment objectives.
  - Prescribing therapeutic modalities to achieve the objectives of the individual plan of care.



NOTE: Specialty services are not included in the RSPD global service coverage. Therefore, Medicaid-enrolled specialists, such as neurologists, who see a member due to an injury may bill the Medicaid Program for any Medicaid covered service rendered.

#### D. Policy

- I. CareSource considers RSPD services medically necessary for eligible members when the following clinical criteria have been met:
  - A. A prescription from a licensed physician stating that the member needs RSPD services. An individualized plan of care may serve as the prescription for services. The prescription or plan of care must be signed and dated by the physician.
  - B. The physician must have examined the patient within the thirty (30) days preceding the date of the written prescription or plan of care.
  - C. The prescription or plan of care must be renewed every 3 months.
  - D. When the RSPD provider's neuropsychologist and/or physician determines that a patient (age 1 year or older) should not be discharged by the fifth day of residential stay due to the need for continued services, an RSPD medical staff member must contact CareSource and request an extension of the RSPD admission.
  - E. To request an extension, an RSPD medical staff member must submit a request to CareSource.

The following information is required:

    - a. Principal diagnosis and other diagnoses influencing this stay.
    - b. The number of days being requested for continued residential stay.
    - c. All available medical information justifying or supporting the necessity for continued stay in the RSPD facility.
- II. Persons eligible for admission to residential rehabilitation centers, extended rehabilitative hospitals and state-operated extended rehabilitative hospitals must have a diagnosis of one of the following neurological conditions:
  - Post-acute traumatic or acquired brain injury. This includes and is limited to:
    - Viral encephalitis
    - Meningitis
    - Aneurysms
    - cerebral vascular accident/stroke
    - post-operative tumors
    - anoxia
    - hypoxias
    - toxic encephalopathies
    - refractory seizure disorders and
    - congenital neurological brain disorders
    - head injuries that cause a loss of consciousness and result in any neurological deficits



- F. State-operated extended rehabilitative hospital admission criteria include the above criteria and one of the following:
  - o post-acute traumatic injuries
  - o congenital disorders of the spinal cord.
- G. These conditions can be with or without moderate to severe behavioral disorders secondary to a brain injury.
- H. Length-of-stay determinations are determined by CareSource.

### III. Plan of Care

- A. The plan of care is an individualized plan designed to improve the patient's condition to the extent that RSPD services are no longer necessary.
  - 1. The plan is developed and written by the facility-based interdisciplinary team, in consultation with the patient and parents or legal guardian.
  - 2. A supervised individual plan of care must be implemented no later than four (4) days after admission and before Medicaid payments are authorized
  - 3. The plan of care must include the following information:
    - a. A diagnostic evaluation, reflecting the need for RSPD services. The evaluation must include an examination of the medical, social, psychological, behavioral and developmental aspects of the patient's situation.
    - b. The patient's diagnosis(s), symptoms, complaints and complications, indicating the need for admission.
    - c. A description of the patient's functional level.
    - d. The signature of a licensed physician
    - e. A prescribed, integrated program of therapies, social services, activities and experiences designed to meet the treatment objectives.
    - f. Feasible rehabilitation goals.
    - g. Orders for medications, diet, treatments, restorative and rehabilitative services or special procedures recommended for the health and safety of the patient.
    - h. A projected schedule for service delivery - this includes the expected frequency and duration of each type of planned therapeutic session, medications or other prescribed special procedure.
    - i. The type of personnel that will be furnishing the services
    - j. Plans for continuing care, including review and modification to the plan of care.
    - k. Discharge plans

NOTE: Revisions to the plan of care must be made by the facility-based interdisciplinary team. A licensed physician must sign and date the revised plan of care verifying continued medical necessity. The plan of care must always be included in the patient's records.

- B. Periodic Review of Plan of Care
  - 1. The plan of care must be periodically reviewed by the facility-based interdisciplinary team in order to determine:



- a. the patient's progress toward the rehabilitative treatment and care objectives,
  - b. the appropriateness of the rehabilitative services provided and
  - c. the need for the patient's continued participation in the RSPD Program.
2. The reviews must be performed every thirty (30) days.
  3. Detailed documentation of the review must be entered in the patient's record and made available, as requested, for state and federal purposes

#### IV. Non-Covered Services

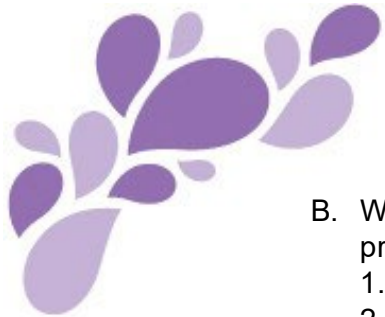
- A. The following is a list of services that are excluded from payment in the RSPD Program. The list also includes services that are included in the RSPD global coverage and, therefore, cannot be billed separately:
1. Beauty or barber shop services
  2. Clothing and personal allowances.
  3. Cost for visitors, including meals and/or guest trays.
  4. Dietary or nutritional consultation or plan.
  5. Discharge plan
  6. Durable medical equipment
  7. Educational services, including evaluations.
  8. Habilitation
  9. Inpatient or outpatient hospital services.
  10. Leave days, including leave days for therapeutic or acute care, which are taken with or without permission from the RSPD medical staff.
  11. Occupational therapy tools, such as leather-working tools, scissors and construction paper.
  12. Private duty nursing services
  13. Prosthetics
  14. Recreational services
  15. Room and board costs
  16. RSPD services provided in a residential rehabilitation center to Medicaid patients who are 21 years of age and older.
  17. Services found not to be medically necessary, reasonable or necessary for the treatment of an illness or injury.
  18. Social Services
  19. Take home drugs and supplies.
  20. Telephone
  21. Television
  22. Therapies that are included in the RSPD global service coverage
  23. Vocational services and/or training

#### V. Absent Days from the RSPD Facility

CareSource Program will not cover the days the member is absent from the facility, regardless of the reason for absenteeism.

- A. When a member is absent from the facility, the RSPD provider must document when the member left the facility, if possible, why the member left, where the member was going and, when applicable, the member's expected return date.





- B. When a member is absent, the RSPD provider must follow one of the following procedures:
  1. Formally discharge the member, regardless of the length of absenteeism.
  2. If the member is to be readmitted, the RSPD provider must formally admit the member upon return by following all normal admission policies **OR**
  3. Allow the member up to seven (7) days to return to the RSPD facility.
    - a. If the member returns to the RSPD facility within seven (7) days, the RSPD provider must conduct a plan of care review within three (3) days of the member's return and modify the plan of care as necessary.
  4. If the member does not return to the RSPD facility within seven (7) days, the RSPD provider must formally discharge the member. If the member is to be readmitted, the RSPD provider must formally admit the member by following the normal procedures.

I. Conditions of Coverage

J. Related Policies/Rules

K. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	01/01/2022	
<b>Date Revised</b>		
<b>Date Effective</b>	TBD	
<b>Date Archived</b>	10/31/2022	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.

L. References

1. Arkansas Administrative Code. Rule 165-00-04 Ark. Code R. § 2 – Rehabilitation Services. Retrieved December 1, 2020 from [www.portal.arkansas.gov](http://www.portal.arkansas.gov).
2. Arkansas Medicaid Manual. Section II. Rehabilitative Services for Persons with Physical Disabilities. Retrieved December 8, 2020 from [www.mmis.arkansas.gov](http://www.mmis.arkansas.gov).

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