



MEDICAL POLICY STATEMENT ARKANSAS PASSE

| Policy Name | Policy Number | Date Effective |
|---|----------------|-----------------------|
| Early Intervention Day Treatment (EIDT) | MM-1216 | 01/01/2022-10/31/2022 |
| Policy Type | | |
| MEDICAL | 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

Early Intervention Day Treatment (EIDT)

B. Background

Early Intervention Day Treatment (EIDT) are services provided by a pediatric day treatment program run by early childhood specialists; overseen by a physician; and serving children under the age of 21 with developmental disabilities, developmental delays, and a medical condition. It is a successor program under Ark. Code Ann. §§ 20-48-1101 - 1108.

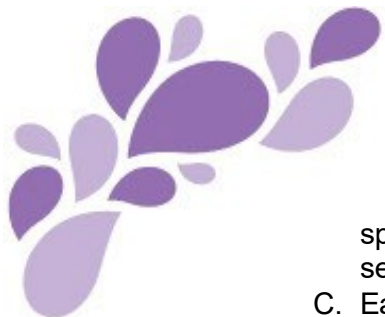
Early Intervention Day Treatment includes (without limitation) diagnostic, screening, evaluation, preventive, therapeutic, palliative, rehabilitative and habilitative services, including speech, occupational, and physical therapies and any medical or remedial services recommended by a physician for the maximum reduction of physical or mental disability and restoration of the child to the best possible functional level. Early Intervention day treatment is available year-round to children aged 0 - 6; and in the summer months for children aged 6 - 20.

C. Definitions

- **Child Health Management Services (CHMS)** - an array of clinic services for children intended to provide full medical multidiscipline diagnosis, evaluation, and treatment of developmental delays in Medicaid recipients who meet eligibility criteria and for whom the treatment has been deemed medically necessary.
- **Developmental Day Treatment Clinic Services (DDTCS)** - an early intervention day treatment provided to children by a nonprofit community program that is licensed to provide center-based community services by the Division of Developmental Disabilities.
- **Early Intervention Day Treatment (EIDT)** - a successor program authorized by Arkansas Code Annotated §§ 20-48-1101-1108, that provides early intervention day treatment to children that is created to replace in whole the CHMS and DDTCS for children programs. EIDT services are offered to children with developmental disabilities or delays.
- **Habilitative Services** - instruction in areas of cognition, communication, social/emotional, motor, and adaptive skills; or to reinforce skills learned and practiced in occupational, physical or speech therapy. Habilitation activities must be designed to teach habilitation goals and objectives specified in the client's Individual Treatment Plan (ITP).

D. Policy

- I. CareSource considers EIDT medically necessary when the following clinical criteria are met:
 - A. The physician must identify the individual's medical needs that EIDT services can address;
 - B. To initiate EIDT services, the physician must issue a written prescription. The prescription for EIDT services is valid for one (1) year unless a shorter period is



specified. The prescription must be renewed at least once a year for EIDT services to continue;

- C. Each prescription must be dated and signed by the physician with his or her original signature to be considered valid.
 - D. The intellectual or developmental disability must constitute a substantial handicap to the member's ability to function without appropriate support services such as daily living and social activities services, medical services, physical therapy, speech-language therapy, and occupational therapy. The diagnosis must include one of the following:
 - 1. A diagnosis of Cerebral Palsy established by the results of a medical examination performed by a licensed physician;
 - 2. A diagnosis of Spina Bifida established by the results of a medical examination performed by a licensed physician;
 - 3. A diagnosis of Down Syndrome established by the results of a medical examination performed by a licensed physician;
 - 4. A diagnosis of Epilepsy established by the results of a medical examination performed by a licensed physician;
 - 5. A diagnosis of Autism Spectrum Disorder established by the results of a team evaluation which must include a licensed physician, licensed psychologist, and licensed speech pathologist; or
 - 6. A diagnosis of intellectual and developmental disability or other similar condition found to be closely related to intellectual or developmental disability because it
 - a. results in an impairment of general intellectual functioning or adaptive behavior similar to that of a person with an intellectual or developmental disability, or
 - b. requires treatment and services similar to that required for a person with an intellectual or developmental disability, based on the results of a team evaluation performed by a licensed physician and a licensed psychologist.
- II. A member that has not yet reached school age (up to age six (6) if the kindergarten year has been waived) must have a documented developmental disability or delay based on the results of an annual comprehensive developmental evaluation.
- A. The norm referenced evaluation must be one of the two latest editions of one of the following:
 - 1. Battelle Developmental Inventory (BDI); or
 - 2. Brigance Inventory of Early Development Standardized.
 - B. The criterion referenced evaluation must be age appropriate and one of the two latest editions of one of the following:
 - 1. Hawaii Early Learning Profile (HELP);
 - 2. Learning Accomplishment Profile (LAP);
 - 3. Early Learning Accomplishment Profile (E-LAP); or
 - 4. Brigance Inventory of Early Development - Early Childhood Edition.
 - C. The results of the comprehensive developmental evaluation must show:
 - 1. For ages zero (0) up to thirty-six (36) months, a score of twenty-five percent (25%) or greater delay in at least two (2) of five (5) domains: motor (the delay can be shown in either gross motor, fine motor, or total motor), social,



- cognitive, self-help or adaptive, or communication on both the norm referenced evaluation and the criterion referenced evaluation;
2. For ages three (3) through six (6), a score of at least two (2) standard deviations below the mean in at least two (2) of the five (5) domains: motor (the delay can be shown in either gross motor, fine motor, or total motor), social, cognitive, self-help or adaptive, or communication on the norm referenced evaluation and twenty-five percent (25%) or greater delay on the criterion referenced evaluation; and
 3. The same two (2) areas of delay on both the norm referenced evaluation and the criterion referenced evaluation.

NOTE: A waiver of the developmental screen requirement is available when the member has been deemed to meet the institutional level of care or has one of the following diagnoses:

- Intellectual Disability
- Spina Bifida
- Cerebral Palsy
- Autism Spectrum Disorder
- Epilepsy/Seizure Disorder
- Down Syndrome

III. Each member enrolled in an EIDT program must have an Individual Treatment Plan (ITP) that is developed, re-evaluated, and updated at least annually. The ITP is a written, individualized plan to improve the member's condition that at a minimum must contain:

- A. A written description of the member's treatment objectives;
- B. The member's treatment regimen, which includes the specific medical and remedial services, therapies, and activities that will be used to achieve the member's treatment objectives;
- C. How those services, therapies, and activities are designed to achieve the treatment objectives;
- D. Any evaluations or documentation that supports the medical necessity of the services, therapies, or activities specified in the treatment regimen;
- E. A schedule of service delivery that includes the frequency and duration of each type of service, therapy or activity session, or encounter.

NOTE: The ITP must be developed, re-evaluated, and updated by the Early Childhood Development Specialist (ECDS) assigned to the member. The ECDS's original signature and date signed must be recorded on the ITP.

E. Conditions of Coverage

NA



F. Related Policies/Rules
 Adult Developmental Day Treatment Services

G. Review/Revision History

| | DATE | ACTION |
|-----------------------|------------|---|
| Date Issued | 04/28/2021 | New Policy |
| Date Revised | | |
| Date Effective | 01/01/2022 | |
| Date Archived | 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. |

H. References

1. Arkansas Department of Human Services. Division Of Developmental Disabilities Services. Service For Children With DD/ID Needs. Retrieved March 30, 2021 from www.medicaid.mmis.arkansas.gov.
2. Arkansas Medicaid. Provider Manual. Section II. Early Intervention Day Treatment (EIDT). Retrieved March 30, 2021 from www.medicaid.mmis.arkansas.gov.

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