

## MEDICAL POLICY STATEMENT

### Arkansas PASSE

Policy Name & Number	Date Effective
Early Intervention Day Treatment (EIDT)-AR-PASSE-MM-1216	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

**Early Intervention Day Treatment (EIDT)**

## B. Background

Early Intervention Day Treatment (EIDT) services 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. §§ 20-48-1101-08.

EIDT services include, 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 clinical 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 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 §§ 20-48-1101-08 that provides early intervention day treatment to children with developmental disabilities or delays and is created to replace, in whole, the CHMS and DDTCS programs.
- **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 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. Cerebral Palsy, established by the results of a medical examination performed by a licensed physician.
    - 2. Spina Bifida, established by the results of a medical examination performed by a licensed physician.
    - 3. Down Syndrome, established by the results of a medical examination performed by a licensed physician.
    - 4. Epilepsy, established by the results of a medical examination performed by a licensed physician.
    - 5. Autism Spectrum Disorder, established by the results of a team evaluation, which must include a licensed physician, licensed psychologist, and licensed speech pathologist.
    - 6. 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 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 waiver of the developmental screen requirement is available when the member has been deemed to meet the institutional level of care or has a diagnosis from D. I. D. above.
- A. The norm referenced evaluation must be one of the two latest editions of one of the following:
    - 1. Battelle Developmental Inventory (BDI)
    - 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)
    - 4. Brigance Inventory of Early Development - Early Childhood Edition
  - C. The results of the comprehensive developmental evaluation must show:

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

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.
4. 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 by the Early Childhood Development Specialist (ECDS) assigned to the member, including the ECDS's original signature and date signed. The ITP is a written, individualized plan to improve the member's condition that, at a minimum, must contain the following:

- A. written description of the member's treatment objectives
- B. treatment regimen, including the specific medical and remedial services, therapies, and activities that will be used to achieve treatment objectives.
- C. how those services, therapies, and activities are designed to achieve the treatment objectives
- D. evaluations or documentation that support 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.

E. Conditions of Coverage  
NA

F. Related Policies/Rules  
Adult Developmental Day Treatment Services

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

#### G. Review/Revision History

	DATE	ACTION
<b>Date Issued</b>	04/28/2021	New Policy
<b>Date Revised</b>	08/02/2023	No changes. 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.

#### H. References

1. AR Dept of Human Services, Division Of Developmental Disabilities Services. Service For Children With DD/ID Needs. Accessed July 5, 2023. [www.medicaid.mmis.arkansas.gov](http://www.medicaid.mmis.arkansas.gov)
2. *Early Intervention Day Treatment (EIDT), Section II*. AR Dept of Human Services. Accessed July 5, 2023. [www.medicaid.mmis.arkansas.gov](http://www.medicaid.mmis.arkansas.gov).
3. Early Intervention Day Treatment, 016-05-18 ARK. CODE R. § 4 (2018). Accessed July 5, 2023. [www.medicaid.mmis.arkansas.gov](http://www.medicaid.mmis.arkansas.gov).

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