

MEDICAL POLICY STATEMENT Arkansas PASSE

Policy Name & Number	Date Effective
Adaptive Equipment-AR PASSE-MM-1557	02/01/2024-01/31/2025
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
Adaptive Equipment

B. Background

Pursuant to Title XIX of the Social Security Act and Arkansas Act 775, CareSource PASSE organizes and manages the delivery of services for Medicaid beneficiaries with complex behavioral health and intellectual and developmental disability service needs. Service needs may include a necessity for adaptive equipment, including adaptive, therapeutic, or augmentative equipment that enables a member to increase, maintain, or improve functional capacity to perform daily life tasks not possible otherwise.

Adaptive equipment includes a variety of devices, modifications, and systems, such as, but not limited to, the following:

- Enabling technology, such as remote switches, facilitates an ability to control the environment more efficiently.
- Safe home modification via customizable technologies fosters increased independence by supporting safe performance of activities of daily living without assistance.
- Personal Emergency Response Systems (PERS) enable access to emergency assistance in the home through a connection to a response center staffed by trained professionals who respond to activation of the device. Services may include assessments, purchase, installation, and monthly rental fees for the system.
- Occupational therapy devices (i.e., weighted blankets or vests, noise cancelling headphones, sensory swings or items, wrist weights, mats, wedges, positioning items) assist in and support emotional and physical regulation.
- Computer equipment and software promotes increased control of environments, assists in gaining independence, and/or advocates protection of health and safety.
- Vehicle modifications enable members to integrate more fully in the community and ensures health, safety, and welfare while in a motor vehicle.

CareSource will review all requests for adaptive equipment on a case-by-case basis. Services that are of the same type, duration and frequency as other services to which the member is entitled under private health insurance, the Medicaid State Plan, Division of Rehabilitation Services or other resources, including programs funded under the Rehabilitation Act of 1973 § 110 or Individuals with Disabilities Education Act are not covered by the PASSE program. These services must be documented to be the payer of last resort and must be medically necessary for the member. This policy does not address environmental modifications.

C. Definitions

- **Adaptive Equipment** - A piece of equipment or product system used to increase, maintain, or improve functional capabilities of members, whether commercially purchased, modified, or customized, including adaptive, therapeutic, or augmentative equipment that enables an increase, maintenance, or improvement in functional capacity to perform daily life tasks that would not be possible otherwise.

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- **Disability** - A physical or mental impairment that substantially limits one or more major life activities of an individual (i.e., activities of daily living, working).
- **General Utility Item** - Items not of direct medical or habilitative benefit.
- **Nonmedical Community Supports and Services (NCSS)** - Supports and services nonmedical in nature, available under federal authority of sections 1905, 1915(c), 1915(i) or under state authority (Act 775), and listed on the PCSP provided to prevent or delay entry into an institutional setting or assist a member in leaving an institutional setting. Need is established by functional deficits identified on the Independent Assessment (IA). HCBS services with a clinical component must use the medical necessity standard.
- **Service Animal** – A dog preferred for service (excluding other species of animals, whether wild or domestic, trained or untrained) and individually trained to do work or perform tasks (i.e., complete a specific action) for the benefit of an individual with a disability, including the following:
 - assist with navigation and other tasks, such as pulling a wheelchair
 - alert and/or assist with detection of medical issues, such as seizures or the presence of allergens
 - retrieve medicines or other objects, such as a telephone
 - provide physical support with balance and stability
 - prevent or interrupt impulsive or destructive behaviors
- **Support Animal** - An animal that brings comfort, promotes well-being, or provides companionship but is not trained to complete a specific response or action in the presence of a need.

D. Policy

I. General Criteria for All Adaptive Equipment

A service determination review will consider the following criteria for all adaptive equipment requests. Additional criteria specific to types of adaptive equipment will be referenced in other sections of this policy.

- A. Items requested must be clearly documented in the member's Person-Centered Service Plan (PCSP) and be the most cost-effective way to address the disability-related need(s).
- B. Equipment must not be considered a general utility item.
- C. The item will result in a direct benefit to the member and is essential to address a specific need(s) of the disability.
- D. The item or equipment will enable a member's integration in the community, prevent institutional placement, or enable participation in specialized habilitative services.
- E. The item or equipment is not available in or with a comparable item available under the State plan (i.e., durable medical equipment).
- F. A licensed, medical professional (i.e., MD, DO, APRN, PCP) who has a relationship with the member has documented medical need, including:
 1. a request less than a year old
 2. date and signature of the professional, certifying the request as a medical necessity or NCSS document

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3. identification of the member's need for the item/equipment and any potential benefit expected
- G. CareSource reserves the right to request specialized assessments if deemed necessary to determine medical necessity (i.e., physical therapy evaluation, speech therapy evaluation, occupational therapy evaluation).
- H. The item or service requested is not available through Medicaid or the Medicaid State Plan, such as covered durable medical equipment.

II. Vehicle Modifications

A. Accessing a Motor Vehicle

In addition to general criteria noted in section I above, vehicle modifications will be reviewed on a case-by-case basis when the modifications allow a member to safely access a vehicle with a wheelchair or other mobility device (i.e., hydraulic lifts, ramps, special seats) and/or assist in other safety measures to secure a member while in transit (i.e., straps).

1. All modifications must be preauthorized and approved in writing by CareSource prior to any work by a provider, who meets the following criteria:
 - a. ensures that any/all work meets vehicle modification standards and is in accordance with State and local codes
 - b. meets licensure, bonding and/or certification requirements set by the State for the service rendered and as legally required
 - c. completes work according to a documented estimate received by CareSource
2. The vehicle must be owned by the member or the member's family, be for the member's use, and be the member's primary means of transportation.
3. The following documentation is received:
 - a. a signed and dated order from a physician with a relationship with the member, including specialized assessments (i.e., speech, physical or occupational evaluations) if necessary
 - b. 3 bids or estimates for any modification over \$1000 or an explanation as to why 3 bids could not be obtained
 - c. a detailed description of the project, including estimated material and labor costs, any shipping costs, and/or delivery fees
 - d. an evaluation of the life expectancy of the vehicle if older than 5 years by a certified mechanic in relation to the modifications being made
4. If purchasing a vehicle with modifications already installed, the price of the new modifications may be covered. The cost must be assessed, and the current value (not the replacement value) may be approved to cover this part of the purchase price. The member or family may not take possession of the already-installed equipment prior to approval by CareSource.
5. CareSource may also authorize transitioning or moving devices or equipment from one vehicle to another if considered medically necessary for the benefit of the member. Training on use of the device or equipment, in this instance, is not medically necessary.
6. Vehicle modification(s) will not be replaced less than 5 years except in extenuating circumstances and upon review by CareSource.

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B. Operating a Motor Vehicle

In addition to general criteria noted in sections I and II A. above, vehicle modifications will be reviewed for operation functions when the modifications allow a member to safely operate a motor vehicle (i.e., adapted steering, acceleration, signaling, breaking devices). The following additional information must be submitted to CareSource for consideration:

1. The member must possess a current, valid drivers license from the State that lists any restrictions related to disability or diagnosis. If the license was obtained prior to the onset of the disability, the member must obtain an updated license listing any restrictions.
2. Safe operation of the motor vehicle must be within the member's functional ability.
3. The member must have unrestricted access to the vehicle proposed for modification.
4. The modifications must be necessary for the individual to drive the vehicle.

C. Exclusions or Limitations

CareSource is not responsible for accepting equipment or modifications from a vendor or provider, the quality of workmanship provided, and will not enforce warranties from vendors or providers. Additionally, payment(s) will not be made directly or indirectly to members or a member's family. CareSource will not reimburse or authorize the following items or services:

1. purchase, down payments, monthly vehicle or lease payments, insurance costs, fines and/or tickets, or the purchase of warranties
2. regularly scheduled maintenance of the vehicle, including general vehicle repairs (i.e., brake work, body work, tires)
3. items that are not on the member's PCSP
4. purchase, installation, repair or replacement of items or parts of a vehicle not related to the accessibility modification
5. adaptation, repair, or replacement costs for adaptations to provider-owned vehicles
6. vehicle backup sensors and/or alarm systems
7. comfort, convenience, or recreational adaptation
8. services, equipment, items, or devices that are experimental, prohibited, or do not meet appropriate safety standards by State or federal authorities, including any licensing boards and/or government institutions, such as the Food and Drug Administration
9. replacement or repair necessitated by individual misuse or abuse or damaged or destroyed in a vehicle accident (owner must insure modifications)

III. Service Animals

- A. In addition to general criteria noted in section D. I. above, CareSource will review service animal requests on a case-by-case basis once the following criteria are met and documentation is received:

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1. Traditional, evidence-based alternatives have been tried and documented, and documentation submitted to CareSource. Examples used prior to a service animal request can include (not an all-inclusive list):
 - a. glucose monitoring devices for blood glucose issues
 - b. medication and outpatient therapy for Post Traumatic Stress Disorder
 - c. applied behavior analysis for Autism diagnosis
 - d. ergonomics and interface prescriptions for wheelchair users
 - e. dietician education and epinephrine injections for members with severe allergies to food products
 - f. hearing aids or cochlear implants for hearing deficits
 - g. surgery, eyeglasses, medication or Braille education for vision deficits
 2. Work or tasks performed by the animal are directly related to the member's disability.
 3. Three quotes are obtained if over \$1000 or details are provided as to rationale for why 3 quotes could not be obtained.
 4. Documentation outlining the following in relation to disability or diagnosis:
 - a. current status of treatment progress, including any lack of progress
 - b. barriers to successful treatment or progress
 - c. specific work or tasks to be performed by the animal
 - d. how the specific work or tasks will benefit the member and encourage integration in the community
 - e. how use will assist safe and successful living in the member's residence
 - f. risk of institutionalization without this service
 5. If training of the animal is required, the following documentation must be submitted for review:
 - a. options for training programs (i.e., brochures, pamphlets, visual or other written information)
 - b. number of training sessions required and length of sessions
 - c. specific tasks or work to be taught during training that will address individual goals and/or member needs (CareSource may request video documentation of work or tasks being performed.)
 - d. quote for complete training program, including all sessions
 - e. training logs to be completed throughout training and submitted to CareSource upon training completion
- B. Exclusions or Limitations**
CareSource will not reimburse or authorize the following items or services:
1. "attack training" or other aggressive response training for animals
 2. emotional support animals
 3. training for animals without a disposition for safe work in public (i.e., shows aggressive behaviors or solicits food/petting from others, cannot remain calm when leashed, urinates/defecates indoors, barks or growls in public)
 4. regular maintenance activities for the animal, including annual or other shot regimens, food or nutritional items, clothing or other supplies (i.e., leashes, collars, leads, vests, bedding)

5. ongoing training past the initial request, including additional training for member issues not present initially prior to trying a lower cost, evidence-based alternative
6. damages incurred to any establishment, residence, public place or entity, other animals, or people as a result of the animal or animal behavior
7. travel to and/or from the site of training for the member, member's family and/or trainer

E. Conditions of Coverage

CareSource reserves the right to request medical records that substantiate attempted lower cost evidence-based treatment alternatives prior to the authorization of service determinations for adaptive equipment.

F. Related Policies/Rules

Environmental Modification Services
Medical Necessity Determinations
Nonmedical Community Supports and Services
Person-Centered Service Plans

G. Review/Revision History

DATE		ACTION
Date Issued	11/08/2023	New policy. Approved at Committee.
Date Revised		
Date Effective	02/01/2024	
Date Archived	01/31/2025	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

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4. Equal Opportunity for Individuals with Disabilities, 42 C.F.R. §§ 12101-12213 (2022).
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