

MEDICAL POLICY STATEMENT

Arkansas PASSE

Policy Name & Number	Date Effective
Adaptive Equipment-AR PASSE-MM-1557	02/01/2026
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 organizes and manages the delivery of services for members with complex behavioral health (BH) and intellectual and developmental disability (IDD) service needs, which may include a necessity for adaptive equipment. This can include adaptive, therapeutic or augmentative equipment, including enabling technologies, which aid members 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, enabling technology, safe home modification, Personal Emergency Response Systems (PERS) and occupational therapy devices.

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

- **Disability** – A physical or mental impairment that substantially limits 1 or more major life activities of an individual (ie, activities of daily living, working).
- **General Utility Item** – Items not of direct medical or habilitative benefit.
- **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 (ie, complete a specific action) for the benefit of a member 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 Adaptive Equipment

A service determination review on a case-by-case basis 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.

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- 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 and must meet the service definition of adaptive equipment as set forth by the State.
 - C. The item will result in a direct benefit to the member and is essential to address a specific need(s) of the disability (ie, how the equipment will increase, maintain or improve functional capabilities of the performance of daily tasks that would not be possible otherwise or ensure health and safety of the member).
 - D. The item/equipment will enable integration into 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 (ie, durable medical equipment).
 - F. A licensed medical professional (ie, MD, DO, APRN, PCP) with 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
 - 3. identification of the member's need for the item/equipment and any potential benefit expected (ie, clinical justification for the request)
 - G. CareSource reserves the right to request specialized assessments, if deemed necessary, to determine medical necessity (ie, physical therapy evaluation, speech therapy evaluation, occupational therapy evaluation).
 - H. Benefit limits per calendar year are \$12,000, including combined limits with environmental modifications and personal emergency response systems. If the requested equipment and/or modification exceeds the benefit limit, documentation must include evidence of the remaining balance being paid or intent to pay the remaining balance, such as a copy of the paid invoice or a copy of the financing/loan approval.
- II. Vehicle Modifications
- A. Accessing a Motor Vehicle

In addition to general criteria noted in D.I., 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 (ie, hydraulic lifts, ramps, special seats) and/or assist in other safety measures to secure a member while in transit (ie, straps). Vehicle modification and the modifications themselves are, for purposes of approval and reimbursement, one project and cannot be separated by calendar year to obtain up to the maximum amount allowed in both calendar years.

 - 1. All modifications must be preauthorized and approved in writing by CareSource prior to any work by a provider who meets the following:
 - a. ensures that all work meets vehicle modification standards in accordance with State and local code(s)
 - b. meets licensure, bonding and/or certification requirements set by the State for the service rendered and as legally required

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- 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 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 (ie, 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. All invoices, pictures, renderings and documentation of modification must be visible upon submission. Email submission will be allowed if fax submission reduces the quality of documentation.
 5. 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.
 6. 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.
 7. Vehicle modification(s) will not be replaced less than 5 years except in extenuating circumstances and upon review by CareSource.
- B. Operating a Motor Vehicle
- In addition to general criteria noted D.I and II.A. above, vehicle modifications will be reviewed for operational functions when the modifications allow a member to safely operate a motor vehicle (ie, 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.
 4. The modifications must be necessary for the member 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 (ie, 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:
 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

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- 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 (ie, 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 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 (ie, 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 (ie, 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

IV. A provider must maintain the following documentation in the member's service record:

- A. date of the adaptive equipment order
- B. name of care coordinator or other person placing the order
- C. quantity and price per item of the equipment ordered
- D. written description of medical need addressed or remedial benefit provided by the equipment
- E. delivery date
- F. installation date and instructions provided to member or guardian regarding use, if applicable
- G. signature of member or legal guardian certifying
 - 1. completion of the project or order authorized
 - 2. satisfactory condition of project completion or authorized order
 - 3. no incidental damages or resolution of any incidental damages

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E. Conditions of Coverage

- I. 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.
- II. CareSource reserves the right to require additional bids for any requested purchase, even if the purchase is under \$1000.00.
- III. The care and maintenance of adaptive equipment and vehicle modifications are the responsibility of the member or legally responsible person for whom the equipment is purchased. Negligence (ie, failure to properly care for or perform routine maintenance) will result in service denial for a minimum of 2 plan years. Any abuse or unauthorized selling of equipment by the member or legally responsible person will result in the equipment not being replaced using CES Waiver funding. If a member relocates, all adaptive equipment should be transferred to the member's new residence.

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	10/23/2024	Annual review. Approved at Committee.
	10/22/2025	Annual review. Added D.I.H., II.A.4., IV., E.II-III. Updated references. Approved at Committee.
Date Effective	02/01/2026	
Date Archived		

H. References

1. Bergem S. Knowledge among important actors in the field of adaptive equipment for young people with disabilities. *Disabil Rehabil Assist Technol*. 2020;15(1):109-118. doi:10.1080/17483107.2018.1538393
2. Emotional Support Animals, ARK. CODE ANN. §§ 20-14-1001-1004 (2023).
3. Equal Opportunity for Individuals with Disabilities, 42 C.F.R. §§ 12101-12213 (2022).
4. Fine AH. The role of therapy and service animals in the lives of persons with disabilities. *Rev Sci Tech*. 2018;37(1):141-149. doi:10.20506/rst.37.1.2747
5. *Home And Community-Based Services for Clients With Intellectual Disabilities and Behavioral Health Needs Provider Manual, Section II*. Arkansas Dept of Health and Human Services. Accessed October 15, 2025. humanservices.arkansas.gov
6. Huang P, Durbin D. Promoting safety in children with disabilities. UpToDate. Accessed September 19, 2025. www.uptodate.com

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

7. Individuals with Disabilities, ARK. CODE ANN. §§ 20-14-301-311 (2023).
8. Kuo D, Turchi R. Children and youth with special health care needs. UpToDate. Accessed October 15, 2025. www.uptodate.com
9. Muramatsu RS, Thomas KJ, Leong SL, et al. Service dogs, psychiatric hospitalization, and the ADA. *Psychiatr Serv.* 2015;66(1):87-9. doi:10.1176/appi.ps.201400208
10. Nondiscrimination on the Basis of Disability in State and Local Government Services, 28 C.F.R. § 35 (2023).
11. Pivalizza P. Intellectual disability (ID) in children: management, outcomes, and prevention. UpToDate. Accessed October 15, 2025. www.uptodate.com
12. Provider-led Arkansas Shared Savings Entity (PASSE) Program, 016-06-18 ARK. CODE R. § 12 (2018).
13. Rules for the Division of Developmental Disabilities Services Community and Employment Support (CES) Waiver Providers. Arkansas Dept of Human Services; 2023. Accessed October 15, 2025. www.humanservices.com