

# MEDICAL POLICY STATEMENT

## Arkansas PASSE

Policy Name & Number	Date Effective
Supportive Living Services-AR PASSE-MM-1566	01/01/2026
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.

### Table of Contents

A. Subject .....	2
B. Background .....	2
C. Definitions.....	2
D. Policy .....	2
E. Conditions of Coverage .....	6
F. Related Policies/Rules .....	6
G. Review/Revision History .....	6
H. References .....	7

## A. Subject

**Supportive Living Services**

## B. Background

CareSource offers home and community-based services (HCBS) as an alternative to institutionalization for eligible members with a developmental disability otherwise requiring an intermediate care facility level of care. Supportive living services (SLS) are an array of individually tailored services and activities enabling members to reside successfully in the home, with families, or in an alternative living setting and provided in an integrated community setting and are designed to assist members in acquiring, retaining and improving self-help, socialization, and adaptive skills. Care, supervision, and activities for which payment will be made must directly relate to individualized goals and objectives in the member's person-centered service plan (PCSP). Criteria are established by the State of Arkansas. Any information provided by state or federal sources supersedes information in this policy.

## C. Definitions

- **Activities of Daily Living (ADLs)** – Fundamental skills required to independently care for oneself, including
  - **Basic** – Skills required to manage basic physical needs (eg, ambulation, feeding, dressing, personal hygiene, continence, toileting).
  - **Instrumental** – Skills requiring complex thinking (eg, transportation, shopping, finance management, meal preparation, house cleaning, communication management, medication management).
- **Intellectual Developmental Disability (IDD)** – A substantial, long-term disability that begins from birth through age 21 expected to last a lifetime, “an impairment of general intellectual functioning or adaptive behavior” that is a “substantial impairment to the ability to function without appropriate support services, including, but not limited to, planned recreational activities, medical services (eg, physical and speech therapy), and possibilities for sheltered employment or job training.”

## D. Policy

## I. Supportive Living Services (SLS)

## A. General Criteria Requirements for All SLS Medical Necessity Reviews

1. Services are fully defined and described in the *Home and Community Based Services for Clients with Intellectual Disabilities and Behavioral Health Needs Provider Manual* on the Arkansas Dept of Human Services website.
2. All services must directly relate to active treatment goals and objectives documented in the member's PCSP.
3. Eligibility criteria set by the state must be met prior to the request for SLS, including a diagnosis of mild, moderate or severe IDD and/or other related conditions with 3 functional deficits.
4. A service review determination and prior authorization (PA) is required and must be obtained prior to service provision, which includes completion and

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

submission of the *Prior Authorization Form for Supportive Living Services* located in the Provider Portal.

B. Documentation Requirements

All documentation requirements must adhere to the *Community and Employment Supports (CES) Agency Providers* manual.

1. All levels of SLS require the following documentation:
  - a. completed *PA Form for Supportive Living Services*
  - b. psychological testing with adaptive functioning
  - c. Waiver Area of Needs
  - d. provider service plan with goals and schedule for delivery of services
  - e. detailed schedule of hours to include all unpaid and paid services, including, but not limited to, private duty nursing, home health, Adult Development Day Treatment (ADDT), Early Intervention Day Treatment (EIDT) and personal care
  - f. PCSP
  - g. nursing assessment with ADLs
  - h. 60 days of Direct Support Professional (DSP) notes, including overnight
  - i. daily notes should have activities linked to goals and objectives described in the provider service plan
2. Additional documentation must also adhere to requirements found in the *CES Agency Providers* manual and is required for exceptional and enhanced levels, including the following:
  - a. qualified, treating practitioner's medical documentation describing health needs requiring additional support
  - b. Behavioral Prevention and Intervention Plan (BPIP) or Positive Behavior Support Plan (PBSP)
  - c. active medication list
  - d. psychiatric assessment and medication management notes
  - e. detailed narrative regarding risks and/or needs if 1:1 staffing is required for overnight hours
  - f. known incident reports and summaries documenting health/safety risks
  - g. *Unable to Serve* notifications from any providers, if applicable

II. SLS are provided at 4 different levels of 1:1 support and will be reviewed for the following additional criteria:

- A. Low levels of support are suitable for members performing most daily activities independently and require minimal assistance with **1 or more** of the following:
  1. low levels of support around ADLs as evidenced by areas of need, psychological testing and the Arkansas Independent Assessment (ARIA) (eg, typically tiered as Level 2)
  2. paid and/or unpaid supports may already be in place in the community for waking hours (eg, family, EIDT, ADDT, personal care, school, employment)
  3. behavioral health (BH) and medical support needs range from low to mild
  4. does not normally require overnight staff to maintain health and safety, as the member either has natural supports in place for sleeping hours or is supported with shared staffing.

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

- B. Moderate level of support is appropriate for members needing regular assistance with daily living skills and occasional support for more complex tasks, including **1 or more** of the following:
  - 1. low to moderate levels of support to manage some aspects of living with interventions ranging from verbal prompts, modeling and hand over hand assistance on an ongoing low level of support needs schedule and/or intermittent support needs
  - 2. low to moderate levels of support around ADLs as evidenced by areas of need and the ARIA (eg, typically tiered as Levels 2 or 3)
  - 3. mild to moderate BH and medical support needs with patterns of frequency and intensity of support considered
  - 4. does not normally require overnight staff to maintain health and safety, as the member either has natural supports in place for sleeping hours or is supported with shared staffing
- C. Exceptional levels of support are for members requiring substantial assistance in daily activities and benefitting from ongoing support to ensure health/safety, including **1 or more** of the following:
  - 1. moderate to high levels of support in most settings around most or all ADLs (eg, typically tiered as Level 3 or Dual on the ARIA)
  - 2. require consistent on-site access to staff during waking hours
  - 3. could need awake, overnight staff to ensure health/safety needs are met
  - 4. ambulatory and non-ambulatory members with extensive medical support needs and/or requiring a combination of complex medical interventions (eg, G-tube feeding, oxygen therapy, wound care, suctioning) but not requiring skilled nursing level of care
  - 5. behaviors have resulted in multiple episodes of serious consequences (eg, past involvement with psychiatric hospitalizations, law enforcement, professional medical attention) and may require proactive interventions with staff who have specialized training
  - 6. a complex diagnostic profile including IDD, BH and medical conditions presenting challenges for involvement in community engagement
  - 7. moderate to high behaviors place member at risk of harm to self or others, require the development of a BPIP and may require proactive interventions with staff with specialized training, including behaviors of (not all-inclusive)
    - a. external/property destruction (eg, assault, injures others, sets fires, breaks furniture, theft, hurts animals)
    - b. self-harm (eg, pica, suicide attempts, cutting, burning)
    - c. sexual behaviors (eg, aggression, non-aggressive inappropriate behavior, touching/exposing self in public, gesturing)
    - d. other (eg, tantrums, emotional outbursts, wandering, substance use, BH treatment)
- D. Enhanced levels of support are for members with significant needs requiring continuous support to manage daily activities and overall well-being, including **-1 or more** of the following:
  - 1. high levels of staff support in all settings with all ADLs as evidenced by areas of need and the ARIA (eg, typically Levels 3 or 4)

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

2. requires awake, overnight staff to ensure health/safety needs are met, unless natural supports are in place to address sleeping hours
3. behaviors and/or needs may necessitate more than 1 staff person at times and require a PBSP, including behaviors resulting in multiple episodes of serious consequences (eg, past involvement with psychiatric hospitalizations, law enforcement, professional medical attention)
4. enhanced medical and/or BH needs that include the following:
  - a. Medical needs require extensive support with
    01. respiratory care (eg, inhalation/oxygen therapy, chest PT, suctioning)
    02. feeding assistance (eg, oral stimulation, tube feeding, parenteral feeding)
    03. skin care (eg, turning, positioning, open wounds)
    04. other (eg, lifting, transferring, seizure management, dialysis, ostomy care, therapy services)
  - b. Behavior needs require extensive support with
    01. external/property destruction (eg, assault, injures others, sets fires, breaks furniture, theft, hurts animals)
    02. self-harm (eg, pica, suicide attempts, cutting, burning)
    03. sexual behaviors (eg, aggressive, non-aggressive inappropriate behavior, touching/exposing self in public, gesturing)
    04. other (eg, tantrums, emotional outbursts, wandering, substance use, mental health treatment)
5. requires staff with specialized training to address complex medical or behavioral needs or support
6. receipt of an *Unable to Serve* notice from providers due to medical and behavioral concerns

### III. Shared Staffing

Shared staffing is offered for members in two different settings, 1-4 and 5-9, and includes monitoring the health and safety of members with assistance for behavioral concerns as needed. This service is to be provided in a setting during times when on-site availability is needed yet no direct tasks have been identified for completion.

### IV. Coverage While Inpatient

When deemed necessary or to ensure the safety of the member and/or staff at an inpatient facility, each request for continued services to be provided in an inpatient setting by the member's DSP will be reviewed on a case-by-case basis. Each inpatient admission must be reviewed. Services must be authorized and part of the member's PCSP. If health maintenance activities are performed in a hospital setting for supportive care of the member while receiving medical care, SLS cannot exceed 14 consecutive days nor the approved prior authorized rate in place prior to hospitalization.

### V. Changes in Support Levels

Changes will be reviewed on a case-by-case basis through the service determination review process, including requests for additional units, updated schedules and

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

clinical documentation that supports changes during an authorized time frame for the following situations (not an all-inclusive list):

- A. members with conditions crossing between levels or instances in which symptoms increase or are exacerbated requiring additional support
- B. members with temporary needs expected to resolve in 6 months or less and require specialized care or an increased rate of care
- C. primary caregiver with a health problem preventing support for the member, requiring additional staff to assist the member
- D. member with an unexpected medical or BH need requiring stabilization and planning (eg, surgery, changes in routine or psychiatric medications, communication issues)

#### VI. Exclusions

If technology is available that offers the same or higher level of care required, then it will be utilized over a DSP unless justification for the need for supportive living is provided. A combination of technology and direct support staff may also be utilized when appropriate. Payment or reimbursement of SLS will not occur in the following instances (not an all-inclusive list):

- A. when provided at the same time as other simultaneous services (eg, private duty nursing, personal care)
- B. reimbursement of anyone other than hired caregivers
- C. cost of room and board, general maintenance, upkeep or improvement to the member's home or the member's family home
- D. activities necessary to ensure a member's wellbeing but not directly related to active treatment goals and objectives
- E. services that take the place of traditional outpatient treatment, serve as respite or fulfill basic overseeing services (eg, babysitting, watching, tending)

#### E. Conditions of Coverage

Service determination review is required for all services. State plan benefits that are equally beneficial should be exhausted prior to waiver benefits.

#### F. Related Policies/Rules

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

#### G. Review/Revision History

DATE		ACTION
<b>Date Issued</b>	11/08/2023	Archived AD-1174. Merged into this policy. New policy to establish criteria for service provision. Approved at Committee.
<b>Date Revised</b>	10/23/2024	Annual review. Added V.A. Updated references. Approved at Committee.
	10/08/2025	Annual review: D.I. added. Changed 'all' to '1 or more' on D.I.A-D. Updated reference list. Approved at Committee.

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

	12/17/2025	Review. Added D.III. (per State, effective 1/1/26). Approved at Committee.
<b>Date Effective</b>	01/01/2026	
<b>Date Archived</b>		

#### H. References

1. *Adults with Disabilities Service Guide*. Arkansas Division of Developmental Disabilities. Accessed September 17, 2025. [www.humanservices.arkansas.gov](http://www.humanservices.arkansas.gov)
2. *ARChoices In Home Care Home and Community-Based 2176 Waiver Provider Manual*. Arkansas Dept of Human Services. Accessed September 17, 2025. [www.humanservices.arkansas.gov](http://www.humanservices.arkansas.gov)
3. Characteristics and Duties of Risk-Based Provider Organization, ARK. CODE ANN. § 20-77-2706 (2024).
4. Contents of Request for a Waiver, 42 C.F.R. § 441.301 (2025).
5. Definitions, ARK. CODE ANN. § 16-123-102 (2024).
6. Definitions, ARK. CODE ANN. § 20-48-101 (2024).
7. *Home and Community Based Services for Clients with Intellectual Disabilities and Behavioral Health Needs Provider Manual, Section II*. Arkansas Dept of Human Services. Accessed September 17, 2025. [www.humanservices.arkansas.gov](http://www.humanservices.arkansas.gov)
8. Person-Centered Serviced Plan, 42 C.F.R. § 441.540 (2025).
9. *Rules for the Division of Developmental Disabilities Services Community and Employment Support (CES) Agency Providers*. Ark. Dept. of Human Services. Accessed September 17, 2025. [www.humanservices.arkansas.gov](http://www.humanservices.arkansas.gov)

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