



# MEDICAL POLICY STATEMENT

## Arkansas PASSE

Policy Name & Number	Date Effective
Early Intervention Day Treatment (EIDT)-AR-PASSE-MM-1216	11/01/2024
Policy Type	
<b>MEDICAL</b>	

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 comprehensive services provided by a pediatric day treatment program for children with developmental delays, disabilities, or a medical condition that puts children at risk for a delay. Services aim to reduce disabilities, enhance functional abilities, actively involve parents/guardians, and improve school readiness. Programs are overseen by an Early Childhood Developmental Specialist (ECDS) under physician supervision and 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 disability and restoration of the child to the best possible functional level. Programs can reduce the need for more intensive services later in life by promoting healthy development and maximizing potential.

CareSource assists eligible members in obtaining services in EIDT programs when medically necessary. Each member has an individual treatment plan (ITP) written to improve or maintain the member's condition. The Arkansas Department of Human Services (DHS) maintains the *Early Intervention Day Treatment Provider Manual* and the *Occupational Therapy, Physical Therapy, and Speech-Language Pathology Services Provider Manual* outlining the provision of these services. Additionally, Arkansas code establishes parameters for licensure of facilities, staff ratios, staff training requirements and other facets of this service. Any information provided by the State of Arkansas supersedes information in this policy, which is meant to assist providers with review of medical criteria for members.

## C. Definitions

- **Early Intervention Day Treatment (EIDT)** – A successor program authorized by Ark. Code Ann. §§ 20-48-1101 to 1108 that provides early intervention day treatment to children with developmental disabilities or delays.
- **Primary Care Provider (PCP)** – A licensed physician or advance practice registered nurse who provides care for a member.

## D. Policy

I. CareSource considers EIDT services medically necessary when **ALL** the following clinical criteria are met:

### A. Age Requirement

1. A member must be under the age of 21 for covered EIDT services.
2. EIDT services may be provided year-round to members who have not yet reached school age, including
  - a. members not meeting the age requirement for kindergarten enrollment
  - b. members who have filed a signed kindergarten waiver and the 1<sup>st</sup> grade school year has not yet started

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

3. School aged members meeting the age requirement for kindergarten may attend EIDT services during the summer when school is not in session to prevent regression.
- B. Referral to Evaluate
1. A member must receive an evaluation referral on a DMS-642 ER signed and dated by the PCP. If already enrolled in an EIDT program as of April 1, 2024, then an active treatment prescription for the EIDT services dated between April 1, 2023 and March 31, 2024 may be used as a substitute, and a new DMS-642 ER is not required.
  2. An evaluation referral is only required for the initial qualifying evaluations related to EIDT core services.
    - a. No evaluation referral is required for an annual reevaluation for continued eligibility with an active treatment prescription for the particular EIDT core service about to expire.
    - b. A school age member attending an EIDT during summer when school is not in session does not require a new DMS-642 ER evaluation referral if the member attended an EIDT the summer immediately prior to the current school year.
    - c. If a member already has an active treatment prescription for OT, PT, or ST services through a private clinic or school at the time of the initial evaluation referral for EIDT services, then a new evaluation is not required. The PCP's active DMS-640 treatment prescription related to the private clinic or school OT, PT, or ST services will be accepted in place of a DMS-642 ER evaluation referral for the service.
- C. Treatment Prescription
1. EIDT core services require an annual treatment prescription signed and dated by the member's PCP.
  2. A prescription for core EIDT services is valid for 12 months, unless a shorter period is specified, and must be renewed at least once a year for covered EIDT services to continue.
  3. The annual treatment prescription for year-round EIDT services must be on a form DMS-642 YTP. Members already enrolled in an EIDT pursuant to a valid treatment prescription (on a DMS-640) as of April 1, 2024 are not required to obtain a new treatment prescription on a form DMS-642 YTP until the existing EIDT treatment prescription expires.
  4. The annual treatment prescription for EIDT services during the summer when school is not in session must be on a form DMS-642 STP.
- D. Comprehensive Developmental Evaluation for Member not School Age
- Members not yet school age must have a documented developmental disability or delay based on the results of an annual comprehensive developmental evaluation. This evaluation must include the administration of a norm referenced (standardized) instrument and a criterion referenced instrument. A full list of accepted instruments can be located on the Arkansas DHS website. The results of the evaluation must show the following:

1. Ages birth to 36 months, a score on both the norm and criterion referenced instruments must indicate a developmental delay of 25% or greater in at least 2 of the following 5 domains:
    - a. motor (either gross motor, fine motor, or total motor)
    - b. social
    - c. cognitive
    - d. self-help or adaptive
    - e. communication
  2. Ages 3 though 6
    - a. a score on the norm referenced instrument of at least 2 standard deviations below the mean in at least 2 of the following 5 domains:
      01. motor (gross motor, fine motor, or total motor)
      02. social
      03. cognitive
      04. self-help or adaptive
      05. communication
    - b. a score of on the criterion referenced instrument indicating a 25% or greater developmental delay
  3. The norm referenced and criterion referenced instruments must both indicate the same 2 domains of delay regardless of the member's age.
- E. Qualifying Diagnosis
- A documented qualifying intellectual or developmental disability diagnosis is defined in Ark. Cod Ann. § 20-48-101(4) as a chronic disability that
1. is attributable to a diagnosis of 1 of the following
    - a. by results of a medical examination by the PCP or a licensed physician:
      01. cerebral palsy
      02. epilepsy
      03. spina bifida
      04. down syndrome
    - b. Autism Spectrum Disorder, as established under § 20-77-124
    - c. as established by a full-scale standard intelligence score of 70 or below, measured by a standard test designed for individual administration given by a qualified professional
      01. intellectual disability
      02. any other condition that results in impairment of general intellectual functioning or adaptive behavior similar to a member qualifying under an intellectual disability
  2. originates before the member attains 22 years of age
  3. has continued or can be expected to continue indefinitely
  4. constitutes a substantial impairment to the ability to function without appropriate support services, including without limitation:
    - a. daily living and social activities
    - b. medical services
    - c. job training
    - d. employment

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- F. Medically Necessary Occupational Therapy (OT), Physical Therapy (PT), or Speech-Language Pathology (ST), or Nursing Services  
In addition to meeting the applicable comprehensive developmental evaluation scoring thresholds or having a qualifying diagnosis (see the *EIDT Provider Manual*), as applicable, OT, PT, ST or nursing services must also be medically necessary for a member to be eligible to receive covered EIDT services. Medical necessity for OT, PT, ST services is established in accordance with sections 212.300 and 212.400 of the *EIDT Provider Manual* and section II of the *Occupational Therapy, Physical Therapy, and Speech-Language Pathology Services Provider Manual*. Medical necessity for nursing services is established by a medical diagnosis and a comprehensive nursing evaluation approved by the member's PCP.

## II. Covered EIDT Services

Covered EIDT services include core and/or optional services.

### A. Core Services

Core services must be provided at the EIDT facility and by individuals employed or contracted by the licensed EIDT provider. Core services include

#### 1. Evaluation Services

See D.I.B. above. An evaluation referral is valid for a single comprehensive developmental evaluation and include time administering and scoring the norm referenced (standardized) and criterion referenced instrument, interpreting the results, and completing the comprehensive developmental evaluation.

#### 2. Day Habilitative Services

Services must be designed to attain habilitation goals and objectives in the member's ITP.

##### a. Medical necessity for these services is established

01. For members not yet school age by the results of a comprehensive developmental evaluation.

02. For school age members up to 21 by a qualifying diagnosis listed section D.I.E. above.

##### b. Service are instruction

01. in skills areas of

- (1). cognition
- (2). communication
- (3). social and emotional
- (4). motor
- (5). adaptive

02. to reinforce skills learned and practiced as part of OT, PT, or ST

##### c. EIDT day habilitative services must be overseen by an Early Childhood Development Specialist (ECDS). There must be 1 ECDS for every 40 members enrolled at an EIDT. The ECDS will be or have

01. a licensed

- (1). Speech-Language Pathologist
- (2). Occupational Therapist

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- (3). Physical Therapist
- (4). Developmental Therapist
- 02. a bachelor's degree, plus at least 1 of the following:
  - (1). an early childhood or early childhood special education certificate
  - (2). a child development associate certificate
  - (3). a birth to pre-k credential
  - (4). documented experience working with children with special needs and 12 hours of completed college courses in any of the following:
    - i. early childhood
    - ii. child development
    - iii. special education
    - iv. elementary education
    - v. child and family studies
- 3. OT, PT, ST Evaluation Services  
Medical necessity for OT, PT, ST evaluation services is demonstrated by an initial evaluation referral signed and dated by the member's PCP on a form DMS-642 ER. An evaluation referral is only required for initial evaluations and is not required for the required annual re-evaluation of a member already receiving treatment services. Medical necessity is demonstrated by the fact the member is currently receiving the service. Evaluation services must be performed and billed in compliance with Section II of the *Occupational Therapy, Physical Therapy, and Speech-Language Pathology Services Provider Manual*.
- 4. OT, PT, ST Treatment Services  
OT, PT, ST treatment services must be performed and billed in compliance with Section II of the *Occupational Therapy, Physical Therapy, and Speech-Language Pathology Services Provider Manual*.
  - a. Medical necessity for treatment services is demonstrated by
    - 01. the results of a comprehensive evaluation conducted in accordance with Section II of the *OT/PT/ST Services Provider Manual*
    - 02. written treatment prescription signed and dated by the member's PCP
      - (1). Treatment prescriptions for year-round EIDT OT, PT, ST treatment services must be on a form DMS-642 YTP.
      - (2). Treatment prescriptions relating to summer only EIDT treatment services must be on form DMS-642 YTP.
      - (3). Members already receiving treatment services pursuant to a valid treatment prescription (DMS-640) when those services are transitioning over to an EIDT are not required to obtain a new treatment prescription on a form DMS-642 YTP or DMS-642 STP until the existing treatment prescription expires.
  - b. EIDT providers are all-inclusive habilitative therapy treatment providers, meaning members attending an EIDT must have all medically necessary habilitative OT, PT, and ST treatment services performed by the EIDT program at the EIDT clinic. Members should not receive habilitative OT, PT, ST services in any other setting or through any other Medicaid program when enrolled in an EIDT. This restriction does not apply to

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01. rehabilitative therapies prescribed to regain lost skills or functioning due to illness or injury
  02. specialized habilitative therapeutic activities unable to be performed at an EIDT clinic (eg, aquatic therapy, animal-assisted therapy activities)
5. Nursing Services
- EIDT nursing services does not include time spent taking a member's temperature and performing other acts of standard first aid.
- a. Medical necessity for nursing services is established by a medical diagnosis and a comprehensive nursing evaluation approved by the member's PCP. The nursing evaluation must specify the required nursing services, and the PCP must prescribe the specific number of medically necessary nursing service units per day.
  - b. Nursing services must be performed by a licensed registered nurse or licensed practical nurse and within the performing nurse's scope of practice established by the applicable Board of Nursing.
  - c. Nursing services are defined as the following, or similar, activities:
    01. assisting ventilator dependent beneficiaries
    02. tracheostomy suctioning and care
    03. feeding tube administration, care, and maintenance
    04. catheterizations
    05. breathing treatments
    06. monitoring of vital statistics, including diabetes sugar checks, insulin, blood draws, and pulse ox
    07. cecostomy tube administration, care, and maintenance
    08. ileostomy tube administration, care, and maintenance
    09. administration of medication when the administration is not the member's only medically necessary nursing service

B. Optional Services

Transportation Services are considered optional services. These services are not covered by the Arkansas PASSE.

III. Individualized Treatment Plan (ITP)

Each member receiving EIDT services must have an ITP that is developed, reviewed and updated at least annually by the ECDS in collaboration with each therapist overseeing delivery of OT, PT or ST services, the parent/guardian of the member, and any other individuals requested by the parent/guardian. The ITP must be signed and dated by the ECDS, as well as each supervising therapist's signature and date. The total number and types of goals and objectives included on a beneficiary's ITP must correlate with and support the frequency, intensity, and duration of the prescribed core EIDT service, and be clinically appropriate for the member. At a minimum, ITPs must contain

- A. the member's identification information, including
  1. full name and medicaid number
  2. address
  3. date of birth
  4. effective date of EIDT eligibility

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- B. name of the ECDS responsible for ITP development and service delivery oversight
- C. goals and objectives for each covered EIDT services that must be
  - 1. written in the form of
    - a. typical function, task or activity the member is working toward successfully performing
    - b. behavior the member is working toward eliminating
  - 2. measurable
  - 3. specific to each individual member
- D. written description of the specific medical and remedial services, therapies, and activities that will be performed and how and to which goals and objectives each of those services, therapies, and activities are linked
- E. a schedule of service delivery that includes the frequency and duration of each type of EIDT service
- F. the job title(s) or credential(s) of the personnel that will furnish each EIDT service
- G. the criteria or other data that will be collected and used to measure the beneficiary's progress towards their goals and objective
- H. the schedule for completing re-evaluations of the beneficiary's condition and updating the ITP

#### IV. Documentation Requirements

Service records for members not yet school age (refer to section 212.100(B) of the EIDT manual) must include the results of an annual comprehensive developmental evaluation pursuant to section 212.400 of the *EIDT Provider Manual*, while service records for school age members must include a documented qualifying diagnosis pursuant to section 212.500 of the same manual.

##### A. Individual Service Records

EIDT providers must maintain the following in each member's service record:

- 1. an initial evaluation referral signed and dated by the member's PCP
- 2. the annual treatment prescription for EIDT services signed and dated by the member's PCP
- 3. individualized treatment plan (ITP)
- 4. discharge notes and summary, if applicable

##### B. Nursing Services Records

EIDT provider must maintain documentation verifying the required qualifications of any individual performing nursing services and a copy of the contractual agreement with any individual contracted to perform nursing services on behalf of the EIDT. The following must be located in each member's service record for each nursing service(s) performed each day pursuant to section 222.120 of the *EIDT* manual:

- 1. date and beginning and ending time
- 2. description of specific services provided and activities performed each day
- 3. name(s) and credential(s) of the person(s) delivering each service each day
- 4. which ITP goal(s) and objective(s) the day's services are intended to address



5. weekly or more frequent progress notes, signed or initialed by the person(s) providing the service(s) describing the member's status with respect to ITP goals and objectives for that service

C. Day Habilitative Services Records

EIDT providers must maintain the following in each member's service record for all day habilitative services performed each day pursuant to section 222.120 of the *EIDT* manual:

1. date and beginning and ending time
2. name(s) and credential(s) of the person(s) delivering each service each day
3. which ITP goal(s) and objective(s) the week's services were intended to address
4. weekly or more frequent progress notes, signed or initialed by the Early Childhood Development Specialist (ECDS) overseeing the ITP describing the member's status with respect to ITP goals and objectives

D. OT, PT, ST Records

EIDT providers must maintain the following related to OT, PT, ST records:

1. all documentation specified in section 204.200 of Section II of the *Occupational Therapy, Physical Therapy, and Speech-Language Pathology Services Provider Manual* for all OT, PT, and ST services performed pursuant to sections 222.130 and 222.140 of the *EIDT Provider Manual*
2. documentation verifying the required qualifications of any individual performing OT, PT or ST services on behalf of the EIDT
3. a copy of the contractual agreement with any individual contracted to perform OT, PT, or ST on behalf of the EIDT

V. Limits

Covered EIDT services are clinic-based services and cannot be delivered through telemedicine or at any location other than the licensed EIDT facility. Core EIDT services are reimbursable if, and only to the extent, authorized in the member's ITP.

E. Conditions of Coverage

- I. Billing and reimbursement information for EIDT services can be located in the *EIDT Provider Manual*.

- II. If a single member is receiving a single unit of services involving multiple clinicians or other billable professionals, only a single unit can be billed for that time. Concurrent billing of the same time by multiple billable professionals is not allowed. Time spent on documentation alone is not billable as a service.

- III. CareSource reserves the right to request documentation to support billing of claims for EIDT services.

F. Related Policies/Rules

Adult Developmental Day Treatment Services  
Medical Necessity Determinations

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 07/31/2024	No changes. Updated references. Approved at Committee. Annual review. Updated background. Added PCP, section D.I.B, updated core/optional services to manual; added IV. Added E.I-III. Updated References. Approved at Committee.
<b>Date Effective</b>	11/01/2024	
<b>Date Archived</b>		

H. References

1. Child Health Management Services (CHMS). 016-06-06 ARK. CODE R. § 83 (2006).
2. Definitions. ARK. CODE ANN. § 20-48-101 (2023).
3. Managed Expansion for Child Health Management Services. ARK. CODE ANN. § 20-48-1101 to 1108 (2019).
4. Early Intervention Day Treatment, 016-05-18 ARK. CODE R. § 4 (2018).
5. *Early Intervention Day Treatment (EIDT) Provider Manual, Section II*. Arkansas Dept of Human Services. Accessed July 8, 2024. [www.medicaid.mmis.arkansas.gov](http://www.medicaid.mmis.arkansas.gov)
6. Medicaid Waiver for Autism Spectrum Disorder-Definitions. ARK. CODE ANN. § 20-77-124 (2021).
7. *Occupational Therapy, Physical Therapy, and Speech-Language Pathology Services Provider Manual, Section II*. Arkansas Dept of Human Services. Accessed July 8, 2024. [www.medicaid.mmis.arkansas.gov](http://www.medicaid.mmis.arkansas.gov)
8. Provider-Led Arkansas Shared Savings Entity (PASSE) Provider Agreement between CareSource PASSE and the Ark. Dept of Human Services for the Service Delivery Period January 1, 2023 through December 31, 2026. Accessed July 8, 2024. [www.humanservices.arkansas.gov](http://www.humanservices.arkansas.gov)

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