



MEDICAL POLICY STATEMENT

Arkansas PASSE

Policy Name & Number	Date Effective
Supportive Living Services-AR PASSE-MM-1566	02/01/2025
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

Supportive Living Services

B. Background

The Arkansas Medical Assistance Program (Medicaid) through CareSource PASSE offers home and community-based services as an alternative to institutionalization for eligible members with a developmental disability who would otherwise require an intermediate care facility level of care. Home and community-based services (HCBS) are available only to members who are not inpatients of a hospital, nursing facility (NF), or intermediate care facility (ICF) for intellectual disabilities, only if payment to the hospital, nursing facility, or ICF/MR is being made through private pay or private insurance.

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). SLS 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.

C. Definitions

- **Activities of Daily Living (ADLs)** – Fundamental skills required to independently care for oneself, including the following:
 - **Basic** – Skills required to manage basic physical needs (eg, ambulation, feeding, dressing, personal hygiene, continence, toileting).
 - **Instrumental** – Skills requiring complex thinking skills (eg, transportation, shopping, finance management, meal preparation, house cleaning and home maintenance, 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.”
- **Inpatient Settings**
 - **Psychiatric Inpatient** – A facility that treats primary diagnoses of mental illness and includes all medical, psychiatric, and social services required of the admitting facility for licensure, certification and accreditation, including medications, evaluations and therapies.
 - **Hospital Inpatient** – Items and services furnished by a facility for care and treatment of patients under the direction of a licensed practitioner (physician) for medically necessary and documented treatment and care of injured persons, individuals with disabilities or sick persons.

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

- **Intermediate Care Facility (ICF)** – A facility that provides diagnosis, active treatment, and rehabilitation of persons with intellectual disabilities or related conditions in a protective residential setting.
- **Person Centered Service Plan (PCSP)** – The total plan of care in accordance with the 1915(c) waiver requirements for Home and Community-Based Services (42 C.F.R. § 441.301(c)) and 1915(i) State Plan Services (42 C.F.R. § 441.725).

D. Policy

I. Supportive Living Services (SLS)

SLS include care, supervision, and activities directly relating to active treatment goals and objectives documented in the member's PCSP. SLS are provided at 4 different levels of support for members diagnosed with mild, moderate, or severe IDD and/or other related conditions with 3 functional deficits. Each level will be reviewed for the following criteria in addition to the aforementioned diagnosis(-es):

A. Low level of support applies to members with **all** of the following:

1. low levels of support around ADLs
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 and medical support needs range from low to mild
4. does not normally require overnight staff to maintain health and safety or has natural supports in place for sleeping hours

B. Moderate level of support includes **all** 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
3. mild to moderate behavioral and medical support needs with patterns of frequency and intensity of support considered
4. does not normally need overnight staff to maintain health and safety or is supported with shared staffing

C. Exceptional level of support includes **all** of the following:

1. high to moderate levels of support in most settings around most or all ADLs
2. require consistent on-site access to staff during waking hours
3. could need awake, over-night staff to ensure health and 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 do not require 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, behavioral health and medical conditions presenting challenges for involvement in community engagement

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- D. Enhanced level of support includes **all** of the following:
1. high levels of staff support in all settings with all ADLs
 2. requires awake over-night staff to ensure health and 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
 4. enhanced medical and/or behavioral health needs that include the following:
 - a. Medical needs require extensive support with the following:
 01. respiratory care (inhalation/oxygen therapy, chest PT, suctioning)
 02. feeding assistance (oral stimulation, tube feeding, parenteral feeding)
 03. skin care (turning, positioning, open wounds)
 04. other (lifting, transferring, seizure management, dialysis, ostomy care, therapy services)
 - b. Behavior needs require extensive support with the following:
 01. external/property destruction (assaults, injures others, sets fires, breaks furniture, steals, hurts animals)
 02. self-harm (pica, suicide attempts, cutting, burning)
 03. sexual behaviors (aggression, non-aggressive inappropriate behavior, touching/exposing self in public, gesturing)
 04. other (tantrums, emotional outbursts, wandering, substance use, mental health treatment)

II. 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 the inpatient setting by the member's direct service provider 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.

III. Documentation Requirements

- A. All levels of SLS require the following documentation:
1. psychological testing with adaptive functioning
 2. Waiver Area of Needs
 3. provider service plan with goals and schedule for delivery of services
 4. PCSP
 5. nursing assessment with activities of daily living
 6. existing natural, unpaid and paid supports (eg, family, ADDT, supported employment)
 7. completed Prior Authorization Form for Supportive Living Services
- B. Additional documentation is required for exceptional and enhanced levels, including the following:
1. treating practitioner's medical documentation describing health needs that require additional support
 2. Positive Behavior Support Plan

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3. medication list
4. psychiatric assessment and medication management notes
5. detailed narrative regarding risks and/or needs if 1:1 staffing is required for overnight hours
6. known incident reports and summaries documenting health and safety risks

IV. Changes in Support Levels

Changes will be reviewed on a case-by-case basis through the service determination review process, including needs that change 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 behavioral health need requiring stabilization and planning (eg, surgery, changes in routine or psychiatric medications, communication issues)

V. Exclusions

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's 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.

F. Related Policies/Rules

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

G. Review/Revision History

DATE		ACTION
Date Issued	11/08/2023	Archived AD-1174. Merged into this policy. New policy to establish criteria for service provision. Approved at Committee.

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

Date Revised	10/23/2024	Annual review. Added V.A. Updated references. Approved at Committee.
Date Effective	02/01/2025	
Date Archived		

H. References

1. *Adults with Disabilities Service Guide*. Arkansas Division of Developmental Disabilities. Accessed October 1, 2024. www.humanservices.arkansas.gov
2. *ARChoices In Home Care Home and Community-Based 2176 Waiver Provider Manual*. Arkansas Dept of Human Services. Accessed October 1, 2024. www.humanservices.arkansas.gov
3. Characteristics and Duties of Risk-Based Provider Organization, ARK. CODE ANN. § 20-77-2706 (2023).
4. Contents of Request for a Waiver, 42 C.F.R. § 441.301 (2023).
5. Definitions, ARK. CODE ANN. § 16-123-102 (2023).
6. Definitions, ARK. CODE ANN. § 20-48-101 (2023).
7. *Home and Community Based Services for Clients with Intellectual Disabilities and Behavioral Health Needs Provider Manual, Section II*. Arkansas Dept of Human Services; 2023. Accessed October 1, 2024. www.humanservices.arkansas.gov
8. Person-Centered Serviced Plan, 42 C.F.R. § 441.540 (2024).

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