

ARKANSAS REGISTER

Transmittal Sheet

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For Office
Use Only:

Effective Date _____ Code Number _____

Name of Agency Department of Human Services

Department Division of Developmental Disabilities Services

Contact Mac E. Golden E-mail Mac.E.Golden@dhs.arkansas.gov Phone 501.320.6383

Statutory Authority for Promulgating Rules Arkansas Code §§ 20-76-201, 20-77-107, and 25-10-129

Rule Title: Developmental Therapy Services Medicaid Manual Section II

Intended Effective Date
(Check One)

- ☐ Emergency (ACA 25-15-204)
- ☐ 10 Days After Filing (ACA 25-15-204)
- ☒ Other July 01, 2022
(Must be more than 10 days after filing date.)

Legal Notice Published	<u>April 10, 2022</u>
Final Date for Public Comment	<u>May 09, 2022</u>
Reviewed by Legislative Council	<u>June 17, 2022</u>
Adopted by State Agency	<u>July 01, 2022</u>

Electronic Copy of Rule e-mailed from: (Required under ACA 25-15-218)

<u>Lisa Teague</u>	<u>lisa.teague@dhs.arkansas.gov</u>	<u>06/17/22</u>
Contact Person	E-mail Address	Date

CERTIFICATION OF AUTHORIZED OFFICER

I Hereby Certify That The Attached Rules Were Adopted
In Compliance with the Arkansas Administrative Act. (ACA 25-15-201 et. seq.)

Melissa Weatherton
Signature

501-682-8662 Melissa.Weatherton@dhs.arkansas.gov
Phone Number E-mail Address

Director, Division of Developmental Disabilities Services
Title

June 17, 2022
Date

SECTION II - DEVELOPMENTAL THERAPY SERVICES

CONTENTS

TOC required

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201.000 Arkansas Medicaid Participation Requirements for Developmental Therapy Services 7-1-22

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- B. Obtain certification as a First Connections Developmental Therapy Service Provider from the Arkansas Department of Human Services, Division of Developmental Disabilities Services (DDS).

201.100 Providers of Developmental Therapy Services in Arkansas and Bordering States 7-1-22

Providers of developmental therapy services in Arkansas and within fifty (50) miles of the state line in the six (6) bordering states (Louisiana, Mississippi, Missouri, Oklahoma, Tennessee, and Texas) may be enrolled as Developmental Therapy Service Providers if they meet all Arkansas Medicaid Program participation requirements.

202.000 Developmental Therapy Service Documentation 7-1-22

- A. Developmental Therapy Providers must maintain records for each client that include sufficient, contemporaneous, written documentation demonstrating the medical necessity of the developmental therapy services provided.
- B. Service documentation must include the following items:
 1. The date and beginning and ending time for each developmental therapy service;
 2. The name(s) and credential(s) of the person(s) providing the developmental therapy services;
 3. The name(s) of the Parent(s) or caregiver(s) present and participating in the developmental therapy service;
 4. A description of the setting where the developmental therapy service is provided, which must include a physical address;
 5. The relationship of the developmental therapy service to the goals and objectives described in the client's individual family service plan (IFSP); and
 6. Written progress notes signed or initialed by the person(s) providing the developmental therapy service describing the client's status with respect to their IFSP goals and objectives; duplicative or cut and paste progress notes are not permitted.

202.100 Electronic Signatures 7-1-22

The Arkansas Medicaid Program will accept electronic signatures in compliance with Arkansas Code § 25-31-103 et seq.

211.000 Introduction**7-1-22**

The Arkansas Medicaid Program assists eligible Medicaid individuals to obtain medical care in accordance with the guidelines specified in Section I of this Manual. The Arkansas Medicaid Program will reimburse enrolled DDS certified First Connections Developmental Therapy Service Providers for medically necessary covered developmental therapy services when such services are provided to an eligible client pursuant to the requirements in this manual.

212.000 Establishing Program Eligibility**7-1-22****212.100 Age Requirement****7-1-22**

A client must be under three (3) years of age to receive covered developmental therapy services under the Arkansas Medicaid Program.

212.200 Prescription**7-1-22**

Covered developmental therapy services require a written prescription signed and dated by the client's primary care or attending physician or advanced practice registered nurse (APRN) holding a certificate of prescriptive authority.

- A. The prescription must identify the client's medical needs and demonstrate the medical necessity for the developmental therapy services.
- B. A prescription for developmental therapy services is valid for the shorter of the length of time specified on the prescription or one (1) year.

212.300 Qualifying Diagnosis or Developmental Delay**7-1-22**

- A. A client must meet one (1) of the following to be eligible to receive covered developmental therapy services:
 - 1. A score on both an age- appropriate standardized norm and criterion referenced developmental evaluation that indicates a developmental delay of twenty-five percent (25%) of the client's chronological age or greater in one (1) or more of the five (5) development domains: motor, social, cognitive, self-help or adaptive, or communication;
 - 2. A written informed clinical opinion from the individual family service plan (IFSP) team that details the specific developmental concern or condition that forms the basis of the informed clinical opinion. The informed clinical opinion must describe the rationale, contributing factors, and specific developmental evaluation results that indicate the client qualifies for First Connections, including without limitation why developmental evaluations do not clearly reflect the client's functional ability. It must also explain why developmental therapy services are medically necessary to prevent further developmental delay; or
 - 3. A documented developmental diagnosis of a condition that has a high probability of developmental delay, including without limitation:
 - i. Down's syndrome and other chromosomal abnormalities associated with intellectual disability;
 - ii. Congenital syndromes and conditions associated with delays in development such as fetal alcohol syndrome, intra-uterine drug exposure, prenatal rubella, and severe macrocephaly and microcephaly;

- iii. Metabolic disorders;
- iv. Intra-cranial hemorrhage;
- v. Malignancy or congenital anomaly of brain or spinal cord;
- vi. Spina bifida;
- vii. Seizure disorder, asphyxia, respiratory distress syndrome, neurological disorder, and sensory impairments; and
- viii. Maternal Acquired Immune Deficiency Syndrome.

213.000 Non-covered Services**7-1-22**

- A. The Arkansas Medicaid Program will only reimburse for those services listed in Section 214.000. Additionally, the Arkansas Medicaid Program will only reimburse when such services are provided to a Medicaid client meeting the eligibility requirements in Section 212.000 by a DDS First Connections Developmental Therapy Provider meeting all the requirements of this Manual.
- B. Arkansas Medicaid ARKids First-B coverage does not reimburse for developmental therapy services.

214.000 Covered Developmental Therapy Services**7-1-22**

Covered developmental therapy services under the Arkansas Medicaid Program include the following:

- A. Developmental evaluation and individualized family service plan (IFSP) development services; and
- B. Developmental Therapeutic activities.

214.100 Developmental Evaluation and IFSP Development Services**7-1-22**

- A. A Developmental Therapy Provider may be reimbursed by the Arkansas Medicaid Program for medically necessary developmental testing evaluation and IFSP development services.
 - 1. Medical necessity for developmental evaluation and IFSP development services is demonstrated by a written prescription from the client's physician or advanced practice registered nurse (APRN) holding a certificate of prescriptive authority.
 - 2. A Developmental Therapy Provider may not be reimbursed for developmental evaluation and IFSP development services if, within the previous six (6) months, the Arkansas Medicaid Program has reimbursed an Early Intervention Day Treatment Provider for providing EIDT evaluation and treatment planning services to the client. See Section 214.100 of the Early Intervention Day Treatment Medicaid Manual.
- B. Developmental evaluation and IFSP development services include the administration of all necessary diagnostic instruments and tests, interviews, and other information gathering sessions that are required to complete the comprehensive multi-disciplinary developmental evaluation used to determine a client's eligibility for developmental therapy services and develop the client's individualized family service plan.
 - 1. Any evaluation instrument used as part of the comprehensive multi-disciplinary developmental evaluation must be age appropriate and administered by an evaluator with the required qualifications and credentials.
 - 2. Each evaluator must document that they were qualified to administer each evaluation instrument and that the test protocols for each instrument were followed.
- C. Developmental evaluation and IFSP development services must be performed in a Natural Environment setting unless DDS has determined that developmental evaluation and IFSP

treatment planning cannot be performed satisfactorily in a Natural Environment setting. A “Natural Environment” setting is any typical home or community setting for a similarly aged infant or toddler without a disability or delay that the client and their family frequent, such as the client’s home, neighborhood playground, park, or childcare program the client attends with typically developing peers.

- D. Developmental evaluation and IFSP development services must include the participation of one (1) or more Parents, family members, or other caregivers.
- E. Developmental evaluation and IFSP development services are reimbursed on a per unit basis. The billable unit includes time spent administering an evaluation, scoring an evaluation, and writing an Evaluation Report along with time spent developing the IFSP with the family and Service Coordinator. [View or print the billable developmental evaluation and IFSP development services codes.](#)

214.200 Developmental Therapeutic Activities

7-1-22

- A. A Developmental Therapy Provider may be reimbursed by the Arkansas Medicaid Program for medically necessary developmental therapeutic activities. Medical necessity for developmental therapeutic activities is demonstrated by a written prescription from the client’s physician or advanced practice registered nurse (APRN) holding a certificate of prescriptive authority.
- B. Developmental therapeutic activities must involve providing direct one-on-one instruction to a client, with the Parent or a parent-identified caregiver present and involved. The developmental therapeutic activities must be based on a need identified in the individual family service plan (IFSP).
- C. Developmental therapeutic activities must be performed in a Natural Environment setting.
 - 1. A “Natural Environment” is any typical home or community setting for a similarly aged infant or toddler without a disability or delay that the client and their family frequent, such as the client’s home, neighborhood playground, park, or childcare program the client attends with typically developing peers.
 - 2. Developmental therapeutic activities may be performed in settings other than Natural Environment only with developmental justification of need approved by DDS that documents the developmental therapeutic activities provided in a Natural Environment setting failed to support the client in reaching IFSP goals and objectives.
- D. Developmental therapeutic activities must include the participation of one (1) or more Parents, family members, or other parent-identified caregivers.
- E. Developmental therapeutic activities are reimbursed on a per unit basis. [View or print the billable developmental therapeutic activities codes.](#)

215.000 Individual Family Service Plan (IFSP)

7-1-21

- A. Each client receiving developmental therapy services must have an individual family service plan (IFSP). The IFSP is a written, individualized plan to improve the client’s condition that must contain, at a minimum:
 - 1. The client’s present level of development stated in months with the percentage of client’s chronological age delay in each of the five (5) developmental domains, based on professionally acceptable objective criteria;
 - 2. The family’s resources, priorities, and concerns related to the development of the client;

3. One (1) or more family outcomes stating what the Parent(s) and family will accomplish;
 4. A list of the client's functional outcomes, which must be:
 - i. Specific, functional, family-driven;
 - ii. Linked to client and family activities and routines; and
 - iii. Measurable in a range of months, not to exceed six (6);
 5. The action steps that will be taken to reach each functional outcome;
 6. The accompanying developmental therapeutic activity service delivery information, which must include:
 - i. The location for each developmental therapeutic activity session;
 - ii. A schedule of developmental therapeutic activity sessions that includes the frequency and intensity of each developmental therapeutic activity session;
 - iii. The name of the Developmental Therapy Service Provider;
 - iv. The specific date by which the client will be expected to achieve the outcome tied to the developmental therapeutic activities; and
 - v. The funding source for the developmental therapeutic activities;
 7. A list of other services that the client or family will need or receive in order to achieve the client's outcomes;
 8. The comprehensive multi-disciplinary developmental evaluation results; and
 9. The original signature and date signed of all parties participating in an IFSP meeting.
- B. The IFSP must be re-evaluated and updated at least every six (6) months by an interdisciplinary team that includes, at a minimum, the Developmental Therapy Provider, the Service Coordinator, and the client's Parent or /guardian. All parties participating in an IFSP update meeting must sign and date the updated IFSP.

230.000 REIMBURSEMENT

231.000 Method of Reimbursement

7-1-22

- A. Developmental therapy services use "fee schedule" reimbursement methodology. Under the fee schedule methodology, reimbursement is made at the lower of the billed charge or the maximum allowable reimbursement for the procedure under the Arkansas Medicaid Program. The maximum allowable reimbursement for a procedure is the same for all Developmental Therapy Service Providers.
- B. A full unit of service must be rendered to bill a unit of service.
- C. Partial units of service may not be rounded up and are not reimbursable.

232.000 Fee Schedules

7-1-22

The Arkansas Medicaid Program provides fee schedules on the DHS website. [View or print the developmental therapy services fee schedule](#). Fee schedules do not address coverage limitations or special instructions applied by the Arkansas Medicaid Program before final payment is determined. Fee schedules and procedure codes do not guarantee payment, coverage, or the reimbursement amount. Fee schedule and procedure code information may be changed or updated at any time to correct a discrepancy or error.

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