

# Clinical Policy: Home and Community Based Services (HCBS)

[Coding Implications](#)  
[Revision Log](#)

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See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

**Note:** *These requirements apply to the Arkansas Total Care (ARTC) 1915(i) Behavioral Health, Home, and Community-Based Services (HCBS) State Plan Amendment for Provider-led Arkansas Shared Savings Entity (PASSE).*

## Description

Arkansas Total Care (ARTC) is committed to ensuring that all behavioral health services under the 1915(i) Home and Community Based Services (HCBS) State Plan Amendment are provided with the intention to address the member/enrollee’s identified functional deficits due to their behavioral health diagnosis and are rehabilitative in nature. HCBS are person centered care, provided to adults and children/youth with serious mental illness, intellectual or developmental disability with a behavioral health diagnosis or serious emotional disturbance. HCBS are delivered in the home or community to address a functional deficit or limitation.

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#### Policy/Criteria

- I. It is the policy of Arkansas Total Care that requests for Behavioral Health, Home, and Community Based Services (HCBS) under the 1915(i) State Plan Amendment that Community Support System Providers (CSSP), or Behavioral Health Agencies (BHAs) must meet all of the following ***program requirements*** in addition to the criteria specific to the requested service, noted in section II:
- A. Member/enrollee has a *mental health diagnosis*, as described in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and meets all the following:
    1. The diagnosis is confirmed by one of the following providers:
      - a. Physician;
      - b. Advanced Practice Nurse;
      - c. Independently Licensed Clinicians (Master's/Doctoral);
      - d. Non-independently Licensed Clinicians (Master's/Doctoral);
    2. Documentation includes all the following:
      - a. Date of service;
      - b. Start and stop times of the face-to-face encounter with the member/enrollee and the interpretation time for diagnostic formulation;
      - c. Place of service;
      - d. Identifying information;
      - e. Referral reason;
      - f. Presenting problem(s), history of presenting problem(s) including duration, intensity, and response(s) to prior treatment;
      - g. Culturally and age-appropriate psychosocial history and assessment;
      - h. Mental status (Clinical observations and impressions);
      - i. Current functioning plus strengths and needs;
      - j. DSM diagnostic impressions;
      - k. Treatment recommendations;
      - l. Staff signature/credentials/date of signature;
    3. Diagnosis is completed upon admission;
  - B. A *psychiatric assessment* meets all the following:
    1. Completed within one of the following timeframes:
      - a. Within 60 days of admission;
      - b. Updated when clinically necessary or at a minimum every three years;
    2. Conducted by one of the following providers:
      - a. Licensed Physician;
      - b. Advanced Practice Nurse (APN);
    3. Identifies psychotropic medications prescribed by an HCBS provider or an alternative prescriber (documentation of collaboration between the unaffiliated prescriber and the HCBS

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provider must be included in the records);

*Note: If a member/enrollee is not benefiting from counseling or HCBS services and is experiencing decompensation without currently being prescribed psychotropic medications, a referral to a prescriber should be considered.*

4. Documents all the following:
    - a. Date of service;
    - b. Start and stop times of the face-to-face encounter with the member/enrollee and the interpretation time for diagnostic formulation;
    - c. Place of service;
    - d. Identifying information;
    - e. Referral reason;
    - f. An interview meets one of the following:
      - i. For member/enrollee <18 years of age, documentation includes all the following:
        - a) The member/enrollee's understanding of the factors leading to the referral;
        - b) The presenting problem (including symptoms and functional impairments);
        - c) Relevant life circumstances and psychological factors;
        - d) History of problems;
        - e) Treatment history;
        - f) Response to prior treatment interventions;
        - g) Medical history (and examination as indicated);
      - ii. For member/enrollees > 18 years of age, documentation includes all the following:
        - a) Inclusion of the parent(s), guardian/caregivers (including the responsible DCFS caseworker) and primary caretaker; (including foster parent(s));
        - b) Clarifies the reason for the referral;
        - c) Clarifies the nature of the current symptoms;
        - d) Detailed medical, family, and developmental history;
      - g. Culturally and age-appropriate psychosocial history and assessment;
      - h. Mental status/clinical observations and impressions;
      - i. Current functioning and strengths in specified life domains;
      - j. DSM diagnostic impressions;
      - k. Treatment recommendations;
      - l. Staff signature/credentials/date of signature;
- C. A *master treatment plan* meets all the following:
1. Completed within 14 days of admission;
  2. Updated at one of the following timeframes:
    - a. Annually;
    - b. When circumstances or needs change, significantly requiring the addition of new services;
    - c. At the member/enrollee's request;
  3. Developed by one of the following clinicians:
    - a. Physician;
    - b. Advanced Practice Nurse (APN);
    - c. Independently licensed clinicians (Masters/Doctoral);
    - d. Non-Independently licensed clinicians (Masters/Doctoral);
  4. Documentation for *creation of and updates* made to the master treatment plan includes all the following:
    - a. Date of service (date plan is developed);
    - b. Start and stop times for development of plan;

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- c. Place of service;
  - d. Diagnosis;
  - e. Member/enrollee's strengths and needs;
  - f. SMART goals developed in cooperation with the member/enrollee which also follows the service code definition;
  - g. Measurable objectives;
  - h. Treatment modalities/services that will be used to meet the objectives;
  - i. Projected schedule for service delivery including amount, scope, and duration;
  - j. Discharge criteria;
  - k. Signature/credentials of staff with date;
  - l. Member/enrollee's signature or signature of parent, guardian/caregivers if the member/enrollee is >18, with date;
5. Treatment Plan *updates* meet all the following:
- a. Review of the previous treatment plan to identify progress or lack thereof for each goal/objective;
  - b. Updated based upon the member/enrollee's progress/change in circumstances;
  - c. Goals and objectives are modified based on the assessment of the previous plan and have current completion dates.

**II.** It is the policy of Arkansas Total Care that requests for Behavioral Health, Home, and Community Based Services (HCBS) under the 1915(i) State Plan Amendment that Community Support System Providers (CSSP), or Behavioral Health Agencies (BHAs) must meet the following, based on level certification, documentation requirements and service code definitions within the Home and Community Based Services manual. There are three levels of CSSP certifications: Base, Intensive, Enhanced.

**A. Base Level Services**, any of the following:

1. **Supportive housing (H004, with applicable modifier):** Designed to ensure that members/enrollees have a choice of permanent, safe, and affordable housing. An emphasis is placed on the development and strengthening of natural support in the community. This service assists members/enrollees in locating, selecting, and sustaining housing, including transitional housing and chemical free living; provides opportunities for involvement in community life; and fosters independence with member/enrollee's recovery journey;
  - a. *Admission/initial* request meets all the following:
    - i. Member/enrollee is 18 to 99 years of age;
    - ii. Requested service meets the following:
      - a) Assesses the member/enrollee's housing needs and identifies available housing options, assisting with securing housing, including the completion of housing applications and obtaining required documentation (e.g., social security card, birth certificate, prior rental history), communicating with landlords, coordinating the move, provides training in how to be a good tenant, and assists with establishing procedures, supports and community contacts necessary to maintain stable housing;
      - b) Services are provided in any of the following settings:
        - 1) Home;
        - 2) Community setting (e.g., school, work, church, stores, or parks);
        - 3) Clinical settings for adults (e.g., adult day cares or adult day clinics);
    - iii. Frequency of services: up to 30 units (one unit = 60 minutes) per three-month (13 week) review;

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*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*

- b. *Continued Stay request* meets all the following:
  - i. Meets criteria for admission/initial request for supportive housing in II.A.1.a, except for frequency requirements;
  - ii. Requested additional frequency of services: up to an additional 60 units (one unit = 60 minutes) per six-month (26 week) renewal period;

*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*

- 2. **Supportive Life Skills Development (H2017, with applicable modifier):** Provides support and training for youth and adults on an individual or group basis. This service is a strength based, culturally appropriate process that integrates the member/enrollee into their community as they develop their recovery plan or habilitation plan. This service is designed to assist members/enrollees in acquiring the skills needed to support an independent lifestyle, enable them to reside in their community (in their own home, with family, or in an alternative living setting), and promote a strong sense of self-worth. In addition, it aims to assist members in setting and achieving goals, learning independent life skills, demonstrating accountability, and making goal-oriented decisions related to independent living;
    - a. *Admission/initial request* meets all the following:
      - i. Member/enrollee is 16 to 20 years of age;
      - ii. Member/enrollee requires assistance in acquiring the skills necessary to support an independent lifestyle, and maintain residence within a community-based living setting to include their own home, family home, or in an alternative living setting;
      - iii. Treatment plan signed by the licensed mental health professional and meets the following:
        - a) Written in SMART format;
        - b) Requested service is a prescribed intervention;
        - c) Documentation that member/enrollee and/or guardian participated in the development/review of the treatment plan;
      - iv. Requested service meets the following:
        - a) Provides educational or vocational training;
        - b) Assists with obtaining employment;
        - c) Supports development of skills related to accessing community resources and medication self-management, when clinically appropriate;
        - d) Promotes self-care, household maintenance, health, socialization, community integration, wellness, and nutrition;
        - e) Promotes development of self-advocacy, independent decision making, and adaptive coping skills;
        - f) For members/enrollees with developmental or intellectual disability and a behavioral diagnosis, the service focuses on:
          - 1) Skills to complete activities of daily living (ADLs);
          - 2) Instrumental activities of daily living (IADLs), such as communication, bathing, grooming, cooking, shopping, or budgeting;
      - iii. Frequency of services: up to 73 units (one unit = 15 minutes) per three-month (13-week) review;
- Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
- b. *Continued stay request* meets all the following:
    - i. Meets criteria for admission/initial request for supportive life skills

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- development, II.A.2. a., except for frequency;
  - ii. Documentation supports ongoing need for services and includes the following:
    - a) Most recent treatment plan, completed within the past 12 months, including progress or lack of progress towards identified goals/objectives;
    - b) The three most recent support life skills development note;
  - iii. Requested additional frequency of services: up to an additional 146 units (one unit = 15 minutes) for each six-month (26 week) renewal period;  
*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guidelines.*
3. **Adult Life Skills Development (H2017, with applicable modifier):** Provides support and training for adults on an individual or group basis. This service is a strength based, culturally appropriate process that integrates the member/enrollee into their community as they develop their recovery plan or habilitation plan. This service is designed to assist members/enrollees in acquiring the skills needed to support as independent a lifestyle as possible, enable them to reside in their community (in their own home, with family, or in an alternative living setting), and promote a strong sense of self-worth. In addition, it aims to assist members/enrollees in setting and achieving goals, learning independent life skills, demonstrating accountability, and making goal-oriented decisions related to independent living;
- a. *Admission/initial request* meets all the following:
    - i. Member/enrollee is 18 to 99 years of age;
    - ii. Member/enrollee requires assistance in acquiring the skills needed to support as independent a lifestyle as possible, enable them to reside in their community (in their own home, with family, or in an alternative living setting);
    - iii. Treatment plan signed by the licensed mental health professional and meets the following:
      - a) Written in SMART format;
      - b) Requested service is a prescribed intervention;
      - c) Documentation that member/enrollee and/or guardian/caregiver participated in the development/review of the treatment plan;
    - iv. Requested services meets the following:
      - a) Provides educational or vocational training;
      - b) Assists with obtaining employment;
      - c) Provides resource and medication management;
      - d) Promotes self-care, household maintenance, health, socialization, community integration, wellness, and nutrition;
      - e) Promotes a strong sense of self-worth;
      - f) For members/enrollees with developmental or intellectual disability and a behavioral health diagnosis, services focus on:
        - 1) Skills to complete activities of daily living (ADLs);
        - 2) Instrumental activities of daily living (IADLs), such as communication, bathing, grooming, cooking, shopping, or budgeting;
    - v. Frequency of services: up to 73 units (one unit = 15 minutes) are requested per three-month (13 week) review;  
*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
  - b. *Continued stay request* meets all the following:
    - i. Meets criteria for admission/initial request for adult life skills

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- development, II.A.3.a., except for frequency;
  - ii. Documentation supports ongoing need for services and includes the following:
    - a) Most recent treatment plan, completed within the past 12 months, including progress or lack of progress, towards identified goals/objectives;
    - b) The three most recent adult life skills development service notes;
  - iii. Requested additional frequency of services: up to an additional 146 units (one unit = 15 minutes) for each six-month (26 week) renewal period;  
*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
4. **Supportive Employment (H2023, with applicable modifier):** Designed to help members/enrollees, acquire, and keep meaningful jobs in a competitive job market. The service actively facilitates job acquisition by sending staff to accompany members/enrollees in interviews and providing ongoing support and/or on the job training once employed. Service settings may vary depending on individual need and level of community integration, and can be provided in the home;
- a. *Admission/initial request* meets all the following:
    - i. Requested service meets the following:
      - a) Service may be provided in a variety of settings, including community, job site, or home, based on the member/enrollee's individualized needs and level of community integration. Services provided in the home must support the development of skills necessary for obtaining, maintaining, or improving competitive employment and independence within the community;
      - b) Frequency of services: up to 60 units (one unit = 60 minutes) are requested per three-month (13 week) review;  
*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guidelines.*
    - b. *Continued stay* meets all the following:
      - i. Meets criteria for admission/initial request for supportive employment services, II.A.4.a., except for frequency;
      - ii. Documentation includes the following:
        - a) Most recent treatment plan including progress of or lack of progress, towards goals/objectives;
        - b) The three most recent supportive employment service notes;
      - iii. Requested additional frequency of services: up to an additional 120 units (one unit = 60 minutes) for each six-month (26 week) renewal period;  
*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
5. **Respite (15 min unit) (T1005, with applicable modifier):** Temporary direct care and supervision for a member/enrollee due to the absence or need for relief of the non-paid primary caregivers. Respite can occur at medical or specialized camps, day-care programs, the member/enrollee's home or place of residence, the respite care provider's home or place of residence, foster homes, or a licensed respite facility);
- a. *Admission/Initial request* meets all the following:
    - i. Requested service meets the following:
      - a) Service is intended to provide temporary relief and support to the member/enrollee's unpaid primary guardian to assist with maintaining the member/enrollee safely in the home and community and to help prevent escalation of behavioral health needs;

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- b) Service is temporary and time limited in nature;
    - ii. Frequency of services: up to 96 units (one unit = 15 minutes) are requested for a three-month (13 week) review;
      - Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
  - b. *Continued stay* request meets all the following:
    - i. Meets criteria for admission/initial request for respite outpatient services, II.A.5.a., except for frequency;
    - ii. Documentation includes the following:
      - a) Most recent treatment plan which includes progress or lack of progress towards goals/objectives;
      - b) The three most recent respite service notes;
    - iii. Requested additional frequency of services: up to an additional 192 units (one unit = 15 minutes) for each six-month (26 week) renewal period;
      - Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
6. **Therapeutic Host Home (H0045, with applicable modifier):** A home or family setting that consists of highly intensive, individualized treatment for the member/enrollee whose behavioral health or developmental disability needs are severe enough that they would be at risk of placement in a restrictive residential setting.
- a. *Admission/Initial* request meets all the following:
    - i. Member/enrollee is 4 to 20 years of age;
    - ii. Requested service meets the following:
      - a) The therapeutic host parent is trained to implement the key elements of the member/enrollee's Person Centered Service Plan (PCSP) within the family and community setting, to support the identified treatment goals and objectives;
      - b) The therapeutic host parent participates in the PCSP development meetings and acts as an advocate for the member/enrollee;
    - iii. Frequency of services: up to 90 days (one unit=one day) requested;
  - b. *Continued stay request* meets all the following:
    - i. Meets criteria for admission/initial request for therapeutic host home, II.A.6.a.;
    - ii. Documentation includes the following:
      - a) Most recent treatment plan which includes progress or lack of progress towards goals/objectives;
      - b) The last three most recent therapeutic host home service notes;
    - iii. Requested additional frequency of services: up to an additional 90 days (one unit = one day) for each renewal period;
      - Note: All HCBS services are included in this per diem service; no additional HCBS may be billed on the same day.*
7. **Pharmacologic Counseling by a RN (H0034, with applicable modifier):** A specific, time limited one-to-one intervention by a nurse with a member/enrollee and/or guardian/caregiver, related to their psycho-pharmacological treatment;
- a. *Admission/Initial* request meets all the following:
    - i. Member/enrollee and/or guardian show potential to benefit from assistance in having medication information provided orally or in written form including understanding of diagnosis that psychopharmacological medication is prescribed to treat and any lifestyle modifications needed;

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- ii. Treatment plan signed by the licensed mental health professional and meets the following:
    - a) Written in SMART format;
    - b) Requested service is a prescribed intervention;
    - c) Documentation that member/enrollee and/or guardian/caregivers participated in the development/review of the treatment plan;
  - iii. Service provides education and support related to one or more of the following:
    - a) The purpose, effects, side effects, adverse reactions, and monitoring of psychotropic medication;
    - b) Safe self-administration, storage, and safeguarding of medications;
    - c) Communication with healthcare professionals and family/guardian/caregivers regarding medication related concerns;
    - d) Lifestyle modifications, adherence strategies, and other factors that may support medication effectiveness and treatment outcomes;
    - e) Medication related information provided orally and/or in written form to the member/enrollee and/or guardian/caregivers;
  - iv. Frequency of services: up to six encounters requested for a six-month (26 week) period;
 

*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
  - b. *Continued stay request* meets all the following:
    - i. Meets criteria for admission/initial request for Pharmacologic Management by a RN in II.A.7.a., except for frequency;
    - ii. Documentation includes the following:
      - a) Most recent treatment plan which includes progress or lack of progress towards goals/objectives;
      - b) The three most recent pharmacologic counseling service notes;
    - iii. Requested additional frequency of services: up to an additional six encounters (one unit= one encounter) for each six-month (26 week) renewal period;
 

*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
- B. Intensive level services, any of the following:**
1. **Peer Support (H0038, with applicable modifier):** A consumer centered service provided by individuals (ages 18 and older) who self-identify as someone who has received or is receiving behavioral health services and thus is able to provide expertise not replicated by professional training. Peer providers are trained and certified peer specialists who self-identify as being in recovery from behavioral health issues. Peer support is a service to collaborate with members/enrollees to provide education, hope, healing, advocacy, self-responsibility, a meaningful role in life, and empowerment to reach fullest potential. Specialists will assist with navigation of multiple systems (housing, supportive employment, supplemental benefits, building/rebuilding natural supports, etc.) which impact member/enrollees' functional ability;
    - a. *Admission/Initial* review meets all the following:
      - i. Member/enrollee is 18 to 99 years of age;
      - ii. Member/enrollee demonstrates potential to benefit from assistance with navigating multiple systems (e.g., housing, supportive employment, supplemental benefits, building/rebuilding natural supports) that impact functional ability;
      - iii. Treatment plan is signed by the licensed mental health professional and meets the following:
        - a) Written in SMART format;

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- b) Requested service is a prescribed intervention;
- c) Documentation supports that the member/enrollee and/or guardian/caregivers participated in the development and review of the treatment plan;
- iv. Requested service meets the following:
  - a) Provided by a peer support specialist on an individual or group basis, and delivered within the member/enrollee's home or community environment;
  - b) Assists the member/enrollee in articulating recovery goals, learning and practicing new skills, monitor progress, participating in treatment, modeling effective coping techniques, and self-help strategies based on the specialist's own recovery experience, and supporting self-advocacy to obtain effective services;
- v. Frequency of services: up to 52 units (one unit =15 mins) are requested per three-month (13 week) review;
 

*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
- b. *Continued stay request* meets all the following:
  - i. Meets criteria for admission/initial request for peer support II.B.1.a., except for frequency;
  - ii. Documentation includes all the following:
    - a) Most recent treatment plan, completed within the past 12 months to include progress or lack of progress towards goals/objectives;
    - b) The three most recent peer support service notes;
    - c) The three most recent therapy notes, including individual and family therapy, as applicable;
  - iii. Requested additional frequency of services: up to an additional 104 units (one unit = 15 minutes) during the six-month (26 week) renewal period;
 

*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
- 2. **Family Support Partners (H2014, with applicable modifier):** Provided by peer counselors of Family Support Partners (FSP), who model recovery and resiliency for caregivers of children and youth with behavioral health care needs or developmental disabilities. FSP come from legacy families and use their lived experience, training, and skills to help caregivers, and their families identify goals and actions that promote recovery and resiliency and maintain independence. An FSP may assist, teach, and model appropriate child-rearing strategies, techniques, and household management skills;
  - a. *Admission/initial request* meets all the following:
    - i. Member/enrollee is 4 through 18 years of age;
    - ii. Member/enrollee and guardian demonstrate potential to benefit from assistance, teaching, and modeling appropriate child-rearing strategies, techniques, and household management skills;
    - iii. Treatment plan signed by the licensed mental health professional and meets the following:
      - a) Written in SMART format;
      - b) Requested service is a prescribed intervention;
      - c) Documentation supports that member/enrollee and/or guardian/caregivers participated in the development/review of the treatment plan;
  - iv. Service includes a clinical component and at minimum, a quarterly individual and

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- family therapy service;
- v. Frequency of services: Up to an additional 52 units (one unit = 15 minutes): for each three-month (13 week) review;  
*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
- b. *Continued stay request* meets all the following:
  - i. Meets criteria for admission/initial request for family support partners, II.B.2.a., except for frequency;
  - ii. Documentation includes all the following:
    - a) Most recent treatment plan, completed within the past 12 months to include progress or lack of progress towards goals/objectives;
    - b) The three most recent family support partners service notes;
    - c) The three most recent therapy notes, including individual and family therapy, as applicable;
    - d) Documentation supporting ongoing family involvement in treatment services;
  - iii. Requested additional frequency of services: up to an additional 104 units (one unit = 15 minutes) during the six-month (26 weeks) renewal period;  
*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
- 3. **Child and Youth Support Services (H2015, with applicable modifier):** Clinical, time-limited services for principal caregivers designed to increase a child's positive behaviors and encourage compliance with parents at home; working with teachers/schools to modify classroom environment to increase positive behaviors in the classroom; and increase a child's social skills including understanding of feelings, conflict management, academic engagement, school readiness, and cooperation with teachers and other school staff;
  - a. *Admission/initial request* meets all the following:
    - i. Member/enrollee is 4 to 17 years of age;
    - ii. Member/enrollee served is an imminent risk of out-of-home placement or has recently reintegrated from an out-of-home placement;
    - iii. Treatment plan signed by the licensed mental health professional documents all the following:
      - a) Written in SMART format;
      - b) Requested service is a prescribed intervention;
      - c) Documentation supports that the member/enrollee and/or guardian participated in the development and review of the treatment plan;
    - iv. Service includes a clinical component and, at minimum, a quarterly individual/family therapy service;
    - v. Functioning or symptoms are consistent with active psychiatric diagnosis and/or functioning or symptoms indicates risk of relapse in member diagnosed with psychiatric disorder in partial remission;
    - vi. Frequency of services: up to 15 units (one unit = 60 minutes) are requested for a three-month (13 week) review;  
*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
  - b. *Continued stay request* meets all the following:
    - i. Meets criteria for admission/initial request for child and youth support services, II.B.3.a., except for frequency;
    - ii. Documentation includes the following:

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- a) Most recent treatment plan, completed within the past 12 months to include progress or lack of progress towards goals/objectives;
  - b) The three most recent child and youth support service notes;
  - c) The three most recent therapy notes, including individual and family therapy;
  - d) Documentation supporting ongoing parent/guardian/caregivers involvement in treatment services;
  - iii. Requested additional frequency of services: Up to an additional 30 units (one unit = 60 minutes) for each six-month (26 week) renewal period; **Note:** *Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
4. **Behavioral Assistance (H2019, with applicable modifier):** A specific outcome-oriented intervention provided individually or in a group setting with the member/enrollee and/ or caregiver(s) that will provide the necessary support to attain the goals of the treatment plan. Services involve applying positive behavioral interventions and support within the community to foster behaviors that are rehabilitative and restorative in nature. The intervention results in sustainable positive behavioral changes that improve functioning, enhance the quality of life, and strengthen skills in a variety of life domains. Behavioral Assistance is designed to support youth and their families in meeting behavioral goals in various community settings;
- a. *Admission/initial* request meets all the following:
    - i. Member/enrollee is 4 to 17 years of age;
    - ii. Member/enrollee is at risk of out-of-home placement or has returned home from residential placement and needs flexible wrap-around supports to ensure safety and support community integration;
    - iii. Functioning and/or symptoms are consistent with an active psychiatric diagnosis, or functioning and/or symptoms indicate risk of relapse in member/enrollee diagnosed with psychiatric disorder in partial remission;
    - iv. Treatment plan signed by the licensed mental health professional documents all the following:
      - a) Written in SMART format;
      - b) Requested service is a prescribed intervention;
      - c) Documentation that member/enrollee and/or guardian participated in the development/review of the treatment plan;
      - d) Service includes a clinical component and, at minimum, a quarterly individual/family therapy service;
    - v. Requested service meets the following:
      - a) Assists the family with implementing safety plans and behavioral management strategies when the member/enrollee is at risk for offending behaviors, aggressions, and oppositional defiant behaviors;
      - b) Provides support to the member/enrollee and family during periods when behaviors have historically been problematic, such as during morning preparation for school, at bedtime, after school, or other times when there is evidence of a pattern of escalation of problem difficult behaviors;
      - c) Provided in school classrooms or on school bus for short periods of time to help the member/enrollee transition from hospitals or residential settings but is not intended as a permanent solution to problem difficult behaviors at school;

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- vi. Frequency of Services: up to 73 units (one unit = 15minutes) per three-month (13 week) review;  
*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
  - b. *Continued stay request* meets all the following:
    - i. Meets criteria for admission/initial request for Behavioral Assistance individual or group, II.B.4.a., except for frequency;
    - ii. Documentation includes the following:
      - a) Most recent treatment plan, completed within the past 12 months to include progress or lack of progress towards goals/objectives;
      - b) The three most recent behavioral assistance service notes;
      - c) The three most recent therapy notes, including individual and family therapy;
      - d) Parent/guardian/caregivers involvement in treatment services;
    - iii. Requested additional frequency of services: Up to 146 units (one unit = 15minutes) for each six-month (26 week) renewal period;  
*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
- 5. Aftercare Recovery Support (substance abuse) (H2017, with applicable modifier):** A continuum of care provided to recovering members/enrollees living in the community based on their level of need;
- a. *Admission/initial request* meets the following:
    - i. Treatment plan signed by the licensed mental health professional or provide a recommendation letter from the licensed mental health professional for the requested services and evaluations;
    - ii. Requested service meets the following:
      - a) Service includes a clinical component and, at minimum, a quarterly individual/family therapy service;
      - b) Educates and assists the member/enrollee with accessing supports and services;
      - c) Promotes and assists the member/enrollee with maintaining community integration;
      - d) Assists the recovering member/enrollee with identifying and utilizing personal resources and support systems;
      - e) Provides transitional support services following discharge from a higher level of care;
      - f) Services can be provided in the home, community setting (e.g., school, work, church, stores, parks), and clinical settings for adults (adult day cares or adult day clinics);
    - iii. Frequency of services: Up to 52 units (one unit = 15 minutes) for a three- month (13 week) review;  
*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
  - b. *Continued stay* meets all the following:
    - i. Meets criteria for admission/initial request for Aftercare Recovery Support (substance abuse) II.B.5.a., except for frequency;
    - ii. Documentation includes the following:
      - a) Most recent treatment plan, include progress or lack of progress towards goals/objectives;
      - b) The three most recent aftercare recovery support service notes;

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- c) The three most recent therapy notes, including individual and family therapy;
      - iii. Requested additional frequency of services: Up to an additional 104 units (one unit = 15 minutes) for each six-month (26 week) renewal period;  
*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
  - 6. **Crisis Stabilization Intervention (H2011, with applicable modifier):** A scheduled face-to-face treatment activity provided to a member/enrollee who has recently experienced a psychiatric or behavioral crisis that is expected to further stabilize, prevent deterioration, and serve as an alternative to 24-hour inpatient care. Services are congruent with the age, strengths, required accommodation for any disability and cultural framework of the member/enrollee and family. If there are additional needs-based criteria for receiving the service, if applicable, the provider must specify the limits (if any) on the amount, duration, or scope of this service. Per 42 CFR Section 440.240, services available to any categorically needy recipient cannot be less in amount, duration, and scope than those services available to a medically needy recipient, and services must be equal for any member/enrollee within a group. States must also separately address standard state plan service questions related to sufficiency of services;
    - a. *Admission/initial*: no prior authorization needed;
    - b. *Continued stay* meets all the following:
      - i. If more than 12 units (one unit = 15 minutes) per day or 72 units per year are requested, an extension of benefits is needed;
      - ii. Documentation includes all the following:
        - a) Most recent treatment plan, include progress or lack of progress towards goals/objectives;
        - b) The three most recent crisis stabilization intervention services notes;
        - c) The three most recent therapy notes, including individual and family therapy;
- C. **Enhanced Level Services**, any of the following:
- 1. **Partial Hospitalization (H0035, with applicable modifier):** An intensive nonresidential, therapeutic treatment program used as an alternative to and/or a step-down service from inpatient residential treatment or to stabilize a deteriorating condition and avert hospitalization;
    - a. *Admission/initial* request meets all the following:
      - i. Meets InterQual<sup>®</sup> criteria and clinical presentation for admission;
      - ii. Treatment plan signed by the licensed mental health professional, or a recommendation letter is provided from the licensed mental health professional for the requested services and evaluations;
      - iii. Documented completion of the admission assessment or mental health assessment;
      - iv. Requested service meets the following:
        - a) Provides clinical treatment services in a stable environment on a level equal to an inpatient program, but on a less than 24-hour basis;
        - b) Treatment is provided in a highly structured environment, which maintains a staff-to-patient ratio of no more than one to five (1:5) to ensure necessary therapeutic services and professional monitoring, control, and protection.  
*Note: Treatment can occur in a variety of clinical settings for adults, like an adult day care or adult day clinic.*
        - c) Treatment includes intake, individual therapy, group therapy, and

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- psychoeducation;
- d) All clinical sites must be certified by the Division of Provider Services and Quality Assurance as a Partial Hospitalization Provider;
- v. Frequency of services (one unit=one day), all the following:
  - a) Determined by InterQual;
  - b) No less than five hours per day, of which 90 minutes must be a documented service provided by a Mental Health Professional;
  - c) If a member/enrollee receives other services during the week but also receives Partial Hospitalization, the member/enrollee receives, at a minimum, 20 documented hours of services on no less than four days in that week;
 

*Note: All counseling and HCBS services are included in this per diem service; no additional Counseling or HCBS may be billed on the same day.*
- b. *Continued stay* documentation, all the following:
  - i. Meets criteria for admission/initial request for partial hospitalization II.C.1.a.;
  - ii. Documentation includes all the following:
    - a) Most recent treatment plan, include progress or lack of progress towards goals/objectives;
    - b) The three most recent partial hospitalization service notes;
  - iii. Frequency of service determined by InterQual guidelines;
- 2. **Substance Abuse Detox (Observational) (H0014, with applicable modifier):** A set of interventions aimed at managing acute intoxication and withdrawal from alcohol or other drugs. Services help stabilize the member/enrollee by clearing toxins from the body;
  - a. *Admission/initial* request meets all the following:
    - i. Meets ASAM criteria for admission;
    - ii. The treatment plan is signed by the licensed mental health professional, or a recommendation letter is provided by the licensed mental health professional for the requested services;
    - iii. Documented completion of the admission assessment or mental health assessment;
    - iv. Requested service meets the following:
      - a) Service will be short term and provided in a crisis unit, inpatient, or outpatient setting;
      - b) Service includes evaluation, observation, medical monitoring, and addiction treatment;
      - c) Assists the member/enrollee with minimizing the physical harm caused by the abuse of substances and prepares the member/enrollee for ongoing substance abuse treatment;
      - d) Frequency of services determined by ASAM guidelines;
 

*Note: All counseling and HCBS services included in this per diem, no additional Counseling or HCBS may be billed on the same day.*
  - b. *Continued stay* documentation meets all the following:
    - i. Requirements in admission/initial request for substance abuse detox (observational), II.C.2.a.;
    - ii. Documentation includes the following:
      - a) Most recent treatment plan, include progress or lack of progress towards goals/objectives;
      - b) All notes covering the previous authorization request;

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- iii. Frequency of services determined by ASAM guidelines;
- 3. **Adult Rehabilitative Day Service (H2017, with applicable modifier):** A continuum of care provided to recovering member/enrollees living in the community based on their level of need. This service includes educating and assisting the member/enrollee with accessing support and services needed to direct their resources and support systems.
  - a. *Admission/initial* request meets all the following:
    - i. Member/enrollee is 18 years of age or older;
    - ii. Member/enrollee has a diagnosis of serious persistent mental illness (SPMI), and demonstrates the need for assistance with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers;
    - iii. Treatment plan, signed by the licensed mental health professional meets the following:
      - a) Written in SMART format;
      - b) Requested service is a prescribed intervention;
      - c) Documentation supports that the member/enrollee and/or guardian participated in the development and review of the treatment plan;
    - iv. Documentation of a mental health evaluation;
    - v. Requested service meets the following:
      - a) Psychotherapy will be conducted at a minimum quarterly basis and may include individual and/or family therapy;
      - b) Service activities include all the following:
        - 1) Training to assist the member/enrollee to learn, retain, or improve specific job skills, and to successfully adapt and adjust to a particular work environment;
        - 2) Training and assistance to support the member/enrollee with living independently and maintaining a household of their choosing within the community;
        - 3) Transitional support services following discharge from a higher level of care;
        - 4) Face-to-face rehabilitative day activities delivered through a preplanned and structured group program for identified members/enrollees, focused on long- term recovery and maximizing self-sufficiency, as distinguished from acute day treatment intended primarily for the symptom stabilization;
        - 5) Person and family centered, recovery-based, culturally competent activities, including accommodations necessary for disabilities, with measurable outcomes;
        - 6) Intervention designed to assist the member/enrollee with compensating for or eliminating functional deficits and interpersonal and/or environmental barriers associated with their chronic mental illness, restoring the fullest possible integration of the member/enrollee as an active and productive part of the family, social and work community and/or culture with the least amount of ongoing professional intervention;
        - 7) Training to address emotional skills, such as coping with stress, anxiety, or anger; behavioral skills, such as proper use of medications, appropriate social interactions and managing overt expression of symptoms like delusions or hallucinations; daily living and self-care

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- skills, such as personal care and hygiene, money management and daily structure/use of time; cognitive skills, such as problem solving, understanding illness and symptoms and reframing; community integration skills and any similar skills required to implement the master treatment plan;
- vi. Frequency of services: Up to 90 units (one unit = 60 minutes) for a three-month (13 week) review.  
*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
  - b. *Continued Stay* meets all the following:
    - i. Meets criteria for admission/initial request for adult rehabilitative day service, II.C.3. a., except for frequency;
    - ii. Documentation includes the following:
      - a) Most recent treatment plan, completed within the past 12 months to include progress or lack of progress towards goals/objectives;
      - b) The three most recent adult rehabilitative service notes;
      - c) The three most recent therapy notes, including individual and family therapy;
      - d) The most recent medication management note, if applicable;
    - iii. Psychotherapy services are conducted at, a minimum on a quarterly basis and include individual and/or family therapy, unless higher standards are required within applicable, provider certification manuals;
    - iv. Requested additional frequency of services: Up to an additional 180 units (one unit = 60 minutes) for each six-month (26 week) renewal period;  
*Note: Providers must submit documentation to support the severity of the need for additional units beyond the guideline.*
  4. **Therapeutic Communities (H0019, with applicable modifier):** Highly structured residential environments or continuums of care in which the primary goals are the treatment of behavioral health needs and the fostering of personal growth leading to personal accountability. Services address the broad range of needs identified by the member/enrollee. The service employs community-imposed consequences and earned privileges as part of the recovery and growth process. In addition to daily seminars, group counseling, and individual activities, the member/enrollees are assigned responsibilities within the therapeutic community setting. Member/enrollees and staff members function as facilitators, emphasizing personal responsibility for one's own life and self-improvement. The service emphasizes integration within the community, and progress is measured within the context of that community's expectation;
  5. **Therapeutic Community (TC) Level 1:** Provides the highest level of supervision, support and treatment as well as ensuring community safety in a facility of no more than 16 beds. Member/enrollees who receive this level of care have treatment needs that are severe enough to require inpatient care in a hospital but do not need the full resources of a hospital setting. The emphasis on this level is intensive services delivered using a multi-disciplinary approach including physicians, licensed counselors, and highly trained paraprofessionals.
    - a. *Admission/initial* request meets all the following:
      - i. Member/enrollee has a diagnosis of serious persistent mental illness (SPMI) or an intellectual/developmental disability with serious behavioral issues that cannot be safely treated in the community;
      - ii. Member/enrollee has regressed or has an exacerbation of symptoms that are severe enough to require inpatient care in a hospital but do not need the full

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resources of a hospital setting; or the member/enrollee demonstrates multisystem involvement and complex needs requiring the highest-level of 24/7 supervision, support, and treatment to ensure community safety;

*Note: Consideration will be given for members/enrollees who are under a 911, 310 or 180 commitment status and pose a high level of community safety risk.*

- iii. Documentation identifies risk factors to the member/enrollee and/ or community if member/enrollee were to transition to TC level 2;
  - iv. Requested service meets the following:
    - a) Provides the highest level of supervision, support and treatment as well as ensuring community safety in a facility of no more than 16 beds;
    - b) Intensive services are delivered using a multi-disciplinary approach including physicians, licensed counselors, and highly trained paraprofessionals;
    - c) Submission of a Positive Behavioral Support Plan for a member/enrollee who has an intellectual or developmental disability with behavioral issues needing TC Level 1;
    - d) Participation in development and updates to the Person-Centered Service Plan (PCSP), including Interdivisional Staffing when notified at least 24 hours (during business days) in advance, unless an emergency arises, by the health plan Care Coordination team. If a critical incident occurs, outreach and collaboration with the health plan care coordination team on addressing the immediate needs;
    - e) Frequency of services: Up to 90 days (one unit=one day), per authorization request;
      - 1) A minimum of 35 treatment hours will occur per week with five of these treatment hours/encounters being conducted by a licensed mental health professional with at least one treatment hour/encounter on an individual basis and not in a group setting;
      - 2) A minimum of two encounters per month will be conducted by a MD/Psychiatrist/APRN/other prescriber for the member/enrollee's behavioral health need;
      - 3) All counseling and HCBS are included in this per diem, no additional services may be billed on the same day by the same provider, and no other HCBS or counseling services may be billed;
  - b. *Continued stay request* meets all the following:
    - i. Meets criteria for admission/initial request for TC Level 1, II.C.5.a., except for frequency;
    - ii. Submission of the most recent treatment plan, psychiatric evaluation, prescriber/MD notes, counseling notes, and daily notes/logs demonstrating that treatment hour requirements have been met during the previous 30 days;
    - iii. Requested additional frequency of services: Up to **30 days** (one unit=one day);
6. **Therapeutic Community (TC) Level 2:** Provides supervision, support, and treatment, but at a lower level than TC Level 1 and can be used as a step down from Level 1 to begin the transition back into a community setting that will not provide 24/7 supervision, service, and support. Interventions shift from clinical to addressing the member/enrollee's educational or vocational needs, socially dysfunctional behavior, and the need for stable housing. Arranging for the full array of clinical and HCBS is critical for successful discharge;

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- a. *Admission/initial* request meets all the following:
  - i. Member/enrollee is 18 years of age or older;
  - ii. Member/enrollee has a diagnosis of serious persistent mental illness (SPMI) or an intellectual/developmental disability with serious behavioral issues that cannot be safely treated in the community;
  - iii. Member/enrollee requires supervision, support, and treatment at a lower level of care than Level 1 TC but cannot live safely/independently in the community without continued treatment at this level of care. Priority is given to:
    - a) Member/enrollee recently discharged from an institutional setting, TC Level 1, an inpatient psychiatric hospitalization, human development center, or the criminal justice system;
    - b) Member/enrollee diagnosed with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), or bipolar disorder;
    - c) Member/enrollee diagnosed with an intellectual/developmental disability displaying significant/challenging behaviors;
  - iv. Member/enrollee has significant functional impairments as demonstrated by the inability to consistently engage in at least three of the following:
    - a) Maintaining personal hygiene;
    - b) Meeting nutritional needs;
    - c) Caring for personal business affairs;
    - d) Obtaining medical, legal, and housing services;
    - e) Recognizing and avoiding common dangers or hazards to self;
    - f) Persistent and recurrent failure to perform daily living tasks except for significant support or assistance from others;
    - g) Member/enrollee has three or more of the following problems that are indicators of high-service needs:
      - 1) High use of acute psychiatric hospitals or crisis/emergency services (e.g., three or more admissions per year), extended hospital stay (60 days within the past year);
      - 2) Persistent, recurrent, severe, or major symptoms (e.g., affective, psychotic, suicidal);
      - 3) High risk for or with a recent history of criminal justice involvement (e.g., arrest and incarceration);
      - 4) Inability to meet basic survival needs or residing in substandard housing, homeless, or at imminent risk of becoming homeless;
      - 5) Frequent ED utilization, residing in an inpatient or crisis unit, human development center, or in a therapeutic community, but clinically assessed to be able to live in a more independent living situation if intensive services are provided or requiring a residential or institutional placement if more intensive services are not available;
      - 6) Lower level of service/support has been tried or considered and found inappropriate at this time;
- v. Daily Living Activities (DLA-20) assessment completed within the past three months, or submission of detailed documentation describing the member/enrollee's current functional deficits;
- vi. Requested service meets the following:
  - a) Provides supervision, support, and treatment, at a lower level than TC Level 1 and may service as a step-down transition from TC Level 1 to a community setting that does not provide 24/7 supervision, service, and support;

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- b) Provided interventions shift from primarily clinical stabilization to addressing the member/enrollee's educational or vocational needs, socially dysfunctional behavior, and the need for stable housing;
      - c) Participation in development and updates to person centered service plan (PCSP), including interdivisional staffing when notified at least 24 hours in advance during business days in advance, unless an emergency arises by the health plan care coordination team;
    - vii. Frequency of services, all the following:
      - a) Up to 90 days (one unit =one day) are requested;
      - b) A minimum of 30 treatment hours will occur per week with three of these treatment hours/encounters being conducted by a licensed mental health professional with at least one treatment hour/encounter on an individual basis and not in a group setting;
      - c) A minimum of one encounter per month will be conducted by a MD/psychiatrist/APRN/other prescriber for the member/enrollee's behavioral health need;
    - b. *Continued Stay* meets all the following:
      - i. Meets criteria for admission/initial request for TC Level 2 in II.C.6.a.;
      - ii. Submission of the most recent treatment plan, psychiatric evaluation, prescriber/MD notes, counseling notes, and daily notes/logs showing treatment hour requirements have been met for the last 30 days;  
*Note: If critical incident occurs, outreach and collaboration with the health plan care coordination team on addressing the immediate needs.*
      - iii. If a member/enrollee has an intellectual or developmental disability with behavioral issues needing TC Level 2 a positive behavioral support plan will be required;
7. **Residential Community Reintegration (H2020, with applicable modifier):**  
Designed to serve as an intermediate level of care between Inpatient Psychiatric Facilities and home and community-based behavioral health services. The program provides twenty-four hour per day intensive therapeutic care provided in a small group home setting for children and youth with emotional and/or behavior problems which cannot be remedied by less intensive treatment. The program is intended to prevent acute or sub-acute hospitalization of youth, or incarceration. The program is also offered as a step-down or transitional level of care to prepare a youth for less intensive treatment;
- a. *Admission/Initial* request meets all the following:
    - i. Member/enrollee is under the age of 21;
    - ii. Member/enrollee exhibits emotional and/or behavior problems at risk for acute hospitalization, sub-acute hospitalization, residential placement, or incarceration;
    - iii. Submission of the treatment plan signed by the licensed mental health professional or a recommendation letter from the licensed mental health professional for the requested services;
    - iv. Mental health evaluation submitted (if completed);
    - v. The service program meets all the following:
      - a) Certified by the Department of Human Services to ensure quality of care and the safety of member/enrollees and staff;
      - b) Ensures the provision of educational services to all member/enrollees in the program. This may include education occurring on campus or the option to attend a school off campus if deemed appropriate in accordance with the Arkansas Department of Education;

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- iv. Frequency of services, all the following:
  - a) Up to 90 days (one unit =one day) are requested;
  - b) A minimum of 15 treatment hours, five of which can be community enrichment activities, will occur per week with three of these treatment hours/encounters being conducted by a licensed mental health professional with at least one treatment hour/encounter on an individual basis and not in a group setting;
  - c) A minimum of one encounter per month will be conducted by a MD/psychiatrist/APRN/other prescriber to support the member/enrollee’s behavioral health need;
- b. *Continued Stay request* meets all the following:
  - i. Meets criteria for admission/initial request for residential community reintegration, II.C.7.a.;
  - ii. Submission of the most recent treatment plan, and progress notes from the last 30 days, including all therapy notes;
  - iii. Psychotherapy is conducted at a minimum on a quarterly basis and includes individual and/or family therapy.

### Background

Arkansas Total Care is committed to ensuring that all behavioral health services under the 1915(i) HCBS state plan amendment are provided with the intention to prevent or delay entry into an institutional setting, or to assist or prepare an individual to leave an institutional setting, meaning the service should assist the individual to live safely and successfully in their own home or in the community.

### Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2025, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

CPT®** Codes	Description
N/A	

HCPCS®** Codes	Arkansas Specific Description
H0014	Substance Abuse Detox, Observational
H0019	Therapeutic Communities
H0034	Pharmacological Counseling by RN
H0035	Partial Hospitalization
H0038	Peer Support
H0043	Supportive Housing
H0045	Therapeutic Host Home
H2011	Crisis Stabilization Intervention
H2014	Family Support Partners
H2015	Child and Youth Support Services

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H2017	Adult Life Skills Development, Aftercare Recovery Support (SU), Supportive Life Skills Development; Adult Rehabilitation Day Service per 60 minutes
H2019	Behavioral Assistance
H2020	Residential Community Reintegration
H2023	Supportive Employment
T1005	Respite (15 min)

\* Please use correct HCPCS modifiers as applicable.

Reviews, Revisions, and Approvals	Revision Date	Approval Date
New policy adapted based off Arkansas Total Care (ARTC) 1915(i) Behavioral Health, Home, and Community-Based Services (HCBS).	06/23	
Adhoc review. In Supportive Employment: I.A.4.a.i.a) removed the statement “Services delivered in the home are intended to foster independence in the community setting and may include training in menu planning, food preparation, housekeeping and laundry, money management, budgeting, following a medication regimen, and interacting with the criminal justice system” and replaced it with “Service can be provided in a variety of settings to include community, job site, home, etc. If services are provided in the home, it should be to foster independence in the community setting and may include training in a variety of areas to include food preparation, housekeeping, budgeting, etc.; In Therapeutic Community Level One: I.C.4.a, i., d), 2) added clarification to the number of encounters “a minimum of two encounters”. In Therapeutic Community. Level Two: I.C.4.b. i. g) 3) added clarification to the number of encounters “a minimum of two encounters”. In Residential Community Reintegration: I.C.5.a. iv. a) through c), added clarification to the treatment hours as such: “a) Up to 90 units (one unit =one day) are requested; b) A minimum of 15 treatment hours, five of which can be community enrichment activities, will occur per week with three of these treatment hours/encounters being conducted by a licensed mental health professional with at least one treatment hour/encounter on an individual basis and not in a group setting; c) A minimum of one encounter per month will be conducted by a MD/psychiatrist/APRN/other prescriber to support the member/enrollee’s behavioral health need.	07/23	07/23
Annual review. Updated description with no clinical significance. Updated the table of contents. Added “program requirement” to new policy statement I. to reference documentation requirements for mental health diagnosis, psychiatric assessment, and master treatment plan. Added “rendering providers” to II.A.4. a.i.a). Removed “Respite (per diem). Added “Pharmacological Counseling by a RN” to II.A.7. Added II.B.3.a.iv.a) “additional counseling information.” Added rendering providers to II.B.4.a.iv.a). Added “rendering providers” to II.B.6.c. Removed “Assertive community treatment (ACT) and Intensive In-Home Services.” Removed “HCPCS codes H0037, H0040 and S5151”. References reviewed and updated.	05/24	06/24
Annual Review. Noted in 05/24 revision log the approval date of 06/24. Updated policy description. Updated table of contents. Added I.B.3. “...Identifies psychotropic medications...” Added note to II.B.1.b.iii. “Note: Providers may submit...” References reviewed and updated.	06/25	

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Reviews, Revisions, and Approvals	Revision Date	Approval Date
Annual review completed. Updated page numbers within the medical necessity criteria Table of Contents. Removed all references to Centene Advanced Behavioral Health throughout the policy to align with current organizational structure. Minor rewording was made across criteria points to improve clarity without altering intent. HCPCS codes were added to each applicable service. For each service within the admission/initial request criteria, additional requirements were incorporated to address support needs and treatment plan expectations. Within the continued stay request criteria, additional documentation requirements were added to support the ongoing need for services. Age ranges were specified for the following services: Family Support, Adult Rehabilitative Day Services, Residential Community Integration. Background updated and references reviewed and updated.	6/26	6/26

### References

1. Arkansas Department of Human Services. Home, and Community-Based Services (HCBS) For Clients with Intellectual Disabilities and Behavioral Health Needs, Section II. <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/helpful-information-for-providers/manuals/hcbsidbh-prov/>. Published January 1, 2023. Accessed June 4, 2026.
2. Arkansas Department of Human Services. Counseling and Crisis Service Manual, Section II. [Counseling and Crisis Services - Arkansas Department of Human Services](#). Updated June 1, 2025. Accessed June 4, 2026.
3. Arkansas Department of Human Services. PASSE. Provider led Arkansas Shared Savings Entity. Website. <https://humanservices.arkansas.gov/divisions-shared-services/medical-%20services/healthcare-programs/passe/>. Accessed June 4, 2026.
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### Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy,

## CLINICAL POLICY

### Home and Community Based Services

contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible, for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

**Note: For Medicaid members/enrollees**, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

**Note: For Medicare members/enrollees**, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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