



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 members 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, 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, when provided by Community Support System Providers (CSSP), or Behavioral Health Agencies (BHAs) meet all applicable ***program requirements for Intensive and Enhanced Levels of Care***, in addition to the service specific criteria outlined in section II:

Note: *The general requirements in policy statement I. do not apply to Base Level Services.*

- A.** The member 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 of 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 of the following:
 - a. Date of service;
 - b. Start and stop times of the face-to-face encounter with the member 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 of 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. Documents all of the following:

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- a. Date of service;
 - b. Start and stop times of the face-to-face encounter with the member 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 members under 18 years of age, documentation includes all the following:
 - a) The members' 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 members > 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. **Treatment Plan, (90885 with applicable modifier)** A plan that is developed in cooperation with the member to deliver specific mental health services to restore, improve, or stabilize the member's mental health condition.
- Note:** Treatment plan requirements apply only to members receiving applicable Intensive or Enhanced Level Services. Base Level Services do not require a treatment plan unless otherwise specified.*
- a. A *treatment plan* meets all the following:
 - i. Completed within 14 days of admission;
 - ii. 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's request;
 - iii. Requested service is a prescriptive intervention;
 - iv. 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);
 - v. Documentation includes all the following:
 - a) Member and/or parent/guardian participation in the development of the treatment plan;
 - b) Date of service (date plan is developed);

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- c) Start and stop times for development of plan;
- d) Place of service;
- e) Member's diagnosis;
- f) Member's strengths and needs;
- g) Treatment goals that are age appropriate and written in SMART format;
- h) Measurable objectives;
- i) Treatment modalities/services that will be used to meet the objectives;
- j) Projected schedule for service delivery including amount, scope, and duration;
- k) Discharge criteria;
- l) Signature/credentials of staff, member, parent/guardian/caregiver (if the member is >18 years of age), including date of service;
- b. Treatment Plan *updates* meet all the following:
 - i. Review of the previous treatment plan to identify progress or lack thereof for each goal/objective;
 - ii. Updated based upon the member's progress/change in circumstances;
 - iii. Modified annually or when there is a clinical need to update more frequently;
 - iv. 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 provided by Community Support System Providers (CSSP), or Behavioral Health Agencies (BHAs) 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 and Enhanced*.

A. Base Level Services, any of the following:

1. **Supportive Housing (H0043, with applicable modifier):** Designed to ensure that members 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 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's recovery journey;
 - a. *Admission/initial* request meets all the following:
 - i. The member is between 18 and 99 years of age;
 - ii. Requested service meets the following:
 - a) Assesses the member'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:
 - i.) Home;
 - ii.) Community setting (e.g., school, work, church, stores, or parks);
 - iii.) 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;

Note: Providers must submit documentation to support the severity of the need

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for additional units beyond the guideline.

- b. *Continued Stay request* meets all the following:
 - i. Meets criteria for admission/initial request for supportive housing, 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 (H2014, with applicable modifier to identify adult or youth services and individual or group delivery):** 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 members into their community as they develop their recovery plan or habilitation plan. This service is designed to assist members 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/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. The member is 16 years of age or older;
 - ii. The member 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. Documentation of a treatment plan that meets criteria noted in I.C. when services are provided under Intensive or Enhanced Level of care;
 - iv. Requested service meets one or more of 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 with developmental or intellectual disability and behavioral diagnosis, the service focuses on:
 - i.) Skills to complete activities of daily living (ADLs);
 - ii.) 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 development, except for frequency;
 - ii. Documentation supports ongoing need for services and includes the following:
 - a) Most recent treatment plan meets criteria noted in I.C., completed within the past 12 months, including progress or lack of progress towards identified goals/objectives;

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- b) The three most recent supportive life skills development 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 guidelines.
 - 3. **Supportive Employment (H2023, with applicable modifier):** This service may be provided individually, in groups of two to four members, or in groups of five to eight members. The service is designed to help members obtain and maintain meaningful employment in a competitive job market. It facilitates job acquisition by sending staff to accompany members 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'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 240 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 guidelines.
 - b. *Continued stay* meets all the following:
 - i. Meets criteria for admission/initial request for supportive employment services, except for frequency;
 - ii. Documentation of the three most recent supportive employment service notes;
 - iii. Requested additional frequency of services: up to an additional 480 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. **Pharmacologic Counseling by a RN (H0034, with applicable modifier):** A specific, time limited one-to-one intervention by a nurse with a member and/or guardian/caregiver, related to their psycho-pharmacological treatment;
 - a. *Admission/Initial request* meets all the following:
 - i. The member and/or guardian demonstrates the potential to benefit from verbal and/or written information regarding prescribed psychopharmacological medications, including the condition being treated, medication purpose, and any recommended lifestyle modifications;
 - ii. 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 and/or guardian/caregivers;

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- iii. 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 Counseling by a RN, except for frequency requirement;
 - ii. Documentation includes 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 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's functional ability;
 - a. *Admission/Initial* review meets all the following:
 - i. The member is between 18 and 99 years of age;
 - ii. The member demonstrates potential to benefit from assistance with navigating multiple systems (e.g., housing, supportive employment, supplemental benefits, building/rebuilding natural support) that impact functional ability;
 - iii. Documentation of a treatment plan that meets criteria noted in I.C.;
 - iv. Requested service meets the following:
 - a) Provided by a peer support specialist on an individual basis, and delivered within the member's home or community environment;
 - b) Assists the member in articulating recovery goals, learning and practicing new skills, monitoring 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, except for frequency;
 - ii. Documentation includes all the following:
 - a) Most recent treatment plan meets criteria noted in I.C. and is 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;

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- 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. **Child and Youth Support Services (H2015, with applicable modifier):** This clinical, time-limited service is provided to principal caregivers and is intended to increase a member's positive behaviors and promote compliance with parental expectations in the home. Service activities may include collaboration with teachers and schools to modify the classroom environment and support positive behaviors, as well as interventions designed to improve the member's social skills, emotional awareness, conflict resolution, academic engagement, school readiness and cooperation with teachers and other school personnel. This service also supports the development of parental skills in managing their members' symptoms and provides training on effective interventions and techniques for collaborating with the schools;
 - a. *Admission/initial* request meets all the following:
 - i. The member is between 4 and 20 years of age;
 - ii. The member is at risk of out-of-home placement or has recently reintegrated from an out-of-home placement;
 - iii. The member has documented symptoms associated with their behavioral health diagnosis that cause functional impairment and cannot be adequately addressed through therapy and medication management alone in one or more of the following areas:
 - a) Family functioning;
 - b) School attendance or academic performance;
 - c) Community functioning;
 - d) Peer relationships,
 - e) Safety awareness;
 - f) Age-appropriate independent functioning;
 - iv. Documentation of a treatment plan that meets criteria noted in I.C.;
 - v. Service includes a clinical component and, at minimum, a quarterly individual/family therapy service;
 - vi. 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;
 - vii. Frequency of services: up to 20 units (one unit = 30 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 of the following:
 - i. Meets criteria for admission/initial request for child and youth support services, except for frequency;
 - ii. Documentation includes the following:
 - a) Most recent treatment plan meets criteria noted in I.C and is 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;

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- e) Documentation addresses any identified safety concerns and demonstrates whether the member continues to experience functional impairments related to the home, school or community environment, and/or peer relationships;
 - iii. Requested additional frequency of services: Up to an additional 40 units (one unit = 30 minutes) for each six-month (26 week) renewal period;
Note: Providers must submit documentation supporting the severity of the member's clinical need for additional units beyond the guideline. Administrative activities, observation without intervention and documentation time are not billable.
- 3. **Behavioral Assistance (H2019, with applicable modifier):** A specific outcome-oriented intervention provided individually or with the member 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 home or 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. The member is between 4 and 20 years of age;
 - ii. The member needs flexible wrap-around support 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 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 and/or guardian participated in the development/review of the treatment plan;
 - d) Service is provided at minimum, a quarterly individual/family therapy service;
 - v. Requested service meets one or more of the following:
 - a) Assists the family with implementing safety plans and behavioral management strategies when the member is at risk of offending behaviors, aggressions, and oppositional defiant behaviors;
 - b) Provides support to the member and family during periods when behaviors have historically been problematic;
Note: Administrative activities, observation without active intervention, transportation, and documentation time are not billable. Services must reflect skill-based, outcome-oriented behavioral interventions, and may not consist solely of monitoring or supervision.
 - vi. Frequency of Services: up to 73 units (one unit = 15 minutes) per three-month (13 week) review and is provided at minimum, with a quarterly individual/family therapy service;
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, except for frequency;

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- ii. Documentation includes the following:
 - a) Most recent treatment plan, meets criteria noted in I.C. and is 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) The most recent prescriber note;
 - e) 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.
- 4. **Crisis Stabilization Intervention (H2011, with applicable modifier):** A scheduled face-to-face treatment activity provided to a member 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 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 needed recipient, and services must be equal for any member 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, meets criteria noted in I.C and as applicable includes 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;
- 5. **Family Centered Treatment (FCT) (H0037, with applicable modifier for the monthly unit or the daily unit):** An intensive, evidence-based trauma treatment model that delivers in-home services to at-risk children, adolescents, and their families. FCT helps prevent out-of-home placements, stabilize families, empowers adult caregivers, and support reunification by addressing unhealthy family patterns and trauma. Services include both direct face-to-face and indirect contacts and collaboration with the school or other involved systems. Designed to promote permanency goals and to reduce length of stay in residential facilities, FCT treats the members and their family through individualized therapeutic interventions that promote the overall health and well-being of the entire family system, provided crisis intervention 24 hours per day, seven days per week.
 - a. Admission and Continued stay requirements are located in AR.CP.BH.504;
 - b. Services include direct face-to-face and indirect contact, as well as collaboration with individuals and entities involved in the members' care;
Note: Telehealth is only allowable under the direction and written approval of the FCT Foundation.
 - c. Requested services include any of the following intensive case management services

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and includes 85% of direct clinical work with the member and family members:

- i. Psychoeducation, impart information about the member's diagnosis, condition, and services to the member, family, caregivers, or other individuals involved with the member's care;
- ii. Initial and ongoing assessment, including data collection and progress reporting;
- iii. Initial and ongoing service planning;
- iv. Linkage and referral to paid and natural supports;
- v. Case consultation and coordination across multiple involved agencies, when applicable;
- vi. Collaboration with the PASSE Care Coordinator;
- d. Frequency of services meets all of the following:
 - i. At a minimum of 10 hours per month of the requested monthly service is conducted face to face with the member and family;
 - ii. A minimum of two direct multiple-hour sessions per week is conducted in the home setting and adjusted as indicated by the member and family's ongoing needs;
 - iii. At least monthly documented communication between the involved agencies and the licensed FCT provider, including but not limited to any of the following, is encouraged:
 - a) School staff;
 - b) Care Coordinators;
 - c) Arkansas Division of Child and Family Services (DCFS)/Division of Youth Services (DYS) case workers;
 - d) Probation officers;
 - e) Court-Appointed Special Advocates;
 - f) Outpatient behavioral health providers;

Note: At a minimum, communication includes participation in the Child and Family monthly meeting.

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. The member meets InterQual[®] criteria and clinical presentation for admission;
 - ii. Most recent treatment plan meets criteria noted in I.C. and is 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 psychoeducation;

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- 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 receives other services during the week but also receives Partial Hospitalization, the member 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. Documentation includes all the following:
 - a) Most recent treatment plan, which meets criteria noted in I.C. , including 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. **Adult Rehabilitative Day Service (H2017, with applicable modifier):** A continuum of care provided to recovering members living in the community based on their level of need. This service includes educating and assisting the members with accessing support and services needed to direct their resources and support systems.
 - a. *Admission/initial* request meets all the following:
 - i. The member is 18 years of age or older;
 - ii. The member 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. Documentation of a treatment plan that meets criteria noted in I.C.;
 - iv. Documentation of a mental health evaluation;
 - v. Requested service meets the following:
 - a) Psychotherapy will be conducted at a minimum on a quarterly basis and may include individual and/or family therapy;
 - b) Service activities include one or more of the following:
 - 1) Training to assist the member 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 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, focused on long- term recovery and maximizing self-sufficiency, as distinguished from acute day treatment intended primarily for symptom stabilization;
 - 5) Person centered, recovery-based, culturally competent activities, including accommodation necessary for disabilities, with measurable outcomes;

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- 6) Intervention designed to assist the member 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 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 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 50 units (one unit = full day or partial day with appropriate modifier, this is an inclusive service and no other HCBS or Group Psychotherapy may be billed on the same day) 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, except for frequency;
 - ii. Documentation includes the following:
 - a) Most recent treatment plan, meets criteria noted in I.C. and is 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 100 units (one unit = full day or partial day with appropriate modifier, this is an inclusive service and no other HCBS or Group Psychotherapy may be billed on the same day) 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.
3. **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. 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 members are assigned responsibilities within the therapeutic community setting. Member and staff members function as facilitators, emphasizing personal responsibility for one's own life and self-improvement. The

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service emphasizes integration within the community, and progress is measured within the context of that community's expectation.

- a. **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. Members 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. This level is a high intensity, recovery-oriented service for individuals who experience severe functional impairment due to psychiatric symptoms and who, without intensive community-based support, are at a high risk of not being able to sustain community living. The emphasis on this level is intensive services delivered using a multi-disciplinary approach including physicians, licensed counselors, and highly trained paraprofessionals.
 - i. *Admission/initial* request meets all the following:
 - a) The member has a diagnosis of serious, persistent mental illness (SPMI) and demonstrates severe functional impairment and cannot be safely treated in the community;
 - b) The member meets one of the following:
 - 1) Has had 3 or more Inpatient (IP) psychiatric hospitalizations or Crisis Stabilization Unit (CSU) admissions within the past 90 days;
 - 2) Has recently discharged from a state hospital or forensic system and presents a severe safety concern to the community;
 - 3) Has experienced worsening symptoms related to their BH diagnosis at a lower TC level that requires transition to TC Level I to ensure safety;
 - c) The member 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 resources of a hospital setting; or the member 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 who are under a 911, 310 or 180 commitment status and pose a high level of community safety risk.
 - d) Documentation identifies risk factors to the member and/ or community if member were to transition to TC level 2;
 - 1) Requested service meets the following:
 - i.) Provides the highest level of supervision, support and treatment as well as ensuring community safety in a facility of no more than 16 beds;
 - ii.) Intensive services are delivered using a multi-disciplinary approach including physicians, licensed counselors, and highly trained paraprofessionals;
 - iii.) 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;
 - 2) Frequency of services: Up to 30 days (one unit=one day), per authorization request;

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- i.) 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;
 - ii.) A minimum of two encounters per month will be conducted by an MD/Psychiatrist/APRN/other prescriber for the member's behavioral health need;
 - iii.) 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;
- ii. *Continued stay request* meets all the following:
 - a) Meets criteria for admission/initial request for TC Level 1, except for admission pathways and the initial frequency requirement;
 - b) Documentation demonstrates progress toward treatment goals or identifies clinical barriers to progress that continue to support the need for TC Level 1;
 - c) Documentation identifies barriers to transition to a less intensive level of care and the interventions being implemented to address those barriers;
 - d) Submission of the most recent treatment plan meets criteria noted in I.C., psychiatric evaluation, prescriber/MD notes, counseling notes, and daily notes/logs demonstrating that treatment hour requirements have been met during the previous 30 days;
 - e) Requested additional frequency of services: Up to 30 days (one unit=one day);
- b. **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. Level 2 can also be an appropriate alternative to Level 1 when high-intensive supports as defined in Level 1 are not clinically indicated.;
 - i. *Admission/initial request* meets all the following:
 - a) The member is 18 years of age or older;
 - b) The member has a diagnosis of serious, persistent mental illness (SPMI) that cannot be safely treated in the community, documentation of specific services attempted, durations of those services and why they were unsuccessful should be included;
 - c) The member 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:
 - 1) The member has recently been discharged from an institutional setting, TC Level 1, an inpatient psychiatric hospitalization, or the criminal justice system;
 - 2) The member is diagnosed with schizophrenia, other psychotic disorders (e.g., schizoaffective disorder), or bipolar disorder;
 - d) The member has significant functional impairments as demonstrated by the inability to consistently engage in at least three of the following:
 - 1) Maintaining personal hygiene;
 - 2) Meeting nutritional needs;
 - 3) Caring for personal business affairs;
 - 4) Obtaining medical, legal, and housing services;
 - 5) Recognizing and avoiding common dangers or hazards to self;

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- 6) Persistent and recurrent failure to perform daily living tasks except for significant support or assistance from others;
- e) The member 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, 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;
- f) Daily Living Activities (DLA-20) assessment completed within the past three months, or submission of detailed documentation describing the member's current functional deficits, the DLA score must support significant functional impairment consistent with TC 2 level of care;
- g) Requested service meets the following:
 - 1) Provides supervision, support, and treatment, at a lower level than TC Level 1 and may serve as a step-down transition from TC Level 1 ;
 - 2) Provided interventions shift from primarily clinical stabilization to addressing the member's educational or vocational needs, socially dysfunctional behavior;
 - 3) 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;
- h) Frequency of services, all the following:
 - 1) Up to 90 days (one unit =one day) are requested;
 - 2) 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;
 - 3) A minimum of one encounter per month will be conducted by an MD/psychiatrist/APRN/other prescriber for the member's behavioral health need;
- ii. *Continued Stay* meets all the following:
 - a) The member continues to meet criteria for admission/initial request for TC Level 2;
 - b) Submission of the most recent treatment plan meets criteria noted in I.C. , psychiatric evaluation, prescriber/MD notes, counseling notes, and daily notes/logs showing treatment hour requirements have been met for the last 30 days;

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Note: If a critical incident occurs, outreach and collaboration with the health plan care coordination team on addressing the immediate needs.

- c) The member continues to demonstrate functional impairment or safety concerns related to their BH diagnosis that cannot be safely managed in a less restrictive community setting;
- d) Documentation that demonstrates measurable progress toward treatment goals or identifies specific barriers preventing progress that continue to support current level of care;
- e) Documentation identifies barriers to discharge to a lower level of care and the actions being taken to address those barriers;
- f) Documentation of discharge plan;
- g) Requested additional frequency of services: Up to 90 days (one unit=one day);
- c. **Therapeutic Community (TC) Level 3:** Provides support and monitoring to individuals living in a provider owned, leased, or controlled apartment or home setting that complies with federal home and community-based service setting requirements and DHS' CSSP manual. Provides, at minimum, a daily face-to-face service or intervention by Therapeutic Community staff and 24/7/365 on-call support that can respond to the beneficiary, when appropriate, within 1 hour. TC Level 3 is primarily focused on supporting individuals in transitioning to full community integration and independence, and therefore requires increased services delivered in community settings other than a clinic. TC Level 3 providers should have sufficient staffing to ensure daily contact, the provision of clinical and supportive services, and 24/7/365 on-call support.
 - i. *Admission/initial stay request* meets all the following:
 - a) The member is 18 years of age or older;
 - b) The member has a diagnosis of serious, persistent mental illness (SPMI);
 - c) The member requires 24/7 crisis support to live in the community;
 - d) The member resides in provider- owned, operated, or leased apartments or homes;
 - e) The member needs intervention for their functional impairments;
 - f) Documentation identifies risk factors to the member and/ or community if member were to transition to less intensive HCBS;
 - g) Frequency of services Up to 90 days (one unit=one day), per authorization request meets all of the following:
 - 1) A minimum of 15 treatment hours will occur per week (five being provided outside of the clinic setting), and 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;
 - 2) A minimum of one encounter per month will be conducted by an MD/Psychiatrist/APRN/other prescriber for the member'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;
 - ii. *Continued stay request* meets all the following:
 - a) Meets criteria for admission/initial request for TC Level 3.;
 - b) Submission of the most recent treatment plan meets criteria noted in I.C., psychiatric evaluation, prescriber/MD notes, counseling notes, and daily notes/logs showing treatment hour requirements have been met for the last 30 days;

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- c) Daily Living Activities (DLA-20) assessment completed within the past three months, or submission of detailed documentation describing the member's current functional deficits;
 - d) Requested additional frequency of services: Up to 90 days (one unit=one day);
Note: If critical incident occurs, outreach and collaboration with the health plan care coordination team on addressing the immediate needs.
- 4. **Residential Community Reintegration (H2020, with applicable modifier):** Designed to serve as an intermediate level of care between Inpatient Psychiatric Facilities or Psychiatric Residential Treatment Facilities (PRTF) 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. The member is between the age of 4 through 20 years of age;
 - ii. The member exhibits emotional and/or behavior problems at risk for acute hospitalization, sub-acute hospitalization, residential placement, or incarceration by displaying at least one of the following within the past 60 days;
 - a) Recent aggression towards others;
 - b) Recent property destruction;
 - c) Recent elopement behavior;
 - d) Repeated law enforcement involvement;
 - e) Recent self-harm behaviors;
 - iii. Less intensive HCBS or Counseling Level services have been provided, have been insufficient, and determined to inadequately maintain the member in the community;
 - iv. The member has experienced at least one of the following behavioral health related events:
 - a) Inpatient BH admission within the last 30 days,
 - b) BH ED admission in the last 30 days;
 - c) Discharge from RTC/RTU in the last 30 days;
 - d) Current juvenile justice involvement for their behavioral health diagnosis;
 - e) Failed foster care placement related to their behavioral health diagnosis within the last 30 days;
 - v. Submission of the individualized treatment plan signed by the licensed mental health professional or a recommendation letter from the licensed mental health professional for the requested services;
 - vi. Mental health evaluation submitted (if completed);
 - vii. The service program meets all the following:
 - a) Delivers integrated behavioral health treatment, skill development, inclusion in the community, and supportive services to stabilize the individual, improve functional abilities, and prepare the individual for successful transition to a less intensive home and community based setting.
 - b) Certified by the Department of Human Services to ensure quality of care and the safety of members and staff;
 - c) Ensures the provision of educational services to all members 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

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- the Arkansas Department of Education;
- d) Has 16 beds or less
- e) 24/7 onsite staffing, with a staff to member ratio of 1:8 when members are present;
- viii. Frequency of services, all the following:
 - a) Up to 90 days (one unit =one day) are requested;
 - b) A minimum of 18 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 an MD/psychiatrist/APRN/other prescriber to support the member's behavioral health need;
 - d) Family therapy should be provided at a minimum of monthly unless specific barriers are documented. If barriers are identified actions to overcome those barriers should be documented in the member record.
- b. *Continued Stay request* meets all the following:
 - i. Meets criteria for admission/initial request for residential community reintegration except for admission pathways;
 - ii. Documentation that discharge criteria have not yet been met despite active participation in treatment;
 - iii. Documentation of specific barriers preventing transition to a less intensive level of care;
 - iv. Documentation of active discharge planning;
 - v. Documentation demonstrates significant impairment in at least three of the following domains:
 - a) School attendance or performance,
 - b) Family functioning,
 - c) Community functioning,
 - d) Peer relationships,
 - e) Safety awareness,
 - f) ADLs inappropriate for age;
 - vi. Submission of the most recent treatment plan meets criteria noted in I.C., and progress notes from the last 30 days, including all therapy notes;
 - vii. Requested additional frequency of services: Up to 30 days (one unit=one day) are requested, other Frequency of services is followed in the admission criteria;
- c. Discharge criteria include all the following:
 - i. Symptoms have stabilized,
 - ii. Functional abilities have improved,
 - iii. Safety risks can be managed in the community,
 - iv. Community support and follow up services are available,
 - v. Remaining treatment needs can be addressed at a less intensive level of care.

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	

HCPSC® Codes	Arkansas Specific Description
90885	Treatment Plan
H0019	Therapeutic Communities
H0034	Pharmacological Counseling by RN
H0035	Partial Hospitalization
H0037	Family Centered Treatment
H0038	Peer Support
H0043	Supportive Housing
H2011	Crisis Stabilization Intervention
H2014	Supportive Life Skills Development youth and adult
H2015	Child and Youth Support Services
H2017	Adult Rehabilitation Day Service per partial or full day
H2019	Behavior Assistance
H2020	Residential Community Reintegration
H2023	Supportive Employment

* Please use correct HCPSC 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,	07/23	07/23

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Reviews, Revisions, and Approvals	Revision Date	Approval Date
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.		
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	
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.		
Annual review. Updated Medical Necessity Criteria Table of Contents. Removed all references to Centene Advanced Behavioral Health. Added HCPCS codes to each service in Policy Statement II. Added “member/enrollee requires assistance in acquiring skills necessary...” to II.A.2.a.ii and II.A.3.ii. Updated treatment plan requirements for admission/initial requests across Base, Intensive, and Enhanced service levels (II.A.2.a.iii, II.A.3.a.iii, II.A.7.a.ii; II.B.1.a.iii, II.B.2.a.iii, II.B.3.a.iii, II.B.4.a.iv; II.C.3.a.iii). Updated documentation requirements for admission/initial requests across Base, Intensive, and Enhanced service	06/26	

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levels (II.A.2.b.ii–II.A.7.b.ii; II.B.1.b.ii–II.B.6.b.ii; II.C.1.b.ii, II.C.3.b.ii). Added age requirements (II.B.2.a.i, II.C.3.a.i, II.C.7.a.i). Added admission criteria clarification to II.B.2.b.i. Added imminent risk language to II.B.3.a.ii. Added clinical component requirement to II.B.3.a.iv. Added symptom/functioning expectations to II.B.3.a.v. Added psychotherapy requirement to II.C.3.a.v.a). Added risk factor documentation to II.C.5.a.iii. Added activities of daily living criteria to II.C.6.a.v. Revised service duration language from “90 units” to “90 days” in II.C.5.a.iv.e and II.C.6.a.vii.a. Updated frequency/timeframe language to II.C.5.b.i, and II.C.5.b.iii. Added emotional/behavioral criteria to II.C.7.a.ii. References reviewed and updated.		
Ad hoc review. Updated the Medical Necessity Criteria Table of Contents and References. Revised all references of member/enrollee to “member.” Removed the following services: Adult Life Skills Development, Respite, Therapeutic Host Home, Family Support Partners, Aftercare Recovery Support, and Substance Abuse Detoxification. In Policy Statement I clarified applicability of the general program requirements. Revised Treatment Plan criteria in I.C. In II.A.2, consolidated youth, and adult Supportive Life Skills Development under H2014 and revised eligibility and documentation requirements. In II.A.3, revised Supportive Employment description criteria and frequency requirements. In II.A.4.a.i added additional criteria to Pharmacologic Counseling. Added treatment plan requirement to II.B.1a.ii. for Peer Support. In II.B.2, Child and Youth Support Services updated description, eligibility, treatment plan requirement, and frequency of services. In II.B.3., Behavioral Assistance, change age range to 4 to “20” years old, added additional documentation requirements, updated frequency requirement and added documentation for the most recent prescriber note. Added Family Centered Treatment in II.B.5. In II.C.2, Adult Rehabilitative Day Service, added treatment plan requirement. In II.C.3.a Therapeutic Community Level 1 added eligibility requirement and updated continued stay criteria. In II.C.3.b, Therapeutic Community Level 2 added continued-stay criteria. Added Therapeutic Community Level 3 criteria in II.C.3.c. In II.C.4, revised Residential Community Reintegration admission, frequency, continued-stay and discharge criteria. Updated the Coding Implications table by removing H0014, H0045, and T1005; adding 90885 and H0037; and updating the H2014 and H2017 codes and descriptions. References reviewed and updated.	10/26	

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 September 1, 2026. Accessed October 16, 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 October 16, 2026.
3. Arkansas Department of Human Services. PASSE. Provider led Arkansas Shared Savings Entity. Website. <https://humanservices.arkansas.gov/divisions-shared-services/medical-services/healthcare-programs/passe/>. Accessed October 1, 2026.

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4. Arkansas Department of Health and Human Services. Arkansas State Plan Renewal (SPA) 23-0022 §1915(i) Home and Community-Based Services (HCBS) State Plan Benefit Renewal. <https://www.medicaid.gov/medicaid/spa/downloads/AR-23-0022.pdf>. Published February 27, 2024. Accessed October 16, 2026.

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, 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. This clinical policy is not intended to recommend treatment for members. Members 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, 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 and their representatives agree to be bound by such terms and conditions by providing services to

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members and/or submitting claims for payment for such services.

Note: For Medicaid members, 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, 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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