Clinical Policy: Skilled Nursing Services in Day Treatment Programs for Intellectual and Developmentally Disabled

Reference Number: AR.CP.MP.507 Coding Implications
Last Review Date: 7/26 Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

Skilled nursing services provided in Adult Developmental Day Treatment (ADDT) and Early Intervention Day Treatment (EIDT) programs consist of medically necessary nursing assessment, monitoring, treatment, and interventions furnished by a licensed practical nurse (LPN) or registered nurse (RN) acting within the scope of practice established by the Arkansas State Board of Nursing. These services are provided to members whose medical needs require the clinical skills, judgment, and oversight of licensed nursing personnel while participating in community-based day treatment services

Policy/Criteria

I. It is the policy of Arkansas Total Care that skilled nursing services are **medically necessary** when all of the following criteria are met:

A. Services are delivered in an adult developmental day treatment (ADDT) or early intervention day treatment program (EIDT).
Note: *It is the provider's responsibility to ensure services are requested and billed with the appropriate modifier, and units are correctly adjusted as per billing requirements as outlined in the Arkansas Medicaid provider manuals for Early Intervention Day Treatment or Adult Developmental Day treatment.*

B. Services are ordered and approved by the member/enrollee's primary care physician or attending physician who has prescribed the ADDT or EIDT services.

C. Services are performed in the appropriate scope of practice for a licensed practical nurse (LPN) or registered nurse (RN) as defined by the Arkansas State Board of Nursing.

D. Member/enrollee requires skilled nursing services for at least one of the following:
1. Monitoring of blood sugar, including the administration of insulin if ordered.
2. Maintenance of enteral nutrition, with or without the administration of medication.
3. Monitoring and maintenance of respiratory status limited to ventilator care, tracheostomy care, and suctioning.
4. Skilled nursing management of non-invasive ventilatory support devices (e.g., CPAP, BiPAP) requiring ongoing nursing assessment, monitoring, or intervention during the ADDT or EIDT program day.
5. Need for intermittent urinary catheterization.
6. Administration of medication in conjunction with other medically necessary skilled nursing services.
7. Administration of breathing treatments.
8. Care and maintenance of g-tube, jejunostomy tube, ileostomy or cecostomy.
9. Monitoring of vital signs, including, and limited to, heart rate, respiratory rate, or pulse oximetry that require frequent monitoring, assessment, and/or intervention during the duration of the ADDT or EIDT program day.
10. Need for blood draws that are required on a frequent and routine basis.

11. Any other treatment or procedure requiring the clinical judgment, assessment, or technical skills of an LPN or RN acting within their scope of practice.

Note: *Utilization review for this service is independent for appropriateness for inclusion in the ADDT/EIDT program and is only determination that the member/enrollee requires services of an LPN or RN to provide the care requested*.

II. It is the policy of Arkansas Total Care that skilled nursing services are not **medically necessary** for any of the following indications:

A. Services are basic/standard first aid.
B. Routine vital sign collection that does not require skilled nursing assessment, judgment, intervention, or ongoing monitoring.
C. Services can be administered outside of the scope of a LPN/RN, including, but not limited to:
   1. Emptying of a foley catheter or ostomy appliance.
   2. Assisting with incontinence care.
   3. Assisting with repositioning or mobility.
   4. Any care of the member/enrollee that would fall into personal care services scope.

Background

Individuals with intellectual and developmental disabilities (IDD) often have coexisting medical conditions that require ongoing nursing assessment, monitoring, treatment, and intervention during participation in community-based day treatment services. These conditions may include, but are not limited to, seizure disorders, diabetes mellitus, respiratory conditions, medication management needs, enteral feeding dependence, urinary catheterization requirements, and other chronic health conditions requiring skilled nursing oversight.

Skilled nursing services are provided within Adult Developmental Day Treatment (ADDT) and Early Intervention Day Treatment (EIDT) programs to support the health, safety, and well-being of members whose medical needs require the clinical skills, judgment, and scope of practice of licensed nursing personnel. These services enable members to safely participate in community-based habilitative and developmental services while receiving necessary medical care and monitoring.

Skilled nursing services are furnished by a licensed practical nurse (LPN) or registered nurse (RN) acting within the scope of practice established by the Arkansas State Board of Nursing and pursuant to physician orders when required. Covered services involve the assessment, monitoring, management, and treatment of medical conditions that require the specialized knowledge, clinical judgment, or technical skills of licensed nursing personnel.

Skilled nursing services are distinct from personal care, custodial care, routine supervision, and other non-skilled supports. Services that can be safely performed by unlicensed personnel or that do not require nursing assessment, judgment, or intervention are not considered skilled nursing services.

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

HCPCS Codes	Description
T1002	RN Services, up to 15 min
T1003	LPN/LVN services, up to 15 minutes

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date	7/15/ 2026	7/17/2026

References

1. Arkansas Medicaid Provider Manual – Developmental Day Treatment Clinic Services (ADDT)
2. Arkansas Medicaid Provider Manual – Early Intervention Day Treatment (EIDT)
3. Arkansas State Board of Nursing. Arkansas Nurse Practice Act and Rules.
4. Arkansas Code Annotated, Title 17, Chapter 87 (Nursing).
5. Centers for Medicare & Medicaid Services (CMS). Home and Community-Based Services (HCBS) Settings Requirements, 42 CFR §441.301.
6. Centers for Medicare & Medicaid Services (CMS). Medicaid and Home and Community-Based Services Program Guidance.

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 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.