

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED  
2020

Revised: July 1, 2018January 1,

CATEGORICALLY NEEDY

9. Clinic Services

(1) Adult Developmental Day Treatment (ADDT) Services

Limited to comprehensive day treatment centers offering the following ~~scope of core~~ services to beneficiaries age 18 and above:

- a. Assessments, 1 unit per year
- b. Adult ~~Habilitative~~ Day Habilitation Services, 5 units per day, 1 hour each
- c. Provision of noon meal

Optional Services available through ADDT in conjunction with core services are as follows:

- a. Physical therapy - Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.
- b. Speech therapy - Services must be referred by a physician and provided by or under the supervision of a qualified speech pathologist.
- c. Occupational therapy - Services must be prescribed by a physician and provided by or under the supervision of a qualified occupational therapist.

~~Effective for dates of services on or after July 1, 2017, individual and group therapy are limited to six (6) units per week. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Occupational, Physical, and Speech Therapy Services are provided in accordance with Items 3.1-A.4b(15), 3.1-A.11, 3.1-B.4b(15), and 3.1-B(11).~~

Extensions of the benefit limit for all ADDT services will be provided if medically necessary.

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised:

~~July 1, 2018~~ January 1, 2020

MEDICALLY NEEDY

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9. Clinic Services

(1) **Adult Developmental Day Treatment (ADDT) Services**

Limited to comprehensive adult day treatment centers offering the following scope of mandatory core services to beneficiaries age 18 and above:

- a. **Assessment, 1 unit per year**
- b. **Adult Habilitative-Day Habilitation Services, 5 units per day, 1 hour each day**
- c. Provision of noon meal

Optional Services available through Adult Developmental Day Treatment (ADDT) in conjunction with core services are as follows:

- a. Physical therapy—**Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.**
- b. Speech therapy—**Services must be prescribed by a physician and provided by or under the supervision of a qualified Speech Pathologist.**
- c. Occupational therapy—**Services must be prescribed by a physician and provided by or under the supervision of a qualified Occupational therapist.**

~~Effective for dates of services on or after July 1, 2017, individual and group therapy are limited to six (6) units per week. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limit for all ADDT services will be provided if medically necessary. Occupational, Physical, and Speech Therapy Services are provided in accordance with Items 3.1-A.4b(15), 3.1-A.11, 3.1-B.4b(15), and 3.1-B(11).~~

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Revised: July 1, 2018 January 1, 2020

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found.  
(Continued)

(3) Early Intervention Day Treatment (EIDT)

Reimbursement for comprehensive evaluation is based on the lesser of the amount billed or the Title XIX (Medicaid) charge allowed. The Title XIX maximum was established based on a 1980 survey conducted by Developmental Disabilities Services (DDS) of 85 Arkansas Developmental Day Treatment providers of their operational costs excluding their therapy services. An average operational cost and average number of units was-were derived for each service. ~~Then an average number of units was derived for each service.~~ The average operational cost for each service was divided by the average units for that particular service to arrive at a maximum rate.

The Title XIX (Medicaid) maximum rates were established based on the following:

1. Auditory, developmental and neuropsychological testing services listed in the 1990 Blue Cross/Blue Shield Fee Schedule that are not subject to the other specifically identified reimbursement criteria are reimbursed based on 80% of the October, 1990 Blue Cross/Blue Shield Fee Schedule amounts. For those services that were not included on the October 1990 Blue Cross/Blue Shield Fee Schedule, rates are established per the most current Blue Cross/Blue Shield Fee Schedule amount less 2.5% and then multiplied by 66%.
2. Psychological diagnosis/evaluation services provided by Early Intervention Day Treatment (EIDT) providers certified as Academic Medical Centers (AMCs) are reimbursed from the Rehabilitative Services for Persons with Mental Illness (RSPMI) Outpatient Behavioral Health Fee Schedule as described in Attachment 4.19-B, Item 13.d.1.
3. Medical professional services reimbursement is based on the physician's fee schedule. Refer to the physician's reimbursement methodology as described in Attachment 4.19-B, Item 5.

~~The maximum rates for nutritional services are based on the entry level salary for a Dietician (Grade 19), Department of Human Services position. The cost categories include Salary (\$22,795), overhead and administration (\$2,276...using salary as the allocation base) and benefits (\$4,559...using salary as the allocation base). These costs were allocated at 10% for overhead/administration and 20% for benefits. A 30 minute visit will equal one unit of services. As such, the unit of services rate is \$7.12 as calculated by  $[\$22,795 + \$2,276 + \$4,559 = \$29,630/2080 (52 \text{ weeks} \times 40 \text{ hours per week}) = \$14.24 \text{ per hour.}]$~~

4. The maximum rate for one hour of habilitative day habilitation services is ~~\$16.46~~ \$18.27. This rate was calculated based on analysis of current ~~2005-2019-2020~~ costs to provide quality services in compliance with governing regulations. The rates have been demonstrated to be consistent with the Clinic Upper Payment Limit at 42 CFR 447.321. One unit of service equals 1 hour of service with a ~~The maximum services without an extension of benefits are of 5 hours per day.~~ State developed fee schedule rates are the same for both public and private providers of EIDT services.
5. The maximum rate for five minutes of registered nursing services is ~~\$14.304~~ \$4.77. The maximum rate for five (5) minutes of licensed practical nursing services is \$3.17. Reimbursement for registered nurses and licensed practical nurses is based on the Private Duty Nursing Fee Schedule as described in Attachment 4.19B, Item 8.
6. The Title XIX maximum for occupational, physical and speech therapy diagnosis and evaluation is equal to the Title XIX (Medicaid) maximum established for the stand-alone therapy program. Refer to the stand-alone therapy reimbursement methodology as described in Attachment 4.19-B, Item 4b. (19).

Extensions of benefits will be provided for all EIDT services, if medically necessary.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE  
2020

Revised: July 1, 2018January 1,

8. Private Duty Nursing Services (Continued)

Refer to Attachment 4.19-B, Item 4.b.(5) for reimbursement information for private duty nursing services for high technology non-ventilator recipients in the Early and Periodic Screening Diagnosis and Treatment (EPSDT) Program.

9. Clinic Services

(1) Adult Developmental Day Treatment (ADDT) and Early Intervention Day Treatment (EIDT)

Reimbursement for comprehensive evaluation services is based on the lesser of the amount billed or the maximum Title XIX (Medicaid) charge allowed. The Title XIX maximum was established based on a 1980 survey conducted by Developmental Disabilities Services (DDS) of 85 Arkansas Developmental Day Treatment providers of their operational costs excluding their therapy services. An average operational cost and average number of units were derived for each service. ~~Then an average number of units was derived for each service.~~ The average operational cost for each service was divided by the average units for that particular service to arrive at a maximum rate.

For dates of service occurring on or after ~~February~~ January 1, 2021~~2020~~, the maximum per unit rate for Adult ~~Habilitative day habilitation s~~Services ~~services is~~ increased to ~~\$10.60~~\$11.77. These new rates were calculated based on analysis of the current ~~2005-2019-2020~~ costs to provide quality services in compliance with governing regulations. The rates have been demonstrated to be consistent with the Clinic Upper Payment Limit at 42 CFR 447.321. For ~~EIDT and~~ ADDT day habilitation services, ~~1 unit of service equals 1 hour of service with a maximum~~ there is a maximum of ~~5 units-hours of services~~ per day.

For EIDT, auditory, developmental and neuropsychological testing services listed in the 1990 Blue Cross/Blue Shield Fee Schedule that are not subject to the other specifically identified reimbursement criteria are reimbursed based on 80% of the ~~October~~, 1990 Blue Cross/Blue Shield Fee Schedule amounts. For those services that were not included on the October 1990 Blue Cross/Blue Shield Fee Schedule, rates are established per the most current Blue Cross/Blue Shield Fee Schedule amount less 2.5% and then multiplied by 66%.

For EIDT, Psychological diagnosis/evaluation services provided by EIDTs certified as Academic Medical Centers (AMCs) are reimbursed from the ~~Rehabilitative Services for Persons with Mental Illness (RSPM)~~ Outpatient Behavioral Health Services (OBHS) Fee Schedule as described in Attachment 4.19-B, Item 13.d.1.

For EIDT, Medical professional services reimbursement is based on the physician's fee schedule. Refer to the physician's reimbursement methodology as described in Attachment 4.19-B, Item 5.

~~For EIDT, the maximum rates for nutritional services are based on the entry-level salary for a Dietician (Grade 19) - Department of Human Services position. The cost categories include Salary (\$22,795), overhead and administration (\$2,276...using salary as the allocation base) and benefits (\$4,559...using salary as the allocation base). These costs were allocated at 10% for overhead/administration and 20% for benefits. A 30 minute visit will equal one unit of services. As such, the unit of services rate is \$7.12 as calculated by [(\$22,795 + \$2,276 + \$4,559) = \$29,630/2080 (52 weeks x 40 hours per week) = \$14.24 per hour.]~~

The maximum rate for five minutes of registered nursing services is ~~\$14.304~~\$4.77. The maximum rate for five minutes of licensed practical nursing services is \$3.17. Reimbursement for registered nurses and licensed practical nurses is based on the Private Duty Nursing Fee Schedule as described in Attachment 4.19B, Item 8.

State developed fee schedule rates are the same for both public and private providers of EIDT and ADDT services. Occupational, physical and speech therapy services under the EIDT and ADDT Program are reimbursed as is described in Item 4.b.(19).

Extensions of benefits will be provided for all EIDT and ADDT services, if medically necessary.

MARKUP

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: January 1, 2020

CATEGORICALLY NEEDY

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9. Clinic Services

(1) Adult Developmental Day Treatment (ADDT) Services

Limited to comprehensive day treatment centers offering the following **core services** to beneficiaries age 18 and above:

- a. Assessments, 1 unit per year
- b. Adult **Day Habilitation** Services, 5 units per day, 1 hour each
- c. Provision of noon meal

Optional Services available through ADDT in conjunction with core services are as follows:

- a. Physical therapy - Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.
- b. Speech therapy - Services must be referred by a physician and provided by or under the supervision of a qualified speech pathologist.
- c. Occupational therapy - Services must be prescribed by a physician and provided by or under the supervision of a qualified occupational therapist.

**Occupational, Physical, and Speech Therapy Services are provided in accordance with Items 3.1-A.4b(15), 3.1-A.11, 3.1-B.4b(15), and 3.1-B(11).**

Extensions of the benefit limit for all ADDT services will be provided if medically necessary.

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised:

January 1, 2020

MEDICALLY NEEDY

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9. Clinic Services

(1) Adult Developmental Day Treatment (ADDT) Services

Limited to **adult** day treatment centers offering the following **core** services to beneficiaries age **eighteen (18)** and above:

- a. Assessment, **one (1)** unit per year
- b. **Adult Day Habilitation** Services, **five (5)** units per day, **one (1)** hour each day
- c. Provision of noon meal

Optional Services available through **Adult Developmental Day Treatment (ADDT)** in conjunction with core services are as follows:

- a. Physical therapy—Services must be prescribed by a physician and provided by or under the supervision of a qualified physical therapist.
- b. Speech therapy—Services must be prescribed by a physician and provided by or under the supervision of a qualified Speech Pathologist.
- c. Occupational therapy—Services must be prescribed by a physician and provided by or under the supervision of a qualified Occupational therapist.

Extensions of the benefit limit for all ADDT services will be provided if medically necessary. **Occupational, Physical, and Speech Therapy Services are provided in accordance with Items 3.1-A.4b(15), 3.1-A.11, 3.1-B.4b(15), and 3.1-B(11).**

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Revised: January 1, 2020

4.b. Early and Periodic Screening and Diagnosis of Individuals Under 21 Years of Age and Treatment of Conditions Found.  
(Continued)

(3) Early Intervention Day Treatment (EIDT)

Reimbursement for comprehensive evaluation is based on the lesser of the amount billed or the Title XIX (Medicaid) charge allowed. The Title XIX maximum was established based on a 1980 survey conducted by Developmental Disabilities Services (DDS) of 85 Arkansas Developmental Day Treatment providers of their operational costs excluding their therapy services. An average operational cost **and average number of units** were derived for each service. The average operational cost for each service was divided by the average units for that particular service to arrive at a maximum rate.

The Title XIX (Medicaid) maximum rates were established based on the following:

1. Auditory, developmental and neuropsychological testing services listed in the 1990 Blue Cross/Blue Shield Fee Schedule that are not subject to the other specifically identified reimbursement criteria are reimbursed based on 80% of the October 1990 Blue Cross/Blue Shield Fee Schedule amounts. For those services that were not included on the **October** 1990 Blue Cross/Blue Shield Fee Schedule, rates are established per the most current Blue Cross/Blue Shield Fee Schedule amount less 2.5% and then multiplied by 66%.
2. Psychological diagnosis/evaluation services **provided by Early Intervention Day Treatment (EIDT) providers certified as Academic Medical Centers (AMCs)** are reimbursed from the **Outpatient Behavioral Health** Fee Schedule as described in Attachment 4.19-B, Item 13.d.1.
3. Medical professional services reimbursement is based on the physician's fee schedule. Refer to the physician's reimbursement methodology as described in Attachment 4.19-B, Item 5.
4. The maximum rate for **one hour of day habilitation** services is **\$18.27**. This rate was calculated based on analysis of current **2019-2020** costs to provide quality services in compliance with governing regulations. The rates have been demonstrated to be consistent with the Clinic Upper Payment Limit at 42 CFR 447.321. **The maximum services without an extension of benefits are 5 hours per day.** State developed fee schedule rates are the same for both public and private providers of EIDT services.
5. The maximum rate for **five minutes of registered** nursing services is **\$4.77**. **The maximum rate for five (5) minutes of licensed practical nursing services is \$3.17**. Reimbursement for registered nurses and licensed practical nurses is based on the Private Duty Nursing Fee Schedule as described in Attachment 4.19B, Item 8.
6. The Title XIX maximum for occupational, physical and speech therapy diagnosis and evaluation is equal to the Title XIX (Medicaid) maximum established for the stand-alone therapy program. Refer to the stand-alone therapy reimbursement methodology as described in Attachment 4.19-B, Item 4b. (19).

Extensions of benefits will be provided for all EIDT services, if medically necessary.



METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES -  
OTHER TYPES OF CARE

Revised: January 1, 2020

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8. Private Duty Nursing Services (Continued)

Refer to Attachment 4.19-B, Item 4.b.(5) for reimbursement information for private duty nursing services for high technology non-ventilator recipients in the **Early and Periodic Screening Diagnosis and Treatment (EPSDT)** Program.

9. Clinic Services

(1) Adult Developmental Day Treatment (ADDT) and Early Intervention Day Treatment (EIDT)

Reimbursement for **comprehensive evaluation services** is based on the lesser of the amount billed or the maximum Title XIX (Medicaid) charge allowed. The Title XIX maximum was established based on a 1980 survey conducted by Developmental Disabilities Services (DDS) of 85 Arkansas Developmental Day Treatment providers of their operational costs excluding their therapy services. An average operational cost **and average number of units were** derived for each service. The average operational cost for each service was divided by the average units for that particular service to arrive at a maximum rate.

For dates of service occurring on or after **January 1, 2020**, the maximum per unit rate for **Adult day habilitation services** increased to **\$11.77**. These new rates were calculated based on analysis of the current **2019-2020** costs to provide quality services in compliance with governing regulations. The rates have been demonstrated to be consistent with the Clinic Upper Payment Limit at 42 CFR 447.321. For **ADDT day habilitation services**, there is a maximum of **5 hours of services** per day.

For EIDT, auditory, developmental and neuropsychological testing services listed in the 1990 Blue Cross/Blue Shield Fee Schedule that are not subject to the other specifically identified reimbursement criteria are reimbursed based on 80% of the October 1990 Blue Cross/Blue Shield Fee Schedule amounts. For those services that were not included on the **October 1990** Blue Cross/Blue Shield Fee Schedule, rates are established per the most current Blue Cross/Blue Shield Fee Schedule amount less 2.5% and then multiplied by 66%.

For EIDT, Psychological diagnosis/evaluation services **provided by EIDTs certified as Academic Medical Centers (AMCs)** are reimbursed from the **Outpatient Behavioral Health Services (OBHS)** Fee Schedule as described in Attachment 4.19-B, Item 13.d.1.

For EIDT, Medical professional services reimbursement is based on the physician's fee schedule. Refer to the physician's reimbursement methodology as described in Attachment 4.19-B, Item 5.

The maximum rate for **five minutes of registered nursing services** is **\$4.77**. **The maximum rate for five minutes of licensed practical nursing services** is **\$3.17**. Reimbursement for registered nurses and licensed practical nurses is based on the Private Duty Nursing Fee Schedule as described in Attachment 4.19B, Item 8.

State developed fee schedule rates are the same for both public and private providers of EIDT and ADDT services. Occupational, physical and speech therapy services under the EIDT and ADDT Program are reimbursed as is described in Item 4.b.(19).

Extensions of benefits will be provided for all EIDT and ADDT services, if medically necessary.