

**Division of Developmental Disabilities Services (DDS)
COVID-19 Response Manual**

July 1, 2021

PROPOSED

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200.000 OVERVIEW

201.000 Authority

The following rules are duly adopted and promulgated by the Division of Developmental Disabilities Services (DDS) of the Department of Human Services (DHS) under the authority of Arkansas Code Annotated §§ 20-48-101 et seq, 20-48-601 et seq, 20-48-1001 et seq. and 25-10-129.

Applicable Guidance:

Families First Coronavirus Response Act (Public Law 116-127 – March 18, 2020)

CMS Families First Coronavirus Response Act – Increased FMAP FAQ (question 6):
<https://www.medicaid.gov/state-resource-center/downloads/covid-19-section-6008-faqs.pdf>

Coronavirus Aid, Relief, and Economic Security (CARES) Act (Public Law No. 116-136 – March 27, 2020)

202.000 Purpose

In response to the COVID 19 pandemic, DDS identified programs and services that required additional flexibility or changes to adapt to ensuring the health and safety of our clients. This manual details them so that DHS may render uninterrupted assistance and services to our clients.

203.000 Appeals

Appeal requests for the Covid response policies must adhere to the policy set forth in the Medicaid Provider Manual Section 160.000 Administrative Reconsideration and Appeals which can be accessed at <https://medicaid.mmis.arkansas.gov/Provider/Docs/all.aspx>.

204.000 Severability

Each section of this manual is severable from all others. If any section of this manual is held to be invalid, illegal, or unenforceable, such determination shall not affect the validity of other sections in this manual and all such other sections shall remain in full force and effect. In such an event, all other sections shall be construed and enforced as if this section had not been included therein.

240.000 DEVELOPMENTAL DISABILITIES AND DELAYS

242.000 Adult Developmental Day Treatment and Early Intervention Day Treatment Nursing Services Outside Clinic

In response to the COVID-19 outbreak in Arkansas and consistent with CMS's coverage and payment for COVID-19, DMS/DDS is suspending the prohibition on use of nursing services to be provided outside of an Early Intervention Day Treatment (EIDT) Clinic and an Adult Development Day Treatment (ADDT) Clinic setting (49), limited to provider type 24 only for services provided to established patients during the COVID-19 outbreak and the declaration of public health emergency. This addendum expands allowable services to be done in a home setting (12) provided by licensed Registered Nurses and Licensed Practical Nurses.

This service will be available until December 31, 2021.

Nursing services are defined as the following, or similar, activities:

- A. Assisting ventilator-dependent beneficiaries
- B. Tracheostomy: suctioning and care
- C. Feeding tube: feeding, care and maintenance
- D. Catheterizations
- E. Breathing treatments
- F. Monitoring of vital statistics, including diabetes sugar checks, insulin, blood draws, and pulse ox
- G. Administration of medication

Billing Information:

T1002 – Registered Nurse, services up to 15 minutes

T1003 – Licensed Practical Nurse, services up to 15 minutes

243.000 Prescription and Evaluation Extensions

In response to the COVID-19 outbreak, DMS/DDS will allow extensions on re-evaluations and treatment prescriptions for ADDT, EIDT, ABA, OT, PT, Speech, and Developmental Therapy. This exemption will be available until December 31, 2021.

Extensions are limited to the following:

- Evaluations that expired on or after March 1, 2020.
- Prior Authorizations will be extended in 90-day increments from the date the re-evaluation was/is due.

Guidelines for requesting an extension:

- A. Provide a copy of the expired or expiring evaluation/prescription to the DDS representative via email.
- B. DDS will reply with an email providing you with an extension letter for your records.
- C. If a Prior Authorization is needed, you will enclose this letter with your request to eQHealth of the re-evaluation extension. Billing procedures will remain the same.

247.000 Well Checks and Attendance Payments for Adult Developmental Day Treatment and Early Intervention Day Treatment

In response to COVID-19, well check services are allowable if the beneficiary is unable to attend the clinic setting. The well check services are not allowable if the beneficiary has attended in person at the clinic at least one day that week. Attendance payments are allowable if a beneficiary attends the clinic in person that day.

Well Check services are available for vulnerable children and adults with developmental disabilities and delays who meet the state-determined medical necessity criteria for the programs.

The service is typically a 15-30-minute check-in visit, either by phone or in the home, that ensures the beneficiaries needs are being met for overall health and well-being, such as their nutritional status, medication regimen and any emerging health issues, while the beneficiary is unable to attend their day treatment program where these activities are part of the daily onsite services provided. The services must be recommended by a physician or other licensed practitioner who must determine the services are medically necessary.

The beneficiaries are eligible to receive two (2) well checks per week, one by telemedicine (including telephone) and one face-to-face. Beneficiaries under age twenty-one (21) may get an extension of benefits upon a showing of medical necessity as determined by the state. The well check may be provided in the home or using telemedicine.

Billing Instructions:

T1027 Family Training and Counseling

T1027 U1 in person, one 30-minute unit encounter for \$15.00, place of service (12)

T1027 U2 telephonic (by phone), one 15-minute unit encounter for \$7.50, place of service (02).

Providers cannot bill two well checks on the same day.

Beneficiaries are eligible for two well check services a week, so providers can bill either one "face to face" or telephonic. Example: IF U1 is provided and billed on Monday, you cannot provide and bill for U2 on Monday. U2 will have to be provided and billed another day during the week to meet the 2 call per week check in requirement.

Attendance payments are available for beneficiaries who attend the clinic setting.

If a child or an adult attends an EIDT/ ADDT clinic, providers may bill one 15- minute unit encounter for \$15.00, Place of Service (49), per beneficiary Monday – Friday. If a beneficiary

attends a clinic at least one day during the week, a well check service cannot be billed for that same week.

These services will be available until December 31, 2021.

248.000 Community and Employment Support Waiver

In response to COVID-19 DMS/DDS will temporarily modify provider types to all Qualified Behavioral Health Paraprofessionals employed by Outpatient Behavioral Health Service Agencies to provide Supportive Living Services, including Supplemental Supports to PASSE members.

DMS/DDS further amended the CES Waiver to allow an extension for reassessments and reevaluations for up to one year past the due date; allow the option to conduct evaluations, assessments, and person-centered service planning meetings virtually/remotely in lieu of face-to-face meetings; and allow an electronic method of signing off on required documents such as the person-centered service plan.

These services will be available until December 31, 2021.

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