

Application

Application of this Medical Policy applies to:
RIte Care (MED), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), INTEGRITY for Duals (FIDE)
Application Excluded for:
Extended Family Planning (EFP) and Commercial (HBE), Substitute Care (SUB) <19 years old, Children with Special Needs (CSN) <19 years old, Duals CONNECT (CO-DSNP)

Medicare Distinction

For INTEGRITY for Duals (FIDE) and Duals CONNECT (CO-DSNP) members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other Medicare guidelines.

For FIDE Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the member's Medicaid benefit.

For CO-DSNP Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines, then Neighborhood will apply coverage guidance from other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies.

Description

Adult day health services include Day Programs for seniors and other adults who need supervision and health services during the daytime. Adult Day Health programs offer nursing care, therapies, personal care assistance, social and recreational activities, meals, and other services in a community group setting. Adult Day Health programs are for adults who return to their homes and caregivers at the end of the day.

An adult day health program shall mean a comprehensive, nonresidential program designed to address the biological, psychological, and social needs of adults through individual plans of care that incorporate, as needed, a variety of health, social and related support services in a protective setting.

Definitions

Activities of Daily Living (ADL): Basic self-care tasks generally performed on a regular basis to maintain daily life involving functional mobility and personal care, such as bathing, dressing, eating, toileting, mobility and transfer.

Instrumental Activities of Daily Living (IADL): The activities often performed by a person necessary for living independently in a community setting during the course of a normal day, such as managing finances, shopping, doing laundry, telephone use, travel in community, housekeeping, preparing meals, and taking medications correctly.

Daily Assistance: Means every day of attendance at the adult day care.

Adult Day Health Program: A physical location that has been reviewed and approved by the Rhode Island Department of Health and by other appropriate authorities for the purpose of adult day health services for a specific number of daily members. This site must be a contracted provider with Neighborhood.

Medication administration: A procedure in which a prescribed medication is given to a beneficiary by an authorized person in accordance with all laws and rules governing such procedures. The complete procedure of administration includes removing an individual dose from a previously dispensed, properly labeled container, verifying it with the prescriber's orders, giving the individual dose to the beneficiary, seeing that the beneficiary takes it and recording the required information including the method of administration.

Nursing assessment: An assessment done by the program registered nurse that includes a review of the member's health status and medical needs.

Preventive Level of Care: The minimum level of care, as outlined in the Rhode Island Medicaid 1115 Demonstration Waiver, Attachment D- Level of Care Criteria, a participant must meet to attend Adult Day Care.

Skilled Services: Skilled services are those services which may be ordered by a physician that fall within the professional disciplines of nursing, physical, occupational, and speech therapy. Skilled services include but are not limited to:

- Administration of oxygen on a regular and continuing basis when the participant's medical condition warrants skilled observation (for example, when the member has chronic obstructive pulmonary disease or pulmonary edema)
- Insertion, sterile irrigation, and replacement of catheters, care of suprapubic catheter, or in selected participants, a urethral catheter. A urethral catheter, particularly one placed for convenience or for control of incontinence, does not justify a need for skilled nursing care. However, the insertion and maintenance of a urethral catheter as an adjunct to the active treatment of disease of the urinary tract may justify a need for skilled care. In such instances, the

need for a urethral catheter must be documented and justified in the member's medical record (for example, cancer of the bladder or a resistant bladder infection)

- Pacemaker assessment
- Physician ordered, daily nurse monitoring specifically related the written care plan and the need for medical or nursing intervention which may include measurement of output, unstable blood glucose and/or blood pressure or administration of oral or injectable medications that require a nurse monitoring the dosage, frequency, or adverse reactions.
- Intravenous, intramuscular, or subcutaneous injection, or intravenous feeding.
- Nasogastric tube, gastrostomy, or jejunostomy feeding.
- Nasopharyngeal aspirations and tracheotomy care. However, long-term care of a tracheotomy tube does not, in itself, indicate the need for skilled services.
- Treatment and/or application of dressings when the physician prescribed irrigation, the application of medication, or sterile dressings of decubitus ulcers, other widespread skin disorders or care of wounds, then the skills of a registered nurse are needed to provide safe and effective services.

- Ostomy care
- Provision of maintenance therapy to meet particular needs of a participant when indicated by the program therapy consultants or the participant's physician and is part of a written plan of care.

Coverage Determination

Adult Day Health Services are defined as supervision, health promotion and health prevention services that include the availability of nursing services and health oversight, nutritional dietary services, counseling, therapeutic activities and case management.

Members need to meet, at a minimum, the preventive level of care **as determined by the Rhode Island Executive Office of Health and Human Services (EOHHS) Office of Long-Term Service Supports (LTSS)**, in order to receive adult day health services.

Providers will need to check member eligibility on the [EOHHS health care portal](#) to determine if EOHHS has approved the member for one of the following waivers:

- Preventive
- Core Community (HCBS-LTSS)
- OHA Community (formerly OHA Community)
- Intellectual Disabilities
- Habilitation Community
- Shared Living
- Personal Choice

A face-to-face assessment and reassessment with the member's Primary Care Provider (PCP) is required annually or if the member's condition changes.

Adult day health services consist of three (3) levels of care:

1. Basic
2. Non-Skilled Enhanced
3. Skilled Enhanced

Authorization NOT Required	<p><u>Basic Level of Services</u></p> <p>Provision by the Adult Day Care Provider of an organized program of supervision, health promotion and health prevention services that include the availability of nursing services and health oversight, nutritional dietary services, counseling, therapeutic activities, and case management.</p>
Requires Authorization	<p><u>Enhanced Level of Care - Prior authorization is required.</u></p> <p>In order to bill Neighborhood for the Enhanced Level, the adult day care must document they are providing the services required for that level as outlined in the care plan which must be signed by the participant or legal guardian or representative as well as completion of the required progress notes.</p>

Criteria

General Requirements:

1. The Member must have a medical or mental dysfunction that involves one or more physiological systems and indicates a need for nursing care, supervision, therapeutic services, support services, and/or socialization.
2. The Member must require services in a structured adult day health setting.
3. The Member must have personal physician that can attest to the Member's needs.
4. Adult day health service provider must complete a health assessment for admission; establish an oversight and monitoring process for the program that involves a licensed nurse; and provide standard and ad hoc reporting on this project.

Non-Skilled Enhanced Level: (Authorization Required)

Member requires **at least one** of the five requirements:

- Daily assistance on site in the center, with at least two (2) Activities of Daily Living (ADL) described above. **OR**
- Daily assistance on site in the center, with at least one skilled service defined above, by a Registered Professional Nurse (RN) or a Licensed Practical Nurse (LPN). **OR**

- Daily assistance on site in the center, with at least one (1) Activities of Daily Living (ADL) described above which requires a two-person assist to complete the ADL. **OR**
- Daily assistance on site in the center; with at least three (3) Activities of Daily Living (ADL) as described above when supervision and cueing are needed to complete the ADL's identified. **OR**
- An individual who has been diagnosed with Alzheimer's disease or other related dementia, or a mental health diagnosis, as determined by a physician, requires regular staff interventions due to safety concerns related to elopement risk or other behaviors and inappropriate behaviors that adversely impact themselves or others. Such behaviors and interventions must be documented in the participant's care plan and in the required progress notes.

Skilled Enhanced Level: (Authorization Required)

- Member must meet criteria for Non-Skilled Enhanced level, AND
- Member must require skilled services ordered by a physician within the professional disciplines of nursing, physical, occupational, and speech therapy (even if assistance is not being provided by the adult day center)

To be eligible for services in HIV Medical Day Care, the member must be:

- At least 18 years old with HIV infection
- Require outpatient drug abuse treatment.

Coding:

CPT Code & Modifiers	Description	Level of Care
S5101	Day care services, adult; per half day	Basic
S5102	Day care services, adult; per diem	Basic
S5101 U1	Day care services, adult; per half day - Medicaid level 1	Non-Skilled Enhanced
S5102 U1	Day care services, adult; per diem - Medicaid level 1	Non-Skilled Enhanced
S5101 U1 U3	Day care services, adult; per half day - Medicaid level 3	Skilled Enhanced
S5102 U1 U3	Day care services, adult; per diem - Medicaid level 3	Skilled Enhanced

Limitations and Exclusions

All Health Benefits Exchange (HBE) members, all Extended Family Planning (EFP) members, and all other members under the age of 19 years old:

1. Adult Day Health Services are not a covered benefit.

All covered members:

1. Adult Day Health Services are not covered if:
 - o The member does not meet, at a minimum, the preventive level of care as determined by the Rhode Island Executive Office of Health and Human Services (EOHHS) Office of Long-Term Service Supports (LTSS).
 - o A face-to-face assessment and reassessment with the member's Primary Care Provider (PCP) is not performed annually or if the member's condition changes.
 - o Admission of the individual to adult day health services would result in the individual receiving duplicative or substantially identical services as those provided by any other Medicaid funded service that the individual has chosen, then the individual will not be eligible for adult day health services. Ambulatory care settings include but are not limited to, the home, personal care attendant services, a physician's office, a hospital outpatient department, a partial care/partial hospitalization program, and an adult day training program. When there is duplication or overlap of services, the lowest level of care needed to safely meet the members' needs may be covered.
 - o The member resides in an assisted living or residential health care facility.
 - o The member requires and is receiving care 24 hours per day on an inpatient basis in a hospital or nursing home.
 - o The member attends a partial care/partial hospitalization program on a particular day, they are not eligible for adult day health services on the same day.
 - o The member has an Intellectual Disabilities waiver, and the adult day services are part of the plan of care overseen by the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH). These services are not reimbursable by Neighborhood, but should instead be billed to BHDDH.
2. Members must attend a minimum of four (4) hours per day.
 - a. Transportation is included in the per diem and half day rate
 - b. Transportation is not to exceed two (2) hours to and from home
3. Physical therapy, Occupational therapy, and Speech therapy services provided are not included in the per diem rate and must be billed separately.
4. If a member attends for less than five (5) hours per day, including transportation to and from the center, the adult day health program must bill using the appropriate billing codes for units of service of less than one day.
5. Must meet all applicable requirements and guidelines within the State of Rhode Island Executive Office of Health and Human Services Provider Certification Standards Adult Day Care.
6. Adult Day Health Programs must remain in compliance with all applicable Rhode Island General Laws and Rhode Island Department of Health regulations.

References:

- State of Rhode Island Executive Office of Health and Human Services. Provider Certification Standards Adult Day Care. Published December 2015. Available at https://www.nhpri.org/wp-content/uploads/2019/04/State-of-Rhode-Island_Certification-Standards-ADC.pdf
- State of Rhode Island Department of Health. Professional Licensing and Facility Regulations; Title 216-RICR-40-10-7, Chapter 40. March 31, 2023. Available at <https://health.ri.gov/publications/legislation/Licensing-Adult-Care-Programs- 216-RICR-40-10-7.pdf>
- State of Rhode Island Executive Office of Health and Human Services: Centers for Medicare & Medicaid Services Waiver List;11-W-00242/1 TITLE: Rhode Island Comprehensive Demonstration. Available at [Rhode Island Demonstration Approval \(ri.gov\)](#).
- Executive Office of Health and Human Services. Preventive Level of Care Fact Sheet. Available at eohhs.ri.gov/Portals/0/Uploads/Documents/FactSheet_PreventiveLOC_finalamm1129.pdf.

Authorization Request Forms

Access prior authorization request forms by visiting Neighborhood's website at www.nhpri.org.

1. Click on [Providers](#)
2. Click on [Provider Resources](#)
3. Click on [Forms](#)
4. Click on "[Click here for a list of prior authorization request forms](#)" – forms are listed alphabetically. A phone messaging system is in place for requests/inquiries both during and outside of business hours. Providers can call 1-800-963-1001 for assistance.

Covered Codes: For information on coding, please reference the [Authorization Quick Reference Guide](#).

CMP Cross Reference:

Created:	9/1/2013
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**Medical Director Approval
Dates:**

12/13/13, 12/29/14, 11/3/15, 3/01/16, 4/19/16, 3/22/17,
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10/9/24, 2/12/25, 10/8/25

Neighborhood reviews clinical medical policies on an annual basis.

Disclaimer:

Neighborhood has developed medical policies to assist us in administering health benefits. This medical policy is made available to you for informational purposes only and does not constitute medical advice. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Members should always consult their physician before making any decisions about medical care. Treating providers are solely responsible for medical advice and treatment of members. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.