

Application

Application of this Medical Policy applies to:

RIte Care (MED), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Substitute Care (SUB) >18 years old, Children with Special Needs (CSN) >18 years old INTEGRITY for Duals (FIDE),

Application Excluded for:

Extended Family Planning (EFP), 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 payment policies, National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other available CMS published guidance.

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.

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

Skilled Services: Skilled services are those services which are ordered by a physician and must be provided by a registered nurse, licensed practical nurse (under the supervision of a registered nurse), licensed physical therapist, occupational therapist, speech language pathologist or a licensed physical therapy assistant and licensed occupational therapy assistant (under the supervision of a licensed therapist) in order to be safe and effective.

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 may qualify for homecare services through a Home and Community Based Waiver program. Home and Community Based Services (HCBS) are types of person-centered care delivered in the home and community. HCBS addresses the needs of people with functional limitations who need assistance with everyday activities and enable people to stay in their homes, rather than moving to a facility for care. Rhode Island Medicaid covers an array of Long-Term Services and Supports (LTSS) for adults eligible for HCBS. To be eligible for LTSS-HCBS, an individual must meet Medicaid LTSS eligibility requirements for specific programs and have at least a high level of care need for these services. LTSS eligibility is determined by EOHHS, not Neighborhood.

An approved LTSS-HCBS waiver is required for a member to receive enhanced adult day 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:

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

For members with an Intellectual Disabilities LTSS waiver from the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH), enhanced adult day services are to be authorized and billed to BHDDH, not Neighborhood.

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 two (2) levels of care:

Authorization NOT Required	<u>Basic Level of Services – Authorization NOT required.</u> 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.
Requires Authorization	<u>Enhanced Level of Care - Prior authorization is required.</u> 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.

NOTE: The previous Non-Skilled Enhanced and Skilled Enhanced levels are consolidated into a single Enhanced Level of Care.

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 a personal physician who can attest to the Member's needs.
4. The 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.

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.

Coding:

CPT Code & Modifiers	Description	Level of Care
S5102	Day care services, adult; per half day	Basic
S5102 U2	Day care services, adult; per diem	Basic
S5102 U1	Day care services, adult; per half day – Enhanced	Enhanced
S5102 U1 U2	Day care services, adult; per diem – Enhanced	Enhanced

NOTE: Codes previously associated with the Non-Skilled Enhanced and Skilled Enhanced levels are no longer applicable.

Limitations and Exclusions

All Health Benefits Exchange (HBE) members, all Extended Family Planning (EFP) members, Dual CONNECT 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:

- Basic Level: 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).
 - Enhanced Level: Members without an approved LTSS-HCBS waiver from EOHHS are not eligible for enhanced level of care services.
 - 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.
 - 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. When there is duplication or overlap of services, the lowest level of care needed to safely meet the members' needs may be covered.
 - The member resides in an assisted living or residential health care facility (i.e. Substance Use Disorder/Behavioral Health residential care programs, etc.)
 - The member requires and is receiving care 24 hours per day on an inpatient basis in a hospital or nursing facility.
 - 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.
 - The member has an Intellectual Disabilities waiver from the Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH). Enhanced adult day services should be billed to BHDDH.
2. For individuals identified under BHDDH DU40 designations, additional coordination between BHDDH and Neighborhood may apply. Neighborhood will continue to cover the Basic Level of Adult Day Health Services where applicable.
 3. 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
 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. Physical therapy, Occupational therapy, and Speech therapy services provided are not included in the per diem rate and must be billed separately.
 6. 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.
 7. 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 \(ri.gov\)](https://health.ri.gov/publications/legislation/Licensing-Adult-Care-Programs-216-RICR-40-10-7.pdf).
- Contract between The State of Rhode Island EOHHS and Neighborhood Health Plan of Rhode Island for Medicaid Managed Care Services, July 1, 2025.
- Contract- Agreement between the State of Rhode Island Executive Office of Health and Human Services and Neighborhood Health Plan of Rhode Island Medicaid Managed Care Fully Integrated Dual Special Needs Plan, Effective January 1, 2026.
- Executive Office of Health and Human Services. Preventive Level of Care Fact Sheet. Available at ehhs.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
Annual Review Month:	February
Review Dates:	11/19/13, 11/18/14, 11/3/15, 2/18/16, 2/28/17, 2/27/18, 3/6/19, 3/4/20, 3/10/21, 3/16/22, 3/8/23, 2/14/24, 10/9/24, 2/12/25, 10/8/25, 2/11/26, 4/8/26, 08/19/26
Revision Dates:	11/19/13, 11/3/15, 2/18/16, 4/19/16, 6/30/16, 2/27/18, 3/8/23, 10/9/24, 10/8/25, 3/17/26, 4/8/26, 08/19/26
UMC Review Date:	12/13/13, 11/18/14, 11/3/15, 3/01/16, 3/14/17, 3/20/18, 3/6/19, 3/4/20, 3/10/21, 3/16/22, 3/8/23, 2/14/24, 10/9/24, 2/12/25, 10/8/25, 2/11/26, 4/8/26, 08/19/26
Medical Director Approval Dates:	12/13/13, 12/29/14, 11/3/15, 3/01/16, 4/19/16, 3/22/17, 4/12/18, 3/7/19, 3/4/20, 3/10/21, 3/16/22, 3/8/23, 2/14/24, 10/9/24, 2/12/25, 10/8/25, 2/11/26, 4/8/26, 08/19/26
Effective Date:	12/13/13, 12/29/14, 11/3/15, 3/01/16, 4/19/16, 7/01/16, 3/23/17, 4/12/18, 3/7/19, 3/16/22, 3/8/23, 2/14/24, 10/9/24, 2/12/25, 10/8/25, 2/11/26, 4/8/26, 08/19/26

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.