

## Benefit Coverage

<b>Covered Benefit for lines of business including:</b>
Rite Care (MED), Rhody Health Partners (RHP), Rhody Health Expansion (RHE) Children with Special Health Care Needs (CSN) (18 years and over), Medicare-Medicaid Plan (MMP) Integrity
<b>Excluded from Coverage:</b>
Extended Family Planning (EFP) and Health Benefit Exchange (HBE), Substitute Care (SUB), Children with Special Needs (CSN) <18 years old

## Description

Adult day care 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 care 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

**ADL or ADLs-activity or activities of daily living.** These include but are not limited to:

*Bathing:* When the participant requires direct care of or constant supervision and cueing during the entire activity of a shower, bath, or sponge bath for the purpose of maintaining adequate hygiene.

*Dressing:* When the participant requires direct care of or constant supervision and cueing during the entire activity of dressing and undressing, taking on or off prostheses, braces, anti-embolism garments (e.g., “11TED” stockings) or assistive devices.

*Eating:* When the participant requires direct care of or constant supervision and cueing during the entire meal, physical assistance by the staff with a portion of, or the entire meal. Eating is defined as the ability to consume food or drink through the mouth using routine or adapted utensils. This also includes the ability to cut, chew, and swallow food.

*Grooming (personal hygiene):* When the participant requires direct care of or constant supervision and cueing during the entire activity. Grooming is defined as the ability to comb hair, brush teeth, shave, apply make-up, and nail care, eyeglasses, and jewelry application.

*Mobility (ambulation):* When the participant must be physically steadied, assisted, or guided in ambulation, or unable to self-propel a wheelchair without the assistance of another person.

*Toileting:* When the participant needs assistance due to incontinence of bladder or bowel or requires scheduled assistance or routine catheter or colostomy care. This includes assistance transferring on/off the toilet, cleansing of self, changing of pads/briefs.

*Transferring:* When the participant must be assisted or lifted to another position. Transferring is defined as the physical ability to move between surfaces: from bed/chair to wheelchair, walker or standing position. This includes changes of position in wheelchair for pressure relief and or transfers to bed during the day secondary to poor sitting tolerance. This also includes changes of position in bed.

Daily Assistance means every day of attendance

Adult Day Health Program – a physical location that has been reviewed and approved by the 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 RI 1115 Waiver, Attachment D-Level of Care Criteria, a participant must meet to attend ADC.

#### 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:

1. 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)
2. 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)
3. Pacemaker assessment
4. 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.

5. Intravenous, intramuscular, or subcutaneous injection, or intravenous feeding
6. Nasogastric-tube, gastrostomy, or jejunostomy feeding
7. Nasopharyngeal aspiration and tracheotomy care. However, long-term care of a tracheotomy tube does not, in itself, indicate the need for skilled services
8. Treatment and/or application of dressings when the physician prescribed irrigation, the application of medication, or sterile dressings of deep 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 (including but not limited to ulcers, burns, open surgical sites, fistulas, tube sites and tumor erosions).
9. Ostomy care
10. 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

<b>Authoriza n NOT</b>	<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>
<b>Requires Authorizatio</b>	<p><b>Prior authorization is required for <u>Enhanced level of care.</u></b></p> <p>In order to bill Neighborhood Health Plan of R.I.(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>

1. Each individual applying for adult day care must meet, at a minimum, the preventive level of care as determined by the EOHHS Office of Long-Term Service Supports.
2. Neighborhood may complete site visit audits which will include a case record audit review to ensure that the services being billed are outlined in the care plan, the care plan is signed, and that attendance for those days is accounted for.

## Criteria

### Basic Level Criteria

- Face to face assessment and reassessment with the member's Primary Care Provider (PCP) is required annually or if the member's condition changes
  - Minimum of four (4) hours per day up to six (6) days a week
  - Total transportation not to exceed two (2) hours to and from home
  - Transportation is included in the per diem rate or half day rate
  - If a member attends for less than five (5) hours per day, including transportation to and from the center, the ADC program must bill using the appropriate billing codes for units of service of less than one day.
- ▶ PT, OT, and Speech are not included in the per diem rate i.e., must be billed **separately** (*authorization required for all lines of business*).

### Enhanced Level of Services Criteria (Authorization Required)

- 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, and 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.

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

### Exclusions

- If 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.
- Residents of a residential health care facility shall be ineligible for adult day health services
- An adult who requires and who is receiving care 24 hours per day on an inpatient basis in a hospital or nursing home shall be ineligible for adult day health services.
- An adult who has partial care/partial hospitalization program services on a particular day is not eligible for adult day health services on the same day.

### Covered Codes:

"Adult Day Care-Basic level"	S5101, S5102
"Adult Day Health Services-Enhanced Level"	, S5101 U1, S5101 U1U3, S5102 U1, S5102 U1U3

### Authorization Forms

Please access Prior Authorization forms by visiting Neighborhood's website at [www.nhpri.org](http://www.nhpri.org).

- Go to the section for Providers
- Click on "Resources & FAQ's"
- Click on "Medical Management Request Forms"- forms are listed alphabetically by program.

[Prior Authorization Forms](#)

For assistance with prior authorizations please contact Clinical Administrative Support at 401-459-6060. Fax authorization forms to 401-459-6023.

**For More information on Coding please reference the [Authorization Quick Reference Guide](#)**

### CMP Cross Reference:

<b>Created:</b>	9/1/2013
<b>Annual Review Month:</b>	March
<b>Review Dates:</b>	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
<b>Revision Dates:</b>	11/19/13, 11/3/15, 2/18/16, 4/19/16, 6/30/16, 2/27/18, 3/8/23
<b>CMC Review Date:</b>	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
<b>Medical Director Approval Dates:</b>	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

**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

**Neighborhood reviews clinical medical policies on an annual base.**

**Disclaimer:**

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. 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.

**References:**

New Jersey Administrative Code Title 8 Chapter 86 Adult Day Health Services, NJ Register, Vol/ 46 No. 13, July 7, 2014. <http://www.mass.gov/eohhs/gov/laws-regs/masshealth/provider-library/provider-manual/adult-day-health-manual.html>

<http://www.mass.gov/eohhs/docs/masshealth/regs-provider/regs-adultdayhealth.pdf>

State of Rhode Island EOHHS Provider Certification Standards for Adult Day Care, Dec. 2015

<http://sos.ri.gov/documents/archives/regdocs/released/pdf/DOH/5333.pdf> State of R.I. DOH