

New Documentation Requirements for Adult Day Services

August 28, 2024

Effective **October 28, 2024**, Neighborhood Health Plan of Rhode Island (Neighborhood) will require adult day providers to include supporting documentation when submitting [prior authorization requests](#) for member services. Requests submitted without documentation will be denied. **This update applies to the INTEGRITY (MMP) and Medicaid lines of business.**

When submitting for authorization of adult day services, providers must attach the following:

Ongoing Enrollments

- Copy of office notes from the member's last office visit with their primary care physician; visit must have taken place within the past year or occurred due to a change in the member's condition; **(if applicable) and**
- Copy of member's plan of care signed by the member or the member's representative; **and**
- Copy of the latest quarterly plan of care review; **and**
- Latest progress notes from adult day care.

Initial Enrollments

In addition to office notes and a signed plan of care, providers must submit a completed copy of the adult day assessment.

Please note that approved authorizations will be active for six months.

To process prior authorization requests, Neighborhood adheres to the criteria found in the [adult day health clinical medical policy](#). Providers should also refer to this policy to help determine both medical necessity and the type of supporting documentation required to submit for prior authorization. Providers can also refer to the [adult day health services payment policy](#) for additional information on billing, coding, and payment guidelines. Adhering to these updated requirements will create a smoother authorization process while ensuring members are receiving appropriate and effective treatment.

EOHHS Adult Day Guidelines

The Executive Office of Health and Human Services (EOHHS) adheres to the following adult day guidelines:

1. To attend adult day services, the member should have a preventive or home and community-based services long-term services and supports (LTSS) waiver from the Department of Human Services. Providers will need to check member eligibility on the [EOHHS health care portal](#) to determine if the recipient is entitled to adult day care services. If the recipient is enrolled in one of the following waivers, they qualify to receive the service: Preventive, Core Community, DEA or OHA Community, Habilitation Community, Shared Living, and Intellectual Disabilities.
 - a. If a member needs assistance applying for LTSS, a [referral](#) can be submitted to Neighborhood via our website.
2. If a member resides in a hospital, nursing home, assisted living, or residential health care facility, they are not eligible for adult day health services.

If you have any questions regarding the prior authorization process, EOHHS guidelines, or any of the information included in this notification, please contact Provider Services at 1-800-963-1001.

Note: This notice was mailed via USPS to all contracted adult day providers and sent via email on August 28, 2024 to all adult day providers registered for Neighborhood's News and Updates. If you would like to be added to the distribution list, please [click here](#) to sign up.