
Adult Day Health Services Payment Policy

Policy Statement

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 care givers at the end of the day.

In accordance with State of Rhode Island Executive Office of Health and Human Services managed care contracts, 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 health that incorporate, as needed, a variety of health, social and related support services in a protective setting.

Scope

This policy applies to:

Medicaid *excluding:*

- Extended Family Planning (EFP)
- Children with Special Health Care Needs (CSN) < 18 years of age
- Substitute Care (SUB) < 18 years of age

Commercial

Dual CONNECT (Coordination only D-SNP)

INTEGRITY for Duals (Fully Integrated D-SNP)

Prerequisites

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information, please refer to:

- Neighborhood's plan specific [Prior Authorization Reference page](#).
- Neighborhood's [Adult Day Health Clinical Medical Policy](#).

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.



Coverage Requirements

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.

A member must meet the preventive level of care to attend adult day care. The preventive level of care is the minimum level of care, which is outlined in the RI 1115 Waiver, Attachment D-Level of Care 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.

Adult day health services consist of two (2) levels of care:

1. Basic Level
2. Enhanced Level

For a more detailed description outlining these levels of care, please refer to the [Adult Day Health Clinical Medical Policy](#).

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.

INTEGRITY For Duals – Only Long-Term Services and Supports (LTSS) waiver members will have access to Enhanced services. Enhanced Adult Day Health services will be denied for members who do not have an approved LTSS waiver.

Medicaid – Claims for members with Enhanced LTSS waivers would need to be billed to Medicaid Fee-for-Service. Neighborhood is not responsible for reimbursement.

Exclusions (Not an all inclusive list, refer to the [Adult Day Health Clinical Medical Policy](#).)

- 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. 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.)
- 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.
- Member who has an Intellectual Disabilities waiver, 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.

Claim Submission

Billable services are subject to contractual agreements when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association’s Current Procedural Terminology Editorial Panel’s (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

Member Responsibility

INTEGRITY for Duals members may have a monthly patient share provision, as determined by the Rhode Island Executive Office of Health and Human Services (RI EOHHS).

Patient share will be applied and is deducted from the benefit allowed amount at the time of payment adjudication. Providers should submit the claim with total billed charges, including patient share.

Coding

The following codes may be covered for adult day health services when the adult day criteria set forth in this policy are met:

| Code | Modifier | Description |
|-------|----------|-----------------------------------|
| S5102 | | Adult Day Care Half-Day; Basic |
| S5102 | U1 | Adult Day Care Half-Day; Enhanced |
| S5102 | U2 | Adult Day Care Full-Day; Basic |
| S5102 | U1 U2 | Adult Day Care Full-Day; Enhanced |

*Please note any modifier appended outside of the modifiers listed above will result in incorrect processing of level of care

Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.



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.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

Neighborhood processes Dual CONNECT and INTEGRITY for Duals in accordance with CMS Medicare guidelines. Refer to [CMS Medicare guidance](#) for complete rules and claims processing policies.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

Document History

| Date | Action |
|------------|---|
| 01/01/2026 | Updated policy template to include new lines of business. Updated Member Responsibility and Disclaimer language. Added LTSS content throughout policy. Updated coding effective 5/1/2026. |
| 10/27/2025 | Annual Policy Review. No content changes. |
| 12/11/2024 | Added language to disclaimer. Removed personal choice exclusion. |
| 07/01/2024 | Added preventative level of care language, and more detail to basic level and advanced level non skilled |
| 11/28/2023 | Annual Policy Review Date. Added language that all other modifiers outside of U1/U3 will not process correctly |
| 10/01/2022 | Annual Policy Review Date. Removed additional criteria from policy for Enhanced Level Skilled. |
| 09/29/2021 | Annual Policy Review Date. No Content Changes. |
| 09/14/2020 | Policy Review Date. Format Change. |

| Date | Action |
|------------|-----------------------|
| 09/01/2013 | Policy Effective Date |