

Benefit Coverage

Covered Benefit for lines of business including:
Rite Care (MED), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Children with Special Health Care Needs (CSN) (19 years and over), Substitute Care (SUB) (19 years and over), Medicare-Medicaid Plan (MMP) Integrity
Excluded from Coverage:
Extended Family Planning (EFP) and Health Benefit Exchange (HBE), Substitute Care (SUB) <19 years old, Children with Special Needs (CSN) <19 years old

Medicare Distinction

For INTEGRITY 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 CMS published guidance 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 peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the members' Medicaid benefit.

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., “TED” 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

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>
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Requires
Authorization

Prior authorization is required for Enhanced level of care.

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.

Criteria

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 care 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 (HCBS-LTSS), DEA or OHA Community, Habilitation Community, Shared Living, Personal Choice, and Intellectual Disabilities.

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 need.
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.

NOTE: Basic level of adult day services does not require prior authorization

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, 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.

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.

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 an assisted living or 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" – Non-Skilled	S5101 U1, S5102 U1
"Adult Day Health Services-Enhanced Level" - Skilled	S5101 U1 U3, S5102 U1 U3

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:	March
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
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
CMC 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
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
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

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 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 \(ri.gov\)](http://RhodeIslandDemonstrationApproval(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.