
CHAPTER 9: ADULT DAY HEALTH CARE WAIVER

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COVERED SERVICES

This section provides information about the services that are covered in the Adult Day Health Care (ADHC) Waiver program. For the purpose of this policy, when reference is made to “individual” or “beneficiary”, this includes that person’s responsible representative(s), legal guardian(s) and/or family member(s), as applicable, who are assisting that person in obtaining services.

Support Coordination

Support coordination, also referred to as case management, is a mandatory service designed to assist beneficiaries in gaining access to necessary waiver and other State Plan services, as well as needed medical, social, educational, housing and other services, regardless of the funding source for these services. The core elements of support coordination include the following:

1. Intake;
2. Assessment and re-assessment;
3. Plan of care (POC) development and revision;
4. Follow-up /monitoring;
5. Critical incident management; and
6. Transition/discharge and closure.

Support coordination agencies shall also be responsible for assessing, addressing and documenting delivery of services, including remediation of difficulties encountered by beneficiaries in receiving direct services.

Support coordination agencies shall not refuse to serve, or refuse to continue to serve, any individual who chooses/has chosen their agency unless there is documentation to support an inability to meet the individual’s health and welfare needs, or all previous efforts to provide services and supports have failed and there is no option but to refuse services. The Office of Aging and Adult Services (OAAS) must be immediately notified of the circumstances surrounding a refusal to provide/continue to provide services. This requirement can only be waived by OAAS.

Support coordination agencies must establish and maintain effective communication and good working relationships with beneficiaries’ service providers.

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Transition Intensive Support Coordination (TISC)

TISC is a service that assists individuals who are currently residing in nursing facilities who want to transition into the community. This service assists individuals in gaining access to needed waiver and other Medicaid State Plan services, as well as needed medical, social, housing, educational and other services, regardless of the funding source for these services.

Support coordinators shall comply with all of the requirements described above under the “Support Coordination” section. Support coordinators shall initiate and oversee the process for assessment and re-assessment, as well as be responsible for ongoing monitoring of the provision of services included in the beneficiary’s approved POC. (See Appendix F for a complete list of the ADHC Waiver services available during the transition process).

Service Exclusions

Support coordination agencies are not allowed to bill for TISC until after the individual has been approved for the ADHC Waiver.

The scope of TISC shall not overlap with the scope of support coordination; therefore, duplicate billing is not allowed.

Service Limitations

Support coordination agencies may be reimbursed up to six (6) months (not to exceed 180 calendar days) from the POC approval date so long as the beneficiary is residing in the nursing facility. Reimbursement is contingent upon the support coordinator performing activities necessary to arrange for the individual to live in the community. These activities must be documented by the support coordinator. Support coordination agencies will not receive reimbursement for any month during which no activity was performed and documented in the transition process.

Transition Services

Transition services assist an individual, who has been approved for an ADHC opportunity, to leave a nursing facility and return to live in the community.

Transition Services are time limited, non-recurring set-up expenses available for individuals who have been offered and approved for an ADHC Waiver opportunity and are transitioning from a nursing facility to their own living arrangement in a private residence where the individual is directly responsible for their own living expenses. Transition services may also be used to purchase essential items needed for the individual even when the individual is residing with others. Allowable expenses are those necessary to enable the individual to establish a basic household,

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excluding expenses for room and board. These services must be identified and approved in the individual's POC in accordance with the Louisiana Department of Health (LDH) and OAAS policies and procedures.

Transition services include the following:

1. Security deposits that are required to obtain a lease on an apartment or house;
2. Specific set-up fees or deposits for:
 - a. Telephone;
 - b. Electricity;
 - c. Gas;
 - d. Water; and
 - e. Other such necessary housing start-up fees or deposits, including outstanding balances for past due charges and/or fees.
3. Activities to assess need, arrange for and procure needed resources (e.g. – fees associated with obtaining photo IDs or vital records, housing application fees, etc.);
4. Essential furnishings to establish basic living arrangements:
 - a. Living Room – sofa/love seat, chair, coffee table, end table and recliner;
 - b. Dining Room – dining table and chairs;
 - c. Bedroom – bedroom set, mattress/box spring, bed frame, chest of drawers, nightstand, comforter, sheets, pillows, lamp and telephone;
 - d. Kitchen – refrigerator, stove, cook top, dishwasher, convection oven, dishes/plates, glassware, cutlery/flatware, microwave, coffee maker, toaster, crock pot, indoor grill, pots/pans, drain board, storage containers, blender, can opener, food processor, mixer, dishcloths, towels and potholders;
 - e. Bathroom – towels, hamper, shower curtain and bath mat;
 - f. Miscellaneous - window coverings, window blinds, curtain rod, washer,

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dryer, vacuum cleaner, air conditioner, fan, broom, mop, bucket, iron and ironing board; and

- g. Moving Expenses – moving company and cleaners (prior to move, onetime expense).

5. Health and welfare assurances:

- a. Pest control/eradication;
- b. Fire extinguisher;
- c. Smoke detector; and
- d. First aid supplies/kit.

NOTE: Support coordinators must exhaust all other resources to obtain these items prior to utilizing the waiver.

Service Exclusions

Transition services do not include the following:

- 1. Monthly rent payments;
- 2. Mortgage payments;
- 3. Food;
- 4. Monthly utility charges; and
- 5. Household appliances and/or items intended solely for diversionary/recreational purposes (e.g. television, stereo, computer, etc.).

These services do not constitute room and board. These services may not be used to pay for furnishing or to set-up living arrangements that are owned or leased by a waiver provider.

Service Limitations

There is a \$1,500 lifetime maximum limit per individual. Services must be prior approved by the OAAS regional office or its designee and require prior authorization (PA).

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NOTE: This is the only waiver service that is NOT subject to the individual's annual POC maximum cost.

When the individual transitions to a home/apartment that is inhabited with another person, services will only be available for items that are to be used exclusively by the individual.

The purchaser for these items may be the individual, the responsible representative, the direct service provider, the support coordination agency, or any other source. However, the support coordination agency is the **ONLY** source that can bill for these services.

Adult Day Health Care Services

ADHC services provide planned, diverse daily program of individual services and group activities structured to enhance the beneficiary's physical functioning and to provide mental stimulation. ADHC services are furnished as specified in the POC at an ADHC center, in a licensed non-institutional, community-based setting encompassing both health/medical and social services needed to ensure the optimal functioning of the beneficiary.

An ADHC center shall, at a minimum, furnish the following services in accordance with licensing regulations:

1. Training or assistance with activities of daily living (toileting, grooming, eating, ambulation, etc.);
2. Health and nutrition counseling;
3. Individualized daily exercise program;
4. Individualized goal-directed recreation program;
5. Health education;
6. Medical care management;
7. One nutritionally-balanced hot meal and a minimum of two snacks served each day;

NOTE: A provider may serve breakfast in place of a mid-morning snack. Also, providers must allow flexibility with their food and dining options to reasonably accommodate participants' expressed needs and preferences.

8. Nursing services that are provided by licensed nursing professionals and that include the following individualized health services:

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- a. Monitoring vital signs appropriate to the diagnosis and medication regimen of each beneficiary no less frequently than monthly;
- b. Administering medications and treatments in accordance with physicians' orders;
- c. Developing and monitoring beneficiaries' medication administration plans (self-administration and staff administered) of medications while the beneficiary is at the ADHC center; and
- d. Serving as a liaison between the beneficiary and medical resources including the treating physician.

NOTE: All nursing services shall be provided in accordance with professional practice standards and all other requirements identified in the ADHC Licensing rules.

9. Transportation between the beneficiary's place of residence and the ADHC center at the beginning and end of the program day:
 - a. The cost of transportation is included in the rate paid to ADHC centers. The beneficiary and their family may choose to transport the beneficiary to the ADHC center. Transportation provided by the beneficiary's family is not a reimbursable service.

NOTE: An ADHC center may serve a person residing outside of the ADHC's licensed region; however, transportation by the ADHC center is not required.

10. Transportation to and from medical and social activities when the beneficiary is accompanied by ADHC center staff.

Service Exclusions

ADHC providers shall not bill for this service until after the individual has been approved for the ADHC Waiver.

Service Limitations

These services must be provided in the ADHC center that has been chosen by the beneficiary.

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ADHC services are furnished on a regularly scheduled basis, not to exceed 10 hours a day, 50 hours per week (exclusive of transportation time to and from the ADHC center), as specified in the beneficiary's POC and ADHC ISP.

ADHC Waiver beneficiaries must attend a minimum of 36 days per calendar quarter, absent extenuating circumstances. The assigned support coordinator, based upon guidance provided by OAAS, must approve exceptions for extenuating circumstances.

ADHC Waiver and Long Term-Personal Care Services

ADHC Waiver beneficiaries may also be eligible to receive Long Term-Personal Care Services (LT-PCS), a Medicaid State Plan service, as long as the beneficiary also meets LT-PCS requirements. Eligibility for LT-PCS is based on the beneficiary's assessment score, which must identify a need of limited assistance or more in the performance of at least one (1) Activities of Daily Living (ADL). For additional information on LT-PCS, refer to Medicaid Provider Manual (Chapter 30) - Personal Care Services.

Hospice and Waiver Services

Beneficiaries who elect hospice services may choose to elect ADHC Waiver and hospice services concurrently. The hospice provider and support coordination agency must coordinate ADHC Waiver and hospice services when developing the beneficiary's POC. All core hospice services must be provided in conjunction with ADHC Waiver services.

When electing both services, the hospice provider must develop the POC with the beneficiary, the beneficiary's caregiver and the support coordination agency. The POC must clearly and specifically detail the ADHC Waiver and hospice services that are to be provided along with the frequency of services by each provider to ensure that services are non-duplicative, and the beneficiary's daily needs are being met. This will involve coordinating services where the beneficiary may receive services each day of the week.

The hospice provider shall be licensed by LDH-HSS and must provide all hospice services as defined in 42 CFR Part 418 which includes nurse, physician, hospice aide/homemaker services, medical social services, pastoral care, drugs and biologicals, therapies, medical appliances and supplies, and counseling in accordance with hospice licensing regulations.

Once the hospice program requirements are met, ADHC Waiver Services and LT-PCS (if applicable) can be utilized for those personal care tasks with which the beneficiary requires assistance.

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Waiver Services Payable While in a Nursing Facility/Hospital

Certain ADHC Waiver services are payable when transitioning from a nursing facility or for a beneficiary during a temporary stay in a nursing facility/hospital. (See Appendix F for a complete list of the ADHC Waiver services).