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**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 in the ADHC Waiver 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 duties also include the following:

1. Linkage to direct services and other resources;
2. Assessing, addressing and documenting delivery of services, including remediation of difficulties encountered by beneficiaries in receiving direct services;
3. Coordinating multiple services among multiple providers;
4. Ongoing assessment and mitigation of health, behavioral, and personal safety risk; and
5. Responding to beneficiary crisis.

Support coordination services are provided by support coordination agencies. Support

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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.

**Transition Intensive Support Coordination**

Transition Intensive Support Coordination (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.

TISC services are provided by support coordination agencies. Support coordination agencies shall comply with all of the requirements described under the "Support Coordination" section listed above in this 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 for the months that the beneficiary was 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

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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, 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;

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- 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, 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

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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).

**NOTE: This waiver service is NOT deducted from the beneficiary's annual POC budget.**

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 are a mandatory service in the ADHC Waiver that provide a 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;

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6. Medical care management;
7. One nutritionally-balanced hot meal and a minimum of two snacks served each day;

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

8. Nursing services that are provided by licensed nursing professionals and that include the following individualized health services:
  - 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. LAC Title 48: Part I. Subpart 3. Chapter 42. Adult Day Health Care – "Nursing Services".**

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.

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ADHC providers must adhere to the ADHC center requirements as outlined in the ADHC Licensing Rule – LAC Title 48: Part I. Subpart 3. Chapter 42. Adult Day Health Care – Subchapter D. ADHC Center Services.

**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.

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 Individualized Service Plan (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.

**Adult Day Health Care Health Status Monitoring (ADHC HSM)**

The purpose of Adult Day Health Care Health Status Monitoring (ADHC HSM) is for ADHC providers to contact beneficiaries via telephone on days when a beneficiary is unable or does not attend the ADHC center on the specific scheduled day(s) outlined in their approved POC document. During this telephone call, the ADHC provider will check in on the beneficiary and provide follow-up on any need identified during this telephone contact.

**Service Limitations**

ADHC providers may **ONLY** provide this service on days when the ADHC Waiver beneficiary is scheduled to attend the ADHC center, per the approved POC and **DOES NOT** attend the ADHC center on that day(s).

**Home Delivered Meals (HDM)**

Home Delivered Meals (HDMs) assist beneficiaries in meeting their nutritional needs to support and maintain self-sufficiency and enhance their quality of life. HDMs include up to two (2) nutritionally balanced meals per day to be delivered to the home of an ADHC Waiver beneficiary. The HDM is to provide the beneficiary a minimum of one-third of the current recommended

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dietary allowance (RDA) as adopted by the United States Department of Agriculture (USDA). The provision of HDMs does not provide a full nutritional regimen. The meal is delivered to the beneficiary's home.

**Service Limitations**

HDMs are limited to two (2) per day. It is permissible for beneficiaries to have some meals delivered daily and others delivered in bulk by different providers, as long as the maximum of two (2) meals per day is not exceeded. There is a maximum cost per meal.

ADHC providers **CANNOT** bill for HDMs on the days that the ADHC Waiver beneficiary attends the ADHC center in person.

**Activity and Sensor Monitoring (ASM)**

Activity and Sensor Monitoring (ASM) monitors the ADHC Waiver beneficiary's in-home movement and activity for health, welfare and safety purposes. The system is individually calibrated based on the beneficiary's typical in-home movements and activities. The provider is responsible for monitoring electronically generated information, for responding as needed, and for equipment maintenance. At a minimum, the system must:

1. Monitor the home's points of egress;
2. Detect falls;
3. Detect movement or the lack of movement;
4. Detect whether doors are opened or closed; and
5. Provide a push-button emergency alert system.

The provider is responsible for the remote monitoring activity.

The ASM system:

1. Is monitored by a call center;
2. Monitors the beneficiary's activity in the home; and
3. Learns the beneficiary's routines.



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The system is designed to identify unusual occurrences and subsequently send messages to the beneficiary's list of identified caregivers. This system utilizes non-invasive sensors and motion detectors strategically placed around the home, such as in the bed, in the beneficiary's living room recliner, kitchen door, exterior doors, bathroom door, and medication cabinet to ensure that the beneficiary's needs, health and welfare are being monitored and maintained. The placement of the sensors and/or monitors are based on the specific needs of the beneficiary as identified by their assessment and/or POC.

Beneficiaries can request and/or agree to receive ASM. Upon agreement, this service is incorporated into the beneficiary's POC. The beneficiary and all attendees at the POC meeting, including family members, as applicable, sign the POC document to agree/acknowledge that the support coordinator has explained all services, including ASM, to the beneficiary. The support coordinator monitors all of the beneficiary's services, including ASM, through the monthly Support Coordination Contact Documentation (SCD) monitoring.

This service:

1. Monitors the beneficiary's activity only;
2. Decreases a beneficiary's reliance for 1-on-1 care; and
3. Assists the beneficiary in maintaining their independence so they may participate in community activities more easily.

**Service Limitations**

This service is appropriate for beneficiaries who live alone.

Services must:

1. Be based on a verified need of the beneficiary; and
2. Have a direct or remedial benefit with specific goals and outcomes.

All items must:

1. Reduce reliance on other Medicaid State Plan or waiver services;
2. Meet applicable standards of manufacture, design, and installation;
3. Be on the POC developed by the support coordinator; and

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4. Are subject to approval by OAAS Regional Office or its designee.

**NOTE:** A beneficiary cannot simultaneously receive traditional PERS services and ASM services.

### **Personal Emergency Response System (PERS)**

Personal Emergency Response System (PERS) is an electronic device designed to assist ADHC Waiver beneficiaries in obtaining emergency assistance.

This device connects to a telephone line or utilizes a wireless communication device and is programmed to send an electronic message to a community-based 24-hour emergency response center when a “help” button is activated. It may either be worn by the beneficiary or installed in their home. It must meet Federal Communications Commission standards or Underwriter’s Laboratory (UL) standards or equivalent standards.

PERS services are appropriate for waiver beneficiaries who are cognitively and/or physically able to operate the system and are alone for significant periods of time. PERS is a measure to promote the health and welfare of the beneficiary.

The PERS unit shall be rented from the PERS provider.

The PERS must be checked monthly by the provider to ensure it is functioning properly. Additionally, the support coordinator must inspect the PERS battery and unit once every quarter during home visits or quarterly virtual meetings.

### **Service Limitations**

Services must be based on a verified need of the beneficiary and the service must have a direct or remedial benefit with specific goals and outcomes.

The PERS device must meet applicable standards of manufacture, design, and installation.

A beneficiary cannot simultaneously receive traditional PERS services and Activity and Sensor Monitoring (ASM) services.

The PERS device must be included on the approved POC developed by the support coordinator.

### **Assistive Technology**

The Assistive Technology (AT) service is limited-time, non-recurring and provides both an

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electronic device and an associated set-up visit to increase a beneficiary's access and participation in activities occurring within their home and the community. Devices purchased through the AT service assist the beneficiary in meeting POC goals, increasing communication, Electronic Visit Verification (EVV) compliance, personal and professional interactions, leisure activities, outreach, and access to resources, support and medical care. The AT service allows beneficiaries to purchase a device, not otherwise covered by the State Plan, and receive a one-on-one face-to-face visit to set up and usage.

AT service is comprised of the following mandatory components:

1. Electronic tablet device with internet capability that enable beneficiaries to:
  - a. Perceive, control, or communicate within or outside of the beneficiary's residence; and
  - b. Increase access to services, resources and emergency response.
2. Screen protector and a case for the device designed to protect the item from damage; and
3. One-time set-up visit which includes:
  - a. Delivery of the device;
  - b. Device set-up and utilization; and
  - c. In-person education and support provided directly to the beneficiary and/or the beneficiary's natural supports, responsible or legal representative, staff, or others that aid the beneficiary in the use of assistive technology equipment and set-up.

The identified need and how the needs will be addressed with the AT must be included in the POC or POC Revision.

**NOTE: For the beneficiary to receive AT service, they must have internet service in the home. This waiver service is funded through ARPA funds and is NOT deducted from the beneficiary's annual POC budget.**

**Service Exclusions**

AT does not include the cost or reimbursement for an internet or data plan.

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AT does not include the cost or reimbursement for repair or replacement of purchased devices or protective cases.

**Service Limitations**

There is a one-time lifetime \$250 maximum amount limit for the device/item(s) per beneficiary. There is a one-time lifetime \$50 maximum procurement/set-up visit limit per beneficiary. Services must be prior approved by OAAS or its designee and require PA.

Services must be based on a verified need of the beneficiary and the service must have a direct or remedial benefit with specific goals and outcomes. Devices must meet applicable standards of manufacture, design, and capability. The items must be included on the POC developed by the support coordinator and are subject to approval by OAAS or its designee.

**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 the 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 the Medicaid Provider Manual Chapter 30 - Personal Care Services.

The support coordinator is responsible for managing the beneficiary's services in a way that does not duplicate services if the beneficiary is receiving both ADHC Waiver services and LT-PCS, especially when the beneficiary is receiving additional services (e.g. home health, hospice, etc.).

**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.

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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.

**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).