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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 “recipient”, 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 recipients 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:

- Intake;
- Assessment;
- Plan of care development and revision;
- Linkage to direct services and other resources;
- Coordination of multiple services among multiple providers;
- Monitoring/follow-up;
- Reassessment;
- Evaluation and re-evaluation of level of care and need for waiver services;
- Ongoing assessment and mitigation of health, behavioral and personal safety risk;
- Responding to recipient crisis;
- Critical incident management; and
- Transition/discharge and closure.

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Providers of support coordination shall also be responsible for assessing, addressing and documenting delivery of services, including remediation of difficulties encountered by recipients in receiving direct services.

Providers of support coordination 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, safety 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.

Providers of support coordination must establish and maintain effective communication and good working relationships with providers of services to recipients served by the agency.

**Standards**

Providers of ADHC Waiver support coordination must be:

- Certified by the Louisiana Department of Health (LDH) to operate a support coordination agency;
- Meet the requirements as set forth in the rule for OAAS Home and Community-Based Services Waivers, Support Coordination Standards for Participation;
- Sign a performance agreement with OAAS;
- Assure staff attends all training mandated by OAAS;
- Enroll as a Medicaid provider of support coordination services in all regions in which it intends to provide services;
- Comply with all LDH and OAAS policies and procedures; and
- Be listed as the provider of choice on the Freedom of Choice (FOC) form.

**Reimbursement**

Support coordination is reimbursed at an established monthly rate. The data management contractor issues a monthly authorization to the support coordination agency. After the support coordination requirements are met and documented in the Case Management Information System

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(CMIS), the authorization is released to the support coordination agency. For each quarter in the recipient's plan of care (POC) year, if the support coordination agency does not meet all of the requirements for documentation in the CMIS, the prior authorization (PA) for the last month of that quarter will not be released until all requirements are met. A unit of service is one month.

**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 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 reassessment, as well as be responsible for ongoing monitoring of the provision of services included in the recipient's approved POC.

**Standards**

Providers of ADHC Waiver TISC must be:

- Certified by LDH to operate a support coordination agency;
- Meet the requirements as set forth in the rule for OAAS Home and Community-Based Services Waivers, Support Coordination Standards for Participation;
- Sign a performance agreement with OAAS;
- Assure staff attends all training mandated by OAAS;
- Enroll as a Medicaid provider of support coordination services in all regions in which it intends to provide services;
- Comply with all LDH and OAAS policies and procedures; and
- Be listed as the provider of choice on the FOC form.

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**Service Exclusions**

Providers of support coordination are not allowed to bill for TISC until after the individual has been approved for the AHDC Waiver.

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

**Service Limitations**

Providers of support coordination may be reimbursed up to six months from the POC approval date. 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. Providers of support coordination will not receive reimbursement for any month during which no activity was performed and documented in the transition process.

**Reimbursement**

TISC is reimbursed at a monthly rate, as set by Medicaid, for a maximum of six months from the POC approval date prior to the date of transition. Payment will not be authorized until the data management contractor receives an approved POC indicating that the individual was/is a nursing facility resident during the time period in which prior authorization is requested.

**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 his/her own living expenses. 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 LDH and OAAS policies and procedures.

Transition Services include the following:

- Security deposits that are required to obtain a lease on an apartment or house;

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- Specific set-up fees or deposits for:
  - Telephone;
  - Electricity;
  - Gas;
  - Water; and
  - Other such necessary housing start-up fees and deposits.
- Essential furnishings to establish basic living arrangements:
  - Living Room – sofa/love seat, chair, coffee table, end table and recliner;
  - Dining Room – dining table and chairs;
  - Bedroom – bedroom set, mattress/box spring, bed frame, chest of drawers, nightstand, comforter, sheets, pillows, lamp and telephone;
  - 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;
  - Bathroom – towels, hamper, shower curtain and bath mat;
  - Miscellaneous - window coverings, window blinds, curtain rod, washer, dryer, vacuum cleaner, air conditioner, fan, broom, mop, bucket, iron and ironing board; and
  - Moving Expenses – moving company and cleaners (prior to move; onetime expense).
- Health and welfare assurances:
  - Pest control/eradication;
  - Fire extinguisher;
  - Smoke detector; and
  - First aid supplies/kit.

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

**Standards**

Providers of ADHC Waiver transition services must be:

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- Certified by LDH to operate a support coordination agency;
- Meet the requirements as set forth in the rule for OAAS Home and Community-Based Services Waivers, Support Coordination Standards for Participation;
- Sign a performance agreement with OAAS;
- Assure staff attends all training mandated by OAAS;
- Enroll as a Medicaid provider of support coordination services in all regions in which it intends to provide services;
- Comply with all LDH and OAAS policies and procedures; and
- Be listed as the provider of choice on the FOC form.

**Service Exclusions**

Transition services do not include the following:

- Monthly rent payments;
- Mortgage payments;
- Food;
- Monthly utility charges; and
- Household appliances and/or items intended solely for diversionary/recreational purposes (i.e. 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 PA.

These services are available to individuals who are transitioning from a nursing facility to their

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own private residence where he/she is directly responsible for his/her own living expenses. 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.

**Reimbursement**

Payment shall not be authorized until the OAAS regional office, or its designee gives final POC approval upon receipt of the “Decision Notice” form from the Medicaid office.

When the final approval is issued, the data management contractor is notified to set up a transition service expense record in the database for the individual and to release the authorization. The support coordination agency is notified of the release of the authorization and can bill the Medicaid fiscal intermediary for these expenses. If the support coordination agency did not initially pay for the pre-approved transition expenses, the support coordination agency shall reimburse the actual purchaser within ten calendar days of receipt of reimbursement.

The OAAS regional office, or its designee, shall maintain documentation, including each individual’s “OAAS Transition Services Form” (TSF) with original receipts and copies of canceled checks, as record of payment to the purchaser(s). This documentation is for accounting and monitoring purposes. (See Appendix B for information about this form)

Billing for transition services must be completed within 60 calendar days after the individual’s actual move date in order for the reimbursement to be paid.

**NOTE: If the individual is not approved for ADHC Waiver services and/or does not transition, but transition service items were purchased, the OAAS regional office must notify the OAAS state office to allow for possible reimbursement.**

If it is determined that additional items are needed after the TSF was approved, and there are remaining transition funds in the individual’s budget, the support coordinator must submit another TSF within 90 calendar days after the individual’s actual move date. The same procedure outlined above shall be followed for any additional needs.

**Adult Day Health Care Service**

ADHC services provide planned, diverse daily program of individual services and group activities structured to enhance the recipient’s physical functioning and to provide mental

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stimulation. ADHC services are furnished as specified in the POC at an ADHC center, in a non-institutional, community-based setting encompassing both health/medical and social services needed to ensure the optimal functioning of the recipient.

An ADHC center shall, at a minimum, furnish the following services:

- Assistance with activities of daily living (toileting, grooming, eating, ambulation, etc.);
- Health and nutrition counseling;
- Individualized daily exercise program;
- Individualized goal-directed recreation program;
- Daily health education;
- Medical care management;
- 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.**

- Nursing services that include the following individualized health services:
  - Monitoring vital signs appropriate to the diagnosis and medication regimen of each recipient no less frequently than monthly;
  - Administering medications and treatments in accordance with physicians' orders;
  - Monitoring self-administration of medications while the recipient is at the ADHC center; and
  - Serving as a liaison between the recipient and medical resources including the treating physician.

**NOTE: All nursing services shall be provided in accordance with acceptable professional practice standards.**

- Transportation between the recipient's place of residence and the ADHC center.



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- The cost of transportation is included in the rate paid to ADHC centers. The recipient and his/her family may choose to transport the recipient to the ADHC center. Transportation provided by the recipient's family is not a reimbursable service

**NOTE: If transportation services that are prescribed in any recipient's approved ISP are not provided by the ADHC center, the center's reimbursement rate shall be reduced accordingly.**

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

**Standards**

Providers must be licensed by the LDH Health Standards Section (HSS) as an ADHC provider, enrolled in Medicaid as an ADHC provider and must be listed on the FOC form prior to providing ADHC services.

**NOTE: It is permissible for an ADHC center to serve a person residing outside of the ADHC's licensed region when there are no other licensed HCBS providers in the participant's service area with the capacity to provide the required services. The provider must submit a written request to HSS specific to the participant for which exception is being requested and include the reasons prior to the provision of services.**

**Service Exclusions**

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

ADHC Waiver recipients 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.

**NOTE: It is allowable for an ADHC to refuse services to someone because the individual resides outside of the ADHC's established limited mileage radius for transportation to and from the center as long as this transportation policy is approved by HSS. In such an instance, providing transportation to/from the facility is not a requirement; however, if transportation is provided, all rules and requirements must be met.**

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**Service Limitations**

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

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 recipient's POC and ADHC individualized service plan (ISP).

Reimbursement for these services requires PA.

**Reimbursement**

Payment will not be authorized until the OAAS regional office, or its designee, gives final POC approval.

OAAS regional office, or its designee, reviews all documents to ensure all requirements are met. If all requirements are met, the support coordinator provides a copy of the approved POC to the recipient and ADHC provider. The ADHC provider is notified of the release of the PA and can bill the Medicaid fiscal intermediary for services provided.

The use of the Electronic Visit Verification (EVV) system is mandatory for Adult Day Health Care Services. The EVV system requires the electronic check in/out in the Louisiana Services Reporting System (LaSRS®) or another EVV system approved by BHSF and OAAS. Adult Day Health Care transportation is exempt from this mandatory requirement.

**Hospice and Waiver Services**

Recipients 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 recipient'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 recipient, the recipient's care giver 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 recipient's daily needs are being met. This will involve coordinating services where the recipient may receive services each day of the week.

The hospice provider must provide all hospice services as defined in 42 CFR Part 418 which includes nurse, physician, hospice aide/homemaker services, medical social services, pastoral

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care, drugs and biologicals, therapies, medical appliances and supplies, and counseling.

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 recipient requires assistance.