
CHAPTER 9: ADULT DAY HEALTH CARE WAIVER

SECTION 9.2: BENEFICIARY REQUIREMENTS**PAGE(S) 3**

BENEFICIARY REQUIREMENTS

The Adult Day Health Care (ADHC) Waiver program is only available to individuals who meet all the following criteria:

1. Medicaid financial eligibility;
2. Age 65 years or older, **OR** 22 through 64 years of age with a physical disability that meets Medicaid standards or the social Security Administration's disability criteria;
3. Nursing facility level of care requirements;
4. Name on the Request for Services Registry (RFSR) for the ADHC Waiver; and
5. A plan of care (POC) sufficient to:
 - a. Reasonably assure that the health and welfare of the waiver applicant can be maintained in the community with the provision of waiver services; and
 - b. Justify that the ADHC Waiver services are appropriate, cost effective and represent the least restrictive environment for the individual.

Failure of the individual to cooperate in the eligibility determination process or to meet any of the criteria above will result in the denial of admission or discharge from the ADHC Waiver.

Beneficiaries in the ADHC Waiver 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: An individual may only be certified to receive services from one Home and Community-Based Services (HCBS) Waiver at a time.

Request for Services Registry

The Louisiana Department of Health (LDH) is responsible for the RFSR, hereafter referred to as "the registry," for the ADHC Waiver. An individual who wishes to have his or her name placed on the registry shall contact a toll-free telephone number which is maintained by the Office of Aging and Adult Services (OAAS).

Requests for ADHC Waiver services shall be accepted from the following:

CHAPTER 9: ADULT DAY HEALTH CARE WAIVER

SECTION 9.2: BENEFICIARY REQUIREMENTS**PAGE(S) 3**

1. The applicant;
2. An individual who is legally responsible for the applicant; or
3. A responsible representative designated by the applicant to act on his/her behalf.

Individuals will be screened and/or assessed to determine whether they meet nursing facility level of care and are members of the target population. Only individuals who meet these criteria will be added to the registry. The individual's name is placed on the registry in request date order.

NOTE: If at any time individuals do NOT meet nursing facility level of care, their names will be removed from the ADHC Waiver registry.

ADHC Waiver opportunities shall be offered to individuals on the registry according to priority groups. The following groups shall have priority for ADHC Waiver opportunities in the order listed:

1. Individuals with substantiated cases of abuse or neglect with Adult Protective Services (APS) or Elderly Protective Services (EPS) and who, absent ADHC Waiver services would require institutional placement to prevent further abuse and neglect as determined by OAAS review;
2. Individuals who have been discharged after a hospitalization within the past 30 calendar days that involved a stay of at least one night;
3. Individuals admitted to, or residing in, a nursing facility who have Medicaid as the sole payer source for the nursing facility stay; and
4. All other eligible individuals on the RFSR, by date of first request for services.

If an applicant is determined to be ineligible for any reason at the time an offer is made, the next individual on the registry, based on the above stated priority group, is notified and the process continues until an individual is determined eligible. An ADHC Waiver opportunity is assigned to an individual when eligibility is established and the individual is certified.

Admission Denial or Discharge Criteria

Failure of the individual to cooperate in the eligibility determination process or to meet any of the following criteria will result in denial of admission to/discharge from the ADHC Waiver:

1. The individual does not meet the target population criteria;

CHAPTER 9: ADULT DAY HEALTH CARE WAIVER

SECTION 9.2: BENEFICIARY REQUIREMENTS**PAGE(S) 3**

2. The individual does not meet the criteria for Medicaid eligibility;
3. The individual does not meet the criteria for a nursing facility level of care;
4. The beneficiary resides in another state or has a change of residence to another state;
5. Continuity of services is interrupted as a result of the beneficiary not receiving and/or refusing ADHC Waiver services (exclusive of support coordination services) for a period of 30 consecutive days;

NOTE: Continuity of services will not apply when interruptions are due to a beneficiary being admitted to an acute care hospital, rehabilitation hospital or nursing facility. This exception is granted by OAAS and will typically not exceed 90 consecutive days.

6. The health and welfare of the individual cannot be reasonably assured through the provision of the ADHC Waiver services;
7. The individual fails to cooperate in the eligibility determination process or in the development/performance of the POC;
8. It is not cost effective to serve the individual in the ADHC Waiver;
9. The beneficiary fails to attend the ADHC center for a minimum of 36 days per calendar quarter; or
10. The individual fails to maintain a safe and legal home environment.

Involuntary discharge/transfer from the ADHC center or ADHC Waiver program may occur for one of the following:

1. Medical protection or the well-being of the individual or others;
2. Emergency situation (i.e., declared or non-declared disasters affecting the ADHC);
3. Health or welfare of the beneficiary is threatened; or
4. Inability of the ADHC provider to furnish the services indicated in the beneficiary's POC after documented reasonable accommodations have failed.