

Benefit Guideline: Adult Day Services and Adult Day Services Bath

Service: Adult Day Services (ADS), Family Adult Day Service (FAD) and Adult Day Services Bath

Effective: 11/1/2010

Revised: 2/15/2021, 12/3/2021

Products: Medica DUAL Solution® (Minnesota Senior Health Options, or MSHO), Medica Choice CareSM (Minnesota Senior Care Plus, or MSC+)

Adult Day Services Defined

For purposes of this document, "Adult Day Services" shall include adult day care and family adult day services. Adult Day Services are defined in law for the purpose of provider licensing, and also defined by Elderly Waiver Policy. For the purpose of assessing needs and coordinating services to meet MSHO and MSC+ member needs, Care Coordinators should use the Department of Human Services (DHS) definition, as follows:

Individualized program of activities designed to meet the assessed health and social needs of a person age 18 or older outside of their residence during the day. Adult day services includes the delivery of supervision, care, assistance, training and activities directed toward achieving specific outcomes, as identified in the person's support plan.

Adult Day Services

Services furnished on a regularly scheduled basis by a licensed Adult Day Services provider (meets provider standards and qualifications), for two or more hours per day, for one or more days per week, on a regularly scheduled basis. Among other legislative requirements, the adult day services provider must offer a mid-morning and mid-afternoon snack. If a person receives adult day services for more than four and a half hours, the provider also must serve him or her a meal. Adult Day Services are designed to meet the health and social needs of the Medica Member. The individual support plan identifies the needs of the Medica Member and is directed toward the achievement of specific outcomes. Adult Day Services fall under the Elderly Waiver (EW) program. As such, the purpose of Adult Day Services is to promote community living and independence with services and supports designed to address each Medica Member's individual needs and choices. The cost of the Adult Day Services must be accounted for in the members Elderly Waiver case mix cap budget.

Adult Day Services Transportation: The cost of transportation is not included in the elderly waiver rate paid to providers of Adult Day Services. Although transportation is not included in the rate paid to a provider, Medica may cover the cost for this Elderly Waiver transportation for the Medica member to attend Adult Day Services. The cost of the EW Transportation used to attend Adult Day Services must be accounted for in the members Elderly Wavier Case Mix Cap budget.

Adult Day Services Bath

A Medica Member may receive a bath provided by an Adult Day Services provider when the Medica member is unable to receive the bath in his or her home. Members receiving home care services such as Home Health Aide or PCA should receive bathing through this service. The bath must be specified on the individual care plan. This service is limited to two 15 minute units of services per day. Additionally, in order to receive an Adult Day Services Bath, an enrollee must be receiving Adult Day Services. The reason for not providing the bath in the member's home must be documented.

Service	MSHO/MSC+	Considerations
Adult Day Care (ADC)	<ul style="list-style-type: none"> • Not Covered unless on Waiver. • Must meet criteria and need for ADC identified in care plan. 	<ul style="list-style-type: none"> • ADC must provide the activities specific to the member care plan needs. • Provider signature requirements apply.
Family Adult Day Service (FADS)	<ul style="list-style-type: none"> • Not Covered unless on Waiver. • Must meet criteria and need for ADC identified in care plan. 	<ul style="list-style-type: none"> • This setting is typically a family foster care. • Provider signature requirements apply.
Adult Day Service Bath	<ul style="list-style-type: none"> • Not Covered unless on Waiver. • Must meet criteria and need for ADC bath identified in care plan. • Must also be receiving ADC services. • When a bath it is not able to occur in the person's home 	<ul style="list-style-type: none"> • Must have good rationale documented in case notes/care plan for bathing outside of member's home. • Provider signature requirements apply. • Must document the reason for not providing the bath in the person's home in the support plan.

Covered Adult Day Services

The following are eligible Elderly Waiver codes that an Adult Day Services and Adult Day Services Bath provider can bill under:

- S5100-Center Based Services (15 min);
- S5100 with modifier U7-Family Adult Day Services (15 min);
- S5100 with modifier TF-Adult Day Bath (15min) **Limited to 2 units per day.

Not Covered

- Adult Day Services and Adult Day Services Bath for Medica Members not on the Elderly Waiver.
- More than 2 units per day of Adult Day Bath.
- Services that do not meet identified health or social needs of a member

- Services that are not directed towards specific achievements and outcomes in the Community Support Plan.
- Adult Day Services does not cover therapies or transportation costs
- A member cannot receive adult day services for more than 12 hours in one 24-hour period
- A member cannot receive family adult day services (FADS) and adult foster care from the same provider
- Adult Day Services Bath when member is also receiving Home Health Aide (HHA) or Personal Care Assistance (PCA) unless there is a documented reason the member is unable to receive bath at in their home, it is an assessed need and specified in the member's plan of care
- Adult Day Services Bath when a member is receiving Adult Foster Care services from the same provider

Process

- Authorization is necessary for Adult Day Services and Adult Day Services Bath.
- Care Coordinator will contact provider to discuss plan of care.
- Care Coordinator will determine amount to authorize for Adult Day Services and Adult Day Services Bath.
- Care Coordinator will submit a referral request for Adult Day Services and Adult Day Services Bath.

When to Submit a Request for Benefit Exception

- When item is outside of the benefit set but meets the statutory definition of Adult Day Services, as noted above (i.e., Medica Member not on Waiver).
- Amount of item exceeds Elderly Waiver monthly service cap.
- When request for ADS services meets a need not identified in the covered service section of this policy but will prevent the member from institutionalization.

Considerations

- Is the service necessary for the health, welfare and safety of the Medica Member?
- Does the service enable the Medica Member to function with greater independence?
- Is the service of direct and specific benefit to the member (sole utility of the Medica Member)?
- Is the service the most cost effective solution?
- Use Provide-A-Ride (PAR) to set up transportation when appropriate.
- Transportation: Can family drop Medica Member at adult day service if Medica Member is attending while family works?
- Does the use of the service meet an assessed need and is can be care planned?
- Are there other formal or informal services which can meet the identified need?

Cross References:

MHCP Provider Manual

CBSM
DHS MSHO/MSC+ Contract

This Medica Benefit Guideline for Care Coordination Products is intended to guide service plan development. This reflects current interpretation of the product benefit set and/or parameters for obtaining services. Medica staff should be consulted for further guidance or to vary from these recommendations.

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