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: 11/29/18

Products: Medica DUAL Solution® (Minnesota Senior Health Options, or MSHO), Medica Choice Care® (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, which is as follows:

Individualized program of activities designed to meet the health and social needs of a person age 18 or older who has a functional limitation and needs supervised care outside of his or her residence during the day.

Adult Day Services
Services furnished on a regularly scheduled basis by a licensed Adult Day Services provider (meets provider standards and qualifications), for one or more days per week, two or more hours per day in an outpatient setting. 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. The cost of transportation is not included in the rate paid to providers of Adult Day Services. Although transportation is not included in the rate paid to a provider, Medica may pay for transportation for the Medica Member to attend Adult Day Services. Adult Day Services fall under the Elderly Waiver 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.

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 Medica Member’s home must be documented.

<table>
<thead>
<tr>
<th>Service</th>
<th>MSHO</th>
<th>SNBC/MSC+</th>
<th>Considerations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Care (ADC)</td>
<td>Not Covered unless on Waiver</td>
<td>Not Covered unless on Waiver</td>
<td>ADC must provide the activities specific to the member care plan needs</td>
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<tr>
<td>Family Adult Day Service (FADS)</td>
<td>Not Covered unless on Waiver</td>
<td>Not Covered unless on Waiver</td>
<td>*this setting is typically a family foster care</td>
</tr>
<tr>
<td>Adult Day Service Bath</td>
<td>Not Covered unless on Waiver</td>
<td>Not Covered unless on Waiver</td>
<td>Must have good rationale for bath outside of member’s home</td>
</tr>
</tbody>
</table>

**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?
- Transportation
  o Use Provide-A-Ride (PAR) when appropriate.
  o Can family drop Medica Member at day care if Medica Member is attending while family works?
Does the use of the service meet an assessed need and is able to be care planned?
Are there other formal, informal or quasi-formal services which can meet the identified need?