## Adult Day Health Care Nursing (age 18 and over)

**<u>Definition:</u>** Adult Day Health Care (ADHC) Nursing services are provided in and by the Adult Day Health Care Center and are limited to the skilled procedures listed below and as ordered by a physician:

- Ostomy Care
- Urinary Catheter Care
- Decubitus/Wound Care
- Tracheostomy Care
- Tube Feedings
- Nebulizer Treatment

One unit of Adult Day Health Care Nursing includes any one or combination of the listed skilled procedures provided to a waiver participant during one day's attendance at an Adult Day Health Care Center.

Please see: Scope of Services for Adult Day Health Care Nursing (<a href="https://www.scdhhs.gov/internet/pdf/ADHCN.pdf">https://www.scdhhs.gov/internet/pdf/ADHCN.pdf</a>)

<u>Providers:</u> Centers/agencies enrolled with SCDHHS to provide Adult Day Health Care Services under the Community Supports Waiver. All Adult Day Health Care Nursing services must be provided in the Adult Day Health Care center by a licensed nurse, as ordered by a physician and within the scope of the South Carolina Nurse Practice Act or as otherwise provided within State Law. The Nurse Practice Act is available on the following web page: <a href="http://www.scstatehouse.gov/code/t40c033.php">http://www.scstatehouse.gov/code/t40c033.php</a>

The participant must be given a list of approved providers to choose from for the service requested. Offering a choice of provider and the provider selected must be documented in the case notes.

## **Conflict Free Case Management:**

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must <u>not</u> provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

Arranging for the Service: Adult Day Health Care Nursing services are only appropriate for those Waiver participants who require more nursing care than the Adult Day Health Care Center is mandated to provide as Adult Day Health Care Services. The Adult Day Health Care Nursing provider is responsible for obtaining the direct care physician's orders (DHHS Form 122A). Upon obtaining this form, the ADHC Provider will send a copy of the form to the Waiver Case Manager who will then add the service to the Support Plan and the SCDDSN Waiver Administration Division will review the request.

To initiate the service following approval by the Waiver Administration Division, an electronic authorization must be completed and submitted to the chosen provider. Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year.

Monitoring the Services: The WCM must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the participant's/family's satisfaction with the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made.

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;
- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Some items to consider during monitorship include:

- → Is the participant satisfied with the Adult Day Health Care Nursing?
- → Is the Adult day Health Care Nursing meeting the participant needs?
- → Are there any additional health/safety issues not being meet by Adult Day Health Care Nursing?
- → How often does the participant receive Adult Day Health Care Nursing?
- → What type of care is the participant receiving?

<u>Reduction, Suspension, or Termination of Services:</u> If services are to be reduced, suspended, or terminated, a <u>written</u> notice must be forwarded to the participant or his/her legal guardian including the details regarding the change(s) in service, allowance for reconsideration and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the reconsideration process.