

Adult Day Health Care

Definition: Adult Day Health Care services are furnished 4 or more hours per day on a regularly scheduled basis for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. Authorization of services will be based on the participant's need for the service as identified and documented in the participant's plan. Meals provided as part of these services shall not constitute a "full nutritional regimen" (3 meals per day). Physical, occupational and speech therapies indicated in the participant's plan are not furnished as component parts of this service.

Providers: Centers/agencies listed as providers of Adult Day Health Care on the Qualified Provider Listing on DDSN's website.

Arranging For The Service: When Adult Day Health Care services are needed and documented on the plan, a list of qualified service providers should be given to person / representative from which a provider can be chosen. Choosing a provider may include the person / representative visiting several providers before choosing one. The offering of choice should be documented in service notes.

The Adult Day Health Care Center is required to secure a physical examination within 60 days prior to the enrollment of any participant. The physician's report must include recommendations regarding limitations of activities, special diet, medications (name, type, dosage and whether the individual is capable of self-administering), and other considerations to determine whether appropriate services are available. The **State Funded Community Supports (ADHC 2)** form can be used to document the physician's report but is not required.

When a start date is determined, the authorization can be completed. For Adult Day Health Care, one unit equals one program day which is a minimum of hours 4 hours per day excluding transportation time. The **State Funded Community Supports (ADHC 1)** must be used to authorize the service. The **State Funded Community Supports (ADHC 1)** instructs the provider to bill the participant's Financial Management Agency for services rendered. The **State Funded Community Supports (ADHC 1)** will remain in effect until a new authorization is issued or a Notice of Reduction or Termination is issued.

The cost Adult Day Health Care must be added to the **State Funded Community Supports Budget Calculator**. Under no circumstances may the annual cost limit of the State Funded Community Supports be exceeded.

The need for Adult Day Healthcare services must be documented in the Support Plan and the plan must be approved by the DDSN Waiver Admin Division before services can be authorized.

Monitoring the Services: The plan, which includes ADHC services, should be monitored in accordance with DDSN Case Management Standards.

Reduction or Termination of Services: When ADHC services are being reduced or terminated the Notice of Reduction or Termination (SFCS Form 4) must be used to notify the participant/representative, the provider and the Financial Management Agency. See the Case Management section for more information.