

Adult Day Health Care Nursing (age 18 and over)

Definition: 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:

- 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 an ID/RD 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
<https://www.scdhhs.gov/internet/pdf/ADHCN.pdf>

Service Limits: Adult Day Health Care Nursing and Nursing Services, as defined in the ID/RD Waiver, cannot be received simultaneously.

Providers: Adult Day Health Care Nursing is provided by centers/agencies contracted with SCDHHS to provide Adult Day Health Care Services under the ID/RD 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: <http://www.scstatehouse.gov/code/t40c033.php>

Arranging for and Authorizing Services: Adult Day Health Care Nursing services are only appropriate for those ID/RD 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 plan of care 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.

For participants receiving ID/RD Waiver funded Residential Habilitation, providers should bill the Financial Manager for services rendered. For all other participants, providers should bill the South Carolina Department of Health and Human Services. This should be indicated on the authorization.

Monitoring Services: The Waiver Case Manager must monitor the service for effectiveness, usefulness and participant satisfaction. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. 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 questions to consider during monitoring 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 met 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?

Reduction, Suspension or Termination of Services: If services are to be reduced, suspended or terminated, a written notice must be sent to the participant/representative including the details regarding the change(s) in service, the allowance for appeal, and a ten (10) calendar day waiting period (from the date that the reduction/suspension/termination form is completed and sent to the participant/legal guardian) before the reduction, suspension or termination of the waiver service(s) takes effect. See *Chapter 9* for specific details and procedures regarding written notification and the appeals process.