Adult Day Care Services

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Agenda

– Overview of Adult Day Care Changes
– Healthcare Portal Eligibility Verification
– Billing Adult Day Care
– Question and Answers
Overview of Adult Day Care Changes

– Effective 2/1/2016
– Must meet at a minimum the Preventive level of care
– Must be eligible in one of the following specific waiver programs
  – Preventive
  – Core Community Services
  – DEA Community Services
  – Habilitation Community Services
  – Intellectual Disabilities Waiver
  – Shared Living
  – Self Direction/Personal Choice
– Access to Healthcare Portal Web Transactions at:
  – https://www.riproviderportal.org
  – Log in with Trading Partner ID
Overview

- **Half and Full day**
  - Half day is a minimum of 3 1/2 hours but less than 5 hours
  - Full day is 5 or more hours

- **Two levels – Basic and Enhanced**
  - **Basic** – Provision of services by the ADC provider of an organized program of supervision, health promotion, and health prevention services that include the availability of nursing services and health oversight, nutritional dietary services, counseling, therapeutic activities and case management.
Overview

- **Two levels – Basic and Enhanced, continued**
  - **Enhanced** – Provision of services by the ADC provider when the participant meets as least one of the five requirements
    - Daily assistance, on site in center, with at least two activities of daily living
    - Daily assistance, on site in center, with at least one skilled service, by registered professional (RN) or Licensed Practical Nurse (LPN)
    - Daily assistance, on site in center, with at least one ADL which requires a two-person assist to complete
    - Daily assistance, on site in center, with at least 3 ADL’s when supervision and cueing are needed to complete
    - Individual diagnosed with Alzheimer’s or other related dementia, or mental health diagnosis, as determined by a physician, and requires regular staff interventions due to safety concerns related to elopement risk or other behaviors and inappropriate behaviors that adversely impact themselves or others.
Healthcare Portal Log in
On the Home Page – Choose Eligibility in the orange bar
Eligibility Verification –

Enter Provider fields, Recipient ID, and dates of service.

Click Search at the bottom
Eligibility Search Verification Results – Core Community Services
Eligibility Search Verification Results – DEA Community Services

<table>
<thead>
<tr>
<th>Benefit Plan Details</th>
<th>Plan Name</th>
<th>Effective From Date</th>
<th>Effective To Date</th>
<th>Base Deductible</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEA Community Services</td>
<td>10/01/2015</td>
<td>12/31/2015</td>
<td>$0.00</td>
<td>Limitations apply to Vision and Dental services. Refer to DEA policy for covered services.</td>
<td></td>
</tr>
</tbody>
</table>
Eligibility Search Verification Results – Habilitation Community Services
Eligibility Search Verification Results – Intellectual Disabilities
Eligibility Search Verification Results – Preventive aka Self Direction Community Services
Eligibility Search Verification Results – Shared Living
Notes

– Adult Day Care is an In Plan service
– If client has Neighborhood Health Plan or United Healthcare, you must bill the respective plan
Billing Adult Day Care

- Billed on the Waiver claim form or the 837 Professional Waiver
- Billed as a per diem for either a ½ or full day
- Billed as 2 different levels: Basic or Enhanced
- Billing can be done daily, weekly, or monthly with the units representing the numbers of days the client attended

- **Basic**
  - Half day is S5102 reimbursed at $29.00
  - Full day is S5102 U2 reimbursed at $58.00

- **Enhanced**
  - Half day is S5102 U1 reimbursed at $39.00
  - Full day is S5102 U1 U2 reimbursed at $78.00
Billing Adult Day Care

– In order to bill Rhode Island Medicaid for the Enhanced Level, the adult day care must document they are providing the services required for the level as outlined in the care plan which must be signed by the participant or legal guardian or representative as well as completion of the service documentation form.

– OHHS will complete site visit audits which will include a case record audit review to ensure that the services being billed are outlined in the care plan, the care plan is signed, and that attendance for those days is accounted for.

– Please note at this time the procedures for DEA Co-Pay clients has not changed.
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