

# **Provider Certification Standards**

## **Adult Day Care**

**December 2015**

## **Definitions:**

**Activities of Daily Living (ADL's)**- Includes but is not limited to the following personal care activities: bathing, dressing, toileting, transfers, mobility/ambulation, and eating.

**Adult Day Care:** Adult Day Care (ADC) is defined as a comprehensive, non-residential program designed to address the biological, psychological and social needs of adults through individual plans of care that incorporate, as needed, a variety of health, social and related support services in a protective setting. The program may also offer relief to family members or caregivers.

**Basic Level of Services**- 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.

**Case management:** an interdisciplinary, collaborative process to assess, plan, implement, coordinate and monitor and evaluate the care and services required to meet the participants health-care needs.

**Enhanced Level of Services:** Provision of services by the ADC provider when the participant meets at least one of the five (5) requirements outlined in Enhanced Level of Service in the ADC 1.3 Service Levels.

**Interdisciplinary Team-** means at least three (3) professionals, with training in one of each of the following disciplines: nursing, activities, and case management or social work and may include other team members chosen by the participant.

**Maintenance Therapy Services-** Supplemental or follow-up physical, occupational or speech therapy to maintain optimal functioning and to prevent regression. These services must be performed by ADC program staff under the direction of the therapist, the program's registered nurse or both.

**Nursing Assessment-** an assessment done by the program registered nurse that includes a review of the participant's health status and medical needs.

**Person-Centered Care plan-** Individualized approach to planning that strives to place the individual at the center of decision making and supports an individual to share his/her desires and goals, to consider different options for support and to learn about the benefits and risks of each option.

**Preventive Level of Care-** The minimum level of care, as outlined in the RI 1115 Waiver, Attachment D- Level of Care Criteria, a participant must meet in order to attend ADC.

**Program Day-** any day during which the ADC Program is in operation.

**Provider Medical (PM-1)-** Medical form required to determine preventive level of care.

**Significant change-** A major change in the participant's status that is due to a progressive disease, functional decline, resolution of a problem, or other issues. The significant change

in the participant's condition must represent a consistent pattern of changes with either one or more areas of decline, or one or more areas of improvement that:

1. Are not self-limiting
2. Impact more than one area of the participant's health status; and
3. Require an interdisciplinary review or revision of the care plan.

**Skilled Services-** those services that are ordered by a physician that fall within the professional disciplines of nursing, physical, occupational, and speech therapy.

## **Section 1. RI Medicaid Member Eligibility Requirements**

The RI Medicaid Agency covers Adult Day Care services only when provided to eligible RI Medicaid beneficiaries, subject to the restrictions and limitations set forth in the RI Medicaid Rules and Regulations.

## **Section 2. Adult Day Health Provider Requirements**

To Participate in RI Medicaid as an Adult Day Health Provider, the Adult Day Care must:

1. Be licensed by the Department of Health (DOH) as an Adult Day Care Program.
2. Be enrolled as a Rhode Island Medicaid Provider and;
3. Agree to comply with all of the provisions with in the DOH Regulations, the Home and Community Based Settings (HCBS) Final Rule (CMS 2249-F/2296/F) and, in addition, as stated herein.

## **Section 3. Rhode Island Clinical Authorization**

1. The Adult Day Care Provider must request and obtain clinical authorization for RI Medicaid Payment for the adult day care (ADC) services from the RI Medicaid agency as a prerequisite to payment for ADC. In determining clinical authorizations, the RI Medicaid Agency applies the criteria set forth in the 1115 renewal Special Terms and Conditions for Preventive Level of Care and as stated herein. Clinical authorization determines only the medical necessity of the authorized service and does not establish or waive any other prerequisites for payment such as member eligibility.
2. An ADC provider must obtain clinical authorization prior to initial service commencement, or recommencement of services if there has been a six month gap in the delivery of ADC services.
3. The ADC provider must submit requests for authorization of payment for ADC to the RI Medicaid Agency or its designated agent. Requests must include all information required by the RI Medicaid Agency and be submitted in the format designated by the RI Medicaid Agency.
4. If the RI Medicaid Agency determines that a member is clinically eligible for ADC services, the RI Medicaid Agency will issue an authorization and the effective date of coverage.
5. If the request for clinical authorization of ADC services is denied, the RI Medicaid Agency or its agent will notify both the individual and the referral source. The notice

of denial will state the reason for the denial and will contain information about the individual's rights to appeal and of the appeal procedure.

6. The State Office of Long Term Services and Supports must annually review all RI Medicaid participants for continued eligibility. In addition, the provider must review the participant if there has been a significant decline or improvement in the participant's health status.
7. Should the Participant also be receiving other Home and Community Based Services via the 1115 waiver, and has an assigned case manager for the purposes of coordinating those services, that case manager will be required to submit the assessment and authorize Adult Day Care as part of the care plan being developed for that participant.
8. Should it be determined and documented by the physician that Adult Day Care is emergent and is necessary to prevent admission to a nursing facility, and the participant is Medicaid Eligible at the time of referral, the adult day service may begin at the submission of the request to the Office of Long Term Services and Supports. After final clinical review, if the participant is found not to meet the minimum of preventive level of care, Medicaid will cease payment to the Adult Day Care Provider on the date the participant was deemed not to meet the preventive level of care.

#### **Section 4. Hours of Operation**

The ADC provider must operate at least Monday through Friday for 8 hours per day.

#### **Section 5. Scope of Services**

The ADC provider must provide the following services as outlined in the DOH Regulations and as stated herein.

##### **1. Nursing Services and Health Oversight**

- a. Nursing services shall be provided in accordance with the particular needs of each participant and shall include, but not be limited to, the following:
  - i. Supervision of and/or administration of medications and treatments as prescribed by the participant's physician (or other authorized provider working within the scope of his/her practice).
  - ii. Participation in the development and implementation of the individual participant's plan of care;

- iii. Ongoing monitoring of each participant's health status;
  - iv. Maintenance-therapy treatment as recommended by a therapist; and
  - v. Coordination of orders from the participant's physician (or other authorized provider working within the scope of his/her practice).
- b. Programs shall provide or arrange for health education, which may include promotion, prevention, screening and detection.

## **2. Therapeutic Services**

- a. Therapeutic services shall include occupational, physical, and/or speech therapy.
- b. The program will establish written agreements with occupational, physical and speech therapists to define the nature and extent of the working relationship.
- c. Program staff members shall provide therapeutic services to participants following a plan of care devised by a therapist.
- d. Program staff members shall provide maintenance therapy to meet the particular needs of a participant when indicated by the program therapy consultants or the participant's physician (or other authorized provider acting within the scope of his/her practice). The program's nurse, or other licensed professional, shall supervise the administration of maintenance therapy to participants.

## **3. Activities of Daily Living**

- a. Nursing assistants and aides, under the supervision of a nurse, shall provide personal care services and shall offer training and assistance with dressing, grooming, and personal hygiene, use of special aides, accident prevention and activities of daily living, as described in the individualized person-centered care plan for each member needing such assistance.
- b. Personal care services and assistance with activities of daily living shall be provided in a safe and hygienic manner, with recognition of each individual participant's dignity and right to privacy, and in a manner that encourages the maximum level of independence.

## **4. Nutritional and Dietary Services**

- a. Programs shall provide a noon meal and make available two (2) snacks per day for each participant every full day he/she attends the program. At a minimum, one (1) snack must be made available if attendance is less than a full day.
- b. Menus shall be developed under the direction of a nutritionist or registered dietician licensed by the Department of Health.

- c.** The noon meal shall be equivalent to at least one-third the recommended daily dietary allowance established by the U.S. Department of Agriculture (USDA).
- d.** The program shall provide or arrange for any special diets, if required by a participant and prescribed by his/her physician (or other authorized provider working within the scope of his/her practice).
- e.** The program shall offer or arrange for nutritional counseling, as necessary.
- f.** Food shall be prepared in accordance with the Food Code promulgated by the Department of Health.

## **5. Case management**

Based on an assessment or request from the participant and should the participant require services other than adult day care, and if no agency is acting as coordinator of services for that participant, the ADC provider must assume the role as coordinator.

- a.** The program shall assist participants and their families with personal and social issues.
- b.** The program shall provide or arrange for mental health and substance abuse services for participants when indicated by a physician (or other authorized provider working within the scope of his/her practice).
  - i.** Mental Health and Substance Abuse services shall be documented in the participants' individual person-centered care plan.
- c.** The program shall arrange for ancillary services to meet needs identified through the assessment and individual care planning processes.
  - i.** Ancillary services shall include education for the participant and/or family caregiver and may be delivered on a one-to one basis or in a group setting.
  - ii.** Ancillary services shall be provided within the framework of the individualized plan of care and as part of the overall array of services the participant receives.
- d.** Services shall be rendered in accordance with the prevailing community standard of practice.

## **6. Therapeutic Activities**

- a.** The program shall provide a balance of purposeful activities to meet the participant's needs and interests (social, intellectual, cultural, economic, emotional, physical and spiritual).
- b.** Program activities and services shall be designed to promote personal growth and enhance the self-image, and/or improve and maintain the functioning level of participants to the extent possible.
- c.** Activity opportunities shall be available whenever the program is in operation.

## **Section 6. Record Keeping Requirements**

1. The program must make all records available to the RI Medicaid Agency as needed for evaluation and review.
2. The program must maintain documentation of the following:
  - a. Number of participants served;
  - b. Number of participants waiting to be served;
  - c. Daily attendance records outlining each participant's arrival and departure times;
  - d. Person-Centered care plan;
  - e. All assessments;
  - f. IDT meeting and progress notes;
  - g. Incident reports;
  - h. Complaint and grievance reports;
  - i. Personnel file on each staff person and their qualifications;
  - j. Contracts for therapy, nutritional and other services; and
  - k. Other records that may be required by the RI Medicaid Agency.



## **Section 7. Requirements for Clinical Eligibility**

- 1.** To be clinically eligible for RI Medicaid payment of Adult Day Care services, a RI Medicaid member must meet all of the following criteria:
  - a.** Have a medical or mental dysfunction that involves one or more physiological systems and indicates a need for nursing care, supervision, therapeutic services, support services, and/or socialization.
  - b.** Require services in a structured Adult Day Care setting;
  - c.** Have a personal physician; and
  - d.** Require a health assessment, oversight and monitoring or services provided by a licensed nurse, and meet the Preventive Level of Care as defined in the 1115 Waiver Renewal Attachment D- Level of Care Criteria.

## **Section 8. Documentation Requirements**

### **Referral**

- 1.** The Adult Day Provider is responsible to complete and submit a referral to the Office of Long Term Services and Supports for clinical approval of Adult Day Care Services.
- 2.** The Adult Day Provider is responsible to submit the Provider Medical Statement (PM-1) or comparable assessment, with the referral, to the Office of Long Term Services and Supports which will help to facilitate clinical approval of Adult Day Care Services.

### **Assessment**

1. The Office of Long Term Services and Supports is responsible to complete and submit a service needs assessment for clinical authorization of adult day care services.
2. Service needs assessments must be completed, at a minimum, initially and annually for clinical authorization. A new service needs assessment should be completed to document significant change as appropriate.

3. In addition, the Adult Day Provider is required to complete a comprehensive Adult Day Care assessment as required by The Rules and Regulations for Adult Day Care Programs promulgated by the Department of Health.
4. The Adult Day Care Assessment shall include no less than the following components and shall drive the person-centered plan of care.
  - a. Participant's ability to self-preserve including cognitive and physical considerations;
  - b. Assistance with medications that may be required;
  - c. Health status including medical and nursing needs;
  - d. Dementia care needs;
  - e. Assistance with personal needs, including activities of daily living;
  - f. Cognitive needs;
  - g. Functional needs;
  - h. Social needs;
  - i. Informal supports;
  - j. The need for formal supports to provide assistance.

### **Physician Documentation**

1. The Provider Medical Statement (PM-1), furnished by the Office of Health and Human Services, or comparable assessment which includes all of the elements in the PM-1, must be completed by the Participant's physician and submitted to the Office of Long Term Services and Supports with the referral in order to obtain clinical authorization for adult day care services.
2. The PM-1, or comparable assessment which includes all of the elements in the PM-1, must be completed and submitted at a minimum, initially and annually for clinical authorization of adult day care services. A new PM-1, or comparable assessment, which includes all of the elements in the PM-1, should be completed to document significant changes as appropriate.

## **Person-Centered Care Plan**

1. Within the first 30 days of admission and upon completion of the Adult Day Care Assessment, the ADC will work with the individual to schedule a care plan meeting as well as assisting the individual in identifying members of the interdisciplinary team. The purpose of this meeting is to identify the participant's goals and outcomes for receiving ADC services and to assist the participant in identifying those services and supports needed to meet those goals. Outcomes from this meeting will become the participants person-centered plan of care.
2. As identified in the Adult Day Care Assessment, the person-centered plan of care shall be developed in collaboration with the case manager who may be overseeing the participant's waiver services.
3. The person-centered plan shall include the following elements:
  - a. Goals and objectives identified through the Adult Day Care Assessment process;
  - b. Measurable action steps to be taken to achieve the goals identified;
  - c. A social service and activity plan designed to meet the participant's psychosocial and therapeutic needs;
  - d. Dietary services if applicable;
  - e. Functional services if applicable;
  - f. Therapy services if applicable;
  - g. Skilled services if applicable;
  - h. Behavioral interventions, if applicable; and
  - i. Documentation of any other health or supportive services the participant is receiving off-site (for example: home maker, home health, personal care, or therapy services).
4. The person-centered plan must be signed by the participant, guardian or other legal representative and a copy of the plan must be provided to the participant.
5. On-Going Care Plan Reviews and progress notes for Basic Level Services:
  - a. The Participant's care plan shall be reviewed at least quarterly. This review must include the participant and those team members chosen by the participant. There must be documentation indicating that a review to place and the outcome of that review.

- b. The ADC provider must ensure progress notes are written no less than monthly by a professional member of the interdisciplinary team. Progress notes shall be maintained as part of the participant's record. Progress notes should include updates in the following areas:
    - i. Nursing
    - ii. Therapeutic activities
    - iii. Social service
    - iv. Nutrition
    - v. Skilled services
    - vi. Activities of Daily Living
    - vii. Behavioral issues
    - viii. Progress towards goals outlined in the person-centered care plan
    - ix. Other services being provided outside of the Adult Day Care.
6. On-going Care Plan Reviews and Progress notes for Participants receiving Enhanced Level Services.
- a. The Participant's care plan shall be reviewed at least quarterly. This review must include the participant and those team members chosen by the participant. There must be documentation indicating that a review took place and the outcome of that review.
  - b. The ADC provider must ensure progress notes are written no less than monthly by a professional member of the interdisciplinary team. Progress notes shall be maintained as part of the participant's record. Progress notes should include updates in the following areas:
    - i. Nursing
    - ii. Therapeutic activities
    - iii. Social service
    - iv. Nutrition
    - v. Skilled services
    - vi. Activities of Daily Living
    - vii. Behavioral issues
    - viii. Progress towards goals outlined in the person-centered care plan
    - ix. Other services being provided outside of the Adult Day Care.

## **Section 9. Conditions of Payment.**

1. The RI Medicaid Agency pays ADC providers for Adult Day Care only if:
  - a. The ADC services are medically necessary as outlined herein;
  - b. The participant meets the clinical criteria for RI Medicaid Payment;
  - c. The ADC provider has obtained clinical authorization for RI Medicaid payment in accordance with the requirements set forth in herein.
2. The RI Medicaid Agency pays one of two different payment rates for ADC services depending on the level of care and services provided to a participant by an ADC provider.
  - a. Basic- The RI Medicaid Agency pays the Basic Rate when the clinical determination is preventive and the ADC provides Basic level of services as defined herein.
  - b. Enhanced- The RI Medicaid Agency pays the enhanced rate when the clinical determination is preventive and the Adult Day Provider furnishes Enhanced level of care services as defined in herein.
3. Once a participant has been determined to meet the clinical eligibility requirements for RI Medicaid payment of ADC services, the ADC may submit claims for RI Medicaid payment.
  - a. The determination of which RI Medicaid payment rate is payable must be done on service commencement, annually or when there is a significant change in the participant's clinical status.
  - b. The ADC provider or waiver service case manager must assess the participant's clinical status annually and when there is a significant change in the participant's clinical status.
  - c. The ADC provider must maintain documentation in the participant's medical record that reflect the participant's level of services being provided.
4. The RI Medicaid payment to ADC providers begins on:
  - a. The effective date of clinical authorization from the RI Medicaid Agency; or
  - b. The first date on which the ADC service is provided to the participant.
5. The RI Medicaid agency pays an ADC provider for only those days attended by an eligible RI Medicaid member. If a member attends for less than 5 hours per day, including transportation to and from the center, the ADC program must bill using the appropriate billing codes for units of service of less than one day.
6. The RI Medicaid agency pays an ADC provider for a maximum of 6 days per week.

## **Section 10. Non-covered Services**

1. The RI Medicaid agency does not pay for ADC services for:
  - a. Individuals who reside in a nursing facility;
  - b. Individuals who reside in an assisted living facility who is billing Medicaid for assisted living services;
  - c. Individuals who are being serviced by the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH) where Adult Day Care Services is part of a self-directed plan and reimbursement is being made by a Fiscal Intermediary to the Adult Day Provider for those services.
  - d. Any canceled program days or any time periods missed by a participant for any reason; and
  - e. Any portion of a day during which the participant is absent from the site, unless the program documents that the participant was receiving services from the program staff outside of the ADC site in a community setting.

## **Section 11. Program Monitoring and Improvement**

1. The Adult Day Center shall take part in quality assurance/improvement activities as determined by the State Medicaid Agency.

## **Section 12. Administrative Sanction**

1. **Severability-** If any provision of the standards herein or the application thereof to any program, agency or circumstances shall be held invalid, such invalidity shall not affect the provision or application of these standards which can be give effect, and to this end, the provisions of the standards are declared to be severable.
2. **Deficiencies and Plans of Correction-** The State Medicaid Agency is authorized to deny, suspend, or revoke the Adult Day Care Providers participation in the Medicaid Program in the event the Adult Day Care Provider has failed to comply with the EOHHS Medicaid Code of Administrative Rules, applicable federal law and regulations, the Department of Health's Rules and Regulations for licensing Adult Day Care Programs and the Certification Standards set forth herein.

In addition, the State Medicaid Agency may take any action pursuant to RIGL-40-8.2 and EOHHS Medicaid Code of Administrative Rules, Section 0300.40-0300.40.55.

