

## ADULT DAY HEALTH SERVICE GUIDANCE

### **Background**

On March 26, 2020, Director Acton issued an order closing congregate settings for individuals age 60 and over, resulting in the suspension or termination of service authorizations. Individuals were transitioned to other waiver services to ensure their healthcare needs were met in the absence of adult day service (ADS).

The Centers for Medicare and Medicaid Services (CMS) approval of emergency provisions during the COVID-19 pandemic address the state's Nursing Facility Level of Care (LOC) waivers and July 1, 2020, include a provision altering the ADS to permit service delivery telephonically or in an individual's home as opposed to the congregate setting (the ADS center). This provision is supported by the emergency rules proposed by Ohio Department of Aging (ODA) and Ohio Department of Medicaid (ODM), which will permit services to be provided in the home.

The following outlines the state's expectations for providers and case management staff implementing this provision for the duration of the emergency.

### **Policy Change**

While emergency rules are in effect the ADS service may be delivered telephonically or in the individual's home as follows:

- ADS providers may only serve individuals the ADS provider had authorization to serve during the month of March 2020.
- Individuals may choose to receive ADS at home or a health status check telephonically
  - If ADS is provided at home, there is no change to service interventions
  - If the provider offers telephonic service, the provider must offer health status check(s) as outlined below.
- Providers will be required to complete a monitoring checklist to for each episode of telephonic and in-home ADS.
- This policy change applies to the adult day waiver service available in the My Care Ohio, PASSPORT, and Ohio Home Care waivers. This policy change does not apply to the adult day supports waiver service available in the DODD-operated waivers.

### **Individual Considerations:**

- Receiving the ADS service at the individual's home or telephonically is the individual's choice.
  - An individual is not required to receive ADS telephonically or at home.
- Case managers may only authorize the ADS service at the level authorized for the individual as of March 2020.
- An individual may choose to decrease services.

### **Case Management Requirements:**

- Review the waiver caseload to identify individuals authorized ADS in March 2020, who may benefit from in-home ADS or well-checks occurring twice per week.
  - Considerations for individuals benefiting from health status check include:
    - Individual risk level
    - Risk of isolation
    - Availability of caregiver support(s)
    - Amount of paid support in place
- Communicate with individuals and providers to identify linkage with in-home or telephonic ADS intervention
- Authorize in-home or telephonic ADS interventions on individuals' service plans



Service Requirements:

Requirement	In-Home ADS	Telephonic ADS
<b>Who is Eligible</b>	<i>Individuals with ADS authorization in March 2020 including those not attending the ADS center during the emergency</i>	
<b>Service Type</b>	<i>Service interventions addressing individual ADL and IADL needs as outlined in OAC rules 173-39-02.1 and 5160-46-04.  *If the individual is receiving a home delivered meal the ADS service is not to replace the meal authorization.</i>	<i>Telephonic Health Status Monitoring</i>
<b>Duration</b>	<i>½ day or full day as outlined in service plan</i>	<i>Completion of monitoring call and documentation/referral(s)</i>
<b>Frequency</b>	<i>As outlined in service plan</i>	<i>Minimum of two completed calls per week.  No more than one completed call per day.</i>
<b>Authorization</b>	<i>Full day or ½ day ADS based on March 2020 service authorization.  Authorization for service to occur on days the individual is not receiving personal care in the home</i>	<i>By program not to exceed:</i> <ul style="list-style-type: none"> <li>• Ohio Home Care - ½ day;</li> <li>• PASSPORT - ½ day Intensive ADS</li> <li>• MyCare - ½ day</li> </ul> <i>Authorization for service to occur on days the individual is not receiving personal care in the home.</i>
<b>Reimbursement</b>	<i>Provider reimbursed consistent with program requirements:</i> <ul style="list-style-type: none"> <li>• PASSPORT – 5160-1-06.1</li> <li>• Ohio Home Care – 5160-46-06</li> <li>• MyCare – according to contract with MyCare plan</li> </ul> <i>Providers to use existing ADS billing codes</i>	
<b>Billing</b>	<i>Upon each completed service episode</i>	<i>One ½ day unit authorized for two or more completed calls per week.  Following the 2<sup>nd</sup> completed health status call.</i>
<b>Documentation</b>	<i>Completion of health status form &amp; client record:</i> <a href="https://aging.ohio.gov/wps/wcm/connect/gov/1e417fe9-a150-4f03-8ac8-0cf135c1f142/adult-day-service-in-home-telephonic-service-checklist.pdf?MOD=AJPERES&amp;CVID=ncWsc1P">aging.ohio.gov/wps/wcm/connect/gov/1e417fe9-a150-4f03-8ac8-0cf135c1f142/adult-day-service-in-home-telephonic-service-checklist.pdf?MOD=AJPERES&amp;CVID=ncWsc1P</a>	

**For Waiver Program Specific Information and Questions**

ODA certified providers: <https://aging.ohio.gov/wps/portal/gov/aging/agencies-and-service-providers/certification/>

ODM approved providers: <http://ohiohcb.pcgus.com/>