Q-Adult Day Health Care (ADHC) Waiver

Q-110 Attendance Criteria

Adult Day Health Care (ADHC) Waiver participants must attend an ADHC facility a minimum of 36 days per calendar quarter, absent extenuating circumstances as approved by the assigned SC based on guidance provided by OAAS.

NOTE: This attendance criteria DOES NOT apply to the ADHC service in the Community Choices Waiver (CCW).

The 36 days per calendar quarter attendance requirement for ADHC Waiver is applicable to the following 4 calendar quarters:

- 1st Quarter: January – March
- 2nd Quarter: April – June
- 3rd Quarter: July – September
- 4th Quarter: October – December

Examples of extenuating circumstances related to the ADHC Waiver attendance requirement include, but are not limited to:

- Applicant/Participant receives dialysis treatment
- Participant is temporarily admitted to a hospital or rehabilitation facility
- Participant is temporarily displaced due to housing issues, natural disaster, etc.

Admission will be denied or the participant may be discharged for failure to meet the attendance criteria.

Q-110.3 Initial ADHC Waiver Participants

SC will:

- Inform the applicant of the attendance requirement criteria AND
- Develop the Plan of Care (POC) according to the attendance criteria.
- If the applicant does not agree to the attendance criteria, the SC will determine if extenuating circumstances exist.

If extenuating circumstances exist**,** the SC will:

- Adjust the POC as needed.
- Notify the ADHC provider and the **SC supervisor** that the applicant has been granted an exception with the reason AND
- Maintain a list of ADHC Waiver participants who have been granted an exception to the attendance criteria.

If extenuating circumstances do not exist, the SC will:

- Submit to RO for closure.

RO will submit request to OAAS State Office Service Review Panel (SRP) for denial.

NOTE: If the SC is unsure if the applicant has an extenuating circumstance or not, he/she will refer the case to RO for further guidance.

Q-110.5 Current ADHC Waiver Participants

SC will:

- Contact each ADHC Waiver participant whose POC indicates less than the required attendance criteria.
- Determine if extenuating circumstances exist.

If extenuating circumstances exist, the SC will:

- Document in the CMIS log and no changes are needed to the POC.
- Notify the ADHC provider and RO that the participant has been granted an exception and the reason.
- Maintain a list of ADHC Waiver participants who have been granted an exception to the attendance criteria.

If extenuating circumstances do not exist AND the participant agrees to comply with the attendance requirement, the SC will:

- Revise the POC to comply with the attendance requirement and submit to the **SC supervisor** and/or DMC.

The DMC will process the POC Revision (Refer to POC Revision section).

If extenuating circumstances do not exist AND the participant does not agree to comply with the attendance requirement, the SC will:

- Document in the CMIS log and submit to RO for closure/discharge.

RO will submit request to SRP for closure/discharge.

NOTE: If the RO is unsure if the participant has an extenuating circumstance or not, the case can be referred to SRP for further guidance.

Q-200 Covered Services for Adult Day Health Care (ADHC) Waiver

Q-200.2 Adult Day Health Care (ADHC)

For Adult Day Health Care (ADHC) definition and policy, refer to Adult Day Health Care under Covered Services in the Louisiana Medicaid Program ADHC Provider Manual.

SC will:

- Inform participant of ADHC.
- Offer Freedom of Choice (FOC) of all ADHC providers if participant chooses this service.
- Include ADHC in the POC and budget sheet.
- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POC following the procedures outlined in this manual.
- Submit approved POC packet to the DMC, participant, provider(s) and RO following the procedures outlined in this manual.

NOTE: Approved POC packet can be submitted by any SCA representative.

DMC will:

- Issue PAs after approved POC is received from SCA.

Q-200.4 Support Coordination

For Support Coordination definition and policy, refer to Support Coordination Section under Covered Services in the Louisiana Medicaid Program ADHC Provider Manual.

SC will:

- Inform participant of support coordination services.
- Include Support Coordination service in the Plan of Care (POC).
- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POCs to the DMC following the procedures outlined in this manual.

DMC will:

- Issue Prior Authorizations (PAs).
- Not release PAs for the previous month unless quarterly requirements are met and documented in CMIS.

Q-200.4.3 Contact Requirements

ADHC Waiver without in-home services only: Quarterly face-to-face visits at the ADHC and one (1) face-to-face visit in the home at the annual re-assessment. The annual re-assessment visit in the home can be a substitute for the quarterly review at the ADHC. At least phone contacts for each month in which a face-to-face visit is not completed.

ADHC Waiver with in-home services: Two (2) quarterly face-to-face visits at the ADHC and two (2) face-to-face visits in the home per POC year. At least phone contacts for each month in which a face-to-face visit is not completed.

NOTE: Month is defined as a calendar month.

Quarter is defined as three (3) calendar months:

- **1st Quarter: January – March**
- **2nd Quarter: April – June**
- **3rd Quarter: July – September**
- **4th Quarter: October - December**

Q-200.6 Transition Intensive Support Coordination (TISC)

For Transition Intensive Support Coordination definition and policy, refer to Transition Intensive Support Coordination Section under Covered Services in the Louisiana Medicaid Program ADHC Provider Manual.

SC will:

- Inform participant of transition intensive support coordination services.
- Make monthly telephone calls directly with individual or face-to-face visits with individual in NF, if unable to talk directly with individual via telephone.

NOTE: If the individual lacks capacity to express his/her wishes or if interdicted, contact must be made with the appropriate legally responsible representative or the responsible representative.

- Include TISC service in the Plan of Care (POC) up to six (6) months prior to transitioning from the NF.
- Visit individual's prospective residence.

- Submit the POC packet to the SC supervisor by following the procedures outlined in this manual.

SC supervisor will:

- Review and approve POCs to the DMC following the procedures outlined in this manual.

DMC will:

- Issue Prior Authorizations (PAs).

Q-200.6.3 Contact Requirements

ADHC Waiver Transition Intensive Support Coordination: Monthly phone contacts with the individual and/or legally responsible representative until the individual transitions home. If the SC is unable to make contact by phone, a face-to-face visit with the individual and/or legal or responsible representative must be conducted.

If the individual is unable to transition out of the NF after six (6) months, the SCs will follow up with monthly contacts (phone or face-to-face) until the individual transitions into the community.

NOTE: Month is defined as a calendar month.

Quarter is defined as three (3) calendar months:

- **1st Quarter: January – March**
- **2nd Quarter: April – June**
- **3rd Quarter: July – September**
- **4th Quarter: October - December**

Q-200.8 Transition Service

For Transition Service definition and policy, refer to Transition Service section under covered services in the Louisiana Medicaid Program ADHC Provider Manual.

Transition Services essential to the individual's transition into community must be purchased and in place prior to Nursing Facility discharge.

Non-essential items can be obtained after transition has occurred.

SC will:

- Inform participant of Transition Services.
- Determine if Transition Services are needed and if so, identify payer(s) of those services.
- Complete the Transition Service Form (TSF).
- Include transition service in the POC and budget sheet.
- Submit the POC packet and TSF form to the SC supervisor by following the procedures outlined in this manual.

NOTE: Purchases cannot be made until the TSF has been pre-approved.

SC supervisor will:

- Review and pre-approve TSF.
- Review and approve POC following the procedures outlined in this manual.
- Submit approved POC packet to the DMC, participant, provider(s) and RO following the procedures outlined in this manual.

NOTE: Approved POC packet can be submitted by any SCA representative.

SC will:

- Assist with obtaining items identified on TSF.
- Verify that items purchased are listed on the TSF.
- Collect and submit original receipts to SC supervisor for verification.
- Submit a revised budget worksheet to SC supervisor reflecting the actual cost, if there are any discrepancies between the estimated and actual TS costs.

NOTE: On the day of discharge from NF, the SC will conduct a face-to-face visit at participant's new residence to verify purchased items and document findings.

SC supervisor will:

- Utilize the pre-approved TSF to ensure that only the item(s)/service(s) listed are reimbursed to the designated purchaser. The designated purchaser can be the individual, his/her responsible representative, DSP, SCA, or any other source. However, the SCA is the only source that can actually bill for Transition Services.
- Review TSF for final approval.
- Send TSF to DMC and RO.

NOTE: Any items not listed on the original approved TSF will not be reimbursed on this TSF. If additional items are discovered, then a new TSF and POC Revision must be completed.

DMC will:

- Issue PAs after approved POC is received from SCA.

SC will:

- Bill the Medicaid fiscal intermediary contractor for this service within sixty (60) calendar days from actual move date.

- Reimburse the designated purchaser within ten (10) calendar days of receipt of reimbursement.

- Maintain documentation including each individual's TSF with original receipts and copies of cancelled checks, as record of payment to the designated purchaser(s).

NOTE: If the individual is not approved for waiver services and/or does not transition, but transition service items were purchased, SCA will notify RO which will contact SO to allow for possible reimbursement.

In the event that additional needs are identified after the original TSF request was approved, the SC must submit a new TSF within ninety (90) calendar days after the individual's actual move date. The same procedure outlined above will be followed for any additional needs.