# Adult Day Services

Chapter 12 describes the services covered under Adult Day Care (ADC), Adult Day Health (ADH) and Remote/Hybrid programs, program eligibility, making referrals, and coordinating with Adult Day Service (ADS) providers.

#### Ask the Expert

If you have questions or need clarification about the content in this chapter, please contact:

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## background

Adult Day Services (ADS) provide opportunities for adults with functional limitations to regularly attend a center where a variety of health, social, and related support services are provided. Services are individualized to meet the unique needs of each participant. For a quick overview of the programs, download the brochure [here](https://www.dshs.wa.gov/os/publications-library?combine=&field_program_topic_value=All&field_job__value=22-1731&field_language_available_value=All) (DSHS 22-1731). This brochure can be used as a marketing tool and an informative brochure to leave with the client.

ADS goals are to:

* Provide clinical and non-clinical services to address unmet needs.
* Assist participants with their activities of daily living (ADLs).
* Support participants to live in their community/resident of choice.

Each client has a Negotiated Care Plan (NCP) and their progress with program-component interventions is measured over time.

Table 12.1 Program Components

|  |  |  |
| --- | --- | --- |
|  | **Adult Day Care (ADC)** | **Adult Day Health** **(ADH)** |
| Core services (e.g. help with ADLs, social services, health education, meals) are provided | Yes | Yes |
| Skilled nursing, therapy (e.g. PT), psychological/ counseling services, and other services that requiring physician (or other prescriber) orders | No | Yes |
| Provide transportation to/from program | Assist client with resources | Yes |

Visit [WAC-388-71-0702](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0702) for more detail.

|  |  |  |
| --- | --- | --- |
| **Remote/Hybrid program** | **Adult Day Care (ADC)** | **Adult Day Health** **(ADH)** |
| Core services (e.g. social services, health education,) are provided | Yes | Yes |
| Skilled nursing, therapy (e.g. PT), psychological/ counseling services, and other services that requiring physician (or other prescriber) orders | No | Yes |

**Note:** Much of this chapter is laid out in a series of side-by-side comparisons between ADC and ADH. Where there are significant differences between the three programs, that content is detailed in the sub-sections [Adult Day Care](#_adult_day_care), [Adult Day Health](#_Adult_Day_Health) and Remote/Hybrid.

## Funding & Eligibility

Adult Day Services are available to clients that are eligible under Community Options Program Entry System (COPES), Roads to Community Living (RCL), New Freedom Waiver, MAC/TSOA, or other approved funding sources.

Other funding sources include:

* Medicaid Alternative Care (MAC) via the AAA.
* Tailored Support for Older Adults (TSOA) via the AAA.
* Respite funds at ADCs that have the appropriate respite contract.
* Senior Citizens Services Act (SCSA) funds for eligible clients age 60+ (check with the ADC).
* Unique grant or other fund sources (check with the ADC).
* Private pay.

Case Managers use CARE to determine eligibility for Adult Day Services (ADS). Clients are eligible if they are age 18 or older and assessed as needing one or more core services, plus the additional services offered by ADH (if eligible for ADH).

Remote/Hybrid clients (either ADC or ADH) must meet certain requirements to qualify for this program, some examples are:

* Client must live in a remote area that would make transportation very difficult.
* The client cannot be transported due to a medical condition but is still able to participate in the program.
* The goal is to have all clients come to the ADS facility. But there are certain circumstances that remote client participation would be in the best interest of the client and the other participants and staff:
	+ Any client that is contagious- such as being diagnosed with COVID etc.
	+ Onset of mobility or medical issues preventing transportation.
	+ Provider needs to contact case manager for evaluation/eligibility of specific situations on a case-by-case basis.
* It is possible (but should be rare) that in-facility and remote clients can change between programs. Additional authorizations will be needed.

| **ADC Eligibility** | **ADH Eligibility** |
| --- | --- |
| Core Services:* Personal care
* Routine health monitoring, overseen by a Registered Nurse.
* Therapeutic activities
* Supervised/protective environment as needed for client safety.

[WAC 388-106-0805](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-0805) | ADC eligibility PLUS:* Assessed as having an unmet need for skilled nursing or skilled rehabilitative therapy.
* There is a reasonable expectation these services will improve, restore, or maintain the client’s health.

[WAC 388-106-0300](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-0300) |

Clients are **not eligible** if they:

* Can independently perform services provided at the ADC or ADH (depending on client’s program type).
* Are not capable of safely participating in a group setting for each program type.
* For Remote/Hybrid can commute to the ADS facility.

|  |  |
| --- | --- |
| **Ineligibility Criteria - ADC** | **Ineligibility Criteria - ADH** |
| * Have unmet needs that can be met in a more cost-effective manner.
* Live in a nursing facility (NF), assisted living facility (ALF), adult family home (AFH), or other licensed residential or institutional facility.
* Have care needs that:
* Exceed the scope of authorized services the ADC can provide.
* Can be met in a less structured setting.
* Are being met by paid or unpaid caregivers.
 | * Live in a nursing home or other institutional facility (clients can live in an AFH or ALF)
* Have care needs that:
* Exceed the scope of authorized services the ADH can provide.
* Do not need to be provided or supervised by a nurse or therapist.
* Can be met in a less structured setting.
* Skilled care needs are being met by paid or unpaid caregivers.
 |

## Referrals

|   | **ADC** | **ADH** |
| --- | --- | --- |
| **1** | Determine functional and financial eligibility.  |
| **2** | Based on CARE assessment result, discuss ADC/ADH/Remote option with client and/or their representative. |
| **3** | If interested, provide client and/or their representative with the contact information for contracted ADC providers in their area so they can schedule a tour. |
| **4** | After client has toured and agreed to attend, contact the client’s chosen ADC provider. Complete the [Adult Day Services Referral Form](https://www.dshs.wa.gov/sites/default/files/forms/pdf/10-580.pdf) (DSHS Form 10-580) and fax or email the ADC provider the referral form along with the client’s assessment details, service summary, and consent. |
| **5** | **Within 2 business days**, the ADC provider must accept or deny the referral. |
| **6** | If it is accepted, use CARE to conduct an interim, annual, or significant change assessment and add ADC in the treatment screen section.* Add ADC to the treatment screen.
* Change status to “partially met” for all ADLs the client will receive help with at the ADC.
 | If not already completed, conduct an Initial, Significant Change or Interim assessment in CARE to complete the ADH screen, * Add ADH to the treatment screen.
* Change status to “partially met” for all ADLs the client will receive help with at the ADH.
 |
| **7** | Authorize in-person ADC services in ProviderOne (P1), using: * \*\* One-time intake code: **S5102-UA**
* Full day (4 hours) code: **S5102-HQ.**
* Partial day (less than 4 hours) code: **S5100** in 15-minute units scheduled to attend
 | Authorize in-person ADH services in P1 using:* \*\*One-time intake code: **S5102-CG**
* 10-day trial period code: **S5102-U9.**
* Send PAN to client for approval of ADH intake and 10-day trial period,
* 10-day trial period **RCL** client, use code **S5102-U9**
* Full day (4+ hours) code: **S5102-TG**
 |
| **7A** | Authorize ADC services in P1, for **Remote/hybrid** clients using:* \*\* One-time intake: code **S5102-UA**
* Authorize in 15-minute units using code**: S5100 U1. Full day in considered 4 hours billed at 16 units.**
* **Providers can bill for a minimum of one (1) hour (4 units) per visit.**
 | Authorize ADH services in P1 for **Remote/hybrid** clients using:* \*\*One-time intake: code **S5102-CG**
* **Authorize visits in 15-minute units using code: S5100-U2. Full Day is considered four hours which would be billed as 16 units.**
* 10-day trial period: code **S5102-U9.**
* Send PAN to client for approval of ADH intake and 10-day trial period,
* 10-day trial period for **RCL** client, use code **S5102-U9**
* **Providers can bill for a minimum of one (1) hour (4 units) per visit.**
 |
| **8** | ADC Timeframes (from first day of attendance):* **10 paid service days:** *a)* Complete intake evaluation in person *b)* Determine if and how it can/will meet the client’s needs *c)* Develop preliminary service plan to- determine is client will be **in-person** or **remote/hybrid.**

d) Give to client and/or their representative and to the case manager.* If not accepted, the preliminary service plan must include the reason(s) as to *why.*
* **30 days:** Develop and complete a Negotiated Care Plan (NCP) and send to the case manager *(from accepting client to the ADC)*
 | ADH Timeframes (from first day of attendance):**10 paid service days:** *a*) Complete intake evaluation in person *b)* Develop preliminary service plan to determine is client will be **in-person** or **remote/hybrid** *c)* Obtain orders from client’s health care provider for skilled services, and *d)* *s*end preliminary service plan to case manager if client meets eligibility criteria. * **30 days:** Develop and complete an NCP and send to the case manager *(from date of acceptance into ADH)*
 |
| **9** | Case manager will:* Provide the client's department service plan to the ADC center **within five working days** after the client or client's representative has signed it.
* Send PAN to client for approval of ADC and Community First Choice (CFC) care plan hours.
* Review NCP
* Document in a SER the NCP was received.
* Send copy to the Hub Imaging Unit (HIU).
 | Case manager will:* Send another PAN for approval of on-going attendance.
* Review preliminary service plan.
* Document a SER it was received.
* Send copy to HIU.
* Review NCP (same steps as preliminary).
 |

**\*\*New: Case managers need to authorize the Intake for all programs, adc, adh and remote/hybrid. Authorizations for client intake is a onetime approval per attendance cycle. If the client discharges from services and at a later date is reauthorized, the authorization may be forced per hq ads program manager.**

## Adult Day Care (ADC)

### Services

ADC is a supervised, non-residential program providing the following services:

* Assistance with ADLs.
* Social services including referrals for services not within the scope of COPES waiver or RCL.
* Routine health monitoring by a Registered Nurse (e.g., baseline and routine monitoring of vital signs, weight, and dietary needs).
* Therapeutic activities (e.g., recreational, relaxation, group exercises) that an unlicensed individual can provide or a licensed individual without physician orders.
* Health education (e.g., nutrition, disease management skills) that an unlicensed individual can provide or a licensed individual without physician orders.
* Nutritional meals and snacks.
* Assistance with arranging for transportation to and from the center.
* First aid, and providing or obtaining care, in an emergency.

Services are for adults with health conditions that do not require the intervention of a registered nurse or licensed rehabilitative specialist (e.g. Physical Therapist). See WAC [388-71-0704](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0704) for more detail.

**ADC Remote/Hybrid**

The percentage of time for the remote visit will be the delivery method for ADC services will vary on the participants’ needs and goals. Each client will be evaluated on their ability to attend in-facility visits.

* Participants will have an in-person initial intake and comprehensive assessment by a nurse or trained qualified staff in the participant’s place of residence or in the Adult Day Care center. Participants will be required to be seen in-person a minimum of once per quarter to update their assessment, after the initial intake and comprehensive assessment.
* Adult Day Care providers offering services through telehealth are required to have IT policies to meet HIPAA requirements, as well as a business associate agreement with either Zoom or Microsoft Teams. These delivery methods have been approved by the WA HIPPA Compliance officer (Contact the ADS PM for contact information).
* Participant’s privacy will be protected by the Adult Day Care provider. The host of the telehealth meeting (ADC staff) will also have the ability to turn off the participant’s camera to ensure there is no video camera/monitor in the bedroom or bathroom. The participant will have the ability to turn on or off the video camera/monitoring equipment at will.
* Participants will be offered group sessions for nutritional training, presentations from local libraries, other community activities, etc. through Zoom or Microsoft Teams, in addition to their one-on-one time for medical treatment.
* The initial intake and comprehensive assessment will evaluate tasks the participant is able to do without assistance. If the participant cannot follow instructions or cannot physically do what is asked without help and no help is available, then they would not be a candidate for telehealth services.
* The initial intake and comprehensive assessment will evaluate the participant’s and/or caregiver’s ability to use the required technology, and provide any training needed. The participant may also receive assistance learning the technology required for the telehealth delivery of this service through a Client Training contracted provider.
* Adult Day Care providers are required to have emergency protocols in place if staff are unable to reach a participant, as well as have staff trained on emergency situations that may occur during the telehealth session.

### Negotiated Care Plan (NCP) Review

When the ADC provider receives the DSHS plan of care, they will conduct their own intake/evaluation to assess their ability to meet the client’s needs. The ADC has to determine if it can meet the client’s needs within **10 paid service days** of the client’s first attendance date.

The ADC provider must develop an NCP within **30 days** of acceptance to the program which needs to be signed by the client or their representative. Care/case managers then review the NCP documentation for:

* Consistency with the client’s DSHS authorized service plan.
* ADS services assigned to the ADC provider are being provided.
* How services and interventions provided by the ADC provider meet the client’s identified needs along with the schedule of when and by whom they are or will be provided.
* Whether identified potential behavioral issues are documented and how they will be managed; ***and***
* Contingency plan(s) for responding to emergent care needs or other crises.

After review:

The ADC provider must report any changes in the client's condition or unanticipated absences of **more than 3 consecutive scheduled days. Report** to the client's case manager within 1 week. The case manager will determine if any updates to the assessment, service plan, or authorization are needed.

* Enter a SER note via the initial, annual, or significant change assessment in CARE documenting receipt and review of the NCP.
* Send the client either the initial PAN or one specifically for ongoing ADC approval.

Continued authorization of services indicates approval of the NCP. ADC clients must be assessed for continued need and eligibility on, at minimum, an annual basis.

### Authorizing Services

Authorize P1 payment for the intake evaluation for both ADC and ADC Remote/Hybrid.

Table 12.2 P1 Codes

|  |  |  |
| --- | --- | --- |
| ADC  |  | code-COPES/RCL |
| ADC Intake \* | One unit | S5102-UA |
| 4 hours or more | Daily | S5102-HQ |
| Up to 4 hours | 15-minute | S5100 |
| **REMOTE/HYBRID** |  | **CODES-COPES/RCL** |
| ADC Intake \* | One unit | S5102-UA |
| Up to 4 hours | 15-minute | S5100-U1 |

\*Authorization for client intake is a onetime approval **per attendance** cycle. If the client discharges from services for 6 months or longer then returns or has a significant change in their assessment the intake code authorization will need to be forced by the HQ ADS Program Manager.

Current ADC rates are [here](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.dshs.wa.gov%2Fsites%2Fdefault%2Ffiles%2FALTSA%2Fmsd%2Fdocuments%2FAll_HCS_Rates.xlsx&wdOrigin=BROWSELINK)**.** On July 1, 2024, there will be a 20% increase in Adult Day Services, please check for a new rate sheet at that time. Transportation ***is not*** paid for within the ADC daily rate. The ADC provider should help with suggestions for transportation, but they are not required to provide it. Refer to the P1 manual for further information.

Authorize ADC services in P1 for up to 1 year. Terminate authorization if the:

* ADC does not meet the NCP requirements,
* Client does not meet the ADC eligibility, or
* Client chooses to stop attending the ADC program.

## Adult Day Health (ADH)

### Services

In addition to the Core services listed under the ADC section, ADH offers routine *clinical* services including skilled nursing and skilled therapy. Psychological services provided by an ADH include assessing psychosocial needs, presence of dementia, abuse or neglect, and alcohol and/or drug misuse. Intermittent supportive counseling is also available. [WAC 388-71-0706](http://app.leg.wa.gov/wac/default.aspx?cite=388-71-0706)

ADH staff can make referrals for other needed services. The dollars for transportation are included in the ADH rate, therefore the ADH providers are required to provide transportation.

#### Physician Orders

Physician orders are not needed to start the referral process but are needed before skilled services start. Having orders from a health care provider does not establish ADH eligibility but are helpful in evaluating the client’s need for skilled nursing or rehabilitative therapy.

The ADH center needs to obtain physician orders for care that will be provided (or supervised) by licensed nurses and/or licensed therapists, per applicable state practice laws. These orders must also indicate how often the client needs to see the prescribing health care provider. Orders are needed for services to start and then updated for skilled services to continue, per [WAC 388-71-0712](https://app.leg.wa.gov/wac/default.aspx?cite=388-71-0712) and [WAC 388-71-0714](http://app.leg.wa.gov/wac/default.aspx?cite=388-71-0714).

#### Skilled Nursing Services

Skilled nursing services and care exceeds the level of routine health monitoring, general health education, and general therapeutic activities. They are provided with the reasonable expectation that the service will improve, maintain, or slow the progression of a client’s disease or functional ability.

Skilled nursing services are medically necessary and are provided by an RN as authorized by a physician or by an LPN under physician or RN supervision, within the confines of the Nurse Practice Act (See [Resources](#_resources)). Orders by the health care provider must be obtained:

* When required by applicable state practice laws for licensed nurses.
* Upon initial service; or
* Updated when a significant change occurs, nursing interventions change, or, at minimum, annually.

Table 12.3 Skilled Nursing Services

|  |  |
| --- | --- |
| includes | does not include |
| * Skilled care and assessment of an unstable or unpredictable acute or chronic medical condition.
* Skilled nursing tasks (e.g. medication administration, wound care, inserting or irrigating a catheter).
* Time-limited training to teach the client and/or their caregiver self-care for newly diagnosed, acute. or episodic medical conditions (e.g. self-administration of an injection, colostomy care, disease self-management).
* Evaluating and managing a plan of care when skilled nursing oversight is needed to ensure that complex, non-skilled care is achieving its purpose.
 | * Coaching or reminding the client.
* Medication assistance when client is capable of self-administration *or* is having this need met by paid or unpaid caregivers.
* Continued teaching/training when it is apparent the training should have achieved its purpose, or the client is unwilling or unable to be trained (excluding language barriers in the absence of a trained interpreter/translator).
* Group teaching/training or therapy where 3 or more clients are simultaneously being treated or trained by the nurse.
* Routine monitoring of a medical condition that does not require frequent skilled nursing intervention.
 |

See [WAC 388-71-0712](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0712) for more detail.

#### Skilled Rehabilitative Services

ADH centers must offer one or more of the following therapeutic services:

* Physical Therapy
* Occupational Therapy
* Speech-Language Pathology
* Audiology

Skilled rehabilitative therapy services are medically necessary and are provided or supervised by a licensed physical, occupational, speech-language pathology, or audiology therapist (within each provider type’s scope of practice).

Orders must be obtained from the client’s health care provider initially and then updated when a significant change occurs or, at a minimum, annually.

Table 12.4 Skilled Rehabilitation Therapy

|  |  |
| --- | --- |
| includes | does not include |
| * Assessing baseline mobility, strength, ROM, endurance, balance, and ability to transfer
* Assess speech, swallowing, auditory, and communication disorders.
* Providing 1:1 and group treatment to develop, restore, or maintain functioning, slow decline, or relieve pain.
* Creating an individualized exercise, strength, mobility, or endurance plan)
* Training clients and/or their caregivers in use of supportive or adaptive equipment
* Providing other medically necessary services that can only be provided or supervised by a therapist.
* Training/teaching clients and/or their caregivers in managing care needs.
* Evaluating and managing a plan of care when skilled therapist oversight is needed to ensure complex, non-skilled care is effective.
 | * Reminding/coaching the client in tasks that are not essential to the skilled therapy or intervention per the client’s service plan.
* Monitoring a medical condition that doesn’t require frequent skilled therapy interventions.
* Massage therapy.
* Teaching/training when it is apparent the training should have achieved its purpose, or the client is unwilling or unable to be trained (excluding language barriers in the absence of a trained interpreter/translator).
* Group therapy/training where ratio of licensed therapists and staff assistants to clients is inadequate to ensure that for each client the group activity:
* contributes to their planned therapy goal(s).
* meets their complexity of individual needs.
 |

See [WAC 388-71-0714](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0714) for more detail.

ADH Remote/Hybrid

The percentage of time telehealth will be the delivery method of ADH services will vary on the participants’ needs and goals.

* Participants will have an in-person initial intake and comprehensive assessment by a nurse and PT/OT (if part of the care plan) either in the participant’s place of residence or in the Adult Day Health center. Participants will be required to be seen in-person a minimum of once per quarter a􀅌er the initial intake and comprehensive assessment.
* Adult Day Health providers offering services through telehealth are required to have IT policies to meet HIPAA requirements, as well as a business associate agreement with either Zoom or Microsoft Teams. These delivery methods have been approved by the WA HIPAA Compliance officer.
* Participant’s privacy will be protected by the Adult Day Health provider. The host of the telehealth meeting (ADH staff) will also have the ability to turn off the participant’s camera to ensure there is no video camera/monitor in the bedroom or bathroom. The participant will have the ability to turn on or off the video camera/monitoring equipment at will.
* Participants will be offered group sessions for nutritional training, presentations from local libraries, other community activities, etc. through Zoom or Microsoft Teams, in addition to their one-on-one time for medical treatment.
* The initial intake and comprehensive assessment will evaluate tasks the participant is able to do without assistance. If the participant cannot follow instructions or cannot physically do what is asked without help and no help is available, then they would not be a candidate for telehealth services.
* The initial intake and comprehensive assessment will evaluate the participant’s and/or caregiver’s ability to use the required technology, and provide any training needed. The participant may also receive assistance learning the technology required for the telehealth delivery of this service through a Client Training contracted provider.
* Adult Day Health providers are required to have emergency protocols in place if staff are unable to reach a participant, as well as have staff trained on emergency situations that may occur during the telehealth session.

### Negotiated Care Plan (NCP) Review

Rather than develop a preliminary service plan within the first 10 paid service days, the ADH center might choose to develop a negotiated care plan during this timeframe. Otherwise, they have 30 calendar days to develop the NCP.

Every 90 days, the ADH provider must review each service and goal in the NCP to determine if skilled services are still required or sooner if the client’s condition changes.

Care/case managers then review the NCP documentation for:

* Consistency with the client’s DSHS authorized service plan.

The ADH must report any changes in the client's condition or unanticipated absences of **more than 3 consecutive visits.** Report to the case manager and they will determine if any updates to the assessment, service plan, or authorization are needed.

* ADS services assigned to the ADH are being provided.
* Physician or other health care provider orders (obtained by the ADH provider) for skilled nursing services and/or rehabilitative therapy.
* Client consented to following-up with the prescribing physician/health care provider for skilled services.
* Goals must not exceed 90 days from the date of signature and be:
* Time Specific
* Measurable
* Individualized
* Client’s choices and preferences regarding care and services received and how these preferences will be accommodated.
* How services and interventions provided by the ADH program meet the client’s identified needs along with the schedule of when and by whom they are or will be provided.
* Whether identified potential behavioral issues are documented and how they will be managed.
* Contingency plan(s) for responding to emergent care needs or other crises; ***and***
* Discharge or transfer plan.

After review:

* Enter a SER note via the initial, annual, or significant change assessment in CARE documenting receipt and review of the NCP.
* Send the client either the initial PAN or one specifically for ongoing ADH approval.

Continued authorization of services indicates approval of the NCP.

### ADH Service Authorization

Authorize P1 payment for the intake evaluation plus 10 units of service for the trial period. This 10-day trial allows the ADH center to determine their ability to meet the client’s needs and develop a preliminary service plan.

After receiving, reviewing, and approving the NCP and the client is eligible for ADH, approve P1 payment for a 12-month period. The Service Authorization must include:

* Name of the Center.
* Number of attendance days/week.
* Nursing services and/or rehabilitative therapies to be provided.
* Authorization timeframe (start and end date).

Table 12.5 P1 Codes

|  |  |  |
| --- | --- | --- |
| ADH | COPES/RCL  | Modifier |
| Intake Evaluation\* | S5102 | CG |
| 10-Day Trial Visit | S5102 | TG |
| 10-Day Trial Visit RCL | S5102  | U9 |
| Daily Rate (4 hour day) | S5102 | TG |

Current ADH rates are [here](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.dshs.wa.gov%2Fsites%2Fdefault%2Ffiles%2FALTSA%2Fmsd%2Fdocuments%2FAll_HCS_Rates.xlsx&wdOrigin=BROWSELINK). On July 1, 2024, there will be a 20% increase in Adult Day Services, please check for a new rate sheet at that time. Transportation ***is*** paid for within the daily rate for ADH. Refer to the P1 manual for further information. Continue to use P1 to enter, authorize, change, and terminate payments.

\*Authorization for client intake is a onetime approval **per attendance** cycle. If the client discharges from services for 6 months or longer then returns or has a significant change in their assessment the intake code authorization will need to be forced by the HQ Program Manager.

When terminating authorization for an Adult Family Home (AFH) client, send a notification to both the ADH and AFH provider. When terminating ADH based on ineligibility, list the effective date on the PAN 10 days later than the mailing. Clients should be given the opportunity to reduce the current number of attendance days to 1-2 days/week to ensure a successful and effective transition.

#### Assigning Needs to ADS Provider

The ADS provider is considered an informal support and needs to be listed in CARE as providing the respective ADL tasks per the NCP.

Because the ADH provider is considered an unpaid caregiver, they need to be listed in collateral contacts on the CARE “Supports Screen”. ADH is listed on the “Treatment Screen” with the provider type as ADH.

#### Transferring Client from HCS to the AAA

For new in-home or ADH-only clients: HCS will transfer the case to the AAA when it receives an acceptable preliminary NCP. Complete the ongoing PAN and P1 authorization then complete the transfer. See [Chapter 3](https://www.dshs.wa.gov/altsa/aging-and-long-term-support-administration-long-term-care-manual) on how to complete transfers.

## Resources

### Related WACs, RCWs and CMS Waivers

|  |  |
| --- | --- |
| [WAC-388-71-0702](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0702) | Adult Day Services |
| WAC [388-71-0704](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0704) | Adult Day Care |
| [WAC 388-71-0706](http://app.leg.wa.gov/wac/default.aspx?cite=388-71-0706) | Adult Day Health |
| [WAC 388-71-0712](https://app.leg.wa.gov/wac/default.aspx?cite=388-71-0712) | Skilled Nursing  |
| [WAC 388-71-0714](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0714) | Skilled Rehabilitative Therapy |
| [WAC 388-106-0805](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-0805) | Adult Day Care Eligibility |
| [WAC 388-106-0300](http://apps.leg.wa.gov/WAC/default.aspx?cite=388-106-0300) | COPES Services |

#### Standards of Nursing Conduct / Nurse Practice

Each individual, upon entering the practice of nursing, assumes a measure of responsibility and trust and the corresponding obligation to adhere to standards of nursing practice. You are individually responsible and accountable for the quality of nursing service you provide to clients.

|  |  |
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| [18.79 RCW](http://app.leg.wa.gov/rcw/default.aspx?cite=18.79) | Nurse Practice Act |
| [18.130 RCW](http://app.leg.wa.gov/rcw/default.aspx?cite=18.130) | Uniform Disciplinary Act |
| [WAC 246-840-700](http://apps.leg.wa.gov/wac/default.aspx?cite=246-840-700)  | Standards of nursing conduct or practice |
| [WAC 246-840-710](http://apps.leg.wa.gov/wac/default.aspx?cite=246-840-710) | Violations of standards of nursing conduct or practice |

#### Acronyms

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| AAA | Area Agency on Aging |
| ADC | Adult Day Care |
| ADH | Adult Day Health |
| ADL | Activities of Daily Living |
| ADS | Adult Day Services |
| AFH | Adult Family Home |
| ALF | Assisted Living Facility |
| CARE | Comprehensive Assessment and Reporting Evaluation |
| CFC | Community First Choice |
| COPES | Community Options Program Entry System |
| DSHS | Department of Social and Health Services |
| HCS | Home and Community Services |
| HIU | Hub Imaging Unit |
| NCP | Negotiated Care Plan |
| P1 | ProviderOne |
| PAN | Planned Action Notice |
| RCL | Roads to Community Living |
| ROM | Range of Motion |
| SER | Service Episode Record |

### FAQs

1. **What CARE screens do I complete to authorize ADC?**

Treatment Select ADC from the treatment list. This must be selected in order to assign treatments to the provider.

Supports Assign the provider to treatment(s) needed.

P1 Screen Authorize ADC using a daily code (4 hours) or use the 15-minute unit code (for under 4 hours).

1. **What CARE screens do I complete to authorize ADH?**

 Treatment Document the need to assign treatment.

 ADH Assist in determining eligibility (Medical > Treatments > ADH).

 Care Plan ADH only: Select COPES in “Client is Eligible” dropdown. Select “ADH” for Recommended/Planned settings.

COPES/RCL + ADH: Select COPES or RCL in “Client is Eligible” dropdown. Select “Home” or “Residential” for care setting.

 Supports Assign ADH treatment to the provider.

 **\* Remember** to complete the Provider Schedule section.

1. **What do I do when there is a change in the number of weekly service days needed?**

If the client’s needs are already identified in the assessment and only the number of days needs to be changed, document in CARE by completing an Interim Assessment, send a new PAN for the client and update P1 authorization. Frequency change is documented on the Treatment and Supports screens. This will create a new Service Summary for the client’s review and signature (or by their authorized representative).

An updated authorization is needed for any change in service level or number of service days, regardless of whether a new assessment/ reassessment is completed.

If the client’s needs are not identified or the current care plan no longer meets their needs, complete a new assessment.

1. **What if a client wants to exchange in-home hours for ADC services?**

A provider change can be done without completing a new assessment. Document change in CARE and update P1 authorizations to the new provider. Follow the same process to change the ADC provider.

1. **What if a client requests ADS between assessments?**

A new assessment is not needed if the care needs that qualified the client for ADC or ADH are already identified in the current assessment. Instead, reassign the need in CARE and update the authorization.

If the client has a new need that is not identified in the assessment, complete a “Significant Change” reassessment.

1. **What do I do if a client changes from ADC to ADH?**

New need (e.g. ADC client newly diagnosed with diabetes): Do a reassessment.

Not a new need (e.g. ADC client receiving outpatient OT has been discontinued): Reassign need for OT to a new provider in CARE, send updated PAN, and adjust P1 authorizations.