

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



Office of the Senior Deputy Director/Medicaid Director

Transmittal # 15-32

TO: Medicaid Providers of Adult Day Health Program Services

FROM: Claudia Schlosberg, J.D. 
Senior Deputy Director and State Medicaid Director

DATE: September 10, 2015

SUBJECT: Date Change for Adult Day Health Program (ADHP) Implementation

This transmittal informs Adult Day Health Program (ADHP) providers about the Department of Health Care Finance's (DHCF) decision to delay the repeal of Chapter 7 (Day Treatment) until December 31, 2015, in order to allow more time to finish the following tasks:

- Complete assessments by Delmarva of the potential applicants from current day treatment centers;
- Complete assessments of new ADHP applicants;
- Complete person-centered planning;
- Problem solve any billing issues with the implementation of ADHP;
- Publish the rule to repeal Chapter 7 (Day Treatment); and
- Notify current day treatment users of official discharge from the program.

If a provider has completed ADHP Provider enrollment activities, and is serving individuals who have been determined eligible for ADHP services (see below, *Beneficiary Eligibility*), that provider should use the newly created procedure code modifier combination to bill for ADHP services (see below, *Reimbursement*). Providers who have not yet enrolled as an ADHP provider may continue using the day treatment billing code for day treatment services. The day treatment billing code will no longer be available as of January 1, 2016.

For day treatment providers not intending to enroll as ADHP providers, all individuals receiving day treatment who want and are eligible for ADHP must be transitioned by the day treatment provider to an ADHP provider (chosen by that individual) by December 31, 2015. Payment for day treatment services will end January 1, 2016.

Beneficiary Eligibility

These are the criteria an individual must meet to receive services under ADHP:

1. Must be fifty-five (55) years old or older;
2. Must have a chronic medical condition as certified by his/her physician;
3. Must have current Medicaid eligibility and have income that does not exceed \$1304.50 per month for a household of one or \$1765.58 for household of two;¹ and
4. Must have an assessment for adult day health program services showing the individual has a level of need for these services.

To obtain an assessment showing a qualifying level of need, beneficiaries must obtain a prescription order form (POF) signed by their primary care physician or advanced practice registered nurse that identifies they have a chronic medical condition. The completed form must then be faxed to DHCF's Long Term Care Supports Service Contractor, the Delmarva Foundation (Delmarva), at (202) 698-2075.²

Upon receipt of the signed POF, Delmarva will initiate a conflict-free, face-to-face assessment.³ The conflict-free assessment determines the beneficiary's eligibility for ADHP services and acuity level. An assessment score of either a four (4) or five (5) means the beneficiary is eligible for adult day health acuity level 1 services; an assessment score of six (6) or higher means the beneficiary is eligible for adult day health acuity level 2 services.

Once the assessment is complete, Delmarva will issue a service authorization and the assessment findings will be submitted to the DC Aging and Disability Resource Center (ADRC). ADRC staff will work with the beneficiary to complete a person-centered individual service plan (PCP) and then refer the beneficiary to the ADHP provider of his or her choice.

Reimbursement

ADHP services cannot be provided for more than five (5) days a week, and for more than eight (8) hours per day. Reimbursement is on a per-diem basis, and must be billed in 15 minute increments with one unit of service representing 8-15 minutes of service. Providers may not bill more hours than are authorized and all services must be provided in accordance with the individual's PCP.

Some beneficiaries may be receiving both ADHP and Personal Care Assistance (PCA) Services. A beneficiary is allowed a combined total of twelve (12) hours of State Plan Personal Care Aide (PCA) and ADHP services on the same day. However, providers may not bill more hours than are authorized for either service and may not bill for ADHP and PCA services at the same time. Providers must coordinate to ensure appropriate billing.

¹ Individuals with incomes above 133% of the Federal Poverty Level (FPL) are currently not eligible for ADHP services.

² Prescribing providers must be enrolled as a DC Medicaid provider.

³ For those individuals with a current assessment on file, a new assessment is not required.

Below are the procedure code and modifier combinations approved for ADHP services:

S5100 U1 – Adult Day Health Program Acuity 1

S5100 U2 – Adult Day Health Program Acuity 2

If you have questions about this transmittal, please contact: Donald Shearer, Director, DHCF Program Operations, telephone number (202) 698-2007, email: donald.shearer@DC.gov or Mary Devasia, Acting Director, Long Term Care Administration; telephone number (202) 442-5931, email: mary.devasia2@dc.gov.