Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Adult Day Health (ADH)		
MNG# 73	**☐SCO ☐One Care**	**Prior Authorization Needed? ☐Yes ☐No**
Clinical: ☐	**Operational: ☐**	**Informational: ☐**
Medicare Benefit: ☐Yes ☐No	**Approval Date:** 7/1/2021	**Effective Date:** 9/28/2021
Last Revised Date:	**Next Annual Review Date:** 7/1/2022	**Retire Date:**

OVERVIEW:

Adult Day Health (ADH) — a community-based and non-residential site-based program that is licensed by the Department of Public Health (DPH) under 105 CMR 158.00 to provide nursing care, supervision, and health related support services in a structured group setting to MassHealth members who have physical, cognitive, or behavioral health impairments. The ADH service has a general goal of meeting the ADL, and/or skilled nursing therapeutic needs of MassHealth members delivered by a MassHealth agency-approved ADH provider.

Services include nursing services and health oversight, therapy services (physical therapy, occupational therapy, and speech/language services), assistance with activities of daily living (ADLs), nutritional and dietary services (a hot meal, special diets, an alternate food choice, and two snacks – morning and afternoon), counseling services, therapeutic activities, and case management. Services are provided at the ADH program site.

There are two levels of Adult Day Health. ADH Basic is for those members who meet the minimum clinical eligibility criteria for Adult Day Health and require supervision with at least 1 ADL or 1 skilled nursing service from list of possible services. ADH Complex is for members who receive an enhanced level of care at the ADH Center with 1 skilled nursing service (from the long list) or a combination of 3 ADLs and 1 nursing service from the specified list. See Clinical Coverage Criteria below. The CCA clinician must determine the level required to meet the member's needs. If ADH Complex is authorized, the enhanced services received by the member must be included in the ADH care plan.

The ADH provider must develop a care plan for the member that includes a treatment plan based on physician's orders, nursing assessment, therapy services as applicable, and a social service and activity plan designed to meet the member's psychological and therapeutic needs. The care plan must be updated at regular intervals, and approved by the member's primary care provider or MD.

ADH providers must also provide transportation (at additional cost) directly or through subcontracts. Transportation services provided by the ADH program may be restricted to a certain distance, beyond which CCA would need to arrange transportation through another provider.

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DECISION GUIDELINES:

Clinical Coverage Criteria:

(A) Members must meet all of the following clinical eligibility criteria:

(1) ADH has been ordered by the member's PCP;

(2) The member has one or more chronic or post-acute medical, cognitive, or mental health condition(s) identified by the member's PCP that require active monitoring, treatment or intervention and ongoing observation and assessment by a nurse, without which the member's condition will likely deteriorate;

(3) The member requires one or both of the following be provided by the ADH program:

(a) at least one skilled service

1) Skilled services are those services ordered by a physician that fall within the professional disciplines of nursing, physical, occupational, and speech therapy. Skilled services include intravenous, intramuscular, or subcutaneous injection, or intravenous feeding.
2) Nasogastric-tube, gastrostomy, or jejunostomy feeding;
3) Nasopharyngeal aspiration and tracheostomy care. However, long-term care of a tracheotomy tube does not, in itself, indicate the need for skilled services;
4) Treatment and/or application of dressings when the physician has prescribed irrigation, the application of medication, or sterile dressings of deep decubitus ulcers, other widespread skin disorders, or care of wounds, when the skills of a registered nurse are needed to provide safe and effective services (including, but not limited to, ulcers, burns, open surgical sites, fistulas, tube sites, and tumorerosions);
5) Administration of oxygen on a regular and continuing basis when the member's medical condition warrants skilled observation (for example, when the member has chronic obstructive pulmonary disease or pulmonary edema);
6) Skilled-nursing observation and evaluation of an unstable medical condition (observation must, however, be needed at frequent intervals throughout the day);
7) Skilled nursing for management and evaluation of the member's care plan when underlying conditions or complications require that only a registered nurse can ensure that essential unskilled care is achieving its purpose. The complexity of the unskilled services that are a necessary part of the medical treatment must require the involvement of skilled nursing personnel to promote the member's recovery and safety;
8) Insertion, sterile irrigation, and replacement of catheters, care of a suprapubic catheter, or, in selected residents, a urethral catheter. A urethral catheter, particularly one placed for convenience or for control of incontinence, does not justify a need for skilled-nursing care. However, the insertion and maintenance of a urethral catheter as an adjunct to the active treatment of disease of the urinary tract may justify a need for skilled-nursing care. In such instances, the need for a urethral catheter must be documented and justified in the member's medical record (for example, cancer of the bladder or a resistant bladder infection);
9) Administration oversight, and management of medication by a licensed nurse including monitoring of dose, frequency, response and adverse reactions;

10) Evaluation, implementation, oversight and supervision by a licensed nurse of a behavior management plan and staff intervention required to manage, monitor, or alleviate the following types of behavior:
    (a) wandering: moving with no rational purpose, seemingly oblivious to needs or safety; ongoing exit seeking behaviors; or elopement or elopement attempts;
    (b) verbally abusive behavioral symptoms: threatening, screaming, or cursing at others;
    (c) physically abusive behavioral symptoms: hitting, shoving, or scratching;
    (d) socially inappropriate or disruptive behavioral symptoms: disruptive sounds, noisiness, screaming, self-abusive acts, disrobing in public, smearing or throwing food or feces, rummaging, repetitive behavior, eating non-food items, or causing general disruption, including difficulty in transitioning between activities; continued
    (e) inability to self-manage care;
    (f) pattern of disordered thinking, impaired executive functioning, confusion, delusions or hallucinations, impairing judgment and decision-making leading to lack of safety awareness and unsafe behavior and requiring frequent intervention during the day to maintain safety.
11) medically necessary measurements of intake and output based on medical necessity to monitor and manage a chronic medical condition;
12) gait evaluation and training administered or supervised by a registered physical therapist while at the ADH provider for members whose ability to walk has recently been impaired by a neurological, muscular, or skeletal abnormality following an acute condition (for example, fracture or stroke). The plan must be designed to achieve specific goals within a specific time frame;
13) certain range-of-motion exercises may constitute skilled physical therapy only if they are part of an active treatment plan for a specific state of a disease that has resulted in restriction of mobility (physical-therapy notes showing the degree of motion lost and the degree to be restored must be documented in the member's medical record);
14) hot pack, hydrocollator, paraffin bath, or whirlpool treatment will be considered skilled services only when the member's condition is complicated by a circulatory deficiency, areas of desensitization, open wounds, fractures, or other complications; and
15) physical, speech/language, occupational, or other therapy that is provided as part of a planned program that is designed, established, and directed by a qualified therapist. The findings of an initial evaluation and periodic reassessments must be documented in the member's medical record. Skilled therapeutic services must be ordered by a physician and be designed to achieve specific goals within a given time frame.

or

(b) at least daily or on a regular basis hands-on (physical) assistance or cueing and supervision, throughout the entire activity, with one or more qualifying ADLs

(C) when required at the ADH program as determined clinically appropriate by the ordering PCP and the ADH program nurse developing the plan of care.

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B) To be clinically eligible for adult day health services, a member must meet all of the following criteria:

1) have a medical or mental dysfunction that involves one or more physiological systems and requires nursing care (The dysfunction does not have to be one that can be stabilized.);
2) require services in a structured adult day health setting;
3) have a personal physician;
4) require a health assessment, oversight, monitoring, or services provided by a licensed nurse; and
5) require one or both of the following:

   Assistance with one or more ADLs:

   - Bathing when the member requires either direct care or constant supervision and cueing during the entire activity;
   - Dressing when the member requires either direct care or constant supervision and cueing during the entire activity;
   - Toileting, bladder or bowel, when the member is incontinent of bladder or bowel or requires scheduled assistance or routine catheter or colostomy care;
   - Transfers when the member must be assisted or lifted to another position (i.e., physicalassistance);
   - Ambulation when the member must be physically steadied, assisted, or guided in ambulation, oris unable to self-propel a wheelchair appropriately without the assistance of another person; and
   - Eating when the member requires constant supervision and cueing during the entire meal, physical assistance by the staff with a portion of, or the entire meal.

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Determination of need:

In order to receive ADH, the member must meet all of the following criteria:

- Meet the clinical eligibility standard above;
- Have a medical or mental dysfunction that involves one or more physiological systems and requires nursing care (The dysfunction does not have to be one that can be stabilized.);
- Require services in a structured adult day health setting;
- Require health assessment, oversight, monitoring, or services provided by a licensed nurse.

In order to qualify for ADH Complex, the member must qualify for ADH (see above) AND receive at the ADH center either:

- At least one skilled need from the list above or:
- A combination of at least three services contained in the list above of ADLs and the list below of nursing services, including at least one nursing service. The nursing services are:
    - Any physician-ordered skilled service specified in the list above;
    - Positioning while in bed or a chair as part of the written care plan;
    - Measurement of intake or output based on medical necessity;
    - Administration of oral or injectable medications that require a registered nurse to monitor the dosage, frequency, or adverse reactions;
    - Staff intervention required for selected types of behavior that are generally considered dependent or disruptive, such as disrobing, screaming, or being physically abusive to oneself or others; getting lost or
    - wandering into inappropriate places; being unable to avoid simple dangers; or requiring a consistent staff one-to-one ratio for reality orientation when it relates to a specific diagnosis or behavior as determined by a mental-health professional;
    - Physician-ordered occupational, physical, speech/language therapy or some combination of the three (time-limited with patient-specific goals);
    - Physician-ordered licensed registered nursing observation and/or vital-signs monitoring, specifically related to the written care plan and the need for medical or nursing intervention; and
    - Treatments involving prescription medications for uninfected postoperative or chronic conditions according to physician orders, or routine changing of dressings that require nursing care andmonitoring.

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LIMITATIONS/EXCLUSIONS:

Limitations:

- Service plans are generally no more than 5 days per week; 2 days per week for members who receive Assisted Living Services and Group Adult Foster Care. Additional days may be authorized in order to avoid a more costly nursing facility stay or in other extraordinary circumstances.

Exclusions:

Services cannot be provided solely to meet a need for socialization. Services cannot be provided to members who reside in a facility and services must be proven to be medically necessary as described in 130 CMR 404.405.

KEY CARE PLANNING CONSIDERATIONS:

- ADH Centers will not provide transportation to members beyond a certain distance. If a center closer to the member's home cannot be located, it may be necessary to order transportation for a CCA provider, rather than the ADH Center. ADH provides two meals per day and the skilled services, noted above in this MNG which should be considered when developing care plans to avoid duplication.
- If members receiving AFC, skilled nursing or companion services or other services ADH services could be considered.

AUTHORIZATION:

ADH requires prior authorization. Authorization decisions must be made on the basis of an in-person assessment of the member by a CCA nurse practitioner, physician assistant, or registered nurse.

S5102 Adult Day Health per day – Basic
S5102 TG Adult Day Health per day – Complex

REGULATORY NOTES:

130 CMR 404.000 MassHealth Adult Day Health Services
DPH 105 CMR 158.00

ELATED REFERENCES:

- MassHealth Group Adult Foster Care Guidelines

Disclaimer:

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This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

ATTACHMENTS:

EXHIBIT A	
EXHIBIT B	

REVISION LOG:

REVISION DATE	DESCRIPTION

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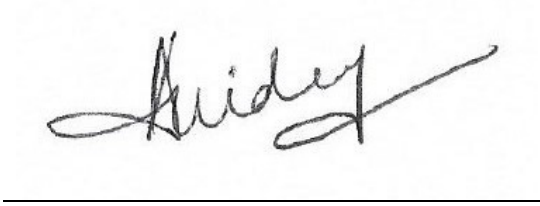
APPROVALS:

Avideep Chawla	Director, UM
CCA Senior Clinical Lead [Print]	**Title [Print]**
	7/1/2021
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