OREGON DEPARTMENT OF
Human Services
Aging and People with Disabilities

Adult Day Services
Eligibility, Authorization and Payments

Definition

Adult Day Services, “means community-based group programs designed to meet the needs of adults with functional or cognitive impairments through individual plans of care that are structured, comprehensive and provide a variety of health, social and related support services in protective settings during part of the day but provide less than 24-hour care”. Statute authority: ORS 410.495 Services are designed to provide social and some health services to adults who need supervised care in a safe place outside the home during the day.

Adult Day Services

Adult Day Services is a care option which is often a cost-effective alternative to other types of care; by providing for example a “stand alone service” or used in conjunction with In-Home services and may include the following:

- Assist seniors and people with disabilities to remain at home and postpone or avoid nursing home or alternative living arrangements.
- Provide necessary respite and support to informal caregivers and help to those care giving family members or friends who juggle work with care giving responsibilities by providing services and supervision during working hours.
- Provide support to a variety of clients ranging from individuals with cognitive disorders or a dementia to those with physical disabilities due to a chronic illness or an event such as a stroke, or accident; and
- Provide specialized programs for particular groups of individuals such as adults with traumatic brain injuries, a dementia, physical disability or individuals with a developmental disability. Some programs have

the capacity to provide intensive rehabilitative services including physical, occupational, and speech therapy.
- Provide or assist in arranging transportation to and from the program.
- Provide social activity with other participants in planned activities.
- Provide a nutritional meal and snacks.
- Provide nursing services such as medication administration, and health assessments.
- Provide personal care.
- Provide therapeutic activities such as exercise and skills training to help with daily activities.

Eligibility for people living in their own home

Adult Day Services (ADS) is a Medicaid covered service and is considered part of the community-based services. Adult Day Services may be a stand-alone service or used in conjunction with In-Home services.

For Medicaid eligible participants who live at home, Adult Day Services (ADS):

- Can be the only services in the individual's service plan; and
- May be considered as part of an in-home plan.

Eligibility for people living in an alternative care setting

Adult foster home residents are eligible for adult day services when criteria set forth in Transmittal APD-PT-15-026 are met.

For Medicaid eligible participants who live in a foster home, Adult Day Services (ADS):

- May be appropriate if criteria in transmittal APD-PT-15-026 is met.
- May be available for attendance up to three days per week.
- Are approved through the exceptional payment process.

Nursing facility, assisted living facility or residential care facility residents are not eligible for Medicaid reimbursed adult day services. Medicaid payment to ADS in addition to a NF, ALF, and RCF would be considered a duplication of payment, prohibited by OAR 411-027-0000(7)(c).

Provider

- To receive Medicaid reimbursement, a provider must have a Medicaid contract and meet the certification standards in OAR 411-066-0000.
- Non-Medicaid providers are voluntarily asked to register their program (ORS 410.495).
- Licensed facilities (AFH, ALF, NF) who are providing adult day care are providing this care through their license, are not required to register and do not have a Medicaid ADS contract.
- Licensed facilities (AFH, ALF, NF) who are providing adult day care can only be reimbursed privately and not through Medicaid funding.

Payment

Medicaid ADS providers will be reimbursed by DHS according to the contracted daily rate. Some licensed residential settings (AFH, ALF, NF) provide day services to private pay (non-Medicaid) individuals.

For Medicaid recipients:

- The service plan, approved by the Medicaid case manager, defines the number of days per month in attendance.
- Case manager completes 546AD authorizing the number of full or half days.
- Voucher (SDS 598) is used to authorize and bill for ADS services.

Procedure

- Service eligibility is determined by conducting a CA/PS assessment in Oregon ACCESS.
- A CMS case for the individual is required.
- ADS services for individuals living in AFHs must be approved by the Central Office.
- Services are billed on a SDS 598 and paid through the CEP homecare worker payment system.

Applied Rules

- Statute authority: ORS 410.495
- OAR 411-066-0000 through 411-066-0020
  OAR 411-027-0000 and 411-027-0050
- OAR 461-001-0030
- PT 05-011
- PT 05-013

Forms and Systems

Eligibility

- CA/PS: shows service priority, service plan, provider and eligibility dates.
- SSEQ, Prime No. Shows service eligibility beginning and end dates.
- HINQ, payments.
- SDS514, “exception” request for authorization for AFH consumers to attend ADS.

Provider Info

- SPVF, last name, first name or prov number to locate provider
- PRV8, provider number Shows provider Information

Contact

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