Adult Day Services

Ask the Expert

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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 supportive services are delivered in a safe, structured setting. Services are individualized to meet the unique needs of each participant and support their overall well-being, independence, and connection to their community.

For a general overview of Adult Day Services, refer to the **ADS Brochure DSHS 22-1731** which may also be used as a marketing and informational tool for clients and their families.

The primary goals of the ADS program are to:

- Provide both clinical and non-clinical services to address unmet client needs.
- Assist clients with activities of daily living (ADLs) to promote functional independence.
- Support clients in maintaining residency and engagement within their community or setting of choice.

Each client participating in ADS has a Negotiated Care Plan (NCP), and progress toward program interventions and goals is monitored and measured over time to ensure effectiveness and person-centered outcomes.

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 require physician (or other prescriber) orders	No	Yes
Provide transportation to/from program	Assist client with resources	Yes

Visit WAC-388-71-0702 for more details.

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 require physician (or other prescriber) orders	No	Yes

Note: Much of this chapter presents information through side-by-side comparisons of Adult Day Care (ADC) and Adult Day Health (ADH) programs. Where there are significant differences between these program types—or with the Remote/Hybrid ADS model—those distinctions are detailed in the respective sub-sections for Adult Day Care, Adult Day Health and Remote/Hybrid.

FUNDING & ELIGIBILITY

Adult Day Services (ADS) are available to clients who meet eligibility criteria under one or more approved Home and Community-Based Services (HCBS) funding sources. These services support adults with functional or health limitations who benefit from structured daytime programs that address their physical, social, and clinical needs.

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Funding Sources: Please see LTCM Chapter 7, 7d, etc. for more information on funding sources.

Eligible funding sources include, but are not limited to:

- Community Options Program Entry System (COPES)
- Roads to Community Living (RCL)
- New Freedom Waiver
- Medicaid Alternative Care (MAC) via the Area Agency on Aging (AAA)
- Tailored Support for Older Adults (TSOA) via the AAA
- Respite funds at ADCs that maintain an approved respite contract
- Senior Citizens Services Act (SCSA) funds for eligible clients aged 60 or older (verify with the ADC provider)
- Unique grants or other funding sources (verify with the ADC provider)
- Private pay

Eligibility Determination

Case Managers use the Comprehensive Assessment Reporting Evaluation (CARE) system to determine eligibility for Adult Day Services. Clients are eligible if they meet all the following criteria:

- Are age 18 or older; and
- Are assessed as needing one or more core services offered under Adult Day Care (ADC); and
- If applicable, are assessed as needing additional clinical or rehabilitative services provided under Adult Day Health (ADH).

Remote/Hybrid Participation

Remote or hybrid Adult Day Services (either ADC or ADH) may be authorized when in-person attendance is not feasible or appropriate due to medical, geographic, or safety factors.
Clients must meet certain requirements to qualify for Remote/Hybrid participation, such as:

- Living in a remote area where transportation to an ADS facility is not reasonably available.
- Having a medical condition that prevents transportation but still allows participation through virtual or remote means; or

- Temporarily being contagious or medically restricted (e.g., COVID-19 diagnosis, quarantine order, or temporary health-related isolation).

The overarching goal remains to transition clients for in-facility participation whenever possible. However, remote or hybrid participation may be authorized when it serves the best interests of both the client and the ADS program.

Case Manager Responsibilities:

- Evaluate eligibility and appropriateness for Remote/Hybrid participation on a case-by-case basis.
- Document rationale and authorization details within CARE; and Coordinate with the ADS provider regarding service delivery adjustments and review timelines

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	• All benefits included under ADC • 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

Ineligibility Criteria

Clients are not eligible for Adult Day Services (ADS) when any of the following conditions apply:

- The client can independently perform the services or support that they would be provided through the Adult Day Care (ADC) or Adult Day Health (ADH) program, depending on their assessed service type.
- The client is not capable of safely participating in a group setting, based on behavioral, medical, or cognitive factors that would compromise the safety or experience of other participants.
- For Remote/Hybrid participants, the client can safely commute to the ADS facility and does not meet the criteria for remote service delivery.

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.	• 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.

• 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.
	• 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 results, discuss ADC/ADH/Remote option with client and/or their representative.	
3	If interested, provide clients and/or their representative with 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 (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 to the treatment screen. • Change status to "partially met" for all ADLs the client will receive help with at the ADC.	If it is 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**

	ADC	ADH
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 it 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 if client will be **in-person** or **remote/hybrid** *c)* Obtain orders from client's health care provider for skilled services, and *d)* send 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.	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).

	ADC	ADH
	• Review NCP • Document in a SER the NCP was received. • Send copy to the Hub Imaging Unit (HIU).	

****NEW: CASE MANAGERS NEED TO AUTHORIZE THE INTAKE FOR ALL PROGRAMS, ADC, ADH AND REMOTE/HYBRID. AUTHORIZATION FOR CLIENT INTAKE IS A ONE-TIME 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

Adult Day Care (ADC) is a supervised, non-residential program designed to support adults with health or functional limitations who benefit from structured daytime services. ADC centers offer individualized opportunities for social engagement, routine health monitoring, and daily living assistance in a safe, community-based setting.

Services Provided

ADC programs provide or arrange for the following:

- Assistance with Activities of Daily Living (ADLs) to promote independence and personal care.
- Social services, including referrals for supports not covered under the COPES Waiver or RCL programs.
- Routine health monitoring by a Registered Nurse (e.g., baseline and periodic checks of vital signs, weight, and dietary needs).
- Therapeutic activities—such as recreation, relaxation, and group exercise—provided by qualified unlicensed staff or licensed professionals when physician orders are not required.
- Health education (e.g., nutrition or disease-management skills) delivered by qualified staff without physician orders.
- Nutritious meals and snacks, consistent with individual dietary requirements.
- Assistance arranging transportation to and from the ADC center.
- First aid and emergency care, including obtaining outside medical assistance when needed.

Applicability:

ADC serves adults whose health conditions do not require the direct intervention of a Registered Nurse or licensed rehabilitative specialist (e.g., Physical Therapist).
Refer to WAC 388-71-0704 for additional program requirements.

ADC Remote/Hybrid

The Remote/Hybrid ADC model allows eligible clients to receive Adult Day Care services through secure telehealth platforms when in-person attendance is limited or not feasible. The ratio of remote to in-facility participation is determined individually, based on the client's needs and goals.

Service Delivery Requirements

- **Initial Intake and Assessment:**
  - Conducted in-person by a Registered Nurse or qualified staff at the ADC center primarily but if client cannot come to center, then the intake/assessment will be done at client's residence.
  - Clients must have an in-person reassessment at least quarterly following the initial intake.
- **Technology and Privacy Standards:**
  - Providers must maintain HIPAA-compliant IT policies and a Business Associate Agreement (BAA) with Zoom or Microsoft Teams, both approved by the Washington State HIPAA Compliance Officer (contact the ADS Program Manager for details).
  - Participant privacy must be always protected. ADC staff hosting telehealth sessions must be able to disable client cameras to ensure no video use occurs in private spaces such as bedrooms or bathrooms. Clients may control video settings at their discretion.
- **Program Content:**
  - Remote clients may join group sessions (e.g., nutrition education, community presentations, recreational or social events) via approved platforms.
  - Individual telehealth sessions may be used for health education, wellness checks, or routine engagement.
- **Assessment of Telehealth Readiness:**
  - Staff must evaluate whether the client can safely follow instructions and complete required activities independently.
  - Assess the client's and/or caregiver's technological ability to access telehealth services; provide training or refer to a Client Training contracted provider as needed.
  - Clients who are unable to follow instructions or physically perform required tasks without assistance are not appropriate candidates for telehealth ADC services.
- **Emergency Preparedness:**
  - ADC providers must maintain written emergency protocols for telehealth clients, including steps to take when a client cannot be reached or experiences a medical or behavioral emergency during a session.
  - Staff must receive training in identifying and responding to emergencies that could occur during telehealth service delivery.

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 must 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:

- 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, at minimum, on an annual basis.

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.

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 and Service Continuation

- Authorization for client intake is a one-time approval per attendance cycle.
    - If a client discharges from services for six (6) months or longer and later returns, or if a significant change occurs in their CARE assessment, the intake code authorization must be reissued ("forced") by the HQ ADS Program Manager.
- Current ADC rates are available on the ADS Rate Sheet here.
- Transportation is not included in the ADC daily rate.
    - ADC providers are encouraged to assist clients in identifying transportation options; however, they are not required to provide or arrange transportation.
    - Refer to the P1 Manual for additional information regarding transportation guidelines and reimbursement parameters.

Authorization Duration:

- Authorize ADC services in P1 for up to one (1) year. In general terms the client can go to ADC three (3) times a week for four (4) hours each visit.
- Terminate authorization if any of the following occur:
    - The ADC provider fails to meet NCP requirements.
    - The client no longer meets ADC eligibility criteria; or
    - The client voluntarily discontinues participation in the ADC program.

ADULT DAY HEALTH (ADH)

Services

Adult Day Health (ADH) provides a supervised, non-residential program that combines core services from Adult Day Care (ADC) with additional skilled nursing, rehabilitation, and psychological support services.

- In addition to the core ADC services, ADH centers provide:
- Skilled nursing and skilled therapy (e.g., physical, occupational, or speech therapy).
- Psychological services, including assessment of psychosocial needs, cognitive status (e.g., dementia), potential abuse or neglect, and substance use (alcohol and/or drug misuse).
- Intermittent supportive counseling for participants and caregivers.
- Refer to WAC 388-71-0706 for detailed service definitions and regulatory standards.
- Transportation - The cost of transportation is included in the ADH daily rate; therefore, ADH providers are responsible for providing or arranging transportation for program participants.
-

Physician Orders

- Physician orders are not required to begin the referral or intake process but must be obtained prior to initiating skilled services.
- The presence of physician orders does not automatically establish ADH eligibility, but such orders are useful in assessing the need for skilled nursing or rehabilitative therapy.

- **Electronic signatures** are permitted on person-centered service plans, orders, and other required documentation unless otherwise specified.
    - The person-centered service plan must be finalized and agreed to in writing in accordance with **42 C.F.R. § 441.540**.
    - Signatures may be provided in any format that demonstrates the signatory's agreement with the person-centered service plan, including handwritten (wet), electronic, stamped, or other legally recognized signature formats.
    - The signature must clearly identify the signatory and be attributable to the individual signing the document.
    - Electronic signatures must comply with applicable federal and state requirements, including **chapter 1.80 RCW**.

Provider Responsibilities:

- The ADH center must obtain written physician orders for all care provided or supervised by licensed nurses or therapists, as required by state practice laws.
- These orders must specify:
    - The scope and frequency of care to be provided.
    - The frequency required medical review by the prescribing provider.
- Orders must be in place before skilled services begin and must be updated as follows:
    - Upon initial authorization.
    - When a significant change occurs in the participant's condition or nursing interventions; or
    - At least annually, whichever comes first.

Refer to **WAC 388-71-0712** and **WAC 388-71-0714** for additional regulatory guidance.

Skilled Nursing Services

Skilled Nursing Services under ADH exceed the level of routine health monitoring and general health education provided in ADC. These services are medically necessary and are delivered with the reasonable expectation that they will improve, maintain, or slow the progression of a client's disease or functional decline.

- Skilled nursing services are provided by a Registered Nurse (RN) under physician authorization or by a Licensed Practical Nurse (LPN) under RN or physician supervision, in accordance with the Nurse Practice Act.
- Physician orders must be obtained:
    - When required by applicable state nursing practice laws.
    - Upon initiation of services; and
    - Updated whenever a significant change occurs in the client's condition, care plan, or at least 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 for more details.

Skilled Rehabilitative Services

Adult Day Health (ADH) centers must offer one or more of the following therapeutic rehabilitative services as part of their program scope:

- Physical Therapy (PT)
- Occupational Therapy (OT)
- Speech-Language Pathology (SLP)
- Audiology

Service Standards:

- Skilled rehabilitative services are considered medically necessary when provided with the reasonable expectation of improving, maintaining, or slowing the decline of a client's functional abilities.
- These services must be provided or directly supervised by a licensed therapist in accordance with each discipline's professional scope of practice and applicable state laws.
- Physician orders for rehabilitative services must be:
    - Obtained prior to initiation of services;

- Updated whenever a significant change occurs in the client's condition, treatment plan, or functional status; and
- Reviewed and renewed at least annually to ensure ongoing clinical appropriateness.

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 for more details.

ADH Remote/Hybrid

The Remote/Hybrid ADH model allows for telehealth delivery of Adult Day Health services when in-person participation is temporarily or permanently limited. The percentage of telehealth-based service delivery will vary based on each participant's individual needs and established care goals.

Service Delivery Requirements

- Initial Intake and Assessment:

  - Conducted in-person by a Registered Nurse (RN) and, when applicable, a Physical Therapist (PT) or Occupational Therapist (OT) if those disciplines are included in the client's care plan.
  - Assessments must occur either in the client's residence or at the ADH center.
  - Clients must be seen in-person at least once per quarter following the initial intake and comprehensive assessment.
- Technology and Privacy Standards:
  - ADH providers offering telehealth services must maintain HIPAA-compliant IT policies and a Business Associate Agreement (BAA) with Zoom or Microsoft Teams, both approved by the Washington State HIPAA Compliance Officer.
  - Client privacy must be safeguarded. ADH staff hosting the telehealth session must be able to disable client cameras to prevent use in private settings such as bedrooms or bathrooms. Clients may enable or disable video at their discretion.
- Program Content:
  - Clients may attend group sessions for nutrition training, community presentations, and similar activities via Zoom or Teams, in addition to one-on-one therapeutic or nursing sessions.
- Telehealth Suitability Assessment:
  - During the initial assessment, the provider must evaluate the client's ability to follow directions and perform tasks independently.
  - If a client cannot follow instructions, perform required tasks safely, or lacks adequate caregiver assistance, they are not eligible for telehealth delivery.
  - The client's or caregiver's technological capacity must be evaluated. Training or support may be arranged through a Client Training contracted provider to support access to telehealth services.
- Emergency Preparedness:
  - ADH providers must maintain written emergency protocols for telehealth clients, including procedures when staff cannot reach a client or when emergencies arise during a session.
  - Staff must receive training in identifying and responding to emergency situations that may occur during telehealth service delivery.

Negotiated Care Plan (NCP) Review

Unlike Adult Day Care, ADH centers may either develop a preliminary service plan or a Negotiated Care Plan (NCP) within the first 10 paid service days of the client's attendance. If not completed within this period, the NCP must be finalized no later than 30 calendar days following intake.

- Review and Ongoing Requirements
  - Every 90 days, the ADH provider must review each service and goal in the NCP to determine whether skilled services are still required—or sooner if the client's condition changes.
  - Care/Case Manager Review
    - When reviewing an ADH NCP, the Care/Case Manager must verify:
    - Remains consistent with the client's DSHS-authorized service plan.
    - ADS services assigned to the ADH provider are being provided.
    - Physician or other health care provider orders are current and cover all skilled nursing and rehabilitative therapy services.
    - The client has consented to follow-up with the prescribing provider for continued skilled services.

- Goals are time-specific, measurable, and individualized, and do not exceed 90 days from the date of signature.
- The client's choices and preferences for care and services are clearly documented and accommodated.
- The NCP describes how each service or intervention addresses the client's identified needs, including frequency and responsible provider.
- Any behavioral concerns are documented along with management strategies.
- A contingency plan is in place for emergent care or crisis situations.
- A discharge or transfer plan is documented.
- After Review
- Enter a Service Episode Record (SER) note in CARE under the initial, annual, or significant change assessment, documenting receipt and review of the NCP.
- Send the client either the initial Payment Authorization Notice (PAN) or a subsequent PAN specific to ongoing ADH approval.
- Continued authorization of services constitutes approval of the NCP.
- Discharge or transfer plan.

After Review

- Enter a Service Episode Record (SER) note in CARE under the initial, annual, or significant change assessment, documenting receipt and review of the NCP.
- Send the client either the initial Payment Authorization Notice (PAN) or a subsequent PAN specific to ongoing ADH approval.

Continued authorization of services constitutes 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 period allows the ADH center to evaluate its ability to meet the client's needs and develop a preliminary service plan.
- Upon review and approval of the Negotiated Care Plan (NCP) and confirmation of client eligibility for ADH:
  - Approve P1 payment for up to 12 months. – The frequency of the visits should be listed in the NCP or by confirmation from the provider. It can be up to three (3) times a week for four (4) hours each visit. For ADH clients this is dependent on the necessary skilled tasks required.
  - The service authorization must include:
    - Name of the ADH center.
    - Number of authorized attendance days per week.
    - List of skilled nursing and/or rehabilitative therapy services to be provided.
    - Authorization timeframe, including start and end dates.

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. 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 one-time 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 informal support and needs to be listed in CARE as the provider of the respective ADL tasks per the NCP.

Continue to add Adult Day Care program in CARE as a *Treatment* in the *Medical* screen, as applicable.

In CARE, you must consider Adult Day Care as Informal Support when assessing Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) *Status* and *Assistance Available* questions in the *Ongoing* section.

Use the status adjustment on the ADL and IADL, instead of a manual deduction for assessment where there is Adult Day Care Program in the plan of care. Change status to "*partially met*" for all ADLs and IADLs the client will receive assistance with at the Adult Day center.

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 on how to complete transfers.

RESOURCES

Related WACs, RCWs, MBs, Chapters and CMS Waivers

WAC-388-71-0702	Adult Day Services
WAC 388-71-0704	Adult Day Care
WAC 388-71-0706	Adult Day Health
WAC 388-71-0712	Skilled Nursing
WAC 388-71-0714	Skilled Rehabilitative Therapy
WAC 388-106-0805	Adult Day Care Eligibility
WAC 388-106-0300	COPES Services
H23-078	Assessing Adult Day Care (ADC) Informal Support
Chapter 7d	Into to Medicaid, State Plans, and 1915c Waiver COPES

Standards of Nursing Conduct / Nurse Practice

Everyone, 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.

18.79 RCW	Nurse Practice Act
18.130 RCW	Uniform Disciplinary Act
WAC 246-840-700	Standards of nursing conduct or practice
WAC 246-840-710	Violations of standards of nursing conduct or practice

ACRONYMS

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
DDCS	Developmental Disabilities Community Service
DSHS	Department of Social and Health Services
HCLA	Home and Community Living Administration
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

FREQUENTLY ASKED QUESTIONS (FAQS)

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

- Treatment Screen:
  Select ADC from the treatment list. This must be selected before assigning treatments to the provider.
- Supports Screen:
  Assign the provider to the appropriate treatment(s).
- P1 Screen:
  Authorize ADC using a daily code (4-hour minimum) or use the 15-minute unit code for service authorizations under 4 hours.

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2. What CARE screens do I complete to authorize ADH?

- Treatment Screen
  - Document the clinical need and assign appropriate treatments.
- ADH Screen:
  - Use this screen to assist in determining eligibility (navigate to Medical >Treatments>ADH).
- Care Plan.
- Document frequency changes on the Treatment and Supports screens.
- This process will automatically generate a new Service Summary for the client's review and signature (or their authorized representative).

**If the client's needs are not currently identified, or the existing care plan no longer meets their needs, complete a new assessment.

3. 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:

- Complete an Interim Assessment in CARE.
- Send a new Payment Authorization Notice (PAN) to the client.

- Update the P1 authorization.
- Document frequency changes on the Treatment and Supports screens.
- This process will automatically generate a new Service Summary for the client's review and signature (or their authorized representative).

4. What if a client wants to exchange all the in-home hours for ADC services?

- Clients cannot receive all their care via ADS.
- Clients can attend for less hours/days to get more of their care in-home or discontinue ADS altogether and receive all their care in-home or a residential setting.
- Document change in CARE and update P1 authorizations to the new provider. Follow the same process to change the ADC provider.

5. 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.

6. 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.

REVISION HISTORY

DATE	MADE BY	CHANGE(S)	MB #
3/4/2026	Susan Worthington	Updated language, added clarity to funding sources, added clarity to informal supports in CARE, Electronic signatures.	H23-078