

## UCare MSC+ and MSHO

Care Coordination and Long-Term Services and Supports

**Title:** Adult Day Services (ADS) Benefit Guideline

**Purpose:** To provide guidance and instruction to care coordinators around the appropriate use and authorization of ADS.

### Contents

Adult Day Services Overview .....	1
Adult Day Services may include: .....	1
Not Covered .....	1
Considerations for Care Coordinators .....	2
Fraud, Waste, and Abuse (FWA) .....	2
Considerations for ADS Engagement.....	3
Authorizing Adult Day Services .....	4
Authorizing ADS Transportation.....	5

### ADULT DAY SERVICES OVERVIEW

The Department of Human Services defines Adult Day Services (ADS) as individualized daytime programs that take place outside of the member's residence. These services are designed to address the assessed health, social, and functional needs of older adults through a structured and supportive environment.

ADS programs deliver a combination of supervision, personal care, assistance, training, and meaningful activities, all tailored to the individual's goals as outlined in the Support Plan. While some members may have medical or physical support needs, ADS is a service intended to enhance or maintain a person's ability to function independently.

ADS providers must ensure programming is person-centered and designed to promote the member's emotional well-being, social engagement, and self-care capacity. All services should directly support the member's assessed needs and desired outcomes.

#### Adult Day Services may include:

- Structured activities that promote engagement and interaction
- Personal assistance with daily tasks
- Non-medical care in a safe, supportive setting
- Ongoing supervision to ensure health and safety
- Skills-based training to support functional independence

#### Not Covered

The following services and supports are not included within the scope of ADS and should not be authorized as part of the ADS time:

- **24-Hour Supervision:** ADS is a daytime, non-residential service. It does not include overnight care or 24-hour supervision
- **Medical Services:** While basic health monitoring, such as checking vital signs and providing medication reminders may be covered, ADS does not cover skilled nursing care, administration of complex medical treatment, and ongoing therapy services (physical, occupational, speech therapies)
- **Transportation:** Transportation to and from the ADS site is not included in the time consideration for ADS and must be authorized separately from the ADS time. See [Authorizing ADS Transportation](#) below for more information.

- **Services above budget capitation:** All services must fit within the member's Elderly Waiver budget cap. Review for duplication of services and/or consider informal supports.

Reference: [CBSM - Adult day services](#)

## CONSIDERATIONS FOR CARE COORDINATORS



### Fraud, Waste, and Abuse (FWA)

Care coordinators (CC) have a responsibility to evaluate the appropriateness and necessity of ADS. The CC also ensures members are using the most cost-effective supports and avoid duplication of services to reduce resource misuse. Throughout the support planning process, the care coordinator should consider whether needs are being met through current services, such as HHA, CFSS, ICLS, or Customized Living. Additionally, authorizing ADS hours above the case mix capitation, greater than the identified needs, or in addition to services that already meet the member's needs could be considered FWA

Contacting the member's preferred ADS provider to discuss the member's specific needs ensures the ADS provider can adequately meet the needs and support the member's goals before authorization is granted. Consider reviewing the ADS provider's care plan to ensure needs are

If a care coordinator suspects FWA of an ADS or any provider, the care coordinator may report the provider by calling or emailing: 1-877-826-6847 | [compliance@ucare.org](mailto:compliance@ucare.org).

**Attendance vs. Authorized Hours:** While authorizations often reflect a standard of approximately six hours per day, it is important to verify the actual hours the member is attending. During mid-year reviews, confirm that the member is utilizing the service as authorized. Adjustments should be made to reflect actual usage as appropriate. If the need for ADS use is less than initially authorized, to reflect the reduction, a DTR would need to be completed.

**Cost-Effectiveness:** Evaluate if ADS is the most cost-effective option to meet the member's needs. Authorizations should reflect a balance between necessity, quality, and budget appropriateness. Consider alternatives, as applicable, such as:

- Community senior programs
- Faith-based or church group activities
- Senior companion services
- Informal supports that promote community integration
- Supplemental Benefit programs (e.g., community education benefit)

**Duplication of Services:** Ensure ADS does not duplicate other services the member is receiving (e.g., home-delivered meals while receiving meals at ADS, Caregiver respite and ADS). Review all active services to avoid overlap in purpose and time of delivery. Coordination across services is essential to avoid duplication and ensure appropriate support.

**Health, Welfare and Safety:** Determine whether ADS is necessary to support the member's health, welfare, and safety. Services should address specific functional or social needs that cannot be adequately met through informal supports alone. Assess whether the service supports the member in maintaining or improving their ability to care for themselves. ADS should promote independence, enhance daily functioning, and align with a member's personal goals.

**Identified Need:** The member's support plan must clearly document the need for ADS with goals and expected outcomes aligned with ADS participation.

**Meal and Snacks:** In-person adult day services cover a mid-morning and mid-afternoon snack. If a member receives in-person adult day services for more than 4.5 hours, one meal is also covered.

## CONSIDERATIONS FOR ADS ENGAGEMENT

There may be times when insufficient evidence is present to warrant authorizing ADS. This could be due to cost-effectiveness, budget limitations, not having assessed needs or other reasons. Requests for increased time for ADS must have evidence of need in the assessment and support plan to justify an increase in services. Care coordinators must communicate with the member/caregiver the reasons why ADS may not be authorized. Ensure thorough and complete documentation supports the decision. A Denial, Termination or Reduction or Termination (DTR) is completed to provide members with appeal rights.

Service Category/Description	Member Support	Considerations for Appropriateness of ADS If ADS is not appropriate, CC should DTR request for or increase to ADS
<b>Cognitive Impairment</b> (e.g. dementia, mild-moderate memory loss, confusion)	<ul style="list-style-type: none"> <li>Implement structured daily routines to help reduce the risk of wandering</li> <li>Provide supportive care to help delay the need for full-time residential placement</li> <li>Provide occasional supervision to ensure safety and support daily needs</li> <li>Encourage cognitive stimulation activities to help maintain mental function</li> <li>Offer respite services to prevent caregiver stress and burnout</li> <li>Ensure access to nutritious meals to support overall health</li> <li>Incorporate regular physical activities to promote mobility and well-being</li> </ul>	<ul style="list-style-type: none"> <li>Would there be another service to meet the need? Consider cost-effective care options that balance quality and affordability.</li> <li>Are there behavioral challenges (e.g., aggression, wandering, resistance to care) that the ADS accommodates?</li> <li>Are there safety risks (falls, elopement, self-harm) that make ADS inappropriate?</li> <li>Does the provider offer limited staff-to-client ratios for one-on-one supervision if needed?</li> <li>Does the ADS provider have capacity for personal care needs (e.g., extra toileting, dressing assistance, stand-by assistance)?</li> <li>Would attending ADS disrupt the member's routine in an unfamiliar environment? (e.g., increase agitation, confusion, behavior increase)</li> <li>Are there member communication (e.g., aphasia) concerns that would hinder participation in ADS?</li> <li>Does the ADS offer programming appropriate for cognitive impairment? Do staff have specialized dementia training for early-stage support?</li> <li>Would group activities offered by ADS align with individual interests or abilities?</li> </ul>
<b>Social Isolation or Depression, PTSD</b>  Older adults living alone (e.g., widowed) or with limited interaction, mental health diagnosis, cultural isolation	<ul style="list-style-type: none"> <li>Encourage daily social interaction to reduce isolation and promote emotional well-being</li> <li>Incorporate mentally stimulating activities/hobbies to support cognitive health, boost confidence and engagement</li> <li>Provide consistent opportunities for physical exercise to maintain mobility and energy</li> <li>Ensure access to healthy meals throughout the day</li> </ul>	<ul style="list-style-type: none"> <li>Are there informal social supports or supplemental benefits (e.g., Community Education benefits) that have been considered to meet needs?</li> <li>Would attending ADS disrupt the member's routine in an unfamiliar environment? (e.g., increase agitation, confusion, behavior increase)</li> <li>What capacity does the ADS provider have to offer personal support time if needed?</li> <li>Would group activities offered by ADS align with individual interests or abilities?</li> <li>What capacity does the provider have to manage emotional crises or mood changes?</li> <li>Does ADS staff have training specific to trauma or complex psychological needs?</li> </ul>

Service Category/Description	Member Support	Considerations for Appropriateness of ADS If ADS is not appropriate, CC should DTR request for or increase to ADS
<b>Caregiver Respite</b>  Families who need scheduled breaks or work outside of the home, need periodic breaks or have other responsibilities.	<ul style="list-style-type: none"> <li>Provides daytime supervision while the caregiver is at work</li> <li>Supports individuals with limited ability to perform ADLs</li> <li>Offers reliable weekday care to avoid moving to institutional care</li> <li>Reduces caregiver stress and helps prevent family burnout</li> <li>Ensures access to healthy meals and opportunities for physical activity</li> <li>Allows caregivers time to rest or attend to personal duties on designated days</li> </ul>	<ul style="list-style-type: none"> <li>Would there be another cost-effective service to meet respite needs?</li> <li>Does the ADS provider offer flexible or part-time hours?</li> <li>Is there a backup plan if there are concerns of inconsistent service availability (e.g., holidays, staff shortages)?</li> <li>Does the ADS provider accommodate individuals with cognitive deficits or behavioral needs?</li> </ul>
<b>Physical Disabilities/Chronic Illness</b>  Members who are managing conditions (e.g., diabetes, arthritis, Parkinson's disease, stroke) and unsafe alone but do not require 24/7 support	<ul style="list-style-type: none"> <li>Occasional support with mobility and appointment management</li> <li>Caregiver respite</li> <li>Offers opportunities for physical activity and structured exercise</li> <li>Ensures access to healthy meals throughout the day</li> <li>Supports individuals with limited ability to perform ADLs</li> <li>Helps maintain independence in a supervised setting</li> <li>Offers a cost-effective alternative to full-time care</li> </ul>	<ul style="list-style-type: none"> <li>Would there be another service to meet care needs? (e.g., home care, HHA)</li> <li>Does ADS staff have training to manage conditions or specialized health needs?</li> <li>Does the ADS provider have the appropriate adaptive equipment or accessible infrastructure? (e.g., wider doorways,</li> <li>If needed, is the ADS provider trained to assist with intensive ADLs (e.g., toileting, feeding, transfers)? Would the member benefit from skilled care or alternative support?</li> <li>Is the ADS transportation accessible for individuals who use mobility aids?</li> </ul>

## AUTHORIZING ADULT DAY SERVICES



Care coordinators utilize the MnCHOICES assessment to determine if a member meets the required level of care to qualify for the Elderly Waiver (EW). Based on the assessment results, the care coordinator, in collaboration with the member and/or responsible party, establishes the appropriate frequency of attendance (days per week) and identifies the personal goals the member hopes to achieve through participation in ADS. Once eligibility is confirmed and the appropriate service provider has been determined, the care coordinator completes the [Waiver Service Approval Form](#) to authorize ADS.

### Authorizing ADS Transportation

Transportation to and from ADS requires a separate, second-line authorization in addition to the ADS service authorization. Before authorizing transportation, the care coordinator should assess whether informal supports/caregivers are available and willing to provide this support.

The standard transportation rate is set by the Department of Human Services (DHS) and is authorized based on either a one-way trip or per-mile rate, as determined by the DHS pre-established rates. Care coordinators have the flexibility to negotiate lower transportation rates with providers, when necessary, especially if the member's daily attendance is close to exceeding their budget cap. These transportation rates can be renegotiated at any time to meet the member's needs and ensure services remain within budgetary constraints.

**Reference:** [DHS-3945 Long-Term Services and Supports Service Rate Limits](#)