

Adult Day Health Center Services (ADHCS) are regularly scheduled services delivered at an adult day health center to consumers age 18 or older. These services are available to individuals on the Ohio Home Care Waiver, Transitions MR/DD Waiver and Transitions Carve-out Waiver. A qualifying center must be a freestanding building OR a space within a building used solely for the provision of ADHCS. Service definitions are included in Ohio Administrative Code (OAC) 5101:3-46-04, 5101:3-47-04, and 5101:3-50-04.

- **Adult Day Health Centers MUST provide:**
  - Waiver Nursing Services **AND/OR** Personal Care Aide Services;
  - Recreational and educational activities;
  - No more than two meals per day that meet the consumer's dietary requirements.
- **Adult Day Health Centers MAY also make available the following services:**
  - Skilled Therapy Services;
  - Transportation of the consumer to and from Adult Day Health Center.
- **All Providers of ADHCS MUST:**
  - Operate the adult day health center in compliance with all applicable federal, state and local laws, food vendor's license rules/regulations and comply with federal non-discrimination regulations;
  - Provide for replacement coverage of a consumer's loss due to theft, property damage, and/or personal injury; and maintain a written procedure identifying the steps a consumer takes to file a liability claim;
  - Maintain evidence of non-licensed direct care staff's completion of eight hours of in-service training on an annual basis after their first year, excluding agency and program-specific orientation;
  - Assure that any waiver nursing services provided are within the nurse's scope of practice and provide task-based instruction to direct care staff providing personal care aide;
  - Maintain, at all times, a paid staff to consumer ratio of 1:6;
  - Maintain a clinical record for each consumer served in a manner that protects the confidentiality of these records. What the record must include can be found in OAC 5101:3-46-04, 5101:3-47-04, and 5101:3-50-04;
  - Provide a discharge summary which is signed and dated when no longer providing services to consumer;
  - Not bill for services in excess of what is approved on the consumer's All Services Plan.

#### **Billing Codes**

Provider can not bill separately for nursing services, personal care aide services or meals.

<b>Old Code</b>	<b>New Code</b>	<b>Description</b>	<b>Informational Modifiers</b>	<b>Pricing Modifiers</b>
<b>Z8502</b>	<b>S5101</b>	<b>Day Care Services, adult; per half day (less than five hours)</b>	<b>No Modifiers</b>	<b>No Modifiers</b>
<b>Z8502</b>	<b>S5102</b>	<b>Day Care Services, adult; per diem (five or more hours)</b>	<b>No Modifiers</b>	<b>No Modifiers</b>

This Fact Sheet only provides highlights. The complete rule should be read for details.

**OAC Rule Cites:** 5101:3-46-04, 5101:3-47-04, 5101:3-50-04, 5101:3-46-06, 5101:3-47-06, and 5101:3-50-06.

**Websites:** <http://jfs.ohio.gov/ohp> or [www.carestar.com](http://www.carestar.com)