

Adult Day Health Care Transportation

Definition: This service is prior-authorized for individuals receiving the Adult Day Health Care (ADHC) service, who reside within fifteen (15) miles of the ADHC center. Transportation will be provided using the most direct route, door to door, from the center to the individual's place of residence or other location, as agreed to by the provider and as indicated on the service authorization.

To see the ADHC Transportation Scope of Services, refer to the SC Department of Health and Human Services website at

<http://www.scdhhs.gov/internet/pdf/adhc%20transportation.pdf>

Providers: Centers/agencies enrolled with SCDHHS to provide Adult Day Health Care Services under the Community Supports Waiver.

Arranging for the Service: Once you have determined the individual lives within 15 miles of the Adult Day Health Care Center and is in need of transportation you must update the recipient's plan to include the need for the service and update the Community Supports Waiver budget requesting Adult Day Health Care Transportation Services (S95) and receive approval. Once approved, you may authorize the service.

Note: 1 unit = One Way and 2 units = Round Trip

The **Community Supports Form A-37** must be used **for all recipients**. The **Community Supports Form A-37** instructs the provider to bill the South Carolina Department of Health and Human Services for services rendered.

The provider will be required to report any changes in the individual's status that affect the Adult Day Health Care Transportation Service, for example; if the individual moves and no longer resides within 15 miles of the center or family member transports. If these types of changes occur Adult Day Health Care Transportation will no longer be reimbursable.

The **Community Supports Form A-37** will remain in effect until a new form changing the authorization is provided to the Adult Day Health Care Center or until services are terminated.

Monitoring the Services: You must monitor the effectiveness, frequency, duration, benefits, and usefulness of the service along with the recipient's/family's satisfaction with the service. The following schedule should be followed when monitoring Adult Day Health Care Transportation Services:

- Must complete monitorship during the first month
- At least once during the second month of service
- At least at the time of every 6 month Plan review thereafter.

Some items to consider during monitorship include:

- Is the individual satisfied with the Adult Day Health Care Transportation?
- What type of vehicle is used to transport the individual (enclosed vehicle with adequate ventilation, heat, air conditioning and provision for wheelchair bound individuals)?

- Is the Adult day Health Care Transportation meeting the individual needs?
- How often does the individual receive Adult Day Health Care Transportation?

Reduction, Suspension, or Termination of Services: If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the individual or his/her legal guardian including the details regarding the change(s) in service, allowance for appeal/reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the appeals process.

