

# PROVIDER BULLETIN

 <b>AETNA BETTER HEALTH® OF FLORIDA</b>  261 N. University Drive Plantation, FL 33324 <a href="http://www.AetnaBetterHealth.com/Florida">www.AetnaBetterHealth.com/Florida</a>	<b>Date:</b>	<b>September 3rd, 2020 (Revised)</b>
	<b>Purpose:</b>	<b>Provider Bulletin: Educate providers on the new long-term care service Adult Community Support Services.</b>
	<b>Subject:</b>	<b>Adult Community Support Services</b>
	<b>Products:</b>	<b>LTC</b>
	<b>From:</b>	<b><u>Provider Relations</u></b>

Dear Provider,

In a policy transmittal dated September 3, 2020, the Agency for Health Care Administration (AHCA) provided notification of the availability of a new long-term care service, Adult Community Support Services provided in the home, to remedy the temporary loss of adult day health care services due to facility closures caused by the COVID19 pandemic.

## Service Description

The adult community support service differs from services on the home health services spectrum in that adult community support service include social and health-related therapeutic services and activities, self-care training, nutritional services, and more. Adult community support services encourage enrollee independence and engagement through participation in meaningful activities that include but are not limited to: arts and crafts; stretching or other gentle group exercises; music therapy/sing-a-longs; sewing/knitting; physical stimulation activities such as coloring and handwriting exercises; mental stimulation games such as bingo; discussion groups; current events, such as holidays and birthday; educational programs; health and nutrition awareness activities; and pet therapy. The adult community support service does not include delivery of respite services or meals. The primary mode of delivery of this service is in the enrollee's residence.

## Provider Requirements

Provider must meet the qualifications of an adult day health center.

## Service Requirements

- The service must be approved by the health plan and be documented in the enrollee's plan of care.
- The provider must furnish enrollees with the materials and supplies necessary to complete activities at no cost to the enrollee, when appropriate.
- The provider must furnish a daily participant activity schedule to the enrollee/caregiver and managed care plan.

[www.AetnaBetterHealth.com/florida](http://www.AetnaBetterHealth.com/florida)

FL-20-09-01 - Revised

Proprietary

- The service must be delivered face-to-face and comply with the Centers for Disease Control and Florida Department of Health's COVID-19 prevention/safety protocols.
- Service delivery must be documented in accordance with current requirements in the Statewide Medicaid Managed Care Long-Term Care Services Coverage Policy and the provider contract/agreement with the managed care plan.

### **Contracting/Reimbursement**

Aetna Better Health of Florida (ABHFL) will reimburse for Adult Community Support Services that are authorized and meet the service requirements noted above, at \$2.50 per 15 minutes (\$10 per hour). Face-to-face, Adult Community Support Services must be billed using code S5100, modifier CG and the appropriate units for the total face-to-face time spent with the member on the date of service. A contract amendment is not necessary to provide this temporary service.

### **Next Steps**

If you are a contracted adult day health care center provider and can deliver face-to-face Adult Community Support Services, please complete the Adult Community Support Services Confirmation form attached to this bulletin and email the completed form to [FLMedicaidContracting@aetna.com](mailto:FLMedicaidContracting@aetna.com).

Over the next 30 days, ABHFL case managers will be contacting members who previously received adult day health care services, as outlined in AHCA's policy transmittal, and will notify adult day health care centers to initiate services, as members elect to receive Adult Community Support Services in their homes.

For additional information, please contact ABHFL's Provider Relations Department at **1-800-441-5501**. You may also visit AHCA's website to review the full policy transmittal at [Statewide Medicaid Managed Care \(SMMC\) Policy Transmittal: 2020-50](#).

Thank you

Provider Relations Department

**Aetna Better Health of Florida**

Phone: 1-800-441-5501

Fax: 1-844-235-1340

Email: [FLMedicaidProviderRelations@aetna.com](mailto:FLMedicaidProviderRelations@aetna.com)

**CONFIDENTIALITY NOTICE:** This message is intended only for the user of the individual or entity to which it is addressed and may contain confidential and proprietary information. If you are not the intended recipient of the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is prohibited. If you received this communication in error, please notify the sender at the phone number above. **NOTICE TO RECIPIENT(S) OF INFORMATION:** Information disclosed to you pertaining to alcohol or drug abuse treatment is protected by federal confidentiality rules (42 CFR Part 2), which prohibit any further disclosure of this information by you without express written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

[www.AetnaBetterHealth.com/florida](http://www.AetnaBetterHealth.com/florida)

FL-20-09-01 - Revised

## Adult Community Support Services Confirmation Form

If you are a contracted adult day health care center provider and can deliver face-to-face Adult Community Support Services, we ask that you please complete this form and email the completed form to: [FLMedicaidContracting@aetna.com](mailto:FLMedicaidContracting@aetna.com).

<b>Adult Day Health Care Center Name:</b>	
<b>NPI:</b>	
<b>Tax ID:</b>	
<b>Street Address:</b>	
<b>City, State, Zip:</b>	
<b>County:</b>	
<b>Contact Person Name:</b>	
<b>Contact Person Telephone:</b>	
<b>Contact Person Email:</b>	

My facility meets the provider and service requirements for provision of in-home, Adult Community Support Services.

***\*This box must be checked in order to provide Adult Community Support Services***

**Check box, as applicable:**

- Yes, my facility WILL provide Adult Community Support Services
- No, my facility WILL NOT provide Adult Community Support Services