

Clinical Policy: Adult Medical Day Care Services

Reference Number: [NH.CP.MP.604](#)

Last Review Date: 09/25

Effective Date: 12/1/2025

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Policy Statement

This clinical policy is to define the criteria needed to be reviewed in order to approve Adult Medical Day Care Services.

Purpose

To ensure consistency in the application of medical necessity criteria for members who require Adult Medical Day Care Services.

Scope

This policy applies to the Utilization Management team at NH Healthy Families for HCPS code S5102.

Definitions

S5102: Day care services, adult; per diem

Adult Medical Day Care Services are defined as means those services provided at an adult medical day program that are described in [He-E 803.06](#) and provided to eligible participants in accordance with a care plan.

Care Plan means a written guide developed by the adult medical day program as a result of the assessment described in [He-P 818.16](#) and the provision of services, based on the written orders from the participants licensed practitioner, and in consultation with personnel, the participant, and the participant's guardian, agent, or personal representative, if any, as a result of the assessment and for the provision of care and services.

Licensed Practitioner means any individual with diagnostic and prescriptive powers licensed by the appropriate New Hampshire licensing board (e.g. Medical Doctor, Physician's Assistant, Advance Practice Registered Nurse, Doctor of Osteopathy).

Policy/Criteria

POLICY:

1. Members are eligible to receive Adult Medical Day Care Services if they meet all of the following criteria:
 - a. Member is at least 18 years of age or older
 - b. Member is an active, enrolled Medicaid recipient
 - c. Member resides in an independent living situation
 - d. Member must have documentation from a licensed practitioner which documents:

- i. A completed physical examination on the individual requesting Adult Medical Day Care Services within 60 days prior to the request
- ii. A written and signed order for Adult Medical Day Care Services
- iii. Referral for individual requesting Adult Medical Day Care Services because the individual has been:
 - 1. Diagnosed having an illness or disability **and**
 - 2. Has a documented plan of care of Adult Medical Day Care Services

PROCEDURE:

All Adult Medical Day Care Services require Plan prior authorization, including the initial authorization as well as ongoing services.

Once all criteria is met as per this policy, Adult Medical Day Care Services will be authorized in initial 6 month spans, and then in 12 month spans for ongoing services.

All criteria from the Policy section must be met in order to authorize Adult Medical Day Care Services on either an initial or ongoing basis.

Adult Medical Day Care Services are considered non-covered and not payable for any one of the following a. through e. below:

- a. Any member who resides in a nursing facility or other licensed or certified facilities
- b. Any member who receives adult family care services under the Choices for Independence (CFI) program in He-E 801
- c. Any member whose needs cannot be met by the Adult Medical Day Care Services program
- d. Any member who is seeking services to address a diagnosis of mental illness or developmental disability
- e. Duplicative of another Medicaid service

Reviews, Revisions, and Approvals	Date	Approval Date
Policy developed.	09/25	09/25

References

- 1. New Hampshire Department of Health and Human Services Code of Administrative Rules He-E 803
- 2. Adult Medical Day Program (AMDP) – Provider Billing Manual

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government

agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/Enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

©2025 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.