



Adult Day Health Care eligibility checklist:

- 1) Member must require socialization with significant medical management on all authorized days of attendance, which is not provided at Social Day Care, Senior Centers, or Psychiatric Day Care.

Please describe what socialization needs are not met

What significant physical assistance does member need on days of attendance?

- 2) What health education, monitoring of disease processes, medications or nutritional or skilled needs does a member have?

- 3) Does the member have Special Wound Care Treatment? If so, what are the orders?

- 4) Was the member recently discharged from an Acute Rehabilitation stay? Yes/No. if yes, name of facility and supply notes for review.



Does the member need PT, OT, RT, ST post discharge? Yes/No If yes, was in home CHHA or Outpatient Medicare services explored.

5) Is the member under a Pain Management Program. Y/N name of program?

CM/NA reviewer Signature and Date

X _____