



Adult Day Care Services Quality Assurance Standards

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Adult Day Care Services

Quality Assurance Standards

Standards of Practice

The Division of Medicaid Quality Assurance Standards set forth in this document defines required Standards of Practice for each provider to follow while providing Medicaid Home and Community- Based Adult Day Care (ADC) Services. In addition to the Quality Assurance Standards, all providers of Elderly and Disabled (E&D) Waiver services must satisfy all requirements set forth in Title 23 Miss. Administrative Code and the CMS approved Elderly & Disabled Waiver application.

I. Overall Adult Day Care Requirements

A. ADMINISTRATION AND ORGANIZATION

1. Each adult day care facility must have a governing body with full legal authority and judiciary responsibility for the overall operation in accordance with applicable state and federal requirements.

The responsibilities of the governing body include:

- defining the governing body's composition and size;
- determining the facility's services and operational policies;
- developing an organizational structure that defines lines of authority to implement the services and policies;
- determining the scope and quality of services provided to participants and families/caregivers in response to defined need;
- establishing an advisory committee;
- reviewing and overseeing the facility's fiscal affairs, including adopting an annual budget, setting fees, and managing financial risk;
- arranging for any necessary service and/or financial audits or reviews;
- developing short and long range plans;
- conducting periodic service and key staff evaluations;
- ensuring the facility's continual compliance with and conformity to all relevant federal, state, local, or municipal laws and/or regulations that govern operation of adult day care facilities;
- approving and participating in plans for acquisition of funds (such as fund-raising events, capital campaigns, grants, and contributions for not-for-profits and selling of shares, raising venture capital, and loans for-profits);
- approving and participating in plans for public relations and marketing;
- risk management; and
- oversight of the quality improvement plan.

2. Each adult day care facility must have a body that serves as an advisory committee which meets regularly in order to review and make recommendations on service policies.

These policies may include:

- scope and quality of services and activities provided;
- admission and discharge criteria;
- policies and practices for service records;
- quality assurance activities and findings and plan of corrective action;
- service evaluation; and
- fees.

3. The advisory committee must be representative of the community and participant population. The advisory committee must include:
 - Family members of current and past participants,
 - Non voting staff representatives, and
 - Professionals and/or consumer representatives with knowledge of the population served.
4. The governing body must review, approve, and revise a current, written plan of operation which includes, but is not limited to:
 - a mission statement;
 - short- and long-range service goals;
 - outcome measures;
 - definition of the target population, including number, age and needs of participants;
 - geographical definition of service area;
 - hours and days of operation (The ADC must be open for at least eight continuous hours of care per day.);
 - description of basic services and any optional services;
 - policies and procedures for service delivery;
 - policies and procedures for admission and discharge;
 - policies and procedures for assessment and reassessment and for a PSS developed by an interdisciplinary team with the input of participants and/or family/caregivers;
 - staffing pattern;
 - a plan for utilizing community resources;
 - facility planning and maintenance;
 - monthly calendar of activities must be prepared and posted in a visible place
 - group daily activities must be posted in a prominent, convenient and visible place.
 - policies and procedures for recruitment, orientation, training, evaluation and professional development of staff/volunteers
 - general record policies;
 - statement of participant rights and family/caregiver rights;
 - mandated reporting procedures;
 - marketing plan;
 - strategic plan;
 - accident, illness, and emergency procedures;
 - grievance procedures;
 - procedures for reporting suspected abuse; and
 - operational budget.
5. Each ADC facility must maintain responsible fiscal management and an established business line of credit for business operation from a reputable financial institution. The approval amount for the business line of credit must be enough to cover operational costs/expenditures for at least three (3) months at all branch locations.
6. Fiscal policies, procedures, and records must enable the administrator to meet fiscal reporting needs of the governing body and funders. The fiscal system must:
 - use generally accepted principles of accounting;
 - identify all direct and indirect costs incurred by the adult day care facility;
 - provide for a planning process to develop annual and projected ADC facility budgets, including specific cost allocations, and cost reporting;

- provide documentation needed for financial audits;
 - provide periodic financial statements containing a balance sheet, statement of revenue and expenses, and changes in financial condition;
 - allow monitoring of expenditures by identifying budget variances;
 - project cash flow and sources of revenue;
 - maintain billing and collection records;
 - provide for annual audit;
 - ensure payment of payroll taxes;
 - provide for timely submission of fiscal reports required by funding source(s);
 - provide for participant financial records, including service and attendance reports.
7. Reimbursement for Medicaid E&D Waiver participants will be at a rate established by the Division of Medicaid.

II. FACILITY

A. GENERAL REQUIREMENTS

A facility needs to be pleasant, comfortable, and safe. Once a provider number is issued any changes to the service area must be approved by DOM. This includes, but not limited to moving to a different building, expanding facility space, decreasing facility space, etc.

1. In designing an adult day care facility, planners must create an environment that supports the principles of ADC services and will:
 - promote the safety of each participant and staff;
 - maximize the functional level of the participant and encourage independence to the greatest degree possible;
 - build on the participants' strengths, while recognizing their limitations and impairments;
 - establish for the participant a sense of control and self-determination, regardless of his/her level of functioning; and
 - assist in maintaining the physical and emotional health of the participant while preventing further debilitation whenever possible.
2. ADC facilities must comply with applicable state and local building regulations, and zoning, fire, health codes, or ordinances. The facility must also comply with the requirements of the Americans with Disabilities Act of 1990.
3. ADC facilities must be restraint-free environments.
4. Each adult day care facility, when it is co-located in a facility housing other services, must have its own separate identifiable space for main activity areas during operational hours. Certain space, such as the kitchen and therapy rooms, can be shared. The facility must NOT be on the grounds of or adjacent to a public institution. The facility must not be a part of a publicly or privately owned facility providing inpatient treatment.
5. The facility must provide at least sixty (60) square feet of service space for multi-purpose use for each day service participant.
6. There must be sufficient private space to permit staff to work effectively and without interruption. Staff must also have a separate restroom and separate eating place.

7. There must be an identified separate space available for participants and/or family/caregivers to have private discussions with staff.
8. There must be storage space for service and operating supplies.
9. The facility's restrooms must be located no more than forty (40) feet from the activity area.
10. The facility must include at least one toilet for every ten (10) participants. The toilets should be:
 - Equipped for use by persons with limited mobility,
 - Easily accessible from all service areas,
 - Designed to allow assistance from one and or two staff, and
 - Barrier-free.
11. The facility must have a private rest area for participants who become ill or require rest. It should be separate from activities areas, near a restroom, and supervised.
12. Space must be available for the safe arrival and departure of participants. There must be:
 - Sufficient, lighted parking available to accommodate family/caregivers, visitors, and staff:
 - A minimum of two (2) identifiable parking spaces for those with a disability and the spaces must be:
 - a. At least 13 feet wide and
 - b. Located near the entrance door.
13. Outside space that is used for outdoor activities must be safe, accessible to indoor areas and accessible to those with a disability.

B. ATMOSPHERE AND DESIGN

1. The physical environment and design features:
 - Warm and inviting,
 - Support the functioning of all participants,
 - Accommodate behaviors,
 - Maximize functional abilities, and
 - Promote safety.
2. The design must facilitate the participants' movement throughout the facility and encourage involvement in activities and services.
3. Lighting must be adequate and glare must be avoided.
4. Conditions must be maintained within a comfortable temperature range to accommodate the population served.
5. Sufficient furnishings must be available for all participants. Furnishings should be:
 - Comfortable and homelike,
 - Sturdy and safe such as sofas and arm chairs with cushion that:
 - a. Enables participants to stand independently, if appropriate
 - b. Allows transfers without assistance (e.g. arm supports, correct chair height (16.6in) and depth, firm support), if appropriate,
 - c. Maintains body symmetry, and
 - d. Promotes mobility and independence.
6. An adult day care facility must be visible from the road with signage that is printed in large lettering.

7. A telephone must be available for participant use to make private calls.

C. SAFETY AND SANITATION

1. The facility and grounds must be safe, clean, and accessible to all participants.
2. Safe and sanitary handling, storing, preparation, and serving of food must be assured.
3. If meals are prepared on the premises, kitchen appliances, procedures, and equipment must meet state and local requirements. Food Service Permit must be displayed in a visible area.
4. Toxic substances must be stored in a locked area.
5. At least two (2) well-identified exits must be available with doors opening to the outside or no more than 10ft from an outside exit.
6. Call buttons must be installed or placed in the rest areas, restroom stalls, and showers and must be operational at all times.
7. The facility must provide a secure environment with an alarm warning system at all exits for participants who wander.
8. Universal precautions must be used by all staff such as proper hand washing and the proper use of gloves, gowns and goggles used consistently with all participants.
9. An evacuation plan must be posted in each room.
10. The facility must have safe environment free from hazards including, but not limited to, weapons, high steps, steep grades, and exposed electrical cords.
11. All stairs, ramps, and bathrooms accessible to those with a disability must be equipped with properly anchored handrails.
12. Procedures for fire safety as approved by the state or local fire authority must be adopted and posted. Included are provisions for fire drills, inspections and maintenance of fire extinguishers, periodic inspection and training by fire department personnel. The facility should conduct and document quarterly fire drills and keep reports of drills on file. Improvements should be made based on the fire drill evaluation. Smoke detectors are mandatory.
13. Insect infestation control must be outside of regular operating hours.
14. Equipment must be adequately and safely maintained. A sufficient budget must be provided for equipment maintenance, repair, or replacement.
15. No smoking shall be permitted inside the facility by clients or staff.

D. EVALUATION

1. Each ADC facility must have and implement a quality assurance or quality improvement plan for the evaluation of its operation and services.
2. The facility's goals and objectives should be reviewed at least annually, but not all evaluation components may need to be done that often. The plan should include:
 - the purpose and reason for the evaluation;
 - the timetable for initiating and completing the evaluation;
 - the parties to be involved;

- the areas that will be addressed;
 - the methods to be used in conducting the evaluation;
 - how the information will be used once it is completed;
 - with whom the information will be shared;
 - outcomes;
 - data gathering; and
 - analysis of results and impact.
3. The ongoing evaluation process must examine the ADC facility on three levels: the participant/caregiver/staff level, the facility/service level, and the community level.
 4. Each facility must develop policies and procedures for monitoring continuous quality improvement and determining further action.

III. STAFFING

A. LINES OF SUPERVISION AND RESPONSIBILITY

1. An organizational chart must illustrate the lines of authority and communication channels and must be provided to all staff and must be posted for participants/caregivers. Any changes to the organizational structure, either prior to or following the issuance of a provider number, must be reported to DOM in writing. These changes include any changes in administrative staff.
2. The administrator must have full authority and responsibility to plan, staff, direct, implement, and evaluate the service and establish collaborative relationships with other community organizations to ensure that necessary support services are available to participants and their families/caregivers.
3. The administrator or the individuals(s) designated by the administrator must be on site to provide the facility's day-to-day management during hours of operation.
4. The staff must be interested in and concerned for the participants and sensitive to their special needs. They must also respect people for who they are and accept individual strengths and abilities without unrealistic expectations for improvement.
5. ADC facilities must provide an adequate number of staff whose qualifications match the defined job responsibilities and applicable licensure, law and regulation, and/or certification.
6. There must be at least (2) responsible persons (one a paid staff member) at the facility at all times when there are two or more participants in attendance.
7. The staff-participant ratio must be a minimum of one to six (1:6) in a facility. Facilities serving a high percentage of participants who are severely impaired must have a staff ratio of one to four (1:4).
8. If the administrator is responsible for more than one site or has duties not directly related to ADC services, a program director must be designated for each additional site, and report to the administrator.
9. To ensure continuity of care, adequate quality, and safety of participants, the facility must provide for qualified substitute staff.
10. Volunteers may be included in the staff ratio, only when they conform to the same standards and requirements as paid staff, meet the job qualification standards of the organization, and have designated responsibilities, as permitted by state or local licensing.
11. Each facility that is co-located with another, non-adult day care service in the same facility must have its own staff with hours that are committed to the ADC services.

B. BASIC REQUIREMENTS FOR ALL STAFF/VOLUNTEERS

1. Each staff member must be competent and qualified for the position held.
2. References must be checked and job histories verified for all staff and volunteers serving as staff.
3. A national criminal background check with fingerprints on all employees and volunteers must be conducted prior to employment and every two (2) years thereafter, and the record must be maintained in the employee's personnel file. No one convicted of or pleaded guilty or nolo contendere to a felony of possession or sale of drugs, murder, manslaughter, armed robbery, rape, sexual battery, any sex offense listed in Section 45-33-23(f) of the Mississippi Codes, child abuse, arson, grand larceny, burglary, gratification of lust, aggravated assault, or felonious abuse and/or battery of a vulnerable adult, or that any such conviction or plea was reversed on appeal or a pardon was granted for the conviction or plea is eligible for employment.
4. Registry checks must be completed, prior to employment and monthly thereafter, to ensure employees or volunteers are not listed on the Mississippi Nurse Aide Abuse Registry or listed on the Office of Inspector General's Exclusion Database and maintain the record in the employee's personnel file..
5. Each staff member must have a physical examination, including tuberculosis screening, within twelve (12) months prior to employment, and a copy of the report of the examination must be filed in personnel records prior to or on the first day the staff member reports for work. Agency personnel policies must also specify the intervals at which future physical examinations are required. Volunteers must have tuberculosis screening-except those who do not have direct contact with participants. State regulations or regulations published by the Centers for Disease Control (CDC) should be followed for staff members who have had a positive TB skin test in the past.
6. Staff and volunteers must sign a confidentiality agreement that covers social media, including but not limited to, Facebook, Twitter, Instagram, cellular pictures, etc. and hold all information about participants and families in confidence.
7. All direct service staff must have input into the PSS and ongoing assessment for each participant for whom they have responsibility, carrying out the objectives for the participant and performing other services as required. (See "Plan of Services and Supports")
8. Staff members must follow an established system for daily communication to ensure ongoing transmittal of pertinent information among staff.
9. Staff responsibilities and functions must cross staff disciplinary lines, and the staff must function as a team for the good and well-being of the participants.

C. STAFF TRAINING AND EVALUATION

1. Staff must have adequate skills, education, and experience to serve the population in a manner consistent with the philosophy of the ADC facility.
2. All personnel, paid and volunteer, must be provided training. General orientation includes but is not limited to:
 - purpose and goals of ADC services
 - roles and responsibilities of other staff members and how they relate to one another;
 - behavioral interventions/behavior acceptance/accommodation
 - basic health
 - Universal Precautions
 - information on fire and safety measures/codes

- confidentiality
 - interdisciplinary team approach
 - participant rights
 - needs of target population (for example, those with dementia or developmental disability);
 - depression;
 - medication management;
 - the facility's policies and regulations;
 - communication skills;
 - review of basic terminology;
 - advance directive policies
 - elder abuse reporting;
 - risk management; and
 - how to safely and appropriately help participants perform ADLs (including good body mechanics).
3. All staff /volunteers must receive orientation and ongoing training which includes at least four (4) in-service training sessions per year to enhance quality of care and job performance. At the time of employment, and annually, each employee must receive training in:
- needs of the participants in the facility's target population;
 - infection control;
 - fire, safety, disaster plan, and the facility's emergency plan;
 - choking prevention and intervention techniques;
 - body mechanics/transfer techniques/assistance with ADLs;
 - mandatory reporting laws of abuse/neglect;
 - basics of nutritional care, food safety, and safe feeding techniques;
 - CPR and first aid,
 - Behavioral intervention/behavior acceptance/accommodation;
 - There should also be opportunities for additional education, depending on the resources of the agency.
4. There must be timely evaluations of staff members with a written evaluation of the introductory period of employment (signed by the employee) no later than at the end of the first six months of employment. A written performance evaluation should occur at least annually, using a standardized instrument, and involve a face-to-face meeting.

D. STAFF POSITIONS

1. **ADMINISTRATOR** (may also be known as executive director (CEO, or president)
There must be a qualified administrator responsible for the development, coordination, supervision, fiscal management, and evaluation of services provided through the ADC facility. The administrator must have a master's degree and one year supervisory experience (full-time or equivalent) or bachelor's degree and three years supervisory experience in a social or health service setting-or comparable technical and human service training with demonstrated competence and experience as a manager in a health or human service setting.

Depending on the size and structure of the organization, some duties may be delegated to other staff. Sample duties may include the following:

- developing administrative policies and procedures;
- developing resources for the facility, including fund-raising, grant writing, budget development, and fiscal monitoring;
- ensuring compliance with licensing and funding regulations;

- facilitating and organizing advocacy efforts;
- assessing the facility's progress in accordance with established goals and objectives and quality assurance plan;
- implementing board policies; and
- hiring and supervising staff

2. **PROGRAM DIRECTOR** (also known as facility manager, site manager, facility coordinator-may also be the administrator)

The program director must organize, implement, and coordinate the daily operation of the ADC facility in accordance with participants' needs and any mandatory requirements, under the direction of the administrator. The program director should have a bachelor's degree in health or social services or a related field, with one year supervisory experience (full-time or equivalent) in social or health service setting-or comparable technical and human service training with demonstrated competence and experience as a manager in a health or human service setting.

Duties may include supervision of or direct responsibility for, the following:

- planning the ADC services to meet individual needs of the participants, liaison with community agencies, and providing services to individuals and families when necessary;
- coordinating the development and ongoing review and monitoring of each participant's individual PSS, and making necessary service adjustments;
- establishment, maintenance, and monitoring of internal management systems to facilitate scheduling and coordination of services, and for the collection of pertinent participant data;
- recruitment, hiring, and general supervision of all staff, volunteers, and contractors;
- training and utilization of volunteers with consideration of their individual talents; and
- activities to work effectively with the ADC services.

3. **SOCIAL WORKER**

There must be a designated, licensed social service staff person. The social worker should have a master's degree in social work and at least one year of professional work experience (full-time or equivalent) , or a bachelor's degree in social work and two years of experience, or a bachelor's degree in a health or social services related degree and two years' experience in a human service field. The social worker must comply with all licensure requirements set by the Mississippi State Board of Examiners for Social Workers and Marriage Family Therapist. These functions may be performed by other human services professionals such as certified rehabilitation counselors, licensed gerontologists, licensed professionals counselors or mental health workers who have a license or certification.

4. **NURSE**

The nurse must be a RN with valid state credentials and a minimum of one year applicable experience (full-time or equivalent). The RN's experience must involve working with the aging and adults with chronic impairments and that all or part of the experience has been in a community health setting. It is preferable that the nurse have a B.S.N. (The duties of the nurse are described in "IV: Services and Target Population, 3. Health Related Services".) In addition, the nurse often provides service that would be provided by another professional staff member if that staff member were a full-time employee (for example, services provided by a physical therapist).

5. **ACTIVITIES COORDINATOR**

The activities coordinator must have a bachelor's degree plus one year of experience (full-time or equivalent) in developing and conducting activities for the population to be served or an associate's degree in a related field plus two years of appropriate experience. The degree must include a major in recreation, occupational therapy, the arts, humanities, social, or health services and that experience include therapeutic recreation for older adults and those with a disability.

6. PROGRAM ASSISTANT

The program assistant must have a high school diploma or the equivalent and one or more years' experience in working with adults in a health care or social service setting. In addition, the program assistant must have received training in working with older adults and in conducting activities for the population to be served.

Duties may include:

- providing personal care and assistance to participants; working with other staff members as required in implementing and carrying out services and activities and in meeting the needs of individual participants; and
- assisting with transportation of and escorting participants to, from, and within the facility, if appropriate.

7. FOOD SERVICE COORDINATOR

If the ADC facility prepares its own food on site, there must be a food service director. This director should be a Registered Dietitian (R.D.), Dietetic Technician Registered (D.T.R.), R.D. - or D.T.R.-eligible, or a graduate of a four-year baccalaureate program in nutrition/dietetics, food service and should have one or more years of experience in working with adults in a health care or social service setting.

Duties may include:

- food ordering, procurement, preparation, safety, and service;
- providing nutrition-related services including nutrition screening;
- nutrition assessment;
- plan of services and support development, implementation, and evaluation, and discharge; and
- policy and procedure development related to food and nutrition services

If food is not prepared on site, the administrator or program director will assume responsibility for food service operations.

8. SECRETARY/BOOKKEEPER.

The secretary/bookkeeper must have at least a high school diploma or equivalent and skills and training to carry out the duties of the position.

Duties may include:

- assisting in developing and maintaining a record-keeping system;
- performing tasks necessary to handle correspondence and office activities;
- answering the telephone in a courteous and informative manner; and
- bookkeeping, maintaining of financial records, and billing for services.

9. DRIVER

The ADC must also adhere to the following standards for the transportation drivers.

Driver requirements:

- Must be at least 18 years of age and have a current valid driver license to operate the transportation vehicle (s) for the ADC.
- Training in first aid and cardiopulmonary resuscitation (CPR),
- Compliance with all state requirements for licensure/certification, and
- Training in basic transfer techniques and safe ambulation.
- Must abide by state and local laws.
- Must not have had their driver license suspended or revoked for moving traffic violations in the previous five (5) years.

Drivers who receive citations and are convicted of two moving violations or accidents related to transportation will not be permitted to provide transportation.

Duties may include:

- providing round trip transportation from participant home to facility, and providing escort service as needed to ensure participant safety;
- ensuring that all appropriate safety measures are carried out while transporting participants; and
- reporting behavioral changes or unusual incidents involving participants to appropriate professional staff and consulting with other staff as necessary.

10. VOLUNTEERS

- The facility must keep a record of volunteer hours/activities and provide appropriate recognition of volunteers.
- The volunteers duties must be mutually determined by volunteers and staff.
- Volunteers must NOT be used in place of required staff and should only be used periodically on a temporary basis.

Duties may include:

- working under the direction of paid staff, carrying out service activities;
- providing supplemental activities (such as parties and special events);
- funding-raising and assisting in public relations; and
- leading activities in areas of special knowledge, experience, or expertise.

IV. SERVICES AND TARGET POPULATION

A. TARGET POPULATION

The target population includes one or more of the following groups of individuals:

1. Adults with physical, psychosocial, or mental impairments who require assistance and supervision, such as:
 - persons who have few or inadequate support systems;
 - persons who require assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs);
 - persons with physical problems that require health or medical monitoring and regular supervision;
 - persons with emotional problems that interfere with their ability to cope on a daily basis;
 - persons with memory loss and cognitive impairment that interfere with daily functioning;
 - persons with developmental disabilities;
 - persons who need nutritional intervention;
 - persons who require assistance in overcoming the isolation associated with functional limitations or disabilities; and
 - persons whose families and/or caregivers need respite.
2. Adults who require services by or under the supervision of an appropriately licensed nurse or other licensed health care professional in accordance with federal and state requirements. Such services include but are not limited to:
 - assessment;
 - supervision or administration of medications and observation of their side effects. If no licensed nurse is present client will receive supervision by visual or verbal prompting to self-administer medications previously set up by client or family;
 - treatments, including medical nutrition therapy;
 - health education and training in self-care, including training in self-medication;
 - training in activities of daily living (ADLs);

3. Each adult day care facility must define the target population(s) it intends to serve considering the needs of the participants and the availability, frequency, scope, and intensity of services necessary to meet those needs. Each facility will determine the levels of needs of the individuals it plans to serve and evaluate its capacity to provide the corresponding level of or range of care.
4. Each adult day care facility must serve only participants whose physical and social needs can be met.
5. Each facility must have a mission and philosophy statement that reflects the needs of the participants and the services it is committed to providing.
6. Facility's policies must define the target population, admission criteria including assessment for participant's appropriateness, discharge criteria, medication policy, participant rights, confidentiality, and grievance procedures and must not conflict with any DOM policies, procedures or administrative codes. Participants who are inappropriate for all ADC services include:
 - Adults who are bedfast or do not have the strength or the stamina to attend ADC services.
 - Adults in an infectious stage of a communicable disease unless a physician states there is no significant hazard. This policy is intended to protect the health of the participants and is not intended to discriminate against any individual.
 - Adults with emotional or behavioral disorders who are destructive to self or others or disruptive in a group setting-unless facility has the capacity, including qualified staff, to adequately and appropriately manage these problems.
 - Adults who are too independent to benefit from the activities and services provided in the adult day care facility, and who need referral to other more appropriate and available services such as a senior center or nutrition site.

B. SERVICES

1. THERAPEUTIC ACTIVITY

The ADC must have a schedule of activities that is an integral part of the total PSS based on the interest and needs of the participant. The activities may include, but are not limited to:

- personal interaction;
- activities naturally offered by the environment;
- individualized activities;
- small and large group activities;
- inter-generational experiences;
- involvement in community activities and events;
- services to individuals;
- outdoor activities as appropriate;
- self-care activities;
- culturally and ethnically diverse celebrations;
- food preparation and other IADL-related activities; and
- opportunities to voluntarily perform services for individuals, and for community groups and organizations.

Participants should be encouraged to take part in activities, but may choose not to do so or may choose another activity.

Activity opportunities must be available from 8a-5p Monday-Friday, at a minimum.

2. ASSISTANCE WITH ADLs

The ADC must provide assistance with and supervision of Activities of Daily Living (ADLs) in a safe and hygienic manner; with recognition of an individual's dignity and right to privacy; and in a manner that encourages the maximum level of independence. ADLs are defined as:

- Bathing,
- Dressing,
- Eating,
- Toileting,
- Transferring,
- Mobility/ambulation, and
- Personal Hygiene.

Assistance with ADLs includes verbal or visual prompting and standby or hands-on assistance throughout the completion of the ADL.

3. HEALTH-RELATED SERVICES

Health-related services varying in intensity, as described below, and appropriate to the participants' needs, must be offered by all ADC facilities.

- **Basic Assistance:** Care requires persons trained in the skills necessary to provide health care coordination, prevention, and education as determined by the director or administrator.
- **Enhanced Assistance:** Health-related services may be provided by various health professionals within their permitted scope of practice. Medical/nursing services are provided by a part-time, full-time, or consulting Registered Nurse (RN). Enhanced assistance involve providing:
 - a) intermittent monitoring and intervention for ongoing medical conditions, including vital signs and weight,
 - b) observation, monitoring, and intervention for changes in cognitive or physical conditions or functional level.
- All ADC facilities must provide emergency first aid and initiate emergency response procedures by a person certified in Emergency First Aid and CPR. Emergency first aid kits must be visible and accessible to staff. Contents of the kits should be replenished after use and inventoried regularly. All adult day care facilities must monitor participant's health and respond to changes and take appropriate action as needed, according to predetermined protocols included in the Policies and Procedures of the Provider's agency.
- All adult day care facilities must notify the Waiver Case Managers of any significant changes in participant's condition and/or PSS.
- All adult day care facilities offering nursing must manage medication. Only a RN can administer medications. If client is unable to self-medicate, a RN will be available to assist as indicated.
- Adult day care facilities must provide nursing services according to the participant needs as identified in the nursing assessment, interdisciplinary PSS and physician orders, the nursing service may include a configuration of the following, depending on the level of intensity needed. All of the following services must be carried out:
 - a. Assess participants' health status.
 - b. Monitor vital signs and weight.
 - c. Provide health education and counseling, including nutritional advice, to participant and families
 - d. Develop policies and procedures for personal care and train staff in its implementation.
 - e. Provide liaison with the participant's personal physician, notifying him/her of any changes in participant's health status.

- f. Train staff and supervise the use of standard protocols for communicable diseases and infection control.
- g. Coordinate and oversee participant health records.
- h. Administer and document medications and observe for possible adverse reaction.
- i. Supervise the provision of modified and therapeutic diets or supplemental feedings.
- j. Provide observation, monitoring and intervention for unstable medical conditions.
- k. Provide training in self-administration of medications
- l. Provide restorative or rehabilitative nursing including bladder and bowel retraining and the supervision of, or provision of, maintenance therapy procedures.
- m. Provide supportive nursing such as general maintenance care of colostomy and ileostomy, change dressings, prophylactic skin care to avoid skin breakdown, foot and nail care and routine care of incontinent participants, including incontinence supplies.
- n. Provide emergency care including notification of physician or ambulance.
- o. Any other direct nursing service requiring skilled nursing treatment.

4. SOCIAL SERVICES

Social services must be provided to participants and their families by trained staff that will assess the participants' and families' psychosocial needs, and assist them in gaining access to needed services which include:

- support groups,
- in-home care,
- residential placement,
- counseling, information and referral,
- and participant advocacy.

Social services may include a configuration of the following responsibilities, depending on the level of intensity needed:

- For participants with a progressive disease, the staff continually assesses the participants' and families' needs.
- For participants receiving services who have identified problems or needs not met by the facility, E&D Waiver Case Managers will be notified.

5. FOOD SERVICES

All adult day care facilities must provide participants with a minimum of one meal per day of an adult's daily nutritional requirement as established by state and federal regulations.

- Snacks and fluids must be offered to meet the participants' nutritional and fluid needs.
- All foods offered will be nutritious, appetizing, and safe.
- Respect for dietary restrictions related to religion or culture must be observed
- Ethnically appropriate foods must be offered whenever feasible.
- Meals prepared on site must meet all local health department standards and must offer a balance from all food groups.

Special, modified, or therapeutic diets ordered by the participant's physician are included in the interdisciplinary PSS and must be provided as necessary for participants with medical conditions or functional impairments.

6. NUTRITION SERVICES

All ADC facilities must screen and assess participants for nutritional well-being and providing general nutrition education which may be the responsibility of a dietetic professional, the administrator, or program director.

7. TRANSPORTATION

The adult day care facility must provide, or contract for transportation between the participants' place of residence and the ADC at no cost to the participant or participants' family to enable persons, including persons with disabilities, to attend the facility and to participate in facility-sponsored outings.

- The adult day care facility must have a transportation policy that includes routine and emergency procedures, with a copy of the relevant procedures located in all vehicles. Items addressed:
 - a. Accidents,
 - b. medical emergencies,
 - c. weather emergencies,
 - d. and escort issues.
- All facility vehicles must meet the following requirements:
 - a. Vehicles must be accessible to participants. Vehicles must be equipped with a device for two-way communication or cell phone.
 - b. Vehicles must meet local, state, and federal regulations.
 - c. Vehicles must have adequately functioning heating and air-conditioning systems and must maintain a temperature at all times that is comfortable to the participant.
 - d. All passengers must wear seat belts and they must be stored off the floor when not in use.
 - e. Each ADC provider must have at least two (2) seat belt extensions available.
 - f. Vehicle must be equipped with at least one seat belt cutter that is kept within easy reach of the driver for emergency use.
 - g. All vehicles must have an accurate, operating speedometer and odometer.
 - h. All vehicles must have two exterior rear view mirrors, one on each side of the vehicle.
 - i. All vehicles must be equipped with an interior mirror for monitoring the passenger compartment.
 - j. The interior of all vehicles must be clean and free of torn upholstery, floor or ceiling covering; damaged or broken seats; protruding sharp edges; dirt, oil, grease or litter; or hazardous debris or unsecured items.
 - k. All vehicles must have the ADC provider's business name and telephone number clearly displayed on at least both sides of the exterior of the vehicle.
 - l. For confidentiality purposes, the name of the ADC provider's business may not imply that Medicaid waiver participants are being transported.
 - m. The vehicle license number and the ADC local phone number must be prominently displayed on the interior of each vehicle.
 - n. Complaint procedures must be clearly visible and available in written format in each vehicle for distribution to participants upon request.
 - o. Smoking must be prohibited in all vehicles at all times with interior sign that states: "NO SMOKING".
 - p. All vehicles must carry a vehicle information packet containing vehicle registration, insurance card, and accident procedures and forms.
 - q. All vehicles must be equipped with a first aid kit stocked with antiseptic cleansing wipes, triple antibiotic ointment, assorted sizes of adhesive and gauze bandages, tape, scissors, latex or other impermeable gloves and sterile eyewash.
 - r. Each vehicle must be equipped with an appropriate working fire extinguisher that must be stored in a safe, secure location.

- s. Insurance coverage for all ADC vehicles must be in compliance with state law, and any county or city ordinance.
- t. Each vehicle must be equipped with a “spill kit” that includes liquid spill absorbent, latex or other impermeable gloves, hazardous waste disposal bags, scrub brush, disinfectant, and deodorizer.
- u. Vehicles must be in compliance with applicable ADA vehicle requirements in order to be approved for use under this service and inspected bi-annually.
- v. Records of the ADC scheduled bi-annual vehicle inspections must be maintained and made available to DOM upon request.
- Authorized employees of DOM or the ADC provider must immediately remove from service any vehicle or driver found to be out of compliance with these requirements or with any State or federal regulations.
 - a. The vehicle or driver may be returned to service only after the ADC provides documentation that verifies that the deficiencies have been corrected. The documentations must become a part of the vehicle’s and the driver’s permanent records.

C. COMMUNITY RELATIONS

The facility staff and board must have a system for informing the public about long-term care, ADC services, and about the facility’s services.

V. DOCUMENTATION REQUIREMENTS

A. QUALITY IMPROVEMENT PLAN

1. Each adult day care facility must have a written continuous quality improvement plan.
2. The continuous quality improvement plan must have:
 - specific measurable objectives,
 - meet requirements of licensing and funding sources,
 - and meet professional standards of practice with outcome measures to determine the efficacy of ADC services.
3. Processes must be designed to ensure that the competence of all staff members is regularly assessed, maintained, demonstrated, and that staff are given opportunity for professional growth and improvement.
4. The facility must have a non-discrimination policy that recognizes and respects racial, ethnic, and cultural diversity. ADC services must be culturally sensitive, responsive and respectful. No individual should be excluded from participation in or be denied the benefits of or be otherwise subjected to discrimination in the ADC on the ground of race, sex, religion, national origin, sexual orientation, or disability.
5. A participant bill of rights and responsibilities must be posted, distributed, and explained to all participants or their representatives, families, staff, and volunteers in the language understood by the individual.
6. A grievance procedure must be established and posted to enable participants and their families/caregivers to have their concerns addressed appropriately and in a timely manner.
7. The facility must maintain written policies and procedures on how the Patient Self-Determination Act will be implemented.
 - make advance directive forms available to participants and their families/caregivers;
 - provide resources to aid the participant in completing advance directives;

- advise the participant if the ADC facility's policy and procedure for handling emergencies is or is not compatible with his or her expressed wishes to withhold emergency measures.

8. The facility must comply with the state mandatory or voluntary procedure for reporting suspected adult abuse to the Department of Human Services and/or Attorney General's Office. Staff must be trained in signs and indicators of potential abuse, including verbal abuse, physical abuse, sexual abuse, emotional or psychological abuse, neglect, and financial or material exploitation.

B. GENERAL RECORD POLICIES

1. Each adult day care facility must maintain a participant record system. The participant record system should include, but is not limited to:
 - a permanent registry of all participants with dates of admission and discharge;
 - a written policy on confidentiality and the protection of records and conditions for release of information contained in the records;
 - a written policy providing for the retention and storage of records for at least five (5) years (in accordance with state requirements) from the date of the last service to the participant;
 - maintenance of records in a secure storage area.

C. PARTICIPANT RECORDS

1. The facility must maintain a record for each participant. This record should include, but is not limited to, the following:
 - application and enrollment forms;
 - medical history and functional assessment (initial and ongoing);
 - nutritional status assessment;
 - individual PSS (initial and reviews) and revisions;
 - service contract;
 - signed authorization for releases of medical information and photos, as appropriate;
 - correspondence;
 - daily attendance and daily service records;
 - transportation plans;
 - results of physical examination (completed within six months prior to admission) including diagnosis, medication, other treatment recommendations and verification of the absence of communicable disease; client must have current tuberculosis screening or treatment as indicated prior to admission;
 - where appropriate: medical information sheet, documentation of physician's orders;
 - treatment, therapy, medication, and professional notes;
 - progress noted (chronological and timely);
 - other notes and reports in the participant's record that are legibly recorded in a permanent material, dated, and signed by the recording person with his/her title;
 - reviews of individual plans of services and supports;
 - discharge plan;
 - current photograph of client;
 - emergency contacts; and
 - advance directive form or a statement that none has been signed.

D. ADMINISTRATIVE RECORDS

1. The facility must maintain administrative records. Administrative records must include the following documents:
 - personnel records (including personnel training);

- fiscal records;
- statistical records;
- government-related records (funding sources/regulatory);
- contracts;
- organizational records;
- results of utilization review and plan of services and support audit;
- board meeting minutes;
- advisory committee meeting minutes;
- certificates of annual fire and health inspections, and others as applicable;
- meals served, menu substitutions, therapeutic diets, nutritional supplements, food temperatures;
- incident reports;
- quality improvement minutes; and
- historical record of policies and procedures.

E. ASSESSMENT AND INDIVIDUAL PLAN OF SERVICES AND SUPPORTS

Facilities must conduct an assessment and develop an individual written PSS for each participant, based upon services needed and available. During this planning process the following eight processes will be completed in whatever order each adult day care facility considers appropriate:

a) Intake Screening

The intake screening must be completed in order to gain an initial sense of the appropriateness of the ADC services for the individual. The screening, conducted face to face or in a telephone call with the individual, family, or referral source, or covered on an application form must include:

- demographic information;
- referral source;
- person's expectations;
- living arrangement;
- social history;
- physical and mental health status, including diagnosis and current treatments;
- psychosocial status, including diagnosis, if any, and current treatments;
- name(s) of primary physician and other involved physicians;
- community agencies involved in providing services or support; and
- initial information on ADLs/IADLs

A written explanation should inform the applicant/caregiver why they cannot be appropriately served at the facility.

b) Enrollment Process

An enrollment agreement must be completed and include:

- identification of services to be provided, agreed upon by the participant and/or caregiver and/or payer;
- a disclosure statement that describes the facility's range of care and services;
- admission, discharge, and/or transfer criteria;
- fees and arrangements for reimbursement and payment;

The ADC must have procedures for orientation of the participant and/or family to policies, services, and facilities.

Each participant and caregiver must receive written information regarding the criteria for transitions to a different level or range of services as his or her needs change.

c) Assessment

The facility's assessment process must identify the individual's strength, needs and preferences, what the person's expectations for services are, what services are required, and who is responsible for providing those services.

A home visit must be conducted by professional staff, paraprofessionals, consultants, or a combination thereof, in coordination with community resources is advised during the admission assessment process. This visit helps identify home safety issues, home medication use, use of or need for adaptive equipment, and the in-home functioning of the participant and family/caregiver.

d) Written Individual Plan of Services and Supports

A written PSS must be developed from the admission assessment for each participant.

1. The PSS and its implementation should be:

- consumer/participant-driven,
- flexible, and responsive to the participant's changing needs, abilities and preferences,
- create a safe and supportive environment that promotes the participant's dignity and,
- enhance the quality of life for the participant and the family/caregiver.

2. The PSS reflects the participant's abilities, strengths, interests, and preferences, and includes:

- identified needs in each service area;
- time-limited measurable goal(s) and objectives of care for the participant (both long-term and short-term);
- type and scope of interventions to be provided in order to reach desired, realistic outcomes;
- discharge or transition plan, including specific criteria for discharge or transfer;
- services to be provided by the facility and by other sources to achieve the goal(s) and objectives; and
- roles of participant, family/caregiver, support system and facility staff and volunteers.

The participant, caregivers, family and other service providers must have the opportunity to actively and consistently contribute to the development, implementation, and evaluation of the PSS and must be signed by everyone involved.

Reassessing the individual's needs, preferences and re-evaluating the appropriateness of service plans must be done as needed but at least annually.

There must be a plan of services and support review with the participant and/or the family/caregiver that updates: a) scheduled days of attendance; b) services and goals of the PSS; and c) conditions of participation.

e) Service Documentation

Progress notes with documentation of services rendered must be written and maintained daily as part of each participant's record. Contents of daily documentation must include notes regarding the following, but not limited to:

- date of service;
- time services began and time services ended;
- identification of participant receiving services;

- summary of what transpired during delivery of the service; and
- name, title, and signature of individual providing the documentation of services.

f) Discharge Plan

The facility must have a discharge policy that includes criteria and notification procedures. Policy information includes:

- time frame for termination;
- criteria for discharge; and
- mandatory notification procedures for participants/caregivers and Case Managers.

g) Emergency Care for Participants

The facility must have a written procedure for handling medical emergencies which identifies responsibilities of each staff member. It must include:

- procedure for notification;
- transportation arrangements; and
- provision for an escort, if necessary.

A written plan for handling emergencies must be easily accessible in the facility and in all facility vehicles. Facility should also have:

- staff training to ensure smooth implementation of the emergency plan;
- equipment available to support implementation of the emergency plan; and
- sufficient staff trained in CPR and first aid to assure at least two staff members (one who is trained in CPR) are in the facility at all times during hours of operation when more than one participant is present. Two staff members are required so that one can attend to the emergency and the second to the other participant(s) in the facility.

Plans for evacuation and relocation of participants must be in place in the event of a power outage or other emergency situation.

F. ACCESS AND AUDIT

Medicaid providers must maintain auditable records that substantiate the payment of claims submitted to the Division of Medicaid.

1. The Division of Medicaid's staff must have immediate access to the provider's physical service location, facilities, records, documents, books, prescriptions, invoices, radiographs, and any other records relating to licensure, medical care, and services rendered to beneficiaries, and billings/claims during regular business hours, defined as 8 a.m. to 5 p.m., Monday – Friday, and all other hours when employees of the provider are normally available and conducting business of the provider.
2. The Division of Medicaid's staff must have immediate access to any administrative, maintenance, and storage locations within, or separate from, the service location.
3. The Division of Medicaid does not reimburse providers for the provision of or access to records substantiating claims submitted to the Division of Medicaid.