

**Standards and Guidelines for**

# **Adult Day Services**

**Prepared by**

**The National Adult Day Services Association**

**As adopted by**

**The NADSA Board of Directors**

**2024 Edition**

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*The National Adult Day Services Association seeks to enhance the success of its members through advocacy, education, technical assistance, research and communications services.*

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## **Adult Day Services: A Definition**

While the definition of Adult Day Services can vary from state to state, the NADSA Board of Directors approved the following definition in 2024: Adult Day Services is a system of professionally delivered, integrated, home- and community-based, therapeutic, social and health-related services provided to individuals to sustain living within the community. A general definition indicates that Adult Day Services centers provide a coordinated program of professional and compassionate services for adults in a community-based group setting.

### **PERSON-CENTERED CARE IN ADULT DAY SERVICES**

Person-centered care in Adult Day Services revolves around tailoring support and activities to meet the individual needs, preferences, and goals of each participant. Rather than offering a one-size-fits-all approach, person-centered care focuses on respecting the dignity, autonomy, and choices of each person.

Here are some key aspects of person-centered care in Adult Day Services:

1. **Individualized Care Plans:** Participants collaborate with caregivers and staff to create personalized care plans that address their unique needs, interests, and goals.
2. **Respect for Autonomy:** Participants are encouraged to make their own choices regarding activities, social interactions, and daily routines whenever possible.
3. **Meaningful Activities:** Activities and programs are designed to reflect the interests, hobbies, and preferences of the participants, promoting engagement and enjoyment.
4. **Empowerment:** Participants are empowered to voice their opinions, preferences, and concerns, and are actively involved in decisions about their care and daily activities.
5. **Flexible and Responsive Support:** Caregivers and staff adapt their approach and interventions based on the changing needs and preferences of each participant.

6. Emotional Support: Person-centered care emphasizes building trusting relationships between participants and caregivers, fostering a supportive and compassionate environment.
7. Holistic Approach: Care plans consider not only the physical health needs of participants but also their emotional, social, and spiritual well-being.

Overall, person-centered care in Adult Day Services aims to enhance quality of life, promote independence, and foster a sense of belonging and fulfillment among participants. The National Adult Day Services Practice Recommendations are a solid platform to support person-centered care.

## INTRODUCTION

### **What is a practice recommendation?**

- A means to define parameters of practice;
- A rule, principle, or measure established by authority;
- A model or an example;
- A criterion or test of quality.

### **What are the strengths of the NADSA practice recommendations?**

- The focus on quality and corresponding philosophy of quality enhancement;
- Provision of a structure for programs;
- Guidance on implementation;
- Explanation of the intent behind the practice recommendations;
- Flexibility;
- Readability;
- User-friendliness;
- Inclusiveness.

### **Why review the practice recommendations?**

- To further increase service quality;
- To update the terminology;
- To identify distinctions among the ranges or levels of care;
- To acknowledge increasing diversity in Adult Day Services service programs;
- To further promote consumer-centered and consumer-driven day services;

### **Who are the stakeholders in the practice recommendations?**

The stakeholders are the participants and their family/caregivers as well as the providers (both existing and potential), including but not limited to nursing homes, assisted living facilities, home health agencies, hospitals, places of worship, senior centers, and centers operating without a parent organization, funders, regulators, referral sources, payers, and legislators are also stakeholders.

## **MODELS AND LEVELS OF CARE**

The concept of levels of care has been adopted in response to the significant changes in the field of Adult Day Services and in preparation for changes anticipated in the near future. These changes include, for example, the increase in the number of programs and participants, the increase in acuity level and health care needs of participants, and the decrease in functional level and independence among those served. As always in Adult Day Services, the starting point is the individual participant, whose needs form the core of this vision. The care must then revolve around participant needs and preferences and employ services that enable the participant to function at the highest level of his or her ability.

The practice recommendations do not define levels of need; rather they emphasize the importance of individual assessments and individualized care plan. The three Adult Day Services models which comprise the levels of care are distinguished based upon staff time, training required to provide the intervention and the intensity of services. These service categories are social services, medical services, and specialized services. The actual provisions of the ranges or levels of care are embedded as an integral part of the practice recommendations themselves.

### **Social Model (Basic/Enhanced)**

The three models or levels of care all start with the following basic services:

- assessment and service planning;
- assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs);
- limited health-related services;
- social services;
- therapeutic activities;
- nutrition;
- transportation;
- and emergency care.

Basic services, in summary, include the basic services listed above but do not provide direct nursing, rehabilitative, or psychological services which appear among medical and specialized models. In some states the enhanced model is considered a social model.

### **Medical Model (Intensive)**

This model may add to the social model some or all of the following:

- restorative, supportive, or rehabilitative nursing care on a moderate basis (that is, intermittent but not continuous);
- assessment and referral for psychosocial services and follow-through with recommended treatments in the care plan;
- and physical, occupational, and speech therapy at a functional maintenance level;
- and alternative therapies (i.e., music, art, massage, etc.) may be offered.

### **Specialized Model**

This model may add some or all of these services:

- intensive nursing services necessary for unstable medical conditions;
- therapies at a restorative or rehabilitative level;
- intensive psychosocial services;
- and specialized supportive services, as needed.

Specialized centers may focus on a specific diagnosis such as memory care.

## **WHEN SOCIAL, MEDICAL AND SPECIALIZED MODELS ARE NEEDED**

### **Social Model:**

The participant who receives basic services needs socialization, some supervision, supportive service, and minimal assistance with Activities of Daily Living (ADLs). This person may have multiple physical problems but is stable and does not need nursing observation or nursing intervention. There may be some cognitive impairment, but the behavioral symptoms can be resolved or accommodated with person-centered approaches, redirection and reassurance. This participant can communicate (though not necessarily verbalize) personal needs.

### **Medical Model:**

The participant in a medical model center needs more assistance. He or she may need regular health assessments, oversight, or monitoring by a nurse; therapy services at a functional maintenance level; or require moderate assistance with one to three ADLs. He or she may have difficulty communicating or making appropriate judgments or may periodically demonstrate disruptive behavior that can be mitigated with increased skills, a

change in environment or time on the part of the staff. Some states only recognize a medical model for Adult Day Services.

**Specialized Model:**

A specialized Adult Day Services center is a facility that provides daytime care and support services to adults with specific needs or conditions. These centers offer tailored programs, activities, and services designed to meet the unique requirements of their participants. For example, a Memory Care Center caters to individuals with Alzheimer's disease, dementia, or other memory-related conditions. They typically offer specialized programming focused on cognitive stimulation, memory support, and therapeutic activities. The participant in a specialized center may require more assistance. His or her medical condition may not be stable and may require regular monitoring or intervention by a nurse. Rehabilitative or restorative therapy services may be needed. There may be a need for total care in one or more ADLs, or moderate assistance with more than three ADLs at the center, or a need for a two-person assist or transfer. The individual may be unable to communicate needs, or may display behavior requiring frequent staff intervention, a change in environment or support that requires additional skills or time on the part of the staff.

**IMPORTANCE OF ASSESSMENT AND INDIVIDUALIZED CARE PLAN**

In order for any individual to be served appropriately in Adult Day Services, a thorough initial assessment is essential. If the basic assessment indicates a need for further evaluation in a specific area, then additional resources need to be available for a more extensive assessment. As a result of the initial assessment, a care plan is developed to describe the range or level of care needed. Ongoing assessments will ensure continued placement at the appropriate level and continued provision of appropriate services. However, change in a single indicator may not necessarily cause movement from one level or range to another. Ongoing assessments will alert staff and families when Adult Day Services attendance may no longer be appropriate. The care plan should also reflect the interests, choices and preferences of the person themselves, NOT just those of professionals or family caregivers. Many states have specific requirements for who completes the assessments, when they are done and how often they are reviewed.

## **MEETING CHANGING NEEDS OF PARTICIPANTS**

An Adult Day Services program can serve individuals needing different levels or ranges of care at any one time, so that most individuals' changing needs can be met within the center. The social model center may need to make some adjustments in order to respond to changing needs. If a participant needs services beyond the scope of the center, then the center is responsible for arranging for that care. This may mean making arrangements for additional services on a consultative basis, making a referral for additional services, or it may mean that the individual can now only come to the center when specialized staff is available. The center is responsible for responding to changes in participant needs. If the center cannot meet the needs of the participant, then they should discharge the participant and provide referrals for a more appropriate location that can meet their needs.

Centers must be prepared to respond to needs that are compatible with the Adult Day Services setting and not attempt to serve individuals whose needs exceed the scope and intensity of services planned at a particular center. The articulation of the types of services simply helps to conceptualize and define parameters of care. They are intended to clarify categories and provide a framework for making decisions on the target population served and components of care provided.

A center must assess the needs of participants and identify the necessary, corresponding services as it defines its target population and establishes its care and service. A pre-admission assessment or screenings may be required by a health care professional to define a participant's current health status. These assessments or screen will ensure the center can meet the needs of the participant and the participant meets the enrollment criteria for the center. The pre-admission agreement signed by the participant and/or family/caregiver that clearly states under what circumstances the participant can continue to be served by that program.

## **SERVING PARTICIPANTS WITH COGNITIVE IMPAIRMENTS**

The majority of Adult Day Services programs serve individuals with cognitive impairment. The practice recommendations clarify how, as the needs of those individuals change and require more staff time, skills and training. As defined by the level of care in each model, the time and skills required to respond to challenging behaviors are given the same consideration and same weight as

the time and skills required to respond to physical needs. At the minimum, each center should identify the type of participants they have and strategically and appropriately provide the level of staffing needed based on the participants' acuity of care.

Adult Day Services strive to provide the specific services the individual needs. When a program serves individuals whose functional levels and behaviors require more staff interaction, the program should provide the additional staff interaction – but not necessarily physical, occupational, or speech therapy. Arrangements can be made with licensed professionals to provide therapy to the individual who needs and will benefit from specialized services.

Two factors in Adult Day programs take on added importance when serving participants with cognitive impairments: (1) the role of the family and/or caregiver, and (2) the use of Adult Day Services to offer respite.

(1) In these programs, the family or caregiver, as well as the participant, is a client of the center. These guidelines address the many points at which the family/caregiver must be involved. Family members other than the primary caregiver may also need to be involved in service, placement decisions and processes.

(2) Respite, or relief, is one of the benefits of Adult Day Services. The program not only provides essential relief to the family/caregiver, but it also offers respite to the participant – that is, a change from the home environment and from the expectations and emotions of the family/caregiver – and an opportunity to interact with others.

Note: This text contains some references to serving individuals with cognitive impairments, but there are no separate sections for serving any individuals with specific diagnoses. Most guidelines for serving those with dementia could and should be incorporated into the basic practice recommendations, because many special considerations for participants with dementia actually apply to all participants.

## **BEYOND THE BASICS**

Programs and populations vary – and they change daily with changes in functional levels of participants. Adult Day programs must be prepared to respond to a wide range of participant needs. Centers whose participants currently may not need extensive medical and therapeutic services may at some

point in the future find that they need to provide or arrange for additional services.

These practice recommendations are intended to describe a foundation of quality care appropriate for all types of Adult Day programs – and to offer a blueprint for Adult Day programs in the future.

## **FLEXIBILITY**

Flexibility is important to protect evolving programs, encourage innovation, and lead to the acceptance of modifications that permit programs to grow while continuing to provide appropriate care to participants. NADSA offers the following statement of flexibility:

NADSA recognizes the variety and richness of Adult Day programs. Developing practice recommendations that are appropriate for all programs is difficult. It is not possible to foresee the entire range of circumstances that may occur. Therefore, NADSA recommends that state licensing, certifying, funding, accrediting, and/or monitoring agencies incorporate into their laws, regulations, policies, and guidelines the authority to grant program flexibility, that is, the approval of alternative ways to meet the intent of a practice recommendation so long as safe and quality care is provided.

## **FEDERAL, STATE, AND LOCAL REQUIREMENTS**

It is essential for readers to understand that federal, state, and local laws, ordinances, regulations, and requirements always take precedence over NADSA's practice recommendations.

## **HOME AND COMMUNITY-BASED SERVICES (HCBS)**

Adult Day centers will follow Medicaid Regulatory Requirements for Home and Community-Based Services and the center will have policies and procedures that reflect the qualities outlined by HCBS. For 1915(c) home and community-based waivers and, for 1915(i) State plan home and community-based services, home and community-based settings must have all the following qualities defined at §441.301(c)(4) and §441.710 respectively, and such other qualities as the Federal Government determines to be appropriate, based on the needs of the individual as indicated in their person-centered service plan:

- The center is integrated in and supports full access of participants receiving Medicaid HCBS to the greater community. The center will create activities and programs that will allow the participants access to the greater community.
- The center will assist participants with engaging in community life.
- The center does not have assigned seating for activities or meals.
- The center will assist participants with access to amenities that are used by participants who are not receiving Medicaid HCBS services.
- The center participants receive services in the community, to the same degree of access as individuals not receiving Medicaid HCBS.
- The center will help those participants who choose to work or volunteer with opportunities to seek employment or volunteer in competitive integrated settings. The center will work around any participant's work schedule and ensure transportation options are available.
- The center does not have control of the participant's personal resources. The participants who attend the center have control over their own finances or a POA that is in charge of their resources. If a participant voices concerns about their resources being compromised by the POA or caregiver, the center will assist the participant with contacting Adult Protective Services for possible exploitation.
- The center is selected by the participant from among setting options including non-disability specific settings and an option for private areas as needed. The center will have non-disability specific settings and private areas available for all participants regardless of whether they are receiving Medicaid HCBS
- The center options are identified and documented in the person-centered service plan and are based on the participant's needs and preferences. The center will create a care plan based on assessments of the participant and input from the caregiver if applicable. The center will comply with the person-centered planning requirements.
- The center ensures a participant's rights of privacy, dignity and respect, and freedom from coercion and restraint. The center has specific policies that include a participant Rights and Responsibilities form that is provided to the participant during their enrollment. The center has policies and procedures regarding freedom from coercion and restraints. The center provides staff with training regarding these policies and procedures.
- The center optimizes, but does not regiment, individual initiative, autonomy, and independence in making life choices, including but not limited to, daily activities, physical environment, and with whom to interact. The center encourages the participants to exhibit initiative,

autonomy and independence as long as it does not jeopardize their safety or the safety of the other participants or staff.

- The center will have an area for participants to be alone if they choose not to participate in the scheduled activities or to be alone.
- The center facilitates individual choice regarding services and support, and who provides them. The participants are able to make choices about what services and support they receive and who provides them. The center will assist participants if they wish to change providers or obtain other services.
- The center will allow the participants to have access to telephones and other electronic devices to use for personal communication in private and at any time.
- The center does not restrict visitors' access to participants or the area they visit in.
- The center will provide the participants with written instructions for filing a complaint.
- The center will provide each participant with a satisfaction survey and have a participant council to provide the participant with a method to voice their satisfaction with the center
- The center and any of their other locations will not have the qualities of an institutional setting, as determined by the Secretary.

ADS centers that have presumed institutional qualities will be subject to CMS heightened scrutiny. Settings in which this may apply:

- The center should not be located in an inpatient institutional treatment within a publicly or privately operated facility that happens within the same building.
- The center should not be located on the grounds of or adjacent to a public institution.
- The center should not isolate participants receiving Medicaid HCBS from the broader community.

If a center fails CMS heightened scrutiny, Medicaid reimbursement will be withheld until CMS approves the center. Resource:

<https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-training-series/index.html>

## **FORMAT**

The practice recommendations are numbered and include the word “should.” Sometimes the recommendation is followed by a statement of intent in order to

clarify the reason for including the recommendation. Often the recommendation is followed by guidelines for illustration, and to provide more detail or direction for implementation. The guidelines are separate from the practice recommendation. Compliance with the practice recommendations does not depend upon compliance with the guidelines.

## **PART ONE: TARGET POPULATION**

### **BACKGROUND**

Adult Day Services are evolving programs, responding to changing needs of communities and individual participants. The target population(s) will vary within and among settings and will reflect community needs; licensing and funding requirements; the center's assessment of participants' needs; resources such as space and staff; and the organization's philosophy and mission.

The population served will vary according to the community needs and the goals, resources, and capability of the organization providing the service. The target population may include, but not be limited to the following:

- Adults who suffer from loneliness and isolation.
- Adults with physical, psychosocial, cognitive, medical or behavioral health conditions who require assistance and supervision.
- Adults who need rehabilitative therapy (including restorative therapy and functional maintenance therapy) in order to restore or maintain an optimum level of functioning and habilitation.
- Adults who require services provided by or under the supervision of an appropriately licensed nurse or other licensed health care professional in accordance with federal and state requirements.

<b>1 Each Adult Day center should define the target population(s) it intends to serve.</b>
--

*Guideline:*

Each center will determine the population(s) and levels of needs it plans to serve and evaluate its capacity to do so. This evaluation should consider personnel, equipment, physical plant and competitive factors. Consideration should also be given to the availability, frequency, scope and intensity of the services needed by the target population.

**2 Each Adult Day center should serve only participants whose needs fit within the center’s resources, including staff, training, environment, and licensing (if applicable). Referrals should be made to sources of information about other service models and settings.**

*Guideline:*

A guiding principle for all Adult Day centers is to abide by admission and assessment guidelines that describe the participants whose needs can be met by the program directly or in cooperation with outside resources.

**3 Each center should have a mission and vision statement that reflects the needs of the participants and the care and services it is committed to providing.**

*Guideline:*

The center should have a mission statement that defines why it exists and why it is important and a vision statement that declares where the center wants to be in the future.

## **DETERMINING AN APPROPRIATE TARGET POPULATION**

**4 Each Adult Day center should have a written policy on participants who are appropriate and those who may not be appropriate for enrollment and ongoing service delivery.**

*Guidelines:*

A written statement that reflects that policy should be part of the intake agreement with the participant and family/caregiver at the time of enrollment and should be agreed to and signed by the participant, if possible, and/or the family/caregiver. (See “**STEP ONE -- INTAKE SCREENING.**”)

The appropriate target population(s) will vary within and among settings, depending on community needs, staffing, the organization's physical facilities and service availability. Generally, those who may not be appropriate for enrollment include adults whose need for care requires staff time and skills different from those the individual program is able and qualified to provide, as well as adults who are best served in another setting.

Participants who may be inappropriate for Adult Day Services programs may include:

- Adults who are bedfast or do not have the strength or the stamina to attend Adult Day Services for the minimum required hours as defined in state licensing requirements.
- Adults are in an infectious stage of a communicable disease, unless a physician states there is no significant hazard. (They should only be admitted under guidance of the health department and/or licensing authority.) This policy is intended to protect the health of the center participants and staff 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 the center has the capacity, including qualified staff, to manage these problems adequately and appropriately.
- Adults who are an elopement risk unless it is a specialized center such as a memory care.
- Adults that are incontinent of bowel and bladder. Smaller centers may not have the staffing levels to dedicate to changing or bathing a participant.
- Centers are required to abide by applicable state and federal non-discrimination requirements.
- Centers should notify participants of disqualifying conditions for enrollment and continued enrollment at the center.

**5 Each center should assess each potential participant in order to determine whether or not the center can meet the participant's needs.**

*Guideline:*

Prior to admission the center should determine any primary caregiver, contacts, health status, functional status, psycho-social status, level of mobility, elopement tendencies and bowel and bladder level of continence.

- 6 Center policies should define the admission criteria, discharge criteria, medication policy, participant rights, confidentiality, and grievance procedures.**

*Guideline:*

The center should have written policies and procedures that include organizational, operational, enrollment, programming, infection and safety, human resource management and transportation policies that include Local Government, State and Federal Regulations and NADSA Standards and Guidelines. Leadership should review the center's policies and procedures at least annually and update them as industry requirements and practices change.

## **PART TWO: ADMINISTRATION AND ORGANIZATION**

### **THE GOVERNING BODY**

- 7 Each Adult Day program should have a governing body with full legal authority and fiduciary responsibility for the overall operation of the program in accordance with applicable state and federal requirements.**

*Guidelines:*

The governing body may vary depending on how the organization is registered with the state. For example, a non-profit may have a board of directors whereas an LLC may have a management/leadership team as their governing body.

Responsibilities of the governing body include:

- Defining the governing body's composition and size;
- Determining the center's program and operating policies;
- Developing an organizational structure that defines lines of authority to implement the program and policies;
- Appointing and evaluating and/or approving the appointment of a qualified administrator and/or director;
- Determining the scope and quality of services provided to participants and families/caregivers in response to defined need. (See "**PART ONE: TARGET POPULATION.**");
- Establishing an advisory committee (if applicable);

- Reviewing and overseeing the center’s fiscal affairs, including adopting an annual budget, setting fees, and managing financial risk;
- Arranging for any necessary program and/or financial audits or reviews;
- Developing a strategic plan with short- and long-range goals;
- Conducting periodic programmatic review
- Complete key staff performance evaluations and competencies;
- Ensuring the program’s continual compliance with and conformity to all relevant federal, state, local, or municipal laws and/or regulations that govern operation of Adult Day Services centers;
- Approving or authorizing written agreements and collaborative relations with other agencies for specified services (contracted therapy or transportation services);
- 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 for-profits);
- Approving and participating in plans for public relations and marketing; and
- Oversight of the Quality Assurance Performance Improvement (QAPI) plan.

## THE ADVISORY COMMITTEE

**8 Each Adult Day program should have a body that serves as an advisory committee. In privately owned organizations an advisory board is strongly recommended to enhance community involvement.**

### *Guidelines:*

For a single purpose agency, the governing body may fulfill the functions of the advisory committee if it meets the representation practice recommendation, or a separate advisory committee may be established. (See “A WRITTEN PLAN OF OPERATION.”)

When an Adult Day center is a sub-division or sub-unit of a multi-functional organization, a committee or subcommittee of the governing body of the multi-functional organization may serve as the advisory committee of the center.

When there is a separate advisory committee, it is recommended that the chair of the committee serves as a voting member of the governing body.

The advisory committee meets regularly in order to review and make recommendations on program policies and community outreach.

Those 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 or corrective action;
- Program evaluation; and
- Fees.

**9 The advisory committee should be representative of the community and the center's customers.**

*Guidelines:*

The advisory committee should include a current or past participant, family members of current or past participants and non-voting staff representatives. The advisory committee should include professionals and/or consumer representatives with knowledge of the population served, including representatives of participants with special needs, diverse cultures, and individuals with cognitive impairments.

## **A WRITTEN PLAN OF OPERATION**

**10 The governing body should review, approve, and revise a current, written plan of operation.**

*Guidelines:*

The plan should include, but is not limited to:

- A mission and vision statement;
- Short- and long-range program goals;
- Outcome measures;
- Definition of the target population;
- Geographical identification of the service area;
- Hours and days of operation;

- Description of available services;
- Policies and procedures for service delivery;
- Policies and procedures for admission and discharge;
- Policies and procedures for assessment and reassessment and for an individualized care plan developed by an interdisciplinary team with the input of participants and/or family/caregiver;
- Staffing pattern;
- A plan for utilizing community resources;
- Facility planning and maintenance;
- Policies and procedures for recruitment, orientation, training, evaluation, professional development, and termination of staff and volunteers;
- General record maintenance policies;
- Statement of participant rights and family/caregiver rights;
- Mandated reporting procedures;
- Marketing plan;
- Strategic plan;
- Accident, illness and incident procedures;
- Grievance and complaint procedures;
- Procedures for reporting suspected abuse, neglect and exploitation;
- Operational budget;
- Quality Assurance Performance Improvement plan;
- Statement of participants and family caregivers' responsibility;
- Procedures to comply with the Health Insurance Portability and Accountability Act (HIPAA);
- Written emergency plan; and
- Participant satisfaction.

## **A WRITTEN EMERGENCY PLAN**

**11** A written plan for handling emergencies should be developed, communicated to staff, tested, and be easily accessible in the center and in all center vehicles.

*Guidelines:*

Centers 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 ensure that at least two staff members (one of whom is trained in CPR) are in the center 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 can attend to the other participant(s) in the center or summon emergency assistance.
- Transportation professionals should have CPR and first aid training to respond to emergencies that may occur during the transportation of participants.
- Systems for accounting for all individuals in case of an emergency at the center and during transportation. Emergency contact information should be accessible by the transportation professional.
- The plan should be tested at least annually and updated as needed unless local requirements prompt more frequent testing.

<b>12 Plans for emergency management should be in place in the event of internal or environmental disasters.</b>
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*Guidelines:*

- The center should have a person in charge of conducting all emergency drills and safety procedures. Some states require a center to have a safety officer to complete these duties.
- All staff, volunteers, participants and visitors will be notified of the operation's emergency plan in the event of a disaster.
- Detailed plans should include evacuation, relocation, safety areas, activation and recovery. Plans should encompass natural disasters such as hurricanes, tornadoes, floods, blizzards, fires, and utility outages. Plans should also include chemical encounters, bomb threats and other violent or threatening situations.
- Some states require the center to register their Comprehensive Emergency Management Plan (CEMP) with the county the center is located in.
- The plan should be tested at least annually and updated as needed unless local requirements prompt more frequent testing.

## **LINES OF SUPERVISION AND RESPONSIBILITY**

- 13 An organizational chart should be developed to illustrate the lines of authority and communication channels. This chart should be provided to all staff, reviewed on an ongoing basis, and updated as needed.**

*Guideline:*

To ensure continuity of operation, direction and supervision, responsibility and authority should be clearly divided between the governing body and the Adult Day Services administrator. Organizational Charts should include each position within the organization.

- 14 The administrator or director should have full authority and responsibility to plan, staff, direct, implement, and evaluate the program.**

*Guideline:*

The administrator or director also has responsibility for establishing collaborative relationships with other community organizations to ensure that necessary support services are available to participants and their families/caregivers.

- 15 An individual with administrative authority should be on site to supervise the center's day-to-day management during all hours of operation.**

*Guideline:*

If the administrator or director is responsible for more than one site, or has duties not related to Adult Day Services administration or provision of services, a designated individual with administrative authority should be on site. This person should be authorized to act on behalf of the administrator or director in his/her absence. Some states require the administrator or director to have minimum qualifications and is required to be onsite at the center for a set number of hours per day. (See "**PART FIVE: STAFFING.**")

## ADMINISTRATIVE POLICIES AND PROCEDURES

### FISCAL SYSTEM

**16 Each Adult Day center should demonstrate fiscal responsibility and accountability.**

*Guidelines:*

The fiscal system should:

- Use generally accepted accounting principles (GAAP); and
- Track all direct and indirect costs incurred by the Adult Day Services center.
- Provide for a planning process to develop annual and projected day services center budgets, including specific cost allocations, year-end reconciliation, and cost reporting;
- Provide periodic financial statements containing a balance sheet, statement of revenue and expenses, and changes in financial condition;
- Maintain documentation for purchases;
- Monitor expenditures by identifying budget variances; and
- Project cash flow and sources of revenue.

**17 Fiscal policies, procedures and records should be developed to ensure financial stability and viability.**

*Guidelines:*

- Provide records of expenditures with supporting documentation;
- Maintain billing and collection records;
- Track in-kind contributions;
- Ensure payment of payroll taxes;
- Ensure filing of income taxes;
- Provide for timely submission of fiscal reports required by funding source(s);
- Provide documentation needed for financial audits, including in-kind contributions;
- Provide for annual audit; and

- Define the length of record retention.

It is recommended that leadership review the center's financial health at least quarterly and have it reviewed annually by an accountant. Some states require a financial attestation that the center is current with all taxes or submit a detailed financial report.

## FINANCIAL PLAN

**18 Each Adult Day center should develop a plan to address the long-term financial needs of the program. Privately owned centers may choose to keep this information confidential.**

*Guideline:*

The plan should include:

- projected program growth;
- projected revenue;
- projected expenses;
- capital needs including timing of purchases and estimated costs; and
- plans to generate revenues needed, either through venture capital, fundraising, or other strategies.

Financial plans should be based upon actual cost of doing business, both unit costs and costs associated with enhancing services to stay current with evolving professional standards of practice.

**19 A rate sheet for services should be established. Policies should be formally established that include eligibility for discounts, waivers\*\*, or deferral of payment.** \*\*If "waivers" refers to Medicaid waiver payments / public benefits.

*Guideline:* Rate sheets can include full day and half day rates, transportation fees and ancillary services such as showers.

## QUALITY ASSURANCE PERFORMANCE IMPROVEMENT (QAPI) PLAN

**20** Each Adult Day center should implement a written continuous QAPI plan that is reviewed annually and updated as needed.

***Intent:***

***QAPI activities are designed to promote continuous improvement***

in quality; safeguard or improve care by assessing the value of care or a service and taking the necessary actions to improve that quality. **The center will implement a QAPI program designed to specifically monitor and record the quality of its services and programs and measure the outcomes of participant services, billing practices, and incidents.**

***Guideline:***

The center's continuous QAPI plan should have specific measurable objectives, meet requirements of licensing and funding sources, and meet professional standards of practice with outcome measures to determine the effectiveness and efficiency of Adult Day Services. Quality improvement plans identify an issue or problem, create a correction plan, monitor the correction for effectiveness, and implementation of the correction.

As part of the QAPI process, it is recommended that the center have a QAPI committee that meets quarterly to review the collected data and make operational adjustments as needed. The center's leadership conducts a review and analysis annually of the data collected quarterly in the quality improvement program. There are documented operational adjustments or recorded summarizations from the results.

A quality improvement plan (at minimum) should include monitoring of the data and outcomes from the following:

- Participant chart audits;
- Complaints;
- Participant Satisfaction;
- Incidents;
- Transportation Issues;
- Billing/Collection Errors or Denials and;
- Compliance with State and Federal requirements for licensing entities and funding sources;
- Recommendations from Participant and/or Advisory Councils.

## PERSONNEL POLICIES AND PRACTICES

- 21 The organization should provide an adequate number of staff whose qualifications are commensurate with the needs of the persons being served in the program, defined job responsibilities, and applicable licensure, law and regulation, and/or certification.**

*Guideline:*

Centers should develop policies and procedures for onboarding staff and volunteers that meet all state and federal requirements as well as those required by their payers' sources.

- Staff job descriptions should meet the requirements set forth by state guidelines, ADA compliant and include the duties required of the position. All staff should sign and date the job description as part of their onboarding process and anytime their position changes or additional duties are assigned.
- The center will maintain records of staff licenses, certifications, training, background and database checks and follow state requirements for maintaining employee records.
- The center should create an employee handbook that outlines the expectations of the employee and defines the policies and procedures of the organization as related to their employment. It is recommended that the center has the employees sign an acknowledgement that they have received a handbook as part of their employment.

- 22 Processes should 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.**

*Guideline:*

Centers should develop policies and procedures for competency assessments and performance reviews of their staff.

- Competency is task-based and skills assessments reflect the duties listed in the job description of that employee.
- Performance reviews are used to evaluate the employees' work performance, identify their strengths and weaknesses and offer constructive feedback for personal development.

- It is recommended that new employees have completed competency before they are allowed to provide direct participant care or transport participants and then annually thereafter.

Performance reviews should be conducted at the end of the staff's probationary period and annually thereafter.

**23 All employees and volunteers should be provided orientation and regular/routine in-service training.**

*Guideline:*

Centers should develop policies and procedures for orientation and training for employees and volunteers.

- Employee orientation should be completed as part of the onboarding process and signed by both the employee and the trainer.
- The center should conduct training as part of the employees' onboarding and then annually thereafter.
- The center should have a method of documenting all training, whether in person or online. This method should include the topic, length of time, presenter and qualifications for the topic, date and signature of the staff member (if done in person).
- It is recommended that centers have an educational calendar for all required training and optional training.
- Many states dictate the number of hours for annual education and required topics.

**PARTICIPANT POLICIES**

**24 Adult Day programs should comply with The Civil Rights Acts as amended.**

*Guideline:*

- The center will not deny participation or employment to any eligible applicant without regard to any non-merit factor, including race, national origin, color, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, status as a parent, or genetic information.
- If a participant's needs exceed the center's ability to offer appropriate services, they may be referred elsewhere.
- Participants will receive notice of the policy in their enrollment packet.
- Employees will receive non-discrimination training upon hire.

**25 A participant bill of rights and responsibilities should be developed, posted, distributed and explained to all participants or their representatives, families, staff and volunteers in the language understood by the individual.**

*Guideline:*

Centers should develop policies and procedures for orientation and training on the participant bill of rights and responsibilities.

**26 Adult Day programs should promote a restraint-free environment. The use of chemical and/or physical restraints should be disclosed and restricted to those whose physicians have ordered such restraints and should meet provisions for their use as determined by accepted standards of practice. (See the requirements of the Omnibus Budget.)**

**27 A complaint procedure should be implemented to enable participants and their families/caregivers to have their concerns addressed, in accordance with applicable laws, and without fear of reprisal.**

*Guideline:*

The center should provide the participant and caregiver with written information on how to file a complaint and written a policy and procedure defining how the center responds to complaints.

**28 All centers, including those not covered by the Patient Self-Determination Act\*, should implement written policies and procedures on how the Patient Self-Determination Act will be implemented in the program. \*Passed by U.S. Congress in 1990 as an amendment to the Omnibus Budget Reconciliation Act of 1990**

*Guidelines:*

Centers should:

- Make advance directive forms available to participants and their families/caregivers;
- Provide resources to aid the participant in completing advanced directives;
- Record participants' advance directives and specific orders (e.g., Do

- Not Resuscitate) in their individual plans of care;
- Advise the participant if the Adult Day program's policy and procedure for responding to emergencies is or is not compatible with his or her expressed wishes to withhold emergency measures; and
  - The center ensures that no discrimination takes place against any participant putting forth advanced directives.

**29 The center should comply with the state mandatory or voluntary procedure for tracking and reporting suspected abuse to the adult protective service or other authorized agency, such as law enforcement. Staff should be trained to recognize signs of potential abuse, neglect and exploitation, and to carry out reporting protocols.**

*Guidelines:*

Center policy should include a provision that staff must observe participants for signs of potential abuse, including, but not limited to, verbal abuse, physical abuse, sexual abuse, emotional or psychological abuse, neglect, financial abuse, self-abuse and exploitation. The center should provide elder abuse training and reporting requirements to staff as part of their orientation and annually thereafter. Some states have specific training and reporting requirements.

**30 The center should implement a non-discrimination policy that recognizes and respects racial, ethnic, cultural diversity, and sexual identity in its hiring and admissions practices. The Civil Rights Acts and will not deny participation or employment to any eligible applicant without regard to any non-merit factor, including race, national origin, color, religion, sex, sexual orientation, gender identity, disability (physical or mental), age, status as a parent, or genetic information.**

*Guidelines:*

The non-discrimination policy and procedures developed are reflected in the center's:

- Mission statement;
- Governance and administration, including staffing;
- Services and programs;
- Marketing and outreach; and
- Employment opportunities.

Centers must comply with all applicable laws governing equal employment opportunity (EEO). The center should include EEO information in the employee handbook. These laws extend to all applicants and employees and to all aspects of the employment relationship including, but not limited to recruiting, hiring, promotion, transfer, and compensation.

## GENERAL RECORD POLICIES

### 31 Each Adult Day program should implement a participant record system.

#### *Guidelines:*

The participant record system should include, but is not limited to the following:

- A permanent registry of all participants with dates of admission and discharge;
- A written policy on confidentiality and the protection of records that defines procedures governing their use and removal, and conditions for release of information contained in the records;
- A written policy on conditions that require authorization in writing by the participant or his/her legally responsible party for release of appropriate information not otherwise authorized by law;
- A written policy on HIPAA (Health Insurance Portability and Accountability Act) standards for electronic transactions and code sets standards and requirements: Privacy requirements; Security requirements, National identifier requirements ([www.cms.hhs.gov/hippa/hipaa2](http://www.cms.hhs.gov/hippa/hipaa2));
- A written policy providing for the retention and storage of records for at least six (6) years (or in accordance with state or local requirements) from the date of the last service to the participant; <https://www.harmonyhit.com/where-do-i-find-medical-record-retention-laws-for-my-state/>
- A written policy, reflecting the requirements of funding sources and of state and local jurisdiction, on the retention and storage of such records in the event the center discontinues operation;
- A policy and procedure manual governing the record system and procedures for all agency staff;
- Maintenance of records in a secure storage area; and
- A signed contract or agreement that defines the terms of services, costs and payment.

Some states will use a unique identifier for participants that are unable to sign their name.

## **PARTICIPANT RECORDS**

### **32 The center should maintain a record for each participant.**

#### *Guidelines:*

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 care plan (initial and reviews) and revisions (some states require the participant or responsible party to sign the care plan);
- Activity and social assessment;
- Rate sheet, financial assistance (if applicable);
- Signed Enrollment or Service contract;
- Signed authorizations for releases of medical information and photos, as appropriate;
- Signed authorization for participant to receive emergency medical care if necessary;
- Correspondence;
- Attendance and service records;
- Care Plans;
- Transportation plans/records (if applicable);
- Physician/health professional statement/medical history;
- Medical information sheet; documentation of physicians' orders; treatment, therapy, medication, and professional notes;
- Progress notes (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;
- Discharge plan;
- Current photograph of client with identifying marks such as birthmarks or tattoos noted;

- Emergency contacts;
- Advance directive form or a statement that none has been signed;
- A document acknowledging receipt of Privacy Notices and Non-Discrimination Statement; and
- A document disclosing HIPAA regulations (Health Insurance Portability and Accountability Act) review with date and signature by the participant and / or caregiver).

## ADMINISTRATIVE RECORDS

### **33 The center should maintain administrative records.**

#### *Guidelines:*

Administrative records may include the following documents:

- Personnel records (including personnel training, licenses, certifications and degrees) will be retained according to state record retention laws;
- Volunteer records (including training and hours);
- Fiscal records;
- Statistical records;
- Government-related records (funding sources/regulatory);
- Contracts;
- Organizational records;
- Results of utilization review and service plan audit;
- Board meeting minutes;
- Advisory committee minutes;
- Certificates of annual fire and health inspections, and others as applicable;
- Record of fire drills and disaster drills;
- Meals served, menu substitutions, therapeutic diets, nutritional supplements, food temperatures;
- Incident reports;
- Quality Assurance Performance Improvement minutes;
- A historical record of policies and procedures;
- Activity calendars;

- Daily attendance and transportation logs; and
- Insurance verification.

## **COMMUNITY RELATIONS**

**34 The center staff and leadership team should implement methods for informing the public about Adult Day Services, and about the center's programs and services in order to increase center participation.**

*Guidelines:*

The center should develop a marketing plan and process for marketing materials. A center should also have a designated person to act as a spokesperson on behalf of the center. This plan should be reviewed at least annually and updated as needed.

## **INFORMATION AND REFERRAL**

**35 The center should implement procedures for assisting applicants, participants and their families/caregivers to learn about the use of community agencies for financial, social, recreational, educational, and medical services.**

*Guideline:*

Each center should maintain a community resource file and staff should implement consistent procedures in assisting individuals in learning about community resources. The information in this file should be reviewed at least annually and updated as needed. The center may provide educational sessions regarding community resources for the participants and their caregivers.

## **SERVICE COORDINATION**

**36 The center staff should establish linkages with other community resources to coordinate services and form networks to develop a continuum of care.**

## **PART THREE: INDIVIDUAL CARE PLAN**

### **BACKGROUND**

Each Adult Day center is responsible for completing an assessment and creating a care plan for each individual it intends to serve.

Each center will use the definitions of distinctions that it has chosen to describe its target population. (See “**PART ONE: TARGET POPULATION.**”) It will plan to meet those participants’ needs by providing core, enhanced, and/or intensive services through the appropriate combination of time, skills, and resources by a staff trained to adapt to the needs of the target population.

The center may plan for the management of chronic and/or rehabilitative needs by providing appropriate services in a therapeutic environment. The elements that make up such an environment include the characteristics of the physical space, the philosophy of the organization and attitude of the staff which is reflected in activities, services and direct care. The goal of the program will be to strive for the greatest possible quality of life for each participant by maximizing the individual’s potential strengths and skills.

### **ESSENTIAL PROGRAM COMPONENTS**

**37 Centers should conduct an assessment and implement an individual written care plan for each participant.**

*Guideline:*

This care plan must be based upon services needed and available, as well as participants’ expressed goals and preferences. During this planning process the following eight steps will be completed in whatever order each Adult Day center considers appropriate.

### **STEP ONE – INTAKE SCREENING**

**38 The intake screening should be completed in order to gain an initial sense of the appropriateness of the Adult Day Services program for the individual.**

*Guidelines:*

The screening, conducted face to face or in a telephone interview with the

individual, family, or referral source, or covered on an application form, should include:

- Demographic information;
- Referral source;
- Consumer expectations;
- Living arrangement;
- Primary caregiver(s);
- Contacts;
- Social history;
- Financial status and insurance coverage;
- Physical and mental health status, including diagnosis and current treatments (for example, the presence of feeding tubes or hydration lines);
- Initial information on functional abilities, particularly activities of daily living (ADL) and instrumental activities of daily living (IADL);
- Psychosocial status, including diagnosis, if any, and current treatments;
- Name(s) of primary physician and other involved physicians; and
- Community agencies are involved in providing services or support; and initial information on functional abilities, particularly activities of daily living (ADL) and instrumental activities of daily living (IADL).

If the client is determined at this point to be inappropriate, the center will not proceed with the remaining steps. A written explanation should be provided to the applicant/caregiver and referral source to inform them as to why they cannot be appropriately served at the center. Whenever possible, information regarding alternative services more appropriate for the applicant should also be shared with the individual and their caregiver(s).

**39 A medical report that reflects the current health status of the participant should be obtained.**

***Intent:***

***The current health status of the participant must be included in the assessment.***

(Determine your state's requirements on what constitutes a "current" report.)

*Guidelines:*

It is recommended that the center obtain a signed health statement from the participant's primary care physician prior to the participant's enrollment. A health statement should include:

- The participant's diagnosis;
- Any physical or dietary restrictions;
- List of current medications;
- Can the participant self-administer medications at the center;
- Order for participant to have Tylenol or Ibuprofen; and
- Allergies.

**40 Each participant should designate a health provider (with contact information) and list emergency contacts if there is an emergency and the need for ongoing care.**

*Guideline:*

The organization should have documented in the participant's file emergency contact information, preferred hospital and health provider.

## **STEP TWO – ADMISSION PROCESS**

**41 An admission agreement should be completed and signed by the participant or authorized representative. It should include:**

- **Identification of services to be provided, agreed upon by the participant and/or caregiver and/or payer;**
- **A disclosure statement that describes the center's range of care and services;**
- **Admission, discharge, and/or transfer criteria;**
- **Fees and arrangements for reimbursement and payment; and**
- **Identification of and authorization for third party payers.**

**42 The center should implement procedures for orientation of the participant and/or family/caregiver to policies, programs and facilities.**

**43 The center should assure that participants or their authorized representatives sign all consents and permission documents and will be included in the individual's participant records, and available for review by participants or their authorized representatives.**

*Guidelines:*

These consents and permissions should include:

- Release/requests for information;
- Financing;
- Emergencies;
- Liability releases;
- And photo and trip releases.

**44 The participant and family/caregiver should be informed of the center's procedures for advance directives at the time of admission and at least annually.**

*Guidelines:*

The center should request a copy of the advanced directives and any DO NOT RESUCITATE (DNR) orders for the participant. The center should provide training to staff on the types of DNR orders and have a method to identify any participant with a DNR order.

**45 Each participant and caregiver should receive written information regarding the criteria for transitions to a different level or range of services and applicable rights at the time of admission and at least annually.**

*Intent:*

***For those centers that offer more than one level or range of services, the participant will be transitioned to a different level or range of services as his or her needs change and aligned with the center's documented transition criteria***

## STEP THREE – ASSESSMENT

- 46** The center's assessment process should identify the individual's strengths needs and preferences, what the person's expectations for service are, what services are required, and who is responsible for providing those services.

***Intent:***

***A comprehensive written assessment is completed in order to collect sufficient information to develop and implement the individual's care plan. The assessment involves identifying the individual's strengths and needs and determining what services the individual requires or wants from the center, either directly or through referral. The assessment should also reflect the person's expectations for service as well as those of the caregiver(s).***

- 47** The assessment should be conducted by qualified staff or consultants or a combination thereof. Some states may require these assessments to be completed by a designated professional and within a specific timeframe.

***Guidelines:***

The assessment should include the person's current living arrangement, physical and mental health profile (medical records, medical history, verification of medical regimen, nutritional status, primary physician and other specialists, and physician's restrictions), social history, formal and informal support systems, activities of daily living skills, mental and emotional status, community and financial resources, interests, hobbies, past occupation and other life history information.

For potential participants with cognitive impairments, the assessment should address the following issues: personality, psychosocial background, diagnosis of cognitive impairments to rule out other possible causes of dementia, mental health status to rule out depression and other treatable conditions, level of interest in other people and things, mood, cognitive status/judgment, attention span, task focus, energy level, responsiveness to stimulation in the environment, distractibility, communication, sensory capacity, motor coordination, and spatial relationships. Special consideration should also be given to areas addressed for all participants, including ambulation and mobility, physical and functional capacity, ADLs. If no diagnostic evaluation has been done, the participant and family/caregiver should be referred for evaluation. For persons with dementia, an extensive life history with interpretation of how to use that information will facilitate staff interventions that enhance quality of life.

In some states a home visit by program staff or in coordination with community resources during the admission assessment process may be required. 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.

## **STEP FOUR – WRITTEN INDIVIDUAL CARE PLAN**

**48** A written care plan should be developed and implemented from the admission assessment for each participant.

***Intent:***

***The care plan and services and its implementation should be consumer/participant- driven, flexible, and responsive to the participant’s changing needs, abilities and preferences. The plan is intended to create a safe and supportive environment that promotes the participant’s dignity and enhances the quality of life for the participant and the family/caregiver.***

***Guidelines:***

Each individual’s care plan reflects the participant’s abilities, strengths, interests, and preferences, and includes:

- Identified needs and goals in each service area;
- 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 center and by other sources to achieve the goal(s) and objectives; and
- Roles of participant, family/caregiver, support system and center staff and volunteers.

**49** The participant, caregivers, family and other service providers should have the opportunity to contribute to the development, implementation, evaluation, and update of the care plan actively and consistently.

## STEP FIVE – CARE PLAN REVIEW AND REASSESSMENT

- 50** Reassessing the individual's needs, preferences and re-evaluating the appropriateness of care plans should be done when needed or at least semi-annually and comply with all state regulations.

***Intent:***

***Reassessment applies to the care plan and ongoing comprehensive assessments as well as to the evaluation of goals and approaches that shape the care plan.***

***Guideline:***

Any significant change in the participant or family/caregiver status – such as, but not limited to, hospitalization, changes in living arrangements, changes in payer source, or modifications of the caregiver support system – can prompt the need for a reassessment and potential transition to a different range of care and services. Some states require case managers to be notified of any significant changes within a defined timeframe.

- 51** The center should conduct care plan reviews with the participant and/or the family/caregiver that review each element of the written care plan, addresses changes in conditions of participation, reviews services and goals of the care plan and scheduled days of attendance and updates the written care plan as needed to reflect changes. Care plans reviews should be signed by the participant or responsible party.

## STEP SIX – COORDINATION OF CARE

- 52** If coordination of care is needed and if the person is a participant of another agency, then a care plan should be developed in conjunction with the services provided by that agency.

***Intent:***

***The extent of coordination of care for participants depends on the individual's specific needs and the degree to which the needs are met by the caregiver or another provider.***

## STEP SEVEN – SERVICE DOCUMENTATION

**53 Progress notes should be written and maintained as part of each participant's record.**

*Guidelines:*

Progress notes reflect timely reviews of the care plan, changes in status, significant events, incidents, specific interventions and participant responses, and outside contacts such as telephone calls. Flow charts may be helpful in charting.

For the participant receiving basic services, progress notes will be written to reflect changes in the individual's status, to record significant events/incidents, and to document at least a semi-annual review of the care plan.

## STEP EIGHT – DISCHARGE PLAN

**54 The center should implement a discharge policy that includes criteria and notification procedures in accordance with applicable law.**

*Guidelines:*

Policy information includes:

- Time frame for termination;
- Criteria for discharge;
- Notification procedures; and
- Follow-up plan.

The discharge policy should be reviewed annually and updated as needed.

**55 Discharge/transition plans should be developed for those with changes in service need and changes in functional status that prompt another level of care.**

*Guidelines:*

When appropriate for the participant, discharge procedures include:

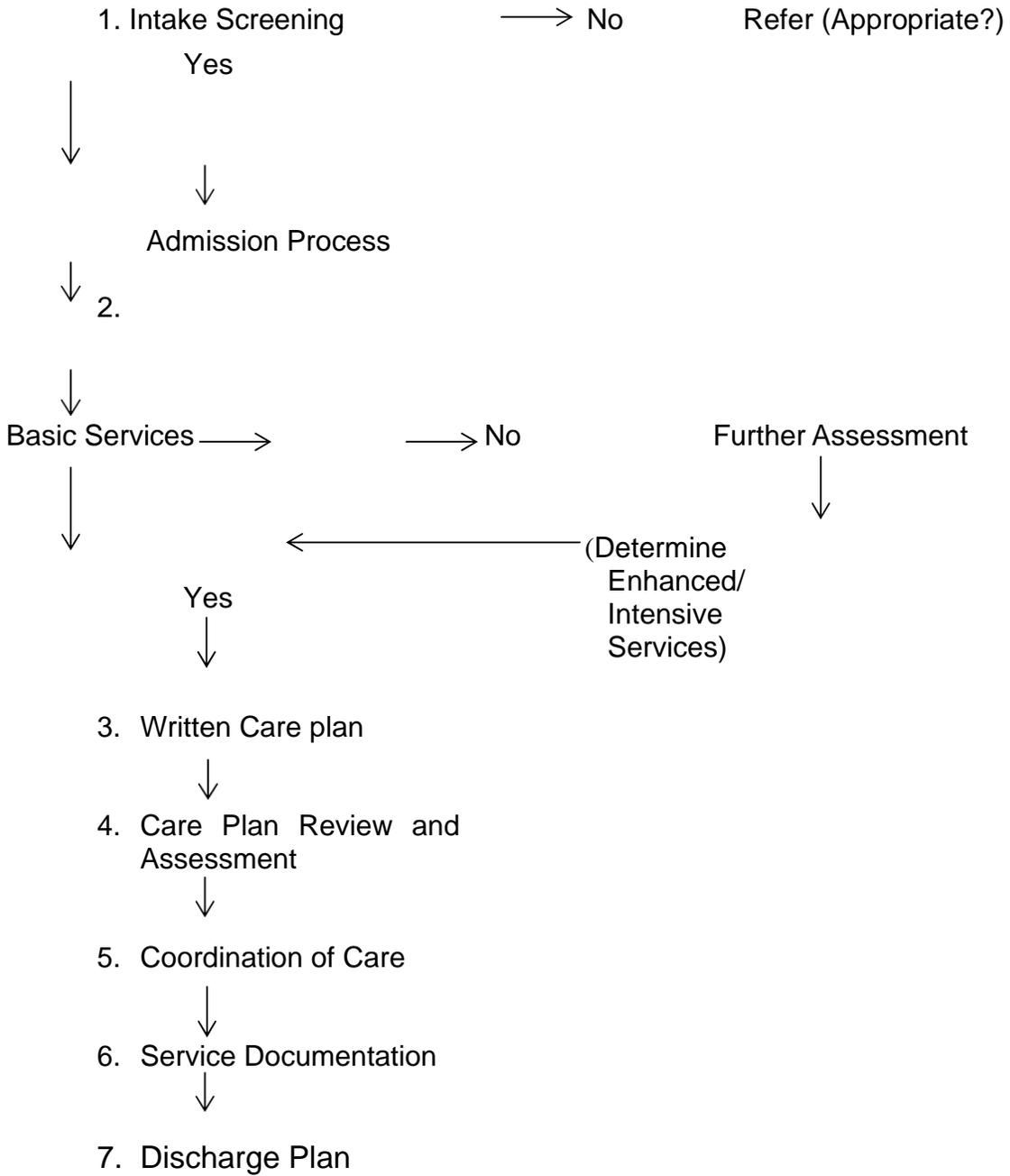
- Referrals to community service agencies for appropriate services;
- A written discharge summary noting reasons for discharge, services and organizations referred to including recommendations for continuing care; and
- Follow up when appropriate.

**56 Each participant and family/caregiver should receive timely notice and a time frame if the participant is to be discharged from the program.**

*Guidelines:*

It is recommended that the center give the participant and caregiver at least a 30-day notice of discharge unless the discharge is not planned because of behavior or medical issues that require immediate discharge from the center.

## FLOW OF PROGRAM COMPONENTS



## **PART FOUR: SERVICES**

### **BACKGROUND**

Traditionally, the key elements of Adult Day Services have been the staff's interdisciplinary approaches to meeting participants' goals; the therapeutic environment, and the variety of services offered to meet the needs and preferences of participants. Adult Day Services differ from other philosophies of care in their unique focus on the strengths and abilities of participants, and on health rather than illness. Adult Day programs provide a structure to help people recover from an acute illness or injury, achieve rehabilitation, habilitation, live with a chronic illness, reduce loneliness and isolation, maintain connections with their community, and/or use all of their retained skills.

The interaction of the physical and human environment combines to define the culture of each center. The physical environment and the program design of Adult Day Services provide safety and structure for participants. The center staff builds relationships and creates a culture that supports, involves, and validates the participant, which forms the framework in which therapeutic activities, health monitoring, and all the services offered by the center occur. All therapeutic components of Adult Day Services (meals, activities, interactions with staff and other participants, personal care, nursing and therapies) are reinforced by the warm, caring affective tone of the center.

Adult Day Services have brought a new vocabulary and broader meaning to such familiar concepts as treatments and rehabilitation. From the beginning, the philosophy of Adult Day Services has been that treatment and care alone were not enough. Concern with maximizing the quality of participants' lives mandates the holistic and interactive approach to services provided in Adult Day centers.

Individuals, groups, and centers are, of course, different. However, there are some commonly agreed upon principles of care that form the foundation for all services provided in a center.

- Routine is important for the participant, and following a regular daily schedule is a well-recognized means of providing needed structure.
- Sufficient flexibility to provide alternatives that accommodate unanticipated needs, events and preferences is necessary to maintain a calm and therapeutic environment.

- All care is strength-based, with the staff compensating for the participants' losses and supporting the use of retained skills.
- Communication between staff and participants is the basis for building relationships. This includes staff attending to the participants' verbal and nonverbal communication in order to understand their wants and needs, as well as staff using verbal and nonverbal means to validate and support participants.
- Awareness of the person's life history, the significance of life history events, knowledge of patterns of daily life, and insight as to how this information affects current interactions and behaviors facilitate staff enhancing quality of life for each participant of the Adult Day center.
- Sensitivity to all the elements of the participant's personality will convey a sense of respect that is the basis for forming supportive and therapeutic relationships.

## **THERAPEUTIC ACTIVITY**

### **Background**

Therapeutic activity is the heart of the Adult Day Services program together. The arts, in particular, have recently become a focus for enhancing activities programs, as well as the quality of life of participants.

A critical role of the center and staff is to build relationships and create a culture that supports, involves and validates the participant. Therapeutic activity refers to that supportive culture and is a significant aspect of the individualized care plan. A participant's activity includes everything the individual experiences during the day, not just arranged events. Every interaction is an opportunity for a positive activity.

As part of effective therapeutic activity, the Adult Day program should:

- Provide a variety of activities that support meaningful, purposeful engagement;
- Provide additional direction and support for the participant when needed, including, for example, breaking down activities into small, discrete steps or modeling behavior;
- Have alternative programming available for any participants unable or unwilling to take part in a group activity;
- Routinely have alternative simultaneous programming to maximize the ability of participants to participate in activities meaningful to them; and

- Explore and design activities that have the greatest potential to elicit a positive response from participants.

**57 Programming should take into consideration individual differences in age, health status, sensory deficits, lifestyle, ethnicity, religious affiliation, values, experiences, needs, interests, abilities, skills, and preferences by providing opportunities for a variety of types and levels of involvement.**

*Guidelines:*

Activities may include, but are not limited to:

- Personal interaction;
- Activities naturally offered by the environment;
- Individualized activities;
- Small and large group activities;
- Active and spectator participation;
- Gentle exercises that can be done seated or standing;
- Intergenerational experiences;
- Involvement in community activities and events;
- Services to individuals and to the program;
- Outdoor activities as appropriate;
- Self-care activities;
- Food preparation and other ADL/IADL related activities;
- Culturally and ethnically diverse celebrations; and
- Opportunities to voluntarily perform services for individuals and the program, and for community groups and organizations.

**58 The activity plan should be an integral part of the total care plan for the individual based on the interests, needs, preferences and abilities of the participant.**

*Guidelines:*

Activities emphasize participants' strengths and abilities rather than impairments and contribute to participant feelings of competence and accomplishment. Provision is made for each individual to participate at his/her

optimal level of functioning and to progress according to his/her own pace. Activity programming takes into account participants' individual responses to stimulation, level of fatigue, and tolerance for programming. Scheduled activity programs should be flexible, planned activities may change if the participants (collectively) do not want to a scheduled activity.

**59 The Adult Day Services program should provide a balance of purposeful activities to meet the participants' interrelated needs, interests, and preferences (social, intellectual, cultural, economic, emotional, physical and spiritual).**

*Guideline:*

These activities range from group and individual activities of general interest to specific therapeutic interventions – for example, creative arts therapies, wellness, prevention, and education.

**60 Activities should be designed to promote pleasure, personal growth and enhance the self-image and/or to improve or maintain the functioning level of participants to the extent possible.**

*Guidelines:*

Activities address the needs of participants for security, control, inclusion, occupation and affection. Activities offer, but are not limited to, opportunities to:

- Preserve the participant's dignity;
- Support a sense of meaningful occupation (adult, purposeful activity);
- Maximize remaining abilities;
- Experience a positive outlet for energy, emotions, and self-expression;
- Increase feelings of self-worth;
- Maintain lifelong skills and patterns of activity;
- Learn new skills and gain knowledge;
- Challenge and tap the potential abilities of participants;
- Participate in activities of interest;
- Improve capacity for independent functioning;
- Develop interpersonal relationships;
- Develop creative capacities;
- Improve physical and emotional well-being, including nutritional status;

- Be exposed to and involved in activities and events within the greater community;
- Experience cultural enrichment; and
- Have fun and enjoyable, pleasurable experiences.

**61 Participants should be encouraged to take part in activities but may choose not to do so or may choose an alternative activity.**

*Guidelines:*

Centers should evaluate reasons for non-participation to determine whether it reflects personal preference or indicates a need for a change in activity.

Background noise such as conversation, television, microphone, or music can be therapeutic, distracting, or upsetting; therefore, centers should carefully assess the impact of noise on participants and make adjustments as indicated (for example, changing the type of music or volume level).

**62 Participants should have time for rest and relaxation and the means to attend to personal and health care needs.**

*Guidelines:*

The center should have an area for participants to have rest and relaxation. This area may be a separate room or designated area in the center. Some states have specific requirements for a rest area such as size and furniture.

**63 Activity opportunities should be available whenever the center is in operation.**

*Guideline:*

A monthly calendar of activities should be prepared and posted in the participant area and on the center's website. The calendar should be distributed to participants, family caregivers and others. Alternative simultaneous activities should be planned to facilitate optimum participant involvement. Group daily activities should be posted in a prominent, convenient place.

**Person Appropriate Activities**

Each person has a personal identity and history that involves more than just their medical illnesses or functional impairments. Activities must be relevant to

the specific needs, interests, culture and background of the individual for whom they are developed.

Adult Day centers develop and implement activities that identify the needs of each participant, in order to ensure that each participant is assessed according to his interests, preferences, choices, strengths, and limitations and receives an individualized, ongoing and meaningful program of activities that addresses those interests and choices.

“Program Activities” include a combination of large and small group activities, one-to-one interactions, and self-directed activities; as well as a system that supports the development, implementation and evaluation of the activities provided to participants at the center.

Activities include any endeavor, other than ADLs, in which a participant engages in activities that is intended to enhance his well-being, and to promote or enhance physical, cognitive, and emotional health. These include, but are not limited to, activities that promote self-esteem, pleasure, comfort, education, creativity, success and independence. Activities can occur at any time and are not limited to formal activities provided by activities staff. ADL-related activities such as manicures/pedicures, hair styling, and makeovers may be considered part of an activities program.

“One to One Programming” is provided to participants who will not, or cannot effectively plan their own activity pursuits, or need specialized or extended programs to enhance their overall daily routine and activity pursuits.

## **Arts Activities**

There needs to be real choice in the range of arts activities offered to participants. Older adults and people with impairments are wonderfully creative. Expressing this creativity through the arts is good for their health, adds joy and meaning to their lives, and infuses our communities with wisdom and fun. It is important to foster an understanding of the vital relationship between creative expression and the quality of life for older people. [SOURCE: Center for Creative Arts and Aging [www.creativeaging.org](http://www.creativeaging.org)]

***Intent: To provide participants with the opportunity for an aesthetic experience that is not framed by the intentional use of the creative arts as a form of therapy.***

## ASSISTANCE WITH ACTIVITIES OF DAILY LIVING

**64** The Adult Day Services program should provide personal care 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.

*Guidelines:*

ADLs are defined as:

- Bathing – washing oneself by sponge bath or in either a tub or shower; bathing in a tub or shower includes the task of getting into or out of the tub or shower;
- Grooming – hair dressing, care of facial hair for females and males, make-up, nail care;
- Dressing – putting on and taking off all items of clothing and any necessary braces, fasteners, or artificial limbs;
- Eating – feeding oneself by getting food in the body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously;
- Toileting – getting to and from the toilet, getting on and off the toilet, and performing associated personal hygiene;
- Transferring – moving from one surface to another such as a bed, chair, toilet or wheelchair and moving from sit to stand or stand to sit;
- Mobility/Ambulation – ability to walk with or without assistive devices or operate a wheelchair; and
- \*Contenance Care – the ability to maintain control of bowel and bladder function; or when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including the ability to care for catheter, colostomy or ileostomy).

Further direction on proper techniques for assisting with ADLs is available in the NADSA training materials: *A Manual for Training the Program Assistant in Adult Day Care* and the supplementary video, *Training the Program Assistant in Adult Day Care – Personal Care*.

In programs offering basic services, minimal assistance with ADLs may be provided by staff or trained volunteers – unless state law or regulations

prohibit such help. At this level of care assistance is limited to providing a verbal or visual prompt to initiate the ADL. The participant must be able to complete the ADL independently.

In programs offering enhanced or intensive services, assistance with ADLs may be provided by staff or trained volunteers with clinical supervision available – unless prohibited by state law. As part of enhanced services, moderate assistance with 1-3 ADLs is provided. Moderate assistance includes standby or hands-on assistance throughout the completion of the ADL. As part of intensive services, either moderate assistance is provided with more than 3 ADLs, or one or more ADLs must be performed completely by staff.

Programs may also provide assistance and/or training with **Instrumental Activities of Daily Living (IADL)** such as use of the telephone, housekeeping, meal preparation, medication management, handling money, shopping and using technology.

## HEALTH-RELATED SERVICES

### Background

Health-related services promote health and wellness and evaluate the need for health interventions. They may enable the participant to experience improvement or to maintain his or her health status, but they may be unable to prevent inevitable decline. For some participants, supporting and facilitating current levels of functioning are more appropriate than rehabilitation or restoration. Health care and nursing services, when appropriate, are included in health-related services.

**65 Health-related services, appropriate to the participants' needs, should be offered by all Adult Day Services programs.**

*Guideline:*

Health-related services may vary in scope and intensity, depending on the target population.

*Basic Services:*

Care requires persons to be trained in the skills necessary to provide health care coordination, prevention, and education as determined by the administrator of the program. Basic services require the staff to be trained to assess the need for emergency health interventions.

**67 Basic health-related services are to be provided at all ranges of care.**

*Enhanced Services:*

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 nurse.

*Intensive Services:*

Health related services may be provided that require various licensed health practitioners to adequately meet the Medical/Nursing needs of the participants.

**66 According to participant needs as identified in the health assessment, interdisciplinary care plan, and physician orders, the health-related services should include a configuration of services at levels of intensity consistent with basic, enhanced, and intensive services.**

*Basic Services:*

Care requires persons to be trained in the skills necessary to provide health care coordination, prevention, and education as determined by the administrator of the program. Basic services require the staff trained to assess the need for emergency health interventions.

*Enhanced Services:*

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 nurse.

*Intensive Services:*

Health related services may be provided that require various licensed health practitioners to adequately meet the Medical/Nursing needs of the participants.

Centers may offer a combination of these services based on their model. Social models may have the basic services with some nursing assessments. Medical models will offer all three types of services. A specialized center may offer some or all types of services.

All Adult Day Services programs should:

- Refer to and assist with coordination of other health services, as needed;
- Train staff and supervise the use of standard protocols for communicable diseases and infection control;

- Train staff and supervise observation and reporting of participants' status of physical and mental wellbeing;
- Provide emergency first aid and initiate emergency response procedures. This must be provided by a person trained in Emergency First Aid and CPR; and
- Provide or arrange for health education, promotion, prevention, screening and detection.

*Basic services:*

Adult Day Services observe each participant's physical and mental well-being and take appropriate action as needed, according to predetermined protocols.

*Enhanced Services:*

Enhanced services involve providing intermittent monitoring and intervention for ongoing medical conditions, including vital signs and weight, and providing observation, monitoring, and intervention for changes in cognitive or physical conditions or functional level.

*Intensive Services:*

The intensive services level involves providing ongoing monitoring and intervention for acute or continuing medical conditions, including vital signs and weight, and providing observation, monitoring, and intervention for cognitive, physical, or functional changes.

**68 All centers should monitor participants' health and respond to changes.**

*Guidelines:*

Adult Day Services advise and monitor contact by the participant and/or family/caregiver with participant's primary care physician and others involved in care.

In a medical or specialized model, a licensed nurse will monitor, coordinate care and, if needed, contact the participant's primary care physician.

**69 All Adult Day centers should coordinate care with primary caregivers and others involved in the care team.**

Adult Day Services collect, maintain, and update – within the scope of practice of the staff involved – medical and functional information and assessments. For those areas outside of the scope of practice of the staff involved, the center maintains a file and notifies others when assessments and other medical and functional reports are due.

Medical and Specialized Models may provide enhanced or intensive services. These services may include:

- Services providing restorative, supportive, or rehabilitative care that includes assessment, monitoring, and interventions on a moderate and intermittent basis for ongoing medical conditions, functional limitations, cognitive and mental health issues.
- Skilled nursing services that are within the scope of practice permitted and that can safely be done at the center to observe and manage medical conditions according to physician orders.
- Services that involve attending to the cognitive, emotional and mental health needs of participants as provided by a trained and/or licensed social services professional. If a social services professional is not part of the staff of the Adult Day center, these services may be provided on a contractual/consultation basis.

**70 All Adult Day centers should provide at least basic health care services to all participants as needed.**

***Intent:***

**The center should provide basic health care services such as taking vitals, health assessments as part of the enrollment process and referral services for care beyond what the center provides.**

**71 Participant medication in Adult Day Services can be self-administer or administered by staff. Medication should be stored and disposed of in accordance with the center's policies and applicable law.**

***Guidelines:***

Adult Day Services programs offering basic services maintain medication information. They also provide reminders or prompt the participant to initiate and follow through with self- administration of medications.

Medical and Specialized Models may have participants that can self-administer medications or require assistance from staff.

Any model that has participant medications onsite should provide training in self-administration of medications or administering medications. Centers regularly inspect drug inventory and storage conditions. They evaluate the potential for drug interactions and side effects. Centers evaluate how the home situation fosters or impedes the ability to procure, store and appropriately administer or self-administer medications. They establish drug review with the primary responsible party and the physician, and also monitor and evaluate participants receiving enteral tube feedings. Additional services may include providing intravenous, intramuscular, or subcutaneous injections by trained and licensed staff.

**72 Adult Day centers offering enhanced and intensive services should provide nursing services.**

*Basic services:*

At this level, centers may not be required to provide nursing services.

*Medical or Specialized Models:*

At this level centers provide other direct nursing services requiring intermittent skilled nursing. They supervise or provide maintenance therapy procedures and provide written and verbal instructions to staff, participants, and the family/caregiver on the diagnosis and treatment protocol of the participant. They also document instruction provided to the participant and/or family/caregiver. Additional services may include skilled, professional nursing services and specialty nursing care such as medical or psychiatric nursing treatment and care.

## **SOCIAL SERVICES**

**73 Social services should be provided to participants and their families. Appropriately trained staff should assess the participants' and families' psychosocial needs and assist them in gaining access to additional services as needed.**

*Guideline:*

These services include counseling, support groups, in-home care, residential placement, financial assistance, information and referral, participant advocacy.

For centers that are specialized or a medical model, the center should have qualified staff, such as a social worker or counselor to:

- Provide counseling to participants and families/caregivers, facilitating the participant's adaptation to the Adult Day Services programs and active involvement in the care plan, if appropriate;
- Arrange for other community services not provided by the Adult Day Services center and work with these agencies to coordinate all services;
- Serve as participant advocate by asserting and safeguarding the human and civil rights of the participant;
- Assess for signs of cognitive impairments and/or dementia and make appropriate referrals;
- Provide information and referrals for persons not appropriate for Adult Day Services;
- Provide family conferences, serve as liaison between participant, family/caregiver, and center;
- Provide individual or group counseling and support to caregivers and participants;
- Conduct support groups or facilitate participant or family/caregiver participation in support groups; and
- Assist staff in adapting to changes in participants' behavior.

For centers with participants who have significant psychosocial needs, care may include providing or arranging for individual, group or family psychotherapy. Under the direction of social services staff, the staff may use behavioral interventions or other appropriate psychosocial interventions to improve participants' adaptation to the therapeutic setting.

**74 Appropriately trained staff should provide to participants and their families/caregiver education and support on issues jointly agreed upon.**

*Guidelines:*

The center will have staff trained according to participants' needs as identified in the social assessment and interdisciplinary care plan, 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' state of emotional and psychosocial wellbeing, and their needs and helps families gain access to additional services needed.

For participants who have identified problems or needs not met by the center, programs provide referral to community services.

## FOOD SERVICES

- 75 All Adult Day programs should provide participants with a minimum of one meal per day of an adult's daily nutritional requirement as established by state and federal regulations.**

*Guidelines:*

Snacks and fluids will be offered as appropriate to meet the participants' nutritional and fluid needs. All foods offered will be nutritious, appetizing, and safe. The program will respect dietary restrictions related to religion or culture and will offer ethnically appropriate foods whenever feasible.

The participant's total dietary intake is of concern but is not the center's responsibility. The center is responsible only for meals served at the center and to report to the caregiver/medical representative if nutritional deficits are suspected.

- 76 Liberalized diets should be encouraged. However, special, modified, or therapeutic diets should be provided as necessary for participants with medical conditions or functional impairments.**

*Guidelines:*

Liberalized diet approach allows individuals to eat a regular diet that includes foods that enjoy which may improve nutritional intake. "Special," "modified," or "therapeutic" diets are terms that are often used interchangeably to designate diets prescribed by a physician, which may include modifications in nutrient content, caloric value, consistency or texture, methods of food preparation, or a combination of these modifications. The most common forms of these diets are diabetic (or low simple sugar), low salt (or low sodium), vegetarian, and texture modifications (such as ground, pureed, or mechanical soft). Special, modified, or therapeutic diets ordered by the participant's physician are included in the interdisciplinary care plan.

An Adult Day Services program should neither admit nor continue to serve a participant whose dietary requirements cannot be accommodated by the center.

- 77 An Adult Day center should have a kitchen or food prep area that meets the local department of health regulations.**

*Guidelines:*

Local department of health agencies will determine what the type of food vendors license an Adult Day center is required to have. Adult Day centers will have to meet all the regulations in order to obtain a license. Kitchens or food prep areas will require commercial grade appliances and sinks. Adult Day centers who contract meals may still be required to obtain a food vendors license. All Adult Day centers should have at least one employee with a ServSafe Managers Certificate and additional staff with a ServSafe Level 1 Food Handlers Certificate.

## **NUTRITION SERVICES**

### **Background**

Nutrition services are designed to improve participant's nutritional and physical status, independence, and quality of life, and to prevent further deterioration unless otherwise unavoidable. Nutrition therapy consists of screening and assessing participants for risk or presence of poor nutritional status; developing and implementing an appropriate care plan to achieve the goals of the participant, family/caregiver, and interdisciplinary team; and monitoring and evaluating the plan.

All centers will follow the Older Americans Act (OAA) Title III C requirements for Home-Delivered Nutrition Services (Section 336) and Congregate Nutrition Services (Section 331) servicing older adults (Section 330).

<https://acl.gov/sites/default/files/nutrition/NutritionRequirementsOAA.pdf>

**78 All Adult Day Services programs should screen and assess participants for nutrition therapy needs and should provide nutrition intervention as appropriate.**

Nutrition services will consist of screening participants for nutritional wellbeing and providing general nutrition education to participants and families/caregivers. Nutrition screening and education may be the responsibility of a professional dietician, the administrator, or program director.

Nutrition services as part of a medical or specialized center will consist of screening and assessing the nutritional health of participants and developing a nutrition care plan consistent with the goals established by the participant, family/caregiver, and interdisciplinary team, including the participant's physician. Nutrition assessment and care plan development, implementation, and monitoring are the responsibility of a Registered Dietitian (RD), Dietetic Technician Registered (DTR), RD- or DTR-eligible, or other health care professional, consistent with state licensure laws.

Nutrition therapy services, which include but are not limited to the following, will:

- Assess a participant's nutritional health via dietary history evaluation, anthropometric measures, laboratory tests and/or physical parameters, and medical history;
- Evaluate potential for interactions between nutrients, drugs, and foods that may adversely affect the nutritional and health status of the participant;
- Evaluate how the home situation fosters or hinders the ability to procure, store, prepare, and/or consume food;
- Establish a nutritional care plan to prevent participant's deterioration and achieve optimal nutritional health;
- Evaluate and redesign the nutritional care plan as necessary;
- Monitor and evaluate participants receiving enteral tube feedings and parenteral line solutions, and recommend changes as appropriate;
- Provide written and verbal instructions to staff, participant, and family/caregiver to achieve optimal nutritional health;
- Teach and train staff in foods, food handling safety, nutrition, and nutrition therapy; and
- Provide additional nutrition therapy services as needed.

## TRANSPORTATION

**79** The Adult Day program should provide, arrange, or contract for transportation to enable persons, including persons with disabilities, to attend the center and to participate in center-sponsored outings.

*Guidelines:*

Participants should be transported for no more than 60 minutes without the opportunity for a rest stop. The Adult Day program should have policies and procedures for backup vehicles and drivers.

**80** The Adult Day program should have a transportation policy that includes routine and emergency procedures, with a copy of the relevant procedures located in all vehicles.

*Guidelines:*

Accidents, medical emergencies, weather emergencies, and escort issues should be addressed within the transportation services guidelines. All center vehicles should be equipped with a communication device such as a mobile phone. Transportation specialists should adhere to all laws pertaining to distracted driving and the use of “hands-free technology.”

All vehicles should have a fire extinguisher and first aid kit.

**81 All center vehicles should safely secure participants during transport.**

*Guidelines:*

The vehicle should have a seatbelt for each participant in the vehicle. Participants who remain in their wheelchair or special mobility device during transportation should be secured according to SAE Standard J2249.

[https://www.sae.org/standards/content/j2249\\_199901/](https://www.sae.org/standards/content/j2249_199901/)

**82 All program-provided and contracted transportation systems should meet local, state, and federal regulations. Vehicles should be safe and in good working order to transport participants to and from the center.**

*Guidelines:*

- Transportation vehicles may be subject to daily pre/post trip inspection, annual inspections and regular scheduled maintenance.
- Wheelchair lifts require regular maintenance and inspections.
- Professional vehicle inspections may be required annually in some states.

## **EMERGENCY CARE FOR PARTICIPANTS**

**83 The center should have a written procedure for handling medical emergencies.**

*Guidelines:*

This document should include:

- Procedure for notification;
- Transportation arrangements; and
- Provision for an escort, if necessary.

**84** The center should have a portable basic emergency information file available on each participant that includes:

- hospital preference;
- physician of record and telephone number;
- emergency contact (family);
- insurance information;
- medications/allergies;
- current diagnosis and history;
- advance directives/orders (e.g., DNR); and
- recent photograph (for participant identification).

**85** The center should have a written procedure for responding to participant elopement.

*Guidelines:*

This procedure describes:

- Staff responsibilities;
- Notification protocols for law enforcement and community resources; and
- Recent photograph for participant identification.

## **EDUCATION**

**86** Education should be provided to the families/caregivers and participants to improve the wellbeing and functional level of the participants and/or caregiver.

*Guidelines:*

Education includes health teaching, adaptation to loss of functional abilities, nutrition, housing, services and benefits available, and legal and financial planning.

Education is an ongoing process that is both formal and informal.

## **ANCILLARY SERVICES**

Ancillary services include traditional professional therapies, creative arts, wellness services, and expanded educational services. Ancillary services are provided to help participants achieve their optimal level of functioning. Some ancillary services may be provided through contracted providers.

**87 Ancillary services should be procured to meet the needs identified through the assessment and service plan process.**

The following services may be provided directly or through contractual arrangements by an Adult Day program when appropriate and when needed by participants and staff. The scope and intensity of these services will vary depending upon the needs of the participants and/or staff and the range of care provided.

**88 Ancillary services should include education for the participant and/or family caregiver and/or staff and may be delivered on a one-to-one or group basis.**

**89 Ancillary services should be provided within the framework of the individualized care plan and as part of the overall array of services the participant receives.**

**90 Professional therapy services may address remediation but should also focus on adaptive and compensatory techniques.**

**91 Centers providing services defined by professional practice standards should ensure that the professional standards are met.**

**92 Physical, occupational, and speech therapy services should be provided directly or through contracted or other arrangements by an Adult Day program when appropriate and when needed by participants.**

**93 The scope and intensity of therapy services should vary depending upon the needs of the participants and the range of services provided.**

### **PHYSICAL THERAPY**

Physical therapy care and services are provided by physical therapists and physical therapist assistants.

Physical therapists (PTs) examine each individual and develop a plan using treatment techniques to promote the ability to move, reduce pain, restore function, and prevent disability. In addition, PTs work with individuals to prevent the loss of mobility before it occurs by developing fitness and wellness-oriented programs for healthier and more active lifestyles.

*Social model or basic services:*

At this level centers are not required to provide physical therapy services.

*Medical or specialized Models:* The Adult Day Services program provides or arranges for physical therapy services at a functional maintenance level – based on the physical therapy assessment, interdisciplinary care plan and physician orders. The Adult Day Services program will also provide restorative or rehabilitative therapy when indicated.

Physical therapy services, which include but are not limited to the following, will:

- Assess participant's mobility level, strength, range of motion, endurance, balance, gait, ability to transfer, coordination, posture, and pain level;
- Provide treatment to relieve pain and/or develop, restore, maintain functioning;
- Establish a functional maintenance program and provide written and verbal instructions to center staff and the family/caregiver to assist the participant with implementation;
- Recommend adaptive or assistive devices;

- Train other staff to lift, move and otherwise assist participants;
- Evaluate the home setting for environmental barriers and make recommendations for increased participant independence; and
- Assist participants to obtain assistive ambulatory devices and train participants and family/caregivers in the proper use of the device.

## **OCCUPATIONAL THERAPY**

Occupational therapy services are provided to restore independence in activities of daily living, facilitate the ease of caregiving, and maintain community integration.

### *Social model or basic services:*

At this level centers are not required to provide occupational therapy services.

### *Medical or specialized model:*

The Adult Day Services program provides or arranges for occupational therapy services at a functional maintenance level, based upon the occupational therapy assessment, interdisciplinary care plan, and physician orders. The Adult Day Services program will also provide restorative or rehabilitative therapy when indicated.

Occupational therapy services, which include but are not limited to the following, will:

- Administer diagnostic and prognostic tests to determine the integrity of upper extremities, ability to transfer, range of motion, balance, strength and coordination, endurance, activities of daily living, and cognitive-perceptual functioning;
- Teach participants adaptive techniques to overcome barriers and impediments to activities of daily living;
- Teach and train other staff in the use of therapeutic, creative, and self-care activities to improve or maintain the participant's capacity for self-care and independence, and increase the range of motion, strength, and coordination;
- Train the participant in the use of supportive and adaptive equipment and assistive devices;
- Evaluate the home for environmental barriers and recommend changes needed for greater participant independence;
- Establish and monitor functional maintenance programs to prevent deterioration, and provide written and verbal instructions to center staff

- and the family/caregiver to assist the participant with implementation;  
and
- Provide other appropriate occupational therapy procedures.

## **SPEECH THERAPY**

Speech therapy services are provided to treat swallowing problems and to restore impaired speech and language functions.

*Social model or basic services:*

At this level centers are not required to provide speech therapy services.

*Medical or specialized model:*

The Adult Day Services program provides or arranges for speech therapy services at a functional maintenance level, based upon the speech therapy assessment, care plan, and physician orders.

Speech therapy services, which include but are not limited to the following, will:

- Establish a treatment program to improve communication ability and correct disorders;
- Provide written and verbal instructions to center staff and family/caregivers in methods to assist the participant to improve and correct speech disorders;
- Provide swallowing assessment and, if participant is at risk, then include appropriate precautions in the interdisciplinary care plan and provide education and information to participant (if appropriate) and to family/caregiver; and
- Provide additional speech therapy services as needed.
- Provide appropriate services to participants assessed at high risk for choking; and
- Provide restorative or rehabilitative speech therapy when indicated.

## **CREATIVE ARTS THERAPIES**

### **Background**

Many of the assessment processes and treatment goals are shared by two or more of the creative arts therapies. However, the specific methods used vary according to the modality (music, art, or dance/movement). Because the needs, abilities, and interests of participants are diverse, the different creative arts

therapies make it possible to meet those needs in a variety of ways. Often, these therapies are appropriately combined with other therapies for increased effectiveness.

**94 The creative arts therapies should be provided in order to improve or maintain physical, cognitive, or social functioning.**

Music therapy is the controlled use of music in the treatment, rehabilitation, education, and training of individuals with physical, mental and emotional disorders. Dance/movement therapy uses movement as a process that furthers the emotional, cognitive, and physical integration of the individual. Art therapy uses participant responses to art media and images to reflect an individual's development, abilities, personality, interests, concerns and conflicts.

Music, art and/or dance/movement therapy services include, but are not limited to, the following tasks:

- Assessing the participant's physical/motor functioning (including mobility, strength, endurance, coordination, balance, and level of pain), sensory/perceptual abilities, communication skills, cognitive functioning, ability to remember and/or follow instructions, social history, and past and present abilities and the ability to benefit from the creative arts;
- Developing an individual treatment plan based on identified need(s);
- Implementing therapy treatment plans in order to promote such benefits as:
  - increases in muscle strength, range of motion, improvement or maintenance of large and small motor function, circulation, and active participation in exercise activities;
  - exploration of mental health needs;
  - alleviation or adaptation to chronic pain;
  - alleviation of loneliness and isolation, increased social confidence and self- esteem;
  - elevation of mood;
  - enhanced ability to express feelings and emotions;
  - adopting alternative methods of communication;
  - relaxation and reduction of stress, agitation, depression, or catastrophic behaviors;
  - discovery or rediscovery of talents;
  - decrease in pain, increase in emotional support and comfort;
  - learning of new skills and concepts; and
  - evaluation and redesigning of programs, as necessary.

## **MEDICAL SERVICES**

### *Guidelines:*

Centers may have a physician or other qualified health care provider who serves as a consultant to the interdisciplinary team and authorizes the care plan. The physician may also serve as medical director directly providing hands-on assessment and/or treatment if authorized by the participant's primary care provider. Medical services may also be provided by the participant's personal physician, who may participate in the development of the care plan and is contacted when changes or emergencies occur, provides medical assessment and treatment, is regularly informed of the participant's status, and retains primary responsibility for medical care. In centers where a medical director or consultant is available to act as a member of the team and authorize care, information is usually supplied to the personal physician, who may still provide the ongoing medical treatment.

**95 Each participant should have a physician responsible for his or her care. The physician of record should be clearly identified with up-to-date emergency contact information in the participant's chart.**

**96 The center should have a policy regarding the provision of medical services in relation to participant care.**

## **OPTIONAL SERVICES**

The following services are not required of all centers. They may be provided directly or through contractual arrangements by an Adult Day center if appropriate for the center and needed by the participants: dentistry; laboratory, radiological and diagnostic services; pharmacy; psychiatry/psychology; podiatry; ophthalmology/optometry; audiology; and others. Services may range from consultation to prescription of assistive devices, to ongoing treatment. The scope and intensity of these services will vary, depending upon the needs of the participants and the program of the center. Generally, these services will not be provided as part of the basic services.

- 97** All optional health-related services provided by the center should meet the following general practice recommendations:
- The provider should meet state requirements for licensure or certification where applicable;
  - Space for privacy should be provided by the center;
  - Special equipment should be available when necessary;
  - If these services are provided at another location by contract with the Adult Day center, the Adult Day center should be responsible for arranging or providing transportation and escort services if needed;
  - The provider should document all services rendered in the participant's medical chart;
  - Laboratory, radiological, and diagnostic results should be entered in the participant's record when available; and
  - Authorization and approval for payment of services should be identified.

## **OTHER OPTIONAL SERVICES**

- 98** Any other services offered in the center should meet applicable state, local and professional requirements. Information regarding such services, and any associated fees, should be documented in the participant policies and should be reviewed at least annually and updated as needed.

### *Guidelines:*

Such services may include, for example, those of a cosmetologist or barber.

## **PART FIVE: STAFFING**

### **BACKGROUND**

It is important that staff members possess certain personality traits and attitudes. Many of these qualities – such as commitment, empathy, patience, flexibility, and a sense of humor – are common to staff in all Adult Day Services programs. Staff members must always have energy and enthusiasm for their work, but they also need to project a feeling of calmness. The staff must be interested in and concerned for the participants and sensitive to their special needs. They should want to help people and engage them in meaningful activities that are fun and creative, yet age appropriate. They must also respect people for who they are and accept individual strengths and abilities without unrealistic expectations for improvement.

The center's employment criteria should be flexible enough to consider the applications of individuals who are open to learning and have a genuine interest

in working with special populations. It is often more difficult to retrain someone who has learned an approach that is inappropriate for the program than it is to take someone with no experience and train him/her.

Staff who remain in this field are generally persevering and optimistic. They derive their greatest satisfaction not from the progress they see but from the happiness and enjoyment found in the day center experience and from the positive impact they have on the participants' and family/caregivers' quality of life.

**99 Staffing should comply with applicable legal or contractual requirements and be adequate in number and skills to provide essential administrative and service functions.**

*Guideline:*

Staff also should be sufficient to:

- Serve the number and functioning levels of Adult Day Services participants;
- Meet program objectives; and
- Provide access to other community resources.

**STAFF-PARTICIPANT RATIO**

**100 There should be at least two (2) responsible persons (one a paid staff member) at the center at all times when there are two or more participants in attendance.**

*Intent:*

***Staff included in the staff-participant ratio should include only those who work on site, are actively involved with the participants, and are immediately available to meet participants' needs.***

**101 The staff-participant ratio should be sufficient to meet the needs of the participants in attendance.**

*Guideline:*

It is recommended that the staff-participant ratio be a minimum of one to six (1:6) in a program offering basic services. Some states require at least a staff-participant ratio of one to eight (1:8) for basic services.

**102** As the number of participants with functional impairments increases or the severity of the impairment increases, the staff-participant ratio should be adjusted accordingly.

*Guidelines:*

Programs serving a high percentage of participants who are severely impaired should consider a staff-participant ratio of one to four (1:4) when providing enhanced and/or intensive services.

In programs serving more than 20 participants, the center may find that an overall staff ratio of 1:5 is sufficient when providing enhanced and/or intensive services.

**103** If the administrator is responsible for more than one site or has duties not directly related to Adult Day Services, a program director should be designated for each additional site. (See also “PART TWO: ADMINISTRATION AND ORGANIZATION.” In the absence of the director, a staff member should be designated to supervise the center.

**104** To ensure continuity of care, adequate quality, and safety of participants, centers should provide for qualified substitute staff.

**105** Volunteers should 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 requirements.

**106** Each center that shares its location with another program (e.g., nursing home, senior center) should have its own staff with hours that are committed to the Adult Day Services program and meet HCBS heighten scrutiny requirements.

## **BASIC REQUIREMENTS FOR ALL STAFF**

The requirements in this section are relevant to all employed staff and to volunteers serving as staff.

**107** Each staff member should be competent and qualified for the position held. Staff qualifications should be verified prior to hire.

**108** References should be checked and job histories verified for all staff and volunteers serving as staff. Verifications of backgrounds required by state law should be conducted.

*Guideline:*

If state law requires database checks for abuse registries and criminal histories, OIG (Office of Inspector General) Exclusion checks, fingerprinting, and a drug screening are recommended.

**109** Each staff member and volunteers may be required to have pre-employment physical examination, tuberculosis screening and flu vaccination prior to the first day of employment. OSHA does not require TB screenings however state regulations should be followed for mandatory TB testing or screening. The center should follow the Centers for Disease Control (CDC) guidelines for staff members who have had a positive TB skin test in the past. The center should comply with all state requirements for Adult Day staff and volunteers. The center should monitor for local TB outbreaks and follow CDC guidelines.

**110** Staff and volunteers should sign a confidentiality agreement and hold all information about participants and families in confidence, treating all participants with respect and dignity. This agreement also covers use of social media such as Facebook, cellular pictures, etc. The Adult Day program should include confidentiality in its annual training.

**111 All direct service staff should have input into the care plan and ongoing assessment for each participant for whom they have responsibility, carrying out the objectives for the participant and performing other services as required.**

**112 Staff members should follow an established system for daily communication to ensure ongoing transmittal of pertinent information among staff.**

**113 Staff responsibilities and functions should cross staff disciplinary lines, and the staff should function as a team for the good and wellbeing of the participants.**

*Guidelines:*

Staff and volunteers who are crossed trained should meet the requirements of the position such as licenses, training, competency, and have signed job descriptions for all positions they are performing. For example, a transportation specialist that also fills in as a direct care professional should have all the required documentation for both positions.

All staff and volunteers who have contact with and responsibility for special populations receive specific training in servicing that population, conducted by a qualified trainer or facilitated by a trained staff member.

Staff and volunteers should reflect the ethnic and cultural background of the community and the Adult Day center participants.

## **STAFF TRAINING AND EVALUATION**

**Intent:**

**The Adult Day program should provide orientation, training and competency assessments for staff and volunteers prior to working independently with participants.**

**114 Staff should have opportunities to improve their skills, education, and experience to serve the target population in a manner consistent with the philosophy of the Adult Day center.**

*Guidelines:*

All staff and volunteers who have contact with and responsibility for special populations should receive specific training in serving that population, conducted by a qualified trainer or facilitated by a trained staff member.

- Competency is task-based and skills assessments reflect the duties listed in the job description of that employee.
- Performance reviews are used to evaluate the employees' work performance, identify their strengths and weaknesses and offer constructive feedback for personal development.
- It is recommended that new employees have completed competency before they provide direct participant care or transport participants and then annually thereafter.
- Competency assessments for skilled staff such as nurses should have a competency assessment completed by an equivalent professional. For example, an RN can perform the assessment on another RN or staff member under the supervision of the RN. LPNs cannot complete competency on an RN.
- Performance reviews should be conducted at the end of the staff's probationary period and annually thereafter.

**115 All personnel, paid and volunteer, should be provided training that reflects the policies and procedures of the program and state requirements.**

*Guidelines:*

General orientation includes, but is not limited to the following:

- Purpose and goals of Adult Day Services;
- Philosophy of the program and parent organization;
- The Center's Policies and Procedures;
- Expectations and duties of the employee;
- Roles and responsibilities of other staff members and how they relate to one another;
- Behavioral interventions/behavior acceptance/accommodation;
- Review Basic Health and Terminology;
- Emergency Medical Procedures;
- Universal Precautions and Bloodborne Pathogens;
- Information on fire and safety measures/codes;
- HIPAA Privacy Notices and Confidentiality;

- Code of Conduct, Conflict of Interest and Ethics;
- Home Community Based Services (HCBS) Requirements;
- Interdisciplinary Team Approach Including Staff and Care Plan Meetings;
- Participant Rights and Responsibilities;
- Needs of Target Population (for example, those with dementia or developmental disability);
- Medication Management;
- Advance Directive Policies;
- Elder abuse reporting;
- How to help participants perform ADLs (including good body mechanics) safely and appropriately;
- Risk management;
- Communication Skills;
- Non-Discrimination Policy;
- Equal Opportunity Employment Policy;
- Progressive Discipline Policy;
- Incident Reporting for Staff and Participants;
- Meal Prep and Food Safety;
- Transportation Policies and Procedures; and
- Employee Handbook.

Ongoing training includes at least six (6) 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 center's target population;
- Infection control;
- Fire, safety, disaster plan, and the center'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;
- Confidentiality and Ethics
- CPR and first aid, as appropriate (See also "**PART TWO: ADMINISTRATION AND ORGANIZATION,**"); and

- Behavioral intervention/behavior acceptance/accommodation. There should also be opportunities for additional education, depending on the resources of the agency.

**116 There should be timely evaluations of all staff members. The Adult Day program should have policies and procedures for competency assessments and performance reviews.**

*Guidelines:*

- The center should complete written competency assessments and performance reviews by the end of the staff's probationary period which is normally during the first 90-days of employment or the staff member provides direct care; and
- The assessments should occur at least annually, use a standardized instrument, involve a face-to-face meeting and signed and dated by the staff member and the evaluator.

## **STAFF POSITIONS**

### **Background**

Not every program needs a large interdisciplinary team. Certain minimum staffing requirements, however, can be defined in terms of services provided. Some services cannot be delivered by those without professional training. This does not mean that all staff members must have such qualifications, but it does mean that the center must have the proper balance of professionals, direct support staff and administrative to adequately meet the needs of participants. The list in this section is intended as a guide to staff qualifications and responsibilities; it is not intended to provide detailed descriptions. Staff selection depends on participant needs, program design, and regulatory requirements.

If an individual performs more than one role, then he or she must be qualified for both positions.

Some positions may be provided as an in-kind contribution / volunteer (e.g., the custodian) or as a contracted service (e.g., a driver provided when transportation is contracted).

Even if it has been determined that a direct support staff can accomplish a specific task, a professional must be responsible for the development and supervision of services. It is necessary to consider and meet state and federal regulations for professional services.

THE CREDENTIALS SPECIFIED IN THE BRIEF DESCRIPTIONS BELOW ARE THOSE PREFERRED AND NECESSARILY REQUIRED BY STATE REGULATIONS. PLEASE NOTE THAT THE DISCUSSION OF PROGRAM FLEXIBILITY IN THE INTRODUCTION APPLIES TO THE POSITIONS AND CREDENTIALS.

### **ADMINISTRATOR**

(may also be known as executive director, CEO, or president)

**117** There should be a qualified administrator responsible for the development, coordination, supervision, fiscal management, and evaluation of services provided through the Adult Day Services program.

#### *Guidelines:*

The administrator should 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 center, including fund-raising, grant writing, budget development, and fiscal monitoring;
- Ensuring compliance with licensing and funding regulations;
- Facilitating and organizing advocacy efforts;
- Assessing the center's progress in accordance with established goals and objectives and a quality assurance plan;
- Implementing board policies; and
- Hiring and supervising staff.

### **PROGRAM DIRECTOR**

(also known as center manager, site manager, center coordinator – may also be the administrator)

**118 The program director should organize, implement, and coordinate the daily operation of the Adult Day Services program in accordance with participants' needs and any mandatory requirements, under the direction of the administrator.**

*Guidelines:*

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 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.

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

- Planning the day services program to meet individual needs of the participants, liaison with community agencies, and providing services to individuals and families when necessary;
- Care plan, and making necessary program 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
- Program activities to work effectively with the day services program.

It is recommended that all directors and administrators complete the NADSA training curriculum for Directors or Administrators in Adult Day Services.

## **SOCIAL WORKER**

**119 There should be a designated, qualified social service staff person.**

*Guidelines:*

The social worker should have a master's degree in social work and at least one year of professional work experience (full-time or the equivalent), or a bachelor's degree in social work and two years of experience, or a bachelor's degree in another related field and two years' experience in a human service field. If

licensure is required by the state, then the social worker must comply with licensure requirements.

Depending on the setting and licensing requirements, these functions may be performed by other human services professionals, such as rehabilitation counselors, gerontologists, or mental health workers, although they may not call themselves social workers without appropriate credentials. (See “**PART FOUR: SERVICES.**”)

## **NURSE**

**120 For programs offering nursing services: the nurse should be a Registered Nurse (RN) with valid state credentials and a minimum of one-year applicable experience (full-time or equivalent).**

### *Guidelines:*

It is preferable that the nurse’s experience involves working with the aging population and adults with chronic impairments and that all or part of the experience has been in a community health setting. It is also preferable that the nurse have a BSN. If a center utilizes LPNs for participant care, they must follow the state requirements for RN supervision and have a job description for the LPN. (The duties of the nurse are described in “**PART FOUR: SERVICES.**”)

In addition, the nurse often provides services that would be provided by another professional staff member if that member were a full-time employee (e.g., services provided by the physical therapist).

Centers that are a Social Model may not be required to have a nurse.

## **ACTIVITIES DIRECTOR**

**121 The activities director should at least have one of the following:**

- **A baccalaureate or associate degree in recreational therapy or related degree;**
- **At least 2 years of experience as an activity director, activity coordinator or related position; and**
- **A certification from The National Certification Council for Activity Professionals (NCCAP).**

### *Guidelines:*

It is preferred that the degree includes a major in recreation, occupational therapy, the arts, humanities, social or health services and that experience includes therapeutic recreation for older adults and persons with a disability.

The activities director should be responsible for planning, conducting, and supervising the therapeutic activities offered and supervise activity assistants, as described in “**PART FOUR: SERVICES, Therapeutic Activities.**”

### **PROGRAM ASSISTANT**

(CNA, HHA, PCA and DSP)

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

#### *Guidelines:*

Program Assistants that provide direct or personal care to a participant should have a state license or certification. Under certain circumstances, completion of training and an internship may be substituted for work experience.

Program assistants should complete the NADSA curriculum for Program Assistants in Adult Day Services.

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 center, if appropriate.

### **THERAPISTS**

**123** Physical therapists, occupational therapists, speech therapists, dietetic/medical nutrition therapists, recreation therapists, mental health therapists, and any other therapists utilized should have valid state credentials and one year of experience in a social or health setting.

**Creative arts therapists (professionals providing art, music, drama and dance/movement therapy) should have completed appropriate college-level and clinical training. They should also be certified by the appropriate national professional organization in their field.**

*Guideline:*

Therapies may be provided by staff of the center or through contracts.

## **FOOD SERVICE DIRECTOR**

**124** If the Adult Day Services program prepares its own food on site, there should be a food service director.

*Guidelines:*

This director should be a Registered Dietitian (R.D.), Dietetic Technician Registered (D.T.R.), – 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; care plan 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. This person should complete a ServSafe Food Handlers Managers Certificate.

If licensure is required by the state for one or more of these duties, then the food service director must comply with licensure requirements. (See “**PART FOUR: SERVICES, Food Services and Nutrition.**”)

## **CONSULTANTS AND CONTRACT EMPLOYEES**

**125** Consultants should be available to provide services as needed in order to supplement professional staff and enhance the program’s quality.

*Guideline:*

Consulting services may be provided by contractual agreement with community groups or on an individual basis. Examples include legal, nutrition, business and financial management; psychiatric and medical; physical, occupational, speech, and creative arts therapy; pharmacy; and therapeutic recreation.

Business contracts should have a written agreement that outlines the terms of the services and a signed Business Associate Agreement. Contracted employees will meet IRS guidelines for Contracted Staff, have a written agreement outlining the terms of services, meet the qualifications for the position and complete all orientation training requirements. Contractual agreements should be reviewed at least annually to ensure that services are being provided in accordance with the terms of the contracts.

## **ADMINISTRATIVE SUPPORT STAFF**

**126 The administrative support staff should have at least a high school diploma or equivalent and skills and training to carry out the duties of the position.**

### *Guidelines:*

Duties may include:

- Assisting in developing and maintaining a record-keeping system for the program;
- Performing tasks necessary to handle correspondence and office activities;
- Answering the telephone in a courteous and informative manner; and
- Bookkeeping, maintaining financial records, and billing for services.

## **TRANSPORTATION SPECIALIST**

(Drivers)

**127 The transportation specialist should have a valid and appropriate state driver's license, a safe driving record, and training in first aid and CPR (Cardiopulmonary Resuscitation). Driver licensure and training requirements should be kept current throughout employment. The transportation specialist should meet any state requirements for licensing or certification.**

### *Guidelines:*

The transportation specialist, who could also be a program assistant in the center, should be aware of basic transfer techniques and safe ambulation. Experience in assisting older adults and adults with impairments is desirable, as is the successful completion of a defensive driving course, training in sensitivity to the needs of older adults, and, where appropriate, passenger assistance training.

Sample duties may include:

- Providing round trip transportation from participant home to center, 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 program staff, as necessary.

## **VOLUNTEERS**

**128** The volunteers should be individuals or groups who want to work with Adult Day Services participants and should take part in program orientation and training. The center should keep a record of volunteer hours/activities and provide appropriate training, supervision, and recognition of volunteers.

**129** The duties of volunteers should be mutually determined by volunteers and staff. Duties, to be performed under the supervision of a staff member, should either supplement staff in established activities or provide additional services for which the volunteer has special talents. Volunteers must be 18 years or older to provide hands-on participant care.

*Guidelines:*

Sample duties may include:

- Working under the direction of paid program and professional staff, carrying out program activities;
- Providing supplemental activities (such as parties and special events);
- Fund-raising and assisting in public relations; and
- Leading activities in areas of special knowledge, experience or expertise.

## PART SIX: PHYSICAL ENVIRONMENT

### BACKGROUND

The physical environment of the Adult Day center is an important component in the care and well-being equation. A good Adult Day environment has a dual purpose: to promote a participant's ability to function as independently as possible while facilitating her/his engagement in program activities. Remember, the environment plays an even more important role as a participant's level of impairment increases. Know there is no single "best design" or "perfect environment." Creativity is a key factor in producing an effective environmental design. Finally, recognize that the experience of the environment is indelibly influenced by other program factors such as staff interactions and program activities. All three elements—the environment, the staff, and programming—must work together to ensure every program participant's success and positive experience.

Environmental gerontologists who specialize in Adult Day centers have developed a distinctive approach to thinking about the physical environment from the perspective of the program participant. This approach is called "attributes of place experience" because it recognizes that users' experiences of the environment are key in assessing the quality of the environment.

The attributes are presented here in terms of a series of questions that should be asked with respect to the Adult Day center physical environment. Note not all attributes will be relevant to every Adult Day center environment: their relevance to your center is determined by your participant population, and your organization's mission, values, and vision. Most important, you should recognize that Safety and Security, the first attribute, must be balanced by the other attributes, if you are to create a well-rounded, effective Adult Day center environment (see Figure 1). To create and assess your Adult Day center environment using the "attributes of place experience" approach, architects, planners, program administrators, and staff should ask themselves:

- (1) Does the environment provide a sense of Safety and Security?
- (2) Does the environment facilitate Functional Independence?
- (3) Does the environment facilitate spatial, temporal and social Orientation?
- (4) Does the environment offer quality Sensory Stimulation?
- (5) Does the environment provide opportunities for Meaningful Activity?

- (6) Does the environment provide opportunities for Social Interaction?
- (7) Does the environment afford a sense of Privacy?
- (8) Does the environment provide ADC participants opportunities for Personal Control?
- (9) Does the environment support Continuity of the Self?
- (10) Does the environment provide opportunities for Spirituality?
- (11) Does the environment afford Architectural Delight?
- (12) Does the environment enhance the quality of life of the participant?

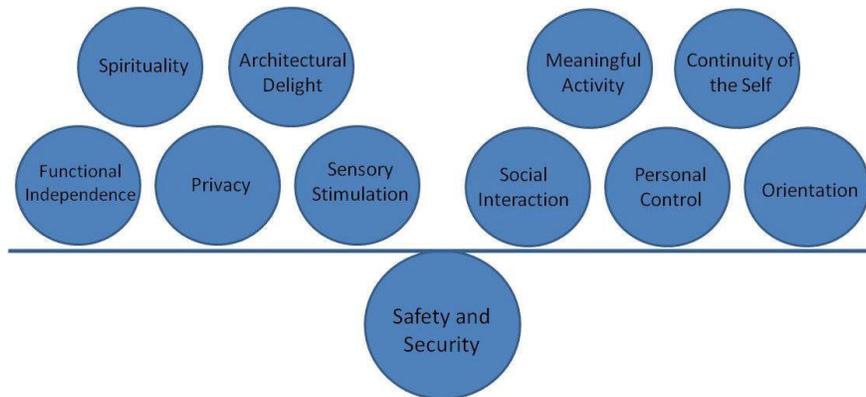


Figure 1

Centers should gather the perception of these attributes from the perspective of the participant, participants' families and caregivers.

## PHYSICAL PLANT

**130** The facility should comply with applicable state and local building regulations, and zoning, fire, and health codes or ordinances. The facility should also comply with the requirements of the Americans with Disabilities Act of 1990 as Amended.

*Guidelines:*

Some states require compliance with the current version of ANSI Standard A117.1; “Specification for Making Buildings and Facilities Accessible to and Usable by Physically Handicapped People,” is recommended as an excellent guide.

If possible, the facility should be located on the street level. If the center is not located at street level, it is essential to have a ramp and/or elevators. Centers in a multi-level building may be required to have a sprinkler system.

**131 Each Adult Day center, when it is co-located in a facility housing other services, should have its own separate identifiable space for main activity areas during operational hours.**

*Guidelines:*

ADS centers that have presumed institutional qualities will be subject to CMS heightened scrutiny. Settings in which this may apply:

- The center should not be located in an inpatient institutional treatment within a publicly or privately operated facility that happens within the same building.
- The center should not be located on the grounds of or adjacent to a public institution.
- The center should not isolate participants receiving Medicaid HCBS from the broader community.

If a center fails CMS heightened scrutiny, Medicaid reimbursement will be withheld until CMS approves the center.

**132 The facility should provide at least sixty (60) square feet of program space for multipurpose use for each day service participant.**

*Intent:*

***The center needs sufficient space to accommodate the full range of program activities, services, and equipment. The center should be flexible and adaptable to accommodate variations of activities (group and/or individual) and services and to protect the privacy of participants receiving services. NOTE: State licensing agencies and third-party payment sources may have different space requirements.***

*Guidelines:*

It is strongly recommended that centers serving a significant number of people with cognitive impairment or those who use adaptive equipment for ambulation or medical care provide eighty to one hundred (80-100) square feet per participant.

In determining the net square footage, only those activity areas commonly used by participants are to be included. Dining and kitchen areas are to be included only if these areas are used by participants for activities other than meals. Reception areas, storage areas, offices, restrooms, passageways, treatment rooms, service areas, or specialized spaces used only for therapies are not to be included when calculating square footage.

**133** There should be sufficient private space to permit staff to work effectively and without interruption.

*Intent:*

***The stress of providing Adult Day Services is high, and environmental support is essential to assist staff members to maintain good staff morale and job satisfaction.***

*Guideline:*

In addition, it is highly recommended that staff have a separate restroom and separate eating place. Employee restroom must have "Employees Must Wash Hands" signs posted in the restrooms utilize by staff.

**134** There should be an identified separate space available for participants and/or family/caregivers to have private discussions with staff.

**135** There should be adequate storage space for program and operating supplies and consideration for the storage of participant belongings.

**136** The center's restrooms should be accessible and located as near the activity area as possible.

*Guideline:*

It is preferable that the restrooms be no more than forty (40) feet away from the activity area.

**137 The facility should include at least one toilet for every ten (10) individuals present at the center. The center should have at least 1 ADA compliant restroom.**

*Guidelines:*

Programs that have a large number of participants that require more scheduled toileting or assistance with toileting should have at least one toilet for every eight (8) individuals present at the center. The toilets should be equipped for use by people with limited mobility, easily accessible from all program areas, designed to support assistance from one or two staff, and barrier-free.

In a Medical or Social Model, it is highly recommended that there also be an adjacent bathroom with a shower accessible to those with a disability.

Some participants may be incontinent. Arrangements can be made with the family/caregiver to leave at least one extra set of clothing at the center. If laundry services are available on-site and if staff time is available, soiled clothing may be washed at the center. Some states require Medical and Specialized models to have a shower and laundry services.

**138 The facility should have a rest area for participants.**

*Guideline:*

This designated area permits privacy and isolation for participants who need rest, become ill, become over-stimulated, or for whom a group or setting is not therapeutic. It should be separate from activities areas, near a restroom, and supervised.

**139 Space should be available for the safe arrival and departure of participants.**

*Guidelines:*

It is recommended that there be sufficient, lighted parking available to accommodate family/caregivers, visitors, and staff. The center should make the parking area and sidewalks free of snow and ice and any other debris that pose a fall hazard when entering and exiting the center. Handicapped parking should be available and meet zoning requirements.

When necessary, arrangements should be made with local authorities to provide safety zones for those arriving by motor vehicle and adequate traffic signals for people entering and exiting the facility.

**140 Outside space that is used for outdoor activities should be safe, accessible to indoor areas, and accessible to persons with a disability.**

*Guidelines:*

This area could include smooth walkways, seating for resting or watching activities, recreational space, and a garden area. The area should have a fence or landscaping to create a boundary in order to prevent participants from wandering away, and it should be easily supervised by staff. This area should also provide a shaded area for participants to avoid over exposure to the sun. Outside furniture should be sturdy and safely arranged.

## **ATMOSPHERE AND DESIGN**

### **Background**

The physical environment and design features support the functioning of all participants, accommodate the program's response to challenging behaviors, and maximize functional abilities, promote safety, and encourage independence and dignity of participants.

The atmosphere must be warm and inviting. It is desirable to avoid an institutional appearance and to offer an atmosphere that affords an opportunity for social contact, both casual and structured, but also supports individuals who prefer being alone from time to time.

It is necessary to create an environment that provides appropriate levels of light, noise, odor, and color conducive to the comfort of persons who use the space. The careful choice of colors and textures will reduce excess sensory stimulation, provide cues and direction, and enhance differentiation of surfaces.

**141 The design should facilitate the participants' movement throughout the center and encourage involvement in activities and services.**

*Guidelines:*

The environment reinforces orientation and awareness of the surroundings by providing cues and information about specific rooms, locations, and functions

that help the participant orient to time and space. Interior signs can be used to facilitate participants' abilities to move about the center independently and safely.

It is recommended that these cues include the extensive use of signs and the color coding of specific areas of the facility.

**142 Illumination in all areas should be adequate and glare should be avoided.**

*Guideline:*

Attention should be paid to lighting in transitional areas, such as doorways from outside to inside and hallways between different areas of the center.

**143 Sound levels and transmission should be controlled.**

*Guidelines:*

Excessive noise, such as fan noise, should be avoided.

Recommended methods of sound control may include acoustic ceiling surfaces, sound deadening carpeting, fabric hangings, partitions between activity areas, and separation of noisy rooms (such as the kitchen) from other areas of the center.

Amplification devices such as assistive listening devices, public address (PA) systems, and audio loops for those with hearing impairment are recommended for consideration. Public address systems should be used only sparingly and only after careful consideration.

**144 Conditions should be maintained within a comfortable temperature range to accommodate the population served.**

*Guideline:*

Excessive drafts should be avoided uniformly throughout the center. The program will maintain a comfortable temperature throughout the center. At no time should the temperature fall outside the range of 68-degrees to 76-degrees Fahrenheit.

**145 Sufficient furnishings should be available for the entire participant population present.**

*Guidelines:* Furnishings should accommodate the needs of participants and be attractive, comfortable, and homelike, while being sturdy and safe. The center's furnishings should have options for bariatric participants.

Considerations for selecting furniture may include washability, safety, and the use of arrangements that encourage independence and, perhaps, small group interaction. Recliners can be used as therapeutic tools for rest and/or enhancing circulation and breathing.

According to the needs of participants and the range of services provided (for example, for skin or wound care), beds, cots, or recliners should be available in a designated area.

**146 An Adult Day Services facility should be visible from the outside, and the entrance to the center should be clearly identified.**

*Guidelines:*

Outside signs can be useful to attract participants and to educate the community. All signage must comply with local requirements. It is recommended that signs be visible from the road, appropriate for a service for adults, and printed in large letters.

Directional signs may also be needed if the entrance to the center is not at the front of the building.

Entrance to the facility should be appealing and protective for participants and others.

The entrance should be well lit, accessible to individuals with a disability, and located a short distance from the point of arrival.

Also recommended is a covering over the outside entrance to protect participants from inclement weather. The ideal entrance would have a canopy under which drivers could drop off and pick up participants.

**147 A telephone in a quiet area should be available for participant use.**

## **SAFETY AND SANITATION**

**148** The facility and grounds should be safe, clean, and accessible to all participants.

**149** The facility should be designed, constructed, and maintained in compliance with all applicable local, state, and federal health and safety regulations.

**150** For programs that store medications, there should be an area for labeled medications, secured and stored apart from participant activity areas.

*Guideline:*

If medications requiring temperature-controlled storage should be stored in a locked box in a refrigerator – if not in a separate refrigerator.

**151** Safe and sanitary handling, storing, preparation, and serving of food should be assured.

*Guideline:*

If meals are prepared on the premises, kitchen appliances, procedures, and equipment must meet state and local requirements. If meals are prepared by an outside vendor, the center will need to confirm the vendor meets all the required state and local requirements.

**152** Toxic substances, whether for activities or cleaning, should be stored in a locked area not accessible to participants. The center should have a copy of the SDS for every chemical onsite and should have eyewash available. Any chemicals stored in a secondary container must have the chemical identified on the secondary container.

**153** At least two well-identified exits should be available and accessible at all times.

**154** Signaling devices to call staff should be installed or placed in the rest areas, restroom stalls, and showers.

*Intent:*

*Alarm/warning systems are necessary to ensure the safety of the participants in the center and to alert staff to potentially dangerous situations.*

**155** The center should provide a secure environment by safeguarding the ways into and out of the center.

*Guideline:*

It is recommended that an alarm system be used for participants who wander. It is also recommended that an alarm/warning system be installed at exit ways not regularly used by participants.

**156** Universal Precautions should be used by all staff.

*Guideline:*

This means that all participants should be considered infected. Staff, including volunteers, should consistently use Universal Body Substance Precautions that presume that any participant may harbor infectious agents in moist secretions and blood. Precautions dictate protective measures, such as proper handwashing be taught and used consistently with all participants. The center should be training for staff on Universal Precautions, Bloodborne Pathogens and Pandemic Protocols.

**157** The center should have Personal Protective Equipment (PPE) available for all staff.

*Guidelines:*

The center should provide PPE such as gloves, gowns, masks and goggles for staff and participants as needed. The center will have a sharps container for the disposal of needles and any other object that can pierce the skin. The

center will have a policy for handling fecal and vomit incidents at the center and in the transportation vehicles.

**158 The facility should be free of physical hazards.**

*Guidelines:*

- Hazards include, for example, high steps, steep grades, and exposed electrical cords;
- Steps and curbs should be painted and the edges of stairs marked appropriately to highlight them;
- Non-slip surfaces or bacteria-resistant carpets should be provided on stairs, ramps, and interior floors; and
- Handrails to assist those who may require assistance.

**159 All stairs, ramps, and bathrooms accessible to persons with a disability should be equipped with properly anchored handrails.**

**160 The center should have emergency evacuation maps posted to direct staff to the emergency exits. The location of fire extinguishers should be marked in the center and on the evacuation maps.**

**161 Procedures for fire safety as approved by the state or local fire authority should be adopted and posted.**

*Guidelines:*

Included are provisions for fire drills, inspection and maintenance of fire extinguishers, periodic inspection, and training by fire department personnel. The center should conduct and document monthly fire drills and keep records of drills on file. Improvements should be made based on the fire drill evaluation. Smoke detectors should also be used and always in working order. Disaster drills should be completed annually. Some states require centers to file a Comprehensive Emergency Management Plan (CEMP) with their county.

Sprinkler systems, fire alarms and carbon monoxide detectors are also recommended.

**162** Emergency first aid kits and external defibrillators should be maintained and visible and accessible to staff.

*Guideline:*

Contents of the kits should be replenished after use and inventoried regularly with expired products removed and replaced. Personnel trained in first aid and CPR should be on hand whenever participants are present.

**163** There should be sufficient maintenance and housekeeping personnel to assure that the facility is clean, sanitary, and safe at all times.

*Guideline:*

Maintenance and housekeeping should be carried out on a regular schedule and in conformity with generally accepted sanitation standards, without interfering with the program.

**164** Insect and rodent infestation control should be conducted by a licensed and professional company and scheduled at a time when participants are not in the center.

**165** Equipment should be adequately and safely maintained. A sufficient budget should be provided for equipment maintenance, repair, or replacement.

**166** If permitted at the center, smoking should be allowed only in an adequately ventilated and supervised special area away from the main program area.

***Special guidelines when serving individuals with cognitive impairment:***

The physical facility and operation should protect the participant from injury, maintain his or her rights at the same time, and attempt to enhance the participant's quality of life. In addition to the requirements of the overall standards, the facility should:

- Offer greater square footage of common activity space per participant than the overall standards require (preferably 80-100 square feet per participant);
- Be self-contained, if possible, with a minimal number of passageways, corridors, and exit doors;
- Provide the ability to control the level of sensory stimulation;
- Make careful use of safety precautions;
- Be free of ambiguities and obstacles;
- Use locks in accordance with local fire and safety requirements;
- Use no physical restraints, unless ordered by a physician;
- Use modifications, such as disguised doors (in accordance with local fire and safety requirements) to control wandering;
- Test modifications to the environment prior to full implementation;
- Offer a space for personal belongings (including a change of clothing);
- Provide at least one toilet for every six (6) participants;
- Provide a shower area for participants who are incontinent;
- Make special arrangements for fire drills with a plan that decreases stress and anxiety of participants with cognitive impairments and test these plans;
- Store all materials in a secure place that is inaccessible to participants and use non-toxic materials when possible; and
- Minimize multiple sensory stimuli.

## **PART SEVEN: PROGRAM SELF-EVALUATION**

### **BACKGROUND**

Adult Day programs should have a method for self-evaluations to measure the effectiveness in reaching established goals and objectives and compliance with federal, state and local regulations. Program self-evaluation is an ongoing, continuous process whereby information is secured by the center to make appropriate changes to the program, its operations and physical plant. Program self-evaluations include an analysis of collected data and a comparison of the planned expectations and actual achievements, based on prevailing community standards of care and benchmarks for Adult Day Services care.

Program self-evaluation may be conducted either internally or externally. If conducted internally, the evaluators should include a multidisciplinary team. If conducted externally, the evaluators should include people with expertise in Adult Day Services, state specific Adult Day regulations and about the population being served in the center. The outcomes and data should be reviewed annually, at the minimum, by leadership.

The National Adult Day Services Association has developed a voluntary accreditation process, in collaboration with a national accrediting body. When such accreditation is in place, compliance with it will be the most relevant means of identifying and assuring quality. In the meantime, other measures continue to be appropriate.

**167 Each Adult Day Services program should have and implement a Quality Assurance and Performance Improvement (QAPI) plan for the evaluation of its operations, programs and services.**

*Guidelines:*

All Adult Day programs should be committed to Quality Assurance and Performance Improvement (QAPI). The center should have a program to collect and analyze data that will measure program quality and be used to formulate improvements. The compliance team will collect and analyze data quarterly and company leadership will review annually. The center should use the findings to make operational and program adjustments.

The plan should include the following:

- 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.

Revenue to cover the costs of program evaluation should be included in the program budget.

**168** The ongoing evaluation process should examine the Adult Day Services program on three levels: the participant/caregiver/staff level, the center/program level, and the community level.

*Guidelines:*

The evaluation should include resources invested, the productivity of performance, and the resulting benefits, as measured by outcomes and levels of satisfaction.

Program self-evaluations are done regularly, and the results are reported to the QAPI team. The QAPI team must ensure that self-evaluations result in positive and constructive actions for improving center effectiveness. If the center is privately owned, the results of the program self-evaluation should be available to consumers and regulators. (See also “**PART TWO: ADMINISTRATION AND ORGANIZATION.**”)

There should be a quality assurance component that routinely and continuously assesses and measures the impact of the program on the participants, family/caregivers, and the community to determine that the program is meeting their needs. This component may include:

- Participant and/or family/caregiver satisfaction with service and evaluation as part of an exit survey;
- Data collected from the grievance procedure;
- Community surveys;
- Ongoing care plan review and evaluation and random review of records by the interdisciplinary team;
- An objective participant assessment tool that measures social, health, functional and cognitive status at intake and at regular intervals thereafter;
- Utilization review, and
- Development and implementation of quality improvement projects.

These tools can be used to measure both individual and group outcomes, to identify the program’s strengths and weaknesses, and to provide some guidance for program improvement.

**169 Each center should develop policies and procedures for monitoring continuous Quality Assurance and Performance Improvement and determining further action.***Guidelines:*

The policies and procedures should be developed by the administrator with the advice of the interdisciplinary staff team and the advisory committee (See practice recommendation 8) and with the approval of the governing body/leadership team.

The QAPI plan should include provision for a utilization review committee, a care plan audit (completed by a staff member, as determined by the center), an infection control committee or safety liaison, periodic record audits, measures of participant and/or family/caregiver satisfaction, and measures of personnel satisfaction. Participation outcomes should be measured and the efficiency of the program should be assessed.

The QAPI review committee duties of the utilization review committee are:

- To evaluate appropriateness of admissions;
- To evaluate adequacy and coordination of provided services;
- To evaluate continued stay, length of stay, and discharge practices; and
- To recommend in writing corrective action to the administrator.

If a QAPI review is conducted by a funding source, those results may be substituted for a review by a utilization review committee.

Care plan audits, evaluating quality of care in relation to criteria established by the interdisciplinary team, should follow these essential steps:

- Development of outcome criteria, for presenting problems or strengths and abilities common to the center's participants;
- Data on actual outcomes compared with the outcome criteria, to identify problem areas;
- Documented submission of recommended corrective action to the program director; and
- Reassessment of the appropriateness of the recommended corrective action, as revealed by the improved outcomes of the next audit.

An infection control committee or safety liaison has responsibility for monitoring procedures implemented to guard against the spread of communicable disease and basic hygienic policies and procedures.

Periodic record audits will determine accuracy and timeliness of all data recorded.

A measure of participant/family/caregiver satisfaction, such as periodic satisfaction questionnaires, discharge interviews, or informal discussion groups, is an important indicator of the responsiveness of the center to participant and family/caregiver needs. It will highlight areas of excellence and areas that need improvement. (Also see practice recommendation 168).

## **MEASURES FOR QUALITY IMPROVEMENT**

The following guidelines for quality improvement are recommended for specific aspects of the center's operations: These quality evaluations should be conducted routinely. Results should be reported to the members of the QAPI team. The QAPI plan should include:

- **Utilization Review:** To evaluate appropriateness of admissions, evaluate adequacy and coordination of provided services, evaluate continued stay, length of stay and discharge practices, and recommend in writing corrective action to the Facility Director.
- **Care Plan Audits:** To evaluate care in relation to criteria established by the interdisciplinary team.
- **Infection Control:** To monitor procedures implemented to guard against the spread of disease.
- **Periodic Record Audits:** To monitor completeness, accuracy, and timeliness of data entry.
- **Incidents reports.**

Examples may include:

**Satisfaction Survey:** The participant and/or designated representative or legal representative will receive satisfaction survey after the first month of enrollment and then annually thereafter. Results are shared with staff to make any improvements, as necessary.

**Audits:** The center conducts several audits to ensure quality programming. Audit reports are kept in a file. These may include the following:

- Participant Charts
- Medication Documents
- Safety Audits
- Employee Files
- Financial Records
- Billing Records (collections and billing errors/denials)
- Transportation

**Care Plans:** Care plans are reviewed and edited at least semi-annually and/or anytime there is a change in a participant's condition. The updated care plan is shared with staff and families.

**Infection Control:** To monitor procedures implemented to guard against the spread of disease, the center monitors staff and participant infections and logs them on the OSHA log.

**Program Reporting:** NADSA recommends reviewing performance indicators and participant outcomes in Medical and Specialized Models:

- Health: Falls rate and Nutrition risk
- Emotional/Cognitive: Depression and Cognition.
- Person-Centeredness: Participant and Family Satisfaction and Assistance with ADLs
- Caregiver: Care Burden and Participant and Family Satisfaction
- System: Attendance, 30-day re-admission to hospital and nursing facility admissions.

**Staff Evaluation:** The center follows the performance evaluation policy in effectively managing staff which includes 90day and annual reviews. All staff are required to have background checks and go through orientation and training.

**Incident and Fire Drill Reporting:** The center will keep records of all incidents and monthly fire drills that take place at the day center. All incident reporting includes review of action taken and training needed.

- **Fiscal** – The fiscal system and fiscal plan should be evaluated in comparison to the practice recommendations in this document and to those of the center's governing body.
- **Facility** – The facility should be evaluated in comparison to the practice recommendations in this document and a plan developed to address needs regarding location and space, atmosphere and design, safety and sanitation, and comfort.
- **Records and Data** – Each organization should establish a record-keeping system that meets the external state licensing/certification/funding requirements, and the ongoing internal management needs of the organization; meets internal program goals for client services; and supports service delivery. Each record-keeping system should be evaluated according to the practice recommendations in this document and to those of the governing body.
- **Services** – Services provided should be evaluated in comparison to the practice recommendations in this document, with particular emphasis on the level and intensity of services in relation to participant needs.

- **Personnel** – Personnel policies and records should be evaluated according to the practice recommendations in this document and to those of the governing body.
- **Marketing** – Objectives and the tools and techniques used in marketing should be evaluated as a component part of strategic planning. Marketing should be evaluated in relation to community image (including potential referral sources and consumer groups), the census of the program (the number of people served and the target population), and the number of appropriate versus inappropriate referrals.
- **Administration** – The authority structure, including board of directors, administration, and federal/state/local government, should be evaluated in terms of its relationship to the goals of the organization.

It is recommended that the administrative areas evaluated include:

- A mission statement that directs policy;
- Organizational structure;
- Decision-making authority; and
- Relationship of governing body to operations and the advisory committee.

**170 Each Adult Day Services program should have a commitment to quality and an overall plan to collect and analyze data to measure quality.**

*Guideline:*

For example, the center may consider a system such as total quality management, a process guided by the principles that businesses should be customer-focused, dedicated to continually improving services in measurable ways, and committed to creating a work environment that supports those goals. A key element is data collection that makes it possible to measure performance and track progress, resulting in the process of continuous quality improvement.

## GLOSSARY

**Accreditation** – the process by which an agency or organization evaluates and recognizes a program or institution as meeting certain predetermined standards; not applied to individuals.

**Activities of daily living (ADLs)** – functions or tasks for self-care usually performed in the normal course of a day, including mobility, bathing, dressing, toileting, transferring, and eating.

**Acuity** – measurement of an individual's degree of physical/cognitive impairment, indicating the amount of care needed; the higher the acuity, the more intense the service.

**Adult Day Services** – community-based group programs designed to meet the needs of adults with impairments through individual plans of care; structured, comprehensive, non-residential programs that provide health, social, and related support services in a protective setting.

**Assessment** – a comprehensive written description which evaluates that participant's strengths, weaknesses, problems, needs, preferences and also addresses how the center will serve the participant.

**Audio Loop** – system of amplifying or magnifying sound within a defined area, linking into individual hearing aids.

**Basic Services** – basic, fundamental services essential to all Adult Day Services programs.

**Care Management** – a component of the community care system: a process of management which includes assessing the individual's functional level and impairments, developing a care plan, identifying and arranging for coordinated delivery of services, monitoring charges, and periodically reassessing needs.

**Care Plan** – a written plan of services designed to provide the participant with appropriate services and treatment in accordance with his or her assessed needs.

**Certification** – a mechanism by which a governmental or nongovernmental agency or association grants recognition to an individual or program that meets certain predetermined qualifications specified by that agency.

**CDP** – Certified Dementia Practitioner

**CMS** – Centers for Medicare and Medicaid serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes.

**Cognitive Impairment** – a weakening or deterioration of the mental processes of perception, memory, judgment, and reasoning.

**Community-Based** – in the groups, agencies, or programs of a given geographic area, not within a residential institution.

**Counseling** – an interactive process, on a one-to-one or group basis, in which an individual is provided guidance and assistance in the utilization of services and help in coping with personal problems through the establishment of a supportive relationship.

**Enhanced Services** – augmented, larger or greater, services, in addition to basic services.

**Functional Impairment** – the limitation of an individual's functional ability, the inability to perform personal and instrumental activities of daily living and associated tasks, or the inability to establish and maintain an independent living arrangement.

**Functional Maintenance** – a level of therapy services designated to maintain maximum functional capacity and avoid deterioration to the point of requiring the repetition of skilled interventions.

**Direct Support Staff** – a person trained to assist a professional but not licensed to practice in the profession.

**Holistic** – treating the person as a whole – with recognition of his or her mental, physical, emotional, intellectual, social, and spiritual aspects – while acknowledging his or her relationship to the broader systems of family and community.

**Home and Community Based Services** - (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. These programs serve a variety of targeted populations groups, such as people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses.

**Intellectual and developmental disabilities** - (IDDs) are disorders that are usually present at birth and that negatively affect the trajectory of the individual's physical, intellectual, and/or emotional development. Many of these conditions affect multiple body parts or systems.

**In-kind Contribution** – payment made or given in goods, commodities, space, services or time rather than money.

**Instrumental Activities of Daily Living (IADLs)** – functions or tasks of independent living, including shopping, housework, meal preparation and cleanup, laundry, taking medications correctly, money management, transportation, correspondence, shopping and travel in the community, telephoning and related tasks.

**Intensive Services** – specialized, skilled care provided by trained, licensed professional staff.

**Interdisciplinary Team** -- all members of the care team contributing from their professional viewpoint and/or experience with the participant to the care plan development and implementation. Everyone is working towards upholding the well-being of the participant.

**Levels of Care** – distinctions based upon the scope and intensity of supervision, assistance, treatment and service provided.

**Long-Term Care** – a coordinated continuum of preventive, diagnostic, therapeutic, rehabilitative, supportive, and maintenance services that address the health, social and personal needs of individuals who have self-care limitations due to illness or injury.

**Medical Model** – provides same care of a social model but provides more intensive health and therapy services.

**Medicaid** - is a joint federal and state program that gives health coverage to some people with limited income and resources.

**Medicare** - is federal health insurance for anyone age 65 and older, and some people under 65 with certain disabilities or conditions.

**Multidisciplinary Team**—care team members are represented from an array of professional backgrounds but may be working independently in their work to support a participant. Multidisciplinary teams may not work in an interrelated way in relationship to the participant.

**NICLC** – the National Institute on Community-based Long-term Care, a constituent unit of The National Council on the Aging, Inc.

**NCCAP** – National Certification Council for Activity Professional

**PACE** – the Programs of All-Inclusive Care for the Elderly provides comprehensive medical and social services to certain frail, community-dwelling

elderly individuals, most of whom are dually eligible for Medicare and Medicaid benefits.

**Participant** – person who attends an Adult Day Services program.

**Performance Improvement - PI** (also called Quality Improvement - QI) is the continuous study and improvement of processes with the intent to better services or outcomes, and prevent or decrease the likelihood of problems, by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent/systemic problems or barriers to improvement. PI in Adult Day programs aims to improve processes involved in health care delivery and participants quality of life. PI can make good quality even better.

**Personal Care** – care provided to assist an individual with his/her ADLs.

**Physician, staff** – a physician employed by the Adult Day Services center.

**Policies** – guidelines, rules, and directives within which employees must perform their work, as established by the governing body of an organization.

**Procedures** – detailed methods by which policies are implemented.

**Psychosocial** – involving both psychological and social aspects of services to a participant, family or caregiver.

**Quality Assurance - QA** is the specification of standards for quality of service and outcomes, and a process throughout the organization for assuring that care is maintained at acceptable levels in relation to those standards. QA is on-going, both anticipatory and retrospective in its efforts to identify how the organization is performing, including where and why the center's performance is at risk or has failed to meet standards.

**Quality Assurance Performance Improvement** – is the coordinated application of two mutually reinforcing aspects of a quality management system: Quality Assurance (QA) and Performance Improvement (PI). takes a systematic, comprehensive, and data-driven approach to maintaining and improving safety and quality in the center while involving all staff in practical and creative problem solving.

**Respite.** short-term, intermittent, substitute care provided for a person with impairments in the absence of the regular caregiver.

**Restorative or Rehabilitative Services** – services intended to restore the individual to his/her optimal level of functioning.

**Risk Management** – assessment and control of obvious and identifiable risks to which a program might be subject; involves analyzing all possibilities of loss and determining how to reduce exposure.

**Social Model** – provides same care of a social model but provides more intensive health and therapy services provides meals, social activity and some health-related services.

**Specialized Model** – may provide the same care of a social or medical model but provides but only to participants with a specific diagnosis.

**Strategic Plan** – plan, method, or series for obtaining specific goals or results, usually on a multi-year basis.

**Therapeutic** – describes services and/or activities intended to be beneficial and related to treatment or to the care plan.

**Therapeutic Milieu** – a total environment in which all that occurs is directed toward improving the quality of life of the participant with services and/or activities intended to be beneficial and related to treatment or care plan.

**Unique Patient Identifier** - the purpose of a unique patient identifier is to allow patients to be efficiently matched with their health codes. Under a unique patient identifier system, individuals would be assigned a unique national patient identifier code, to which their health data would be tied.

**Universal Precautions** – infection control guidelines developed by the Centers for Disease Control, intended to protect the worker against transmission of infectious diseases through exposure to blood and certain other body fluids.

**VA** – Veterans Administration

**Waiver** – states can develop home and community-based services waivers (HCBS Waivers) to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting.