

8.491 ADULT DAY SERVICES

8.491.1 Definitions

Adult Day Center is a certified center that provides Basic Adult Day Services and Specialized Adult Day Services to participants.

Adult Day Services (ADS) are provided in an Adult Day Center or through non center-based means including Telehealth, on a regularly scheduled basis, as specified in the Person Centered Care Plan, promoting social, recreational, physical, and emotional well-being that encompasses the supportive services needed to ensure the optimal wellness of the participant.

- A. Basic Adult Day Services (ADS) Center means a community-based entity that provides basic Adult Day Services in conformance with all state established requirements as described in 10 CCR 2505-10 section 8.130 and 10 CCR 2505-10 section 8.491.
- B. Center-Based Adult Day Services are services provided in a certified ADS Center.
- C. Non-Center-Based Adult Day Services are services that may be provided outside of the ADS Center, where participants can engage in activities and community life, either in-person or through virtual means.
- B-D. Specialized Adult Day Services (SADS) Center means a community-based entity providing Adult Day Services for participants with a primary diagnosis of dementia related diseases, Multiple Sclerosis, Brain Injury, chronic mental illness, Intellectual and Developmental Disabilities, Huntington's Disease, Parkinson's, or post-stroke participants, who require extensive rehabilitative therapies. To be designated as specialized, two-thirds of an ADS Center's population must have a diagnosis which is one of any of the above diagnoses. Each diagnosis must be verified by a Licensed Medical Professional, either directly or through Case Management Agency documentation, in accordance with Section 8.491.14.A.
- E. Telehealth Adult Day Services are provided through virtual means in a group or on an individual basis. Telehealth ADS are ways for participants to engage in activities, with their community, and connect to staff and other ADS participants virtually. Services provided through Telehealth are not required to provide nutrition services. Providers rendering Telehealth ADS services must comply with all regulations outlined in XXX (telehealth rules).

Care Plan means the individualized goal-oriented plan of services, supports, and preferences developed collaboratively with the participant and/or the designated or legal representative and the service provider, as outlined in 10 CCR 2505-10 8.495.6.F.

Designated Representative means a representative who is designated by the participant to act on the participant's behalf, as defined in 10 CCR 2505-10 Section 8.500.1.

Direct Care Staff means staff who provide hands-on care and services, including personal care, to participants. Direct Care Staff must have the appropriate knowledge, skills and training to meet the individual needs of the participants before providing care and services. Training must be completed prior to the provision of services, as outlined in 10 CCR 2505-10 8.491.4.I.

Director means any person who owns and operates an ADS Center or SADS Center, or is a managing employee with delegated authority by ownership to manage, control, or perform the day-to-day tasks of operating the Center as described in 10 CCR 2505-10 Section 8.491.

Licensed Medical Professional (LMP) means a medical professional that possesses one or more of the following Colorado licenses, which must be active and in good standing: Physician, Physician Assistant, Registered Nurse (RN) or Licensed Practical Nurse (LPN) governed by the Colorado Medical License Act, and as defined in 10 CCR 2505-10 Section 8.503.

Participant means any individual found to be eligible for and enrolled in Adult Day Services regardless of payment source.

Provider means a service agency enrolled with the Department to provider Center-Based and/or Non-Centered-Based Adult Day services.

Qualified Medication Administration Personnel (QMAP) means an individual that has completed training, passed a competency evaluation, and is included in the Colorado Department of Public Health and Environment's (CDPHE) public list of individuals who have passed the requisite competency evaluation, as outlined in 6 CCR 1011-1 Chapter 24.

Restraint means any physical or chemical device, application of force, or medication, which is designed or used for restricting freedom of movement, and/or modifying, altering, or controlling behavior, excluding medication prescribed by a physician as part of an ongoing treatment plan or pursuant to a diagnosis.

Staff means a paid or voluntary employee or contracted professional of the ADS Center or SADS Center.

Universal Precautions refers to a system of infection control that prevents the transmission of communicable diseases. Precautions include, but are not limited to, disinfecting of instruments, isolation and disinfection of environment, use of personal protective equipment, hand washing, and proper disposal of contaminated waste.

8.491.2 PARTICIPANT BENEFITS

8.491.2.A. Adult Day Services

1. Only participants whose needs can be met by the ADS ~~Center-provider~~ within its certification category and populations served may be admitted ~~by~~ the ADS ~~Center-provider~~.
2. ADS shall include, but are not limited to, the following:
 - a. ~~Daily m~~Monitoring to ensure participants are maintaining activity levels and goals set forth in the Care Plan, pursuant to Section 8.491.4.E; and assistance with activities of daily living (ADL) as needed. (ADLs include but are not limited to eating, ambulation, positioning, transferring, toileting, and incontinence care).
 - b. ~~Daily s~~Services provided to monitor the participant's health status, monitor or administer medications, and carry out physicians' orders as set forth in participant's individual Care Plan.
 - c. ~~Center-Based S~~services must be provided in an integrated, community-based setting, which, supports participation and engagement in community life and gaining access to the greater community; participants may engage in meaningful activities in integrated and community settings.
 - d. Emergency services including written procedures to meet medical crises.
 - e. Activities that assist in the development of self-care capabilities, personal hygiene, and social support services.

- f. Nutrition services including therapeutic diets and snacks in accordance with the participant's individual Care Plan and hours of attendance. Nutrition services are not required during the delivery of Non-Center-Based ADS.
- g. Social and recreational supportive services as appropriate for each participant and their needs, as documented in the participant's Care Plan. Activities shall take into consideration individual differences in age, health status, sensory deficits, religious affiliation, interests, abilities, and skills by providing opportunities for a variety of types and levels of involvement.
- h. Participants have the right to choose not to participate in social and recreational activities.

8.491.2.B. Adult Day Service Requirements

- 1. The participant's Care Plan must include documentation of their diagnosis(es) and service goals.
- 2. The ADS Center provider must verify all Medicaid participant's diagnosis(es) using the Professional Medical Information Page (PMIP) which shall be supplied by the case manager, or documentation from the participant's Licensed Medical Professional (LMP). Documentation must be verified at the time of admission or reassessment by the case manager, or whenever there is a significant change in the participant's condition. Any significant change must be recorded in the participant's record or Care Plan
 - a. For participants from other payment sources, diagnosis(es) must be documented in a care plan, or other admission form, and verified by the participant's physician or LMP. This documentation must be verified at the time of admission, and whenever there is a significant change in the participant's condition.

8.491.3 PROVIDER REQUIREMENTS

A. General

- 1. ADS Center providers shall conform to all provider participation requirements, as defined in 10 CCR 2505-10 Section 8.130. ADS Centers shall have in effect all required licenses, certifications, and insurance, as applicable. ADS Center providers shall comply with ADS Center regulations and Life Safety Code (LCS) regulations, as determined by the Colorado Division of Fire Protection and Control.
- 2. ADS Center providers shall be Medicaid certified by the Department as an ADS provider, in accordance with 10 CCR, 2505-10 Section 8.487.20. Proof of Medicaid certification consists of a completed Provider Agreement approved by the Department and the Department's fiscal agent, and recommendation for certification by CDPHE.
 - a. Certification shall be denied, revoked, suspended, or terminated when a Provider is unable to meet, or adequately correct deficiencies relating to, certification standards as defined at 10 CCR 2505-10 section 8.491.
- 3. The Department or its designee will review an ADS Center's designation as a Specialized Adult Day Services (SADS) Center at the time of initial approval and during the recertification survey.

4. Denial, termination, or non-renewal of the Provider Agreement shall be for "Good Cause" as defined in 10 CCR 2505-10 section 8.076.
5. All providers of ADS shall operate in full compliance with all applicable federal, State and local laws, ordinances and regulations related to fire, health, safety, zoning, sanitation and other standards prescribed in law or regulations. This includes certification of building use occupancy.

8.491.4 PROVIDER ROLES AND RESPONSIBILITIES

A. Environment

1. All ~~Center-Based ADS providers~~ Centers must comply with the Centers for Medicare and Medicaid Services (CMS) Home and Community Based Settings Final Rule requirements, 42 C.F.R. § 441.301(c)(4). This includes:
 - a. ADS Center must be integrated in and supports full access of individuals to the greater community;
 - b. ADS Center is selected by the individual from among setting options including non-disability specific settings;
 - c. ADS Center ensures an individual's rights of privacy, dignity and respect, and freedom from coercion and restraint;
 - d. ADS Center optimizes individual initiative, autonomy, and independence in making life choices, including, but not limited to, daily activities, physical environment, and with whom to interact; and
 - e. ADS Center facilitates individual choice regarding services and supports, and who provides them.
2. ADS Centers presumed to have institutional qualities will be subject to heightened scrutiny and reviewed by the Department and CMS, per 42 C.F.R. § 441.301(a)(2)(v). Settings in which this may apply include but are not limited to those where:
 - a. The provision of inpatient institutional treatment within a publicly or privately-operated facility happens within the same building.
 - b. Located on the grounds of, or adjacent to, a public institution.
 - c. The effect of isolating participants receiving Medicaid Home and Community Based Services (HCBS) from the broader community.
2. If an ADS Center is subject to heightened scrutiny, Medicaid reimbursement by the Department may not be issued if the center fails CMS's heightened scrutiny review or until CMS approves the center.
3. ADS Centers shall provide a clean and sanitary environment that is free of obstacles that could pose a hazard to participant health and safety, allowing individuals the freedom to safely move about inside and outside the ADS Center.
4. ADS Centers shall provide lockers or a safe and secure place for participants' personal items.

5. ADS Centers shall provide recreational areas and recreational activities appropriate to the number and needs of the participants, at the times desired by the participants.
6. ADS Centers shall ensure the following are physically accessible to the participants at all times during hours of operation:
 - a. Access to drinking water and other beverages;
 - b. Bathrooms, sinks, and paper towel dispensers or hand dryers;
 - c. Appliances and equipment used by or in the delivery of activities offered by the ADS Center, such as, tables/desks and chairs at a convenient height and location; and
 - d. Free from obstructions such as steps, lips in doorways, narrow hallways, limiting individuals' mobility in the ADS Center. If obstructions are present, environmental adaptations are to be made to allow for participant access.
7. ADS Centers must provide for a private shower and/or bathing area located on site to address the emergency hygiene needs of participants as needed.
8. To accommodate the activities and program needs of the ADS Center, the center must provide eating and activity areas that are consistent with the number and needs of the participants being served, which is at a minimum of 40 square feet per participant.
9. ADS Centers shall maintain a comfortable temperature throughout the center. At no time shall the temperature fall outside the range of 68 degrees to 76 degrees Fahrenheit.
10. ADS Centers must provide an environment free from restraints.
11. ADS Centers, in accordance with 10 CCR 2505-10 section 8.491.4.A above, must provide a safe environment for all participants, including participants exhibiting behavioral problems, wandering behavior, or limitations in mental/cognitive functioning.

B. Food Safety Requirements

1. Center-Based ADS providers Centers shall comply with all applicable local food safety regulations. In addition, all ADS Centers must ensure:
 - a. Access to a handwashing sink, soap and disposable paper towels;
 - b. Food handlers, cooks and servers, including participants engaged in food preparation, properly wash their hands using proper hand-washing guidelines;
 - c. The ADS Centers do not allow any staff or participants who are not in good health and free of communicable disease to handle, prepare or serve food or handle utensils;
 - d. Refrigerated foods opened or prepared and not used within 24 hours are marked with a "use by" or "discard by" date. The "use by" or "discard by" date may not exceed 7 days following opening or preparation, or exceed or surpass the manufacturer's expiration date for the product or its ingredients;
 - e. For food service, foods are maintained at the proper temperatures at all times. Foods that are stored cold must be held at or below 41 degrees Fahrenheit and

foods that are stored hot must be held at or above 135 degrees Fahrenheit in order to control the growth of harmful bacteria;

- f. Kitchen and food preparation equipment are maintained in working order and cleanable; and
- g. Any equipment or surfaces used in the preparation and service of food are washed, rinsed and sanitized before use or at least every 4 hours of continual use. Dish detergent must be labeled for its intended purpose. Sanitizer must be approved for use as a no-rinse food contact sanitizer. Sanitizers must be registered with the Environmental Protection Agency (EPA) and used in accordance with labeled instructions.

C. Medication Administration and Monitoring

- 1. All medications shall be administered by Qualified Medication Administration Personnel (QMAP) staff, LMP staff or self-administered, regardless of the location where services are rendered.
- 2. Center-Based and non-center-based ADS providers ~~Centers~~ shall require each staff person who administers medication, that is not a LMP, to have completed training, passed a competency evaluation and be included in the Colorado Department of Public Health and Environment's (CDPHE) public list of individuals who have passed the QMAP competency evaluation, as outlined in 6 CCR 1011-1 Chapter 24.
- 3. All medication shall be stored in a locked cabinet when unattended by QMAP or LMP staff.
- 4. Non-prescription medications shall be labeled with the recipient's name, and shall not be taken by any other participants.
- 5. A QMAP shall not conduct feeding or administer medication through a gastrostomy tube or administer intravenous, intramuscular or subcutaneous injections.

D. Records and Information

- 1. All ADS ~~Center~~ providers shall keep records and information necessary to document the services provided to participants receiving Adult Day Services. Records shall include but not be limited to:
 - a. Name, address, gender, and date of birth of each participant;
 - b. Name, address and telephone number of designated representative and/or emergency contact;
 - c. Name, address and telephone number of primary physician;
 - d. Documentation of the supervision and monitoring of services provided;
 - e. Documentation that all participants and their designated representatives (if any) were oriented to the ADS -center and/or to the services provided ~~Center, the policies, and procedures relevant to the ADS Center and the services provided~~;
 - f. A service agreement signed by the participant and/or the designated representative and appropriate ~~center~~ staff; and

- g. A copy of the PMIP, or diagnosis documentation from the participant's LMP.

E. Care Plan

- 1. The following information must be documented in the Care Plan and used to direct the participant's care and must be reviewed annually.

- a. Medical Information:

- i. All medications the participant is taking, including those while ~~at the Adult Day Services Center~~ receiving center-based or non-center-based ADS, and whether they are being self-administered;
- ii. Special dietary considerations, instructions, or restrictions;
- iii. Services that are administered to the participant while receiving center-based or non-center-based ADS at the ADS Center (may include nursing or medical interventions, speech therapy, physical therapy, or occupational therapy);
- iv. Any restrictions on social and/or recreational activities identified by participant's LMP; and
- v. Any other special health or behavioral management services or supports recommended to assist the participant by the participant's LMP.

- b. Care Planning Documentation:

- i. Documentation that the Center-provider was selected by the individual and/or designated representative or legal representative;
- ii. Individual choices including delivery model of ADS including telehealth, preferences, and needs shall be incorporated into the goals and services outlined in the Care Plan;
- iii. All participant information and the Care Plan are considered protected health information and shall be kept confidential; and
- iv. Participant and/or designated representative or legal representative must review and sign the Care Plan.

- c. Modifications to the Care Plan must be supported by a specific and assessed need. Informed consent and proper documentation in the Care Plan is required for any changes including but not limited to:

- i. Identification of the specific and individualized assessed need; and
- ii. Documentation of any intervention and/or additional supports offered to support the participant appropriately.

- d. Documentation that the participant and/or designated representative was provided with written information about the participant's right to establish an advance directive.

- e. Documentation as to whether the participant has executed an advance directive or other declaration regarding medical decisions. Such documentation shall be maintained in the participant's record.
- f. All entries into the record shall be legible, written in ink, dated, and signed with name and title designation, or records shall be maintained electronically with electronic signatures in accordance with standards for electronic medical record keeping practices.

F. Critical Incident Reporting

- 1. A Critical Incident means an actual or alleged event that creates the risk of serious harm to the health or welfare of a participant. A Critical Incident may endanger or negatively impact the mental and/or physical well-being of a participant. Critical Incidents include, but are not limited to:
 - a. Death;
 - b. Abuse/neglect/exploitation;
 - c. Serious injury to participant or illness of participant;
 - c. Damage or theft of participant's property;
 - d. Medication mismanagement;
 - e. Lost or missing person; and
 - f. Criminal activity.
- 2. A provider must submit a verbal or written report of a Critical Incident to the HCBS participant's Case Management Agency (CMA) case manager within 24 hours of discovery of the actual or alleged incident. The report must include:
 - a. Participant name;
 - b. Participant Medicaid identification number;
 - c. Waiver;
 - d. Incident type;
 - e. Date and time of incident;
 - f. Location of incident;
 - g. Persons involved;
 - h. Description of incident; and
 - i. Resolution, if applicable.
- 3. If any of the above information is not available within 24 hours of incident and not reported to the CMA case manager, a follow-up to the initial report must be completed.

G. Staff Requirements

1. In determining appropriate staffing levels, the ADS ~~Center provider~~ shall adjust staffing ratios based on the individual acuity and needs of the participants ~~in the Center~~ being served. At a minimum, staffing must be sufficient in number to provide the services outlined in the Care Plans, considering the individual needs, level of assistance, and risks of accidents. A staff person can have multiple functions, as long as they meet the definition of Direct Care Staff defined at 10 CCR 2505-10, Sections 8.491.1. Staff counted in the staff-participant ratio are those who are trained and able to provide direct services to participants.
 - a. Staffing ~~at an~~ for center-based and non-center-based ADS ~~Center~~ shall be no less than the following standard:
 - i. A minimum of 1 staff to 8 participants with continuous supervision of participants during program operation.
 - b. Staff shall provide the following:
 - i. Immediate response to emergency situations to assure the safety, health and welfare of participants;
 - ii. Activities that are planned to support the plans of care for the participants; and
 - iii. Administrative, recreational, social, and supportive functions and duties.
 - c. Nursing services for regular monitoring of the on-going medical needs of participants and the supervision of medications. These services must be available a minimum of two hours daily and must be provided by an Registered Nurse (RN) or Licensed Practical Nurse (LPN). Certified Nursing Assistant's (CNA) may provide nursing services under the direction of a RN or an LPN, in conformance with nurse delegation provisions outlined in CRS 12-38-132. Supervision of CNAs must include documented consultation and oversight on a weekly basis or more according to the participant's needs. If the supervising RN or LPN is a ADS Center staff member, with consultation and oversight of CNAs included in the member's job description, the supervising nurse's documented attendance shall be sufficient to document consultation and oversight.
2. In addition to the above services, Specialized Adult Day Services (SADS) Centers shall have sufficient staff to provide nursing services during all hours of operation.
 - a. Nursing services must be provided by a licensed RN or LPN or by a CNA under the supervision of an RN or LPN, as per 10 CCR 2505-10 section 8.491.4.G.1.e above and employed or contracted by the SADS Center.
3. The ADS ~~Center provider~~ shall require any individual seeking employment with ~~their agency~~ the Center to submit to a criminal history record check to ascertain whether the individual seeking employment has been convicted of a felony or misdemeanor that involves conduct that the ~~provider~~ Center determines could pose a risk to the health, safety or welfare of participants.

4. The criminal history record check shall, at a minimum, include a search of criminal history in the State of Colorado and be conducted not more than 90 days prior to employment of the individual.
5. In assessing whether to employ an applicant with a felony or misdemeanor conviction, the ADS Center-provider shall consider the following factors:
 - a. The history of convictions, pleas of guilty or no contest,
 - b. The nature and seriousness of the crimes;
 - c. The time that has elapsed since the conviction(s);
 - d. Whether there are any mitigating circumstances; and
 - e. The nature of the position for which the applicant would be employed.
6. The ADS Center-provider shall develop and implement policies and procedures regarding the employment of any individual who is convicted of a felony or misdemeanor to ensure that the individual does not pose a risk to the health, safety and welfare of the consumer.

H. Director Qualifications

1. All Directors hired or designated after January 1, 2019, shall meet one of the following qualifications:
 - a. At least a bachelor's degree from an accredited college or university and a minimum of two years of social services or health services experience and shall have demonstrated ability to perform all aspects of the position; or
 - b. A licensure by the state of Colorado as a Licensed Practical Nurse or Registered Nurse and completion of two years of paid or volunteer experience in planning or delivering health or social services including experience in supervision and administration; or
 - c. A high school diploma or GED equivalent, a minimum of four years of experience in a social services or health services setting, skills to work with aging adults or adults with functional impairment, and skills to supervise ADS Center staff persons.

I. Training Requirements

1. All ADS Center staff and volunteers must be trained in the ADS Centers'-providers' programmatic policies and procedures.
2. ADS Centers-providers providing medication administration as a service must have QMAP staff qualified in accordance with C.R.S. 6 CCR 1011-1 Chapter 24, unless medications are administered only by LMPs.
3. All staff and volunteers must be trained in the use of universal precautions and infection control, as defined at 10 CCR 2505-10 section 8.491.1.
4. The ADS Center Director and staff must receive training specific to the needs and diagnoses of the participants served. Training may include, but is not limited to: behavioral expression and management techniques, effective communication techniques,

redirection, cardiopulmonary resuscitation, validation theory and communication, seizure response, and brain injuries.

- a. Documentation of staff member and Director trainings must include, but is not limited to: training provided, who completed trainings, who conducted trainings, and completion date.
5. All ADS ~~Center~~ staff must be trained in the handling of emergency services including written procedures to meet medical crises, and natural and manmade disasters.
6. All required training must be documented, and documentation must be maintained in individual staff's personnel files. Each staff person's training must be up-to-date.

J. Written Policies

1. The ADS ~~provider Center~~ shall have written policies and procedures relevant to its operation. Such policies shall include, but not be limited to, statements describing:
 - a. Admission criteria for participants who can be appropriately served ~~in by~~ the ADS ~~Center provider~~;
 - b. Intake procedures conducted for participants and/or designated representatives prior to admission ~~with to~~ the ADS ~~provider~~Center;
 - c. The meals and nourishments including special diets that are provided;
 - d. The hours and days ~~the ADS Center is~~ are open and services available to participants, including the availability of nursing services;
 - e. Medication administration and storage;
 - f. The personal items that the participants may bring with them to the ADS Center; ~~and~~
 - g. Emergency services including written procedures to meet medical crises, and natural and manmade disasters; ~~and~~
 - h. The administration of Telehealth Adult Day Services, if provided. This includes telehealth options, provision of services, and examples of virtually offered services.
2. There shall be a written, signed agreement between the participant and/or designated representative and the ADS ~~Center provider~~ outlining the rules and responsibilities of the ADS ~~Center provider~~ and the participant. Each party in the agreement shall be provided a copy.

8.491.5 REIMBURSEMENT METHOD FOR ADULT DAY SERVICES

- A. Reimbursement for ADS for participants in the HCBS Elderly, Blind and Disabled (EBD) waiver, Community Mental Health Supports waiver (CMHS), and the Spinal Cord Injury (SCI) waiver ~~shall be based upon a single all-inclusive payment rate per unit of service for each participating provider which shall be prospectively determined.~~ Units are to be billed in accordance ~~to~~ with the current rate schedule:

1. Providers may bill per 15 mins or in 3-5-hour blocks depending on the participant's needs and how the service is delivered. When billing 15-minutes, it may not exceed 12 units or three (3) hours per day of Basic Adult Day Services delivered virtually or in-person.

~~nit = a partial day = three (3) to five (5) hours of service~~

~~nits = a full day = more than five (5) hours of service~~

- B. For persons in the HCBS waiver for Persons with a Brain Injury (BI), reimbursement for BI-ADS is to be billed in accordance with the current rate schedule. shall be based upon a single all-inclusive payment rate per unit of service for each participating provider.

1. A unit is defined as the following:

a. Providers may bill per 15 mins or 2 or more hours depending on the participant's needs and how the service is delivered. When billing 15-minutes, it may not exceed 8 units or two (2) hours per day of services rendered virtually or in-person.

~~one (1) unit = two or more hours per day.~~

- C. ADS Centers are permitted to utilize funding from other Federal sources, such as the Child and Adult Care Food Program (CACFP), in addition to the Medicaid per diem. If such funding is utilized, a Center must acknowledge the use of multiple funding sources and demonstrate that Federal funds are not used in a duplicative manner to Medicaid-funded services.
- D. Only providers certified as a Specialized Adult Day Services Center are permitted to receive the SADS reimbursement rate, for participants needing SADS. The SADS reimbursement rate applies to every participant at a SADS Center, even if the participant does not have a specialized diagnosis.

E. Certified SADS providers may provide Telehealth Adult Day Services, billing only for Basic Adult Day Services using the 15-minute unit.

EE. Providers shall not bill for services on the same day of service for a participant in an HCBS residential program, unless the following criteria have been met:

1. ADS and residential services have been authorized by the Department and are included on the prior authorization request (PAR);
2. Participant's diagnoses must meet the criteria for a SADS Center;
3. Documentation from the participant's physician demonstrating the required specialized services in the SADS Center are necessary because of the qualifying diagnosis(es), are essential to the care of the participant, and are not included in the residential per diem;
4. Documentation that the extensive rehabilitative therapies and therapeutic needs of the participant are not being met by the residential program and are not included in the residential per diem; and
5. Documentation from the participant's physician recommending SADS and how it will meet the previously mentioned needs.

8.515 HOME AND COMMUNITY BASED SERVICES FOR PERSONS WITH BRAIN INJURY (HCBS-BI)

8.515.70 ADULT DAY SERVICES

A. DEFINITIONS

1. Adult Day Services means both health and social services furnished on a regularly scheduled basis in an adult day services center two or more hours per day, one or more days per week to ensure the optimal functioning of the client Services are directed towards recreation and socialization as well as maintaining a safe and supportive environment.
- ~~2.~~
 - a. Adult Day Services Center means a non-institutional entity that conforms to requirements for maintenance model.
 - b. Center-Based Adult Day Services are services provided in a certified ADS Center.
 - c. Non-Center-Based Adult Day Services are services that may be provided outside of the ADS Center, where participants can engage in activities and community life, either in-person or through virtual means.
 - d. Telehealth Adult Day Services are provided through virtual means in a group or on an individual basis. Telehealth ADS are ways for participants to engage in activities, with their community, and connect to staff and other ADS participants virtually. Services provided through Telehealth are not required to provide nutrition services. Providers rendering Telehealth ADS services must comply with all regulations outlined in XXX (telehealth rules).

3. e. Maintenance Model means services in health monitoring and individual and group therapeutic and psychological activities which serve as an alternative to long-term nursing home care.

54. Adult day services include:

- a. Daily monitoring to assure that clients are maintaining personal hygiene and participating in age appropriate social activities as prescribed; and assisting with activities prescribed; and assisting with activities of daily living (e.g., eating, dressing).
- b. Emergency services including written procedures to meet medical crises.
- c. Assistance in the development of self-care capabilities personal hygiene, and social support services.
- d. Provision of nutritional needs appropriate to the hours in which the client is served. Nutrition services are not required during the delivery of telehealth ADS.
- e. Nursing services as necessary to supervise medication regimen of trained medication aides and carry out any of the services listed as SKILLED CARE in SECTION 8.489.30.
- f. Social and recreational services as prescribed to meet the client's needs.
- g. Any additional services if such services are included in the budget submitted to the Department in accordance with the section on REIMBURSEMENT METHOD FOR ADULT DAY CARE below, and determined by the Department to be necessary for adult day care.

B. CERTIFICATION STANDARDS

All adult day service providers centers shall conform to all of the following Departmental standards

1. All providers must conform to all established departmental standards in the general certification standards section.
2. All providers of adult day services care shall operate in full compliance with all applicable federal, state and local fire, health, safety, sanitation and other standards prescribed in law or regulation.
3. The agency adult day service center shall provide a clean environment, free of obstacle; that could pose a hazard to client health and safety.
4. Agencies-Adult day service centers shall provide lockers or a safe place for clients' personal items.
5. Adult day service centers shall provide recreational areas and activities appropriate to the number and needs of the recipients.
6. Adult day service centers shall have Ddrinking facilities shall be located within easy access to residentsclients.

7. Adult day service centers shall provide eating and resting areas consistent with the number and needs of the clients being served.
8. Adult day service centers shall provide easily accessible toilet facilities, hand washing facilities and paper towel dispensers.
9. The center shall be accessible to clients with supportive devices for ambulation or who are in wheelchairs.

C. RECORDS AND INFORMATION

Adult day service providers shall keep such records and information necessary to document the services provided to clients receiving adult day services. Medical Information Records shall include but not be limited to:

1. Medications the client is taking and whether they are being self-administered.
2. Special dietary needs, if any.
3. Restrictions on activities identified by physician in the case plan.

D. STAFFING

All adult day service ~~centers-providers~~ shall have staff who have been trained in current cardiopulmonary resuscitation, seizure prophylaxis and control and brain injury. Adequate staff shall ~~be on the premises available~~ at all times to ensure:

1. Supervision of clients at all times during the operating hours of the program.
2. Immediate response to emergency situations to assure the welfare of clients.
3. Provision of prescribed recreational and social activities.
4. Provision of administrative, recreational, social and supportive functions of the adult day services center.

E. POLICIES

The ~~center-adult day service provider~~ shall have a written policy relevant to the operation of the adult day services ~~center~~. Such policy shall include but not be limited to statements describing:

1. Admission criteria that qualify clients to be appropriately served ~~in the center~~ by the provider.
2. Interview procedures conducted for qualified clients and/or family members prior to admission ~~to the center~~ to the provider.
3. The meals and nourishments that will be provided, including special diets at Center-Based ADS.
4. The hours that the clients will be served in ~~the center~~ by the provider and days of the week services will be available.
5. The personal items participants may bring with them to the center.

6. A written signed contract to be drawn up between the client or responsible party and the center outlining rules and responsibilities of the ~~provider~~center and of the client Each party of the contract will have a copy.
7. A statement of the center's policy for providing drop in care or day respite.

F. REIMBURSEMENT METHOD FOR ADULT DAY SERVICES

1. Reimbursement for adult day services shall be based upon a single a single all-inclusive payment rate per unit of service for each participating provider.
2. Each provider will be paid on a per diem statewide uniform rate. The rate of payment shall be subject to available appropriations and may be the lower of the billed amount or the Medicaid allowable rate which is determined by multiplying the number of units times a rate established by the Department

DRAFT