

DEPARTMENT OF HUMAN SERVICES
SENIORS AND PEOPLE WITH DISABILITIES DIVISION
OREGON ADMINISTRATIVE RULES

CHAPTER 411
DIVISION 66

REGISTRATION AND CERTIFICATION STANDARDS FOR ADULT DAY
SERVICES PROGRAMS

411-066-0000 Statement of Purpose

(1) Adult day services are community-based group programs designed to meet the service needs of aging and people with physical disabilities in a structured non-residential setting by maximizing their level of health and independence.

(2) These rules:

(a) Create a registry of adult day services programs and describe the process and criteria for listing on the registry.

(b) Allow state certification for programs enrolled as a provider with the State of Oregon to provide Medicaid-funded adult day services to Medicaid-eligible individuals in home and community-based settings. Certification by the Department of Human Services (DHS), Aging and People with Disabilities (APD) is intended to fulfill the Center for Medicare and Medicaid Services (CMS) requirements of "state certified" adult day service programs with the purpose of continuing eligibility criteria for Medicare beneficiaries.

(c) Define the criteria for state certification.

(D) Define the criteria for Adult Day Services Provider Types

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Stat. Auth.: ORS 410.070, 410.490, 410.495

Stats. Implemented: ORS 410.485 - 410.495

411-066-0005 Definitions

(1) "Activities of Daily Living (ADL)" means those personal, functional activities required by an individual for continued well-being, which are essential for health and safety. Activities include eating, dressing and grooming, bathing and personal hygiene, mobility elimination, and cognition as described in OAR 411-015-0006.

(2) "Adult Day Services (ADS) Program" means a community-based group program designed to meet the needs of adults with functional impairments through service plans as defined in (23) of this rule. These structured, comprehensive, non-residential programs provide health, social, and related support services in a protective setting for less than 24 hours per day.

(3) "Aging and People with Disabilities (APD)" means the Aging and People with Disabilities program within the Department of Human Services.

(4) "Area Agency on Aging (AAA)" means the Department designated agency charged with the responsibility to provide a comprehensive and coordinated system of services to older adults and adults with disabilities in a planning and service area. The term Area Agency on Aging is inclusive of both Type A and Type B Area Agencies of Aging as defined in ORS 410.040 to 410.30.

(5) "Background Check" means a criminal background check and abuse check under OAR chapter 407, division 007.

(6) "Case Manager" or "CM" means a Department employee, or an employee of the Department's designee, that meets the minimum qualifications in OAR 411-028-0040 and who is responsible for service eligibility, assessment of need, offering service choices to eligible individuals, person-centered service planning, service authorization and implementation, and evaluation of the effectiveness of Medicaid home and community-based services.

(7) "Certification" means to certify the individual adult day services program by measuring the ability of the adult day services program to meet the DHS, APD standards set forth in these rules.

(8) "Department" means the Department of Human Services (DHS).

“Delegation” refers to specific tasks of nursing care to unlicensed persons shall be conducted and documented by the registered nurse as required by the Oregon State Board of Nursing administrative rules chapter 851, division 047. A participant’s record shall contain documentation that all requirements within those rules have been met, including but not limited to: assessment, instruction, observation, supervision, and re-evaluation

(9) "Deputy Director" means the Deputy Director of the DHS, APD program, or that person's designee.

Commented [FDJ1]: Question re: is this the role of the DD, should be the LTSS administrator??

(10) "Exception" means an approval of a service plan granted to a specific individual that meets policy criteria allowing ADS attendance while living in an adult foster home.

(11) "Food Handler" means those persons involved in the supervision, preparation, or service of food in a restaurant or food service facility licensed under ORS 624.020 or 624.320. This includes, but is not limited to:

- (a) Managers;
- (b) Cooks;
- (c) Wait staff;
- (d) Dishwashers;
- (e) Bartenders; and
- (f) Bus persons.

(12) "Group" means:

- (a) A program with 10 or more enrolled participants;
- (b) New adult day services programs ~~just beginning~~, with plans to enroll 10 or more participants; or

(c) The enrolled participants in a certified adult day services program.

(13) "Initial Screening" means a screening an assessment required by the adult day service program that is conducted to evaluate a prospective participant's service requests and needs before accepting the individual for service. The extent of the screening needs to determine the ability of the program to meet the requests and needs of a participant based on the agency's overall service capability.

(14) "Instrumental Activities of Daily Living (IADL)" mean those activities, other than activities of daily living, required by an individual to continue independent living. The definitions and parameters for assessing needs in IADL are identified in OAR 411-015-0007.

(15) Licensed Practical Nurse (LPN) means an Oregon Licensed practical or registered nurse.

(16) "Long-Term Care Facilities (LTC)" means nursing facilities, residential care facilities, assisted-living facilities, and adult foster homes.

(17) "Mandatory Reporter" means all public or private officials as stated in ORS 124.050 - 124.095 are to report suspected abuse or neglect of a child, an older adult, a person with a physical disability, or the resident of a licensed care facility to the Department or to a law enforcement agency as required by OAR 411-020-0002.

(18) "Medication assistance" means assisting participants to take medication and monitoring the effects of medication but does not include administering injections. Medication includes a prescription substance ingested, injected, or applied externally to prevent or treat a condition or disease, heal, or relieve pain.

(19) "Medication administration" means administering medications to a consumer or directly supervising the participant who is not able or not willing to self-direct but may be physically able to perform the tasks. Medication administration includes but is not limited to taking the client's medications from original containers and putting the medications into closed secondary containers designed and manufactured for this purpose.

(20) "Medication reminding" means providing a participant with an audio, visual or oral reminder to take his or her medication when a client is able to self-direct

(21) "Medicaid Performing Provider Number" means the numeric identifier assigned to an entity or person by the Department, following enrollment to deliver Medicaid-funded services as described in these rules. The Medicaid Performing Provider Number is used by the rendering provider for identification and billing purposes associated with service authorizations and payments.

(22) "Nursing Assessment" means one of the following assessments selected by the registered nurse based on an individual's need and situation:

(a) A "nursing assessment" as defined in OAR 851-047-0010 (Standards for Community Based Care Registered Nurse Delegation); or

(b) A "comprehensive assessment" or "focused assessment" as defined in OAR 851-045-0030 (Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse).

(23) "Nursing services" means the provision of services that are deemed to be the practice of nursing as defined by ORS 678.010. These services include but are not limited to the delegation of specific tasks of nursing care to unlicensed persons in accordance with the Oregon State Board of Nursing administrative rules, chapter 851, division 047. Nursing services are not rehabilitative or curative but are maintenance in nature.

(24) "Nursing Service Plan" means the plan that is developed by a registered nurse based on an individual's initial nursing assessment, reassessment, or updates made to a nursing assessment.

(a) The Nursing Service Plan is specific to the individual and identifies the individual's diagnoses and health needs, the caregiver's teaching needs, and any care coordination, teaching, or delegation activities.

(b) The Nursing Service Plan is separate from the case manager's service plan, the foster home provider's service plan, and any service plans developed by other health professionals.

(c) Nursing service plans must meet the standards in OAR chapter 851, division 045 (Standards and Scope of Practice for the Licensed Practical Nurse and Registered Nurse).

(25) "Participant" means a person who is eligible and is receiving services in an adult day services program.

(26) "Person-Centered Service Plan" means the details of the supports, desired outcomes, activities, and resources required for a participant to achieve and maintain personal goals, health, and safety, as described in OAR 411-004-0030. The case manager completes the person-ed service plan. The person center-ed service plan is the Medicaid Plan of Care.

(27) "Provider Enrollment Application and Agreement" refers to the conditions and agreements for being enrolled as a provider with the DHS, APD and to receive a provider number.

(28) "Rate Schedule" means the Medicaid reimbursement rate schedule maintained by the Department in OAR 411-027-0170.

and maintained by the Department at <http://www.dhs.state.or.us/spd/tools/program/osip/rateschedule.pdf>

(29) Registered dietitian. "Registered dietitian" means a dietitian registered with the National Commission on Dietetic Registration.

(30) Registered nurse "RN" means a registered nurse licensed by the Oregon State Board of Nursing. An RN providing nursing services for the adult day service provider, under these rules is either an independent contractor who is an enrolled Medicaid provider or an employee of an organization that is an enrolled Medicaid provider.

(31) Registered physical therapist. "Registered physical therapist" means a person registered by the Oregon State Board of Medical Practice to practice physical therapy.

(32) "Registry" means the registration database of all adult day services programs maintained by DHS, APD.

(33) "Representative" is a person either appointed by an individual to participate in service planning on the individual's behalf or an individual's

natural support with longstanding involvement in assuring the individual's health, safety, and welfare.

(34) "Service Plan" means a written, individualized plan for the delivery of services by the ADS, developed by the ADS in conjunction with the individual or the individual's legal representative, DHS, or AAA case manager. The service plan:

- (a) Reflects the individual's capabilities, choices, and if applicable, measurable goals, and managed risk issues; and
- (b) Defines the division of responsibility in the implementation of the services.

(35)- "Subject Individual" or "SI" means an individual from whom the authorized agency, districts and qualified entities may conduct a criminal records check

Stat. Auth.: ORS 410.070, 410.490, 410.495
Stats. Implemented: ORS 410.485 - 410.495

411-066-0010 Registration

(1) All ADS programs that voluntarily provide APD with the information described in section (2) of this rule shall be placed on APD's ADS registry.

(2) Information on the registry must include, but is not limited to:

- (a) The name and address of the ADS program.
- (b) A checklist to determine the extent the ADS program is voluntarily complying with the standards set forth in OAR 411-066-0020.

Stat. Auth.: ORS 410.070, 410.490, 410.495
Stats. Implemented: ORS 410.485 - 410.495

411-066-0015 Certification

ADS programs that enroll with APD to provide services must be certified.

(1) INITIAL CERTIFICATION.

(a) To receive APD Adult Day Service certification, which is required to become a DHS Medicaid provider, an ADS program must complete all of the following certification process steps:

(A) Contact APD to schedule an initial on-site visit.

(B) Provide a cover letter detailing qualifications as an ADS.

(C) Complete the ADS certification self-assessment and demonstrate the program meets the standards for adult day services in OAR 411-066-0020.

(D) Participate in a follow-up on-site inspection-review by APD.

(b) APD must complete an on-site certification assessment visit, citing standards (OAR 411-066-0020) as "met" or "unmet".

(A) If all standards are met, APD shall certify the ADS program.

(B) If any of the standards are unmet, the application for certification shall be denied.

(i) The ADS program may bring the unmet standards into compliance and request APD complete a follow-up site certification assessment.

(ii) A request for a site certification reassessment must be made within 30 calendar days after denial. If the request for the site certification reassessment is more than 30 calendar days, the ADS program shall be required to resubmit the information in (1)(a)(B) - (D) of this rule.

(C) If the denial is upheld after a site certification reassessment, the ADS program may request an informal conference in writing within 10 business days of receipt of the denial notice. Within 10 business days of receipt of the request for an informal

conference, the Deputy Director shall review all material relating to the denial of the certification.

(i) The Deputy Director shall determine, based on a review of the material, whether to uphold the denial.

(ii) If the Deputy Director does not sustain the decision, certification shall be granted immediately.

(iii) The decision of the Deputy Director is subject to a contested case hearing under ORS 183.413 to 183.470, if requested within 90 days.

(c) APD may perform an unannounced on-site certification review any time during the certification period to ensure quality and safety standards continue to be met.

(2) **MEDICAID PROVIDER ENROLLMENT.** The ADS program must be an enrolled Medicaid provider in order to be eligible to receive payment from the Department for claims in connection with services provided by the ADS. The criteria for Medicaid provider enrollment and issuance of a provider number includes, but is not limited to:

(a) Meeting all program-specific requirements.

(b) Providing a copy of the ADS program's current certification.

(c) Current business registration and assumed business name (ABN), if applicable, with the Oregon Secretary of State's Corporation Division.

(d) Completing an Adult Day Services Medicaid Provider Enrollment Application and Agreement (PEA) upon enrollment and renewal and meeting all Medicaid provider enrollment requirements.

(e) Maintaining the insurance requirements as defined in the PEA.

(3) **MAINTAINING CERTIFICATION.** Certification for an ADS program may continue for up to two years, or longer as defined below, from the effective

date, if the ADS program complies with the standards for certification as established in OAR 411-066-0020.

(a) ADS programs wanting to renew certification and Medicaid provider enrollment must:

(A) Complete an ADS certification self-assessment demonstrating the program meets these rules. ADS certification self-assessments received by DHS APD prior to the ADS certification expiration date may allow the ADS certification to remain in effect at the discretion of APD until a final recertification decision is issued.

(b) Participate in a follow-up on-site inspection by APD.

(c) APD must complete an on-site certification assessment form after the visit, citing standards (OAR 411-066-0020) as "met" or "unmet".

(A) If all standards are met, APD shall notify the ADS program that certification shall be renewed.

(B) If any of the standards are unmet, the application for certification shall be denied.

(i) The ADS program may bring the unmet standards into compliance and request APD complete a follow-up site certification assessment.

(ii) A request for a site certification reassessment must be made within 30 calendar days after denial. If the request for the site certification reassessment is more than 30 calendar days, the ADS program shall be required to resubmit the information in (1)(a)(B) – (D) of this rule.

(iii) Depending upon the nature of the inadequacy, APD may perform a follow-up inspection to confirm compliance.

(iv) APD may immediately suspend certification for threat to the participant's health, safety, welfare, or failure to comply with the standards.

(C) If the site reassessment is not accepted in full, or the follow-up inspection reveals non-compliance, APD may deny, revoke or refuse to renew the certification and provider enrollment. The ADS program shall be notified in writing of the decision.

(D) If the denial or revocation is upheld after reviewing the site reassessment, or follow-up inspection, the ADS program may, submit a written request for an informal conference within 10 business days of receipt of the notice. Within 10 business days of receipt of the request for the informal conference, the Deputy Director shall review all material regarding the denial or revocation.

(i) The Deputy Director shall determine, based on a review of the material, whether to uphold the denial or revocation.

(ii) If the Deputy Director does not sustain the decision, certification shall be granted immediately.

(iii) The decision of the Deputy Director is subject to a contested case hearing under ORS 183.413 to 183.470 if requested within 90 days.

(d) APD may perform an unannounced on-site certification review any time during the certification period to ensure quality and safety standards continue to be met.

Stat. Auth.: ORS 410.070, 410.490, 410.495

Stats. Implemented: ORS 410.485 - 410.495

411-066-0020 Standards for Adult Day Services Programs

(a) All ADS programs must maintain a roster of all participants with dates of admission and discharge.

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(b) The ADS programs must maintain a daily attendance record, which documents the date and time the participant attends the ADS program.

(1) SERVICE PLANS. ADS program participants must have a service plan that is based on individually assessed service needs and the ADS program's ability to provide services to meet the participants need. The service plan must include the following:

Intake Screening. The intake screening must be completed by the ADS prior to admission to determine how or whether the program can serve the individual, based on the programs' certification, the program's policies and services, and the individual's needs. The screening shall include an interview with the participant and if necessity with the participant's representative. The program shall notify the individual of the outcome no more than five working days after the screening process begins.

~~the appropriateness of the ADS program for the participant and that the participant's needs are within the scope of the ADS program.~~

(b) Application. An application or enrollment agreement must be completed and include all of the following:

(A) an application form signed by the participant or the participant's representative that includes

(B) Applicant's personal identifying information, which will include the participant's name, address, date of birth, gender, date of admission or readmission, living arrangement, telephone number

(B) Information regarding health, safety, and emergency needs.

(C) Identification of services to be provided.

(c) Assessment. ~~A written assessment of the participant must include all the following:~~ Immediately after admission, the program shall

conduct a needs assessment and develop a preliminary service plan for the participant. This preliminary service plan will include:

(1)the participant's psychosocial status (for example, awareness level, personal care needs, need for privacy or socialization);

(2)the participant's functional status (for example, endurance and capability for ambulation, transfer, and managing activities of daily living); and

(3) the participant's physical status, to be determined by observation, from the intake screening interview, and from the medical report received from the participant's physician.

(d) Person-Centered Service Plan

Within 30 days of the completion of the preliminary service plan, the person-centered service plan will be completed. This service plan, which is based on the assessed needs, strengths, and abilities of the participant, must include realistic long and short-term objectives. The service plan must be developed by the program staff, coordinated with other plans of service, such as a nursing assessment, together with the participant, the participant's representative, other agencies (APD/AAA) and individual service providers (adult foster home). The plan of care must be dated and must include:

(A) Functional abilities and disabilities. the participant's functional status (for example, endurance and capability for ambulation, transfer, and managing activities of daily living);

(B) Strengths and weaknesses.

(C) Personal habits.

(D) Preferences, interests, likes and dislikes.

Documenting life history information will assist with service planning

(E) Medical condition and medications.

(F) Personal care.

(G) Assistance required with activities of daily living.

(H) A statement on the ability to live independently.

(I) participant's nutritional needs and, where applicable, dietary restrictions;

(J) Specify number of days per week of attendance.

~~(d) Written Service Plans. The service plan, which is based on the assessed needs, strengths, and abilities of the participant, must include realistic long and short-term objectives. The service plan must~~

~~(K)(B) Define the services to be provided.~~

~~(C) Explain how the service meets the assessed need.~~

~~(D) Identify staff responsible for providing or monitoring service delivery.~~

~~(E) Include an activity plan that is based on the interests, needs, and abilities of the participant. transportation arrangements for getting the participant to and from the program, ie: via the program, family, public transportation~~

(e) A disclosure statement that describes the ADS program's range of care and services, including:

(A) Criteria for admission and discharge; and

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(B) Fees and arrangements for payment, including insurance coverage or other payment sources.

(C) . a description of the population to be served by the program;

(D). a description of individual conditions which the program is not prepared to accept, such as a communicable disease requiring isolation, a history of violence to self or others, unmanageable incontinence or uncontrollable wandering;

(E) the participants' rights developed in accordance with part additionally: create list of rights

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(F) a procedure for presenting grievances, including the name, address, and telephone number of the licensing division of the department, to which a participant or participant's caregiver may submit an oral or written complaint;

(G) the program's policy on and arrangements for providing transportation;

(H) the program's policy on providing meals and snacks;

(I) the program's fees, billing arrangements, and plans for payment;

(J) the program's policy governing the presence of pets in the program;

(K) the program's policy on smoking on site;

(L). the terms and conditions of the program's licensure by the department, including a description of the population the program is serve

(f) Coordination of Care. The need for coordination of care must be considered for each participant. If coordination of care is needed and the participant is receiving services from another agency or resides in a community-based care setting, the ADS service plan must be developed to acknowledge, and not duplicate, the services provided by that agency or facility.

(g) Service Documentation and Reassessment.

(A) Progress notes on each participant must be written at least quarterly, reflecting a review of the service plan.

(B) Reassessing the participant's needs and reevaluating the appropriateness of the service plan must be completed not less than semiannually.

(C) A reassessment of the participant's needs and service plan must also be completed as needed when significant changes occur in the participant's functional ability, service needs, health status, or living situation.

(2) PARTICIPANT RECORDS.

~~(a) All ADS programs must maintain a roster of all participants with dates of admission and discharge.~~

~~(b) The ADS programs must maintain a daily attendance record, which documents the date and time the participant attends the ADS program.~~

~~(a)~~ ADS programs must maintain an individual file on each participant that contains all the following information:

~~(A)~~ Intake screening and application forms.

~~(B)~~ Emergency contact information with at least two contacts (i.e. the participant's designated representative and others as indicated).

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~~(I) Emergency contact information with at least two contacts (i.e. the participant's designated representative and others as indicated).~~

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~~(CB)~~ Photograph of participant and statement of use, such as identification, news articles, with a signed release by the individual or representative.

~~(DE)~~ Medical information. The ADS program must obtain and document medical information to assist in developing a service plan. A participant's medical information must be reviewed semiannually and the review must be notated in the participant's record.

(i) Physician's name and contact information.

(ii) Hospital's name and contact information.

(iii) A list of the participant's medication, ~~-medication~~ restrictions and medication regimen, including the need for medication assistance;

(iv) A medical report dated within the three months prior to or within 30 calendar days after the participant's admission to the program, signed by a physician or signed by a physician assistant or registered nurse and cosigned by a physician, that includes:

~~(v)~~ a medical history of the participant;

~~(vi)~~ a release signed by the physician indicating whether the participant may engage in a structured exercise program; and

~~(vii)~~ documentation that the participant is free of communicable disease or infestations that would endanger the health of other participants;

(viii) Advance health care directive ~~form~~forms, if the participant has completed a directive.

(ix) A Physician's Order for Life Sustaining Treatment (POLST), a statement that none has been signed, or a completed form developed by the ADS program to document resuscitation status.

(E) Emergency Medical Response for Participants. ADS programs must have a written procedure for handling participant medical emergencies. This documentation must include:

(i) Procedures for notification;

(ii) Transportation arrangements; and

(iii) Provision for escorts, if necessary.

(F) Nutritional status assessment including medically prescribed dietary needs, food allergies, preferred diet (i.e. vegetarian, vegan), and cultural or religious preference.

(G) Person-centered Service plan, ~~including all information found in section (1) of this rule.~~

(H) Correspondence.

(J) Transportation Plans. Transportation planning must:

(i) Specify the arrangements for transportation to and from the ADS program; and

(ii) Arrange for transportation enabling participants to attend ADS program-sponsored outings.

~~(H) (2) the name and to call in case of an emergency involving the participant and~~

(K). reports received from other agencies involved in providing services or care to the participant;

(L). any incident reports involving the participant

(M). participant's service agreement with the program, that must specify the responsibilities of the participant and the program with respect to payment for and provision of services and shall be signed by the participant or the participant's caregiver and the program director;

(N) attendance and participation reports and progress notes that are recorded at least quarterly;

(O). a copy of the program's statement on participants' rights, signed by the participant or the participant's caregiver to indicate the participant has been informed of rights;

(P). discharge summary, if the participant is discharged from the program.

Resident Rights and Protections

1 The ADS must implement a participant's Bill of Rights. Each participant and the participant's designated representative, if appropriate, must be given a copy of the participant's rights and responsibilities before attending the ADS program. The Bill of Rights must state that the participant has the right:

(a) To be treated with dignity and respect.

(b) To be given informed choice and opportunity to select or refuse service and to accept responsibility for the consequences.

(c) To participate in the development of their initial service plan and any revisions or updates at the time those changes are made.

(d) To receive information about the method for evaluating their service needs and assessing costs for the services provided.

(e) To exercise individual rights that do not infringe upon the rights or safety of others.

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The program shall maintain records of all incidents involving participants, including:

illnesses;

accidents requiring first aid;

incidents requiring emergency medical or psychiatric care;

incidents requiring a police report to be made;

and incidents when a complaint has been filed

The record shall include the participant's name, the date and time of the incident, a description of the incident, the program's action in response to the incident, and indication that the incident was reported to the participant's caregiver

~~(I) Emergency contact information with at least two contacts (i.e. the participant's designated representative and others as indicated).~~

~~(J) Emergency Medical Response for Participants. ADS programs must have a written procedure for handling participant medical emergencies. This documentation must include:~~

~~(i) Procedures for notification;~~

~~(ii) Transportation arrangements; and~~

~~(iii) Provision for escorts, if necessary.~~

(3) SERVICES. The ADS program must provide the following services and supports:

(a) ADL Assistance. This includes assistance and supervision with activities of daily living.

(b) Social Services. The following social services, if identified on the service plan, must be provided to participants:

(A) Resources for mental health counseling within the community;

(B) Resources for other community services; and

(C) Advocating for the participant's human and civil rights.

(c) Monitoring for changes in physical health and making recommendations and providing resources within the community.

(d) Monitoring for changes in cognition and making recommendations and providing resources within the community.

(e) Discharge planning and assisting in the transition.

(f) Information and resources for persons who are not appropriate for adult day services.

(g) Nutrition Services. ADS programs must screen and assess participants for nutrition needs and provide or refer for nutrition services within the community, as appropriate.

(h) Food Services. ADS programs must:

(A) Provide participants at least one meal per day if they are present at a typical mealtime.

(i) The meal must consider the nutritional status assessment.

(ii) The meal must meet the adult daily nutritional requirement as established by state and federal regulations.

(iii) Menus for the coming week must be prepared and posted weekly in a location accessible to participants. The ADS must maintain weekly menus for one month.

(B) ~~Make provide~~ nourishing snacks available to participants between meals.

(C) Prepare and make menus available at least one week in advance to all participants.

(D) Special diets shall be accommodated.

(E) A plan for emergency food service shall include three days of non-perishable supplies shall be on hand.

(i) Therapeutic Activities. ADS programs must take into consideration participant differences in age, health status, sensory deficits, needs, interests, abilities, and skills by providing opportunities for a variety of activities that encompass differing levels of involvement. The activities may include social, intellectual, cultural, emotional, physical and spiritual activities.

(j) Health-Related Services. The ADS program must provide any health-related services as indicated on the participant's service plan. Services may include nursing consultation services, prevention education, and restorative therapy (e.g. physical therapy or occupational therapy).

(4) PHYSICAL DESIGN, ENVIRONMENT, EMERGENCY STANDARDS, AND SAFETY.

(a) The facility housing the ADS program must comply with applicable state and local building regulations, zoning, fire, and health codes or ordinances.

(b) The facility must be designed in a way that it is accessible and functional in meeting the identified needs of the population it serves in accordance with the Americans with Disabilities Act as amended.

(c) Emergency standards. The ADS must:

(A) Emergency Plan. Each physical location must develop, maintain, update and enforce an emergency plan for the protection of all persons in the event of an emergency. The written emergency plan must --

(i) Address fire, natural, and human caused events identified as a significant risk for the facility and locality.

(ii) Specify how the ADS program shall notify participants or the participant's representative of closure.

(iii) Be posted in an accessible location and provide the locations of fire extinguishers and exit routes.

(B) In areas of the state without a 911 number, the numbers listed must be those of the local fire department, police department, emergency transportation, and poison control program. In a hospital or nursing home, the emergency care team number must be posted.

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(C) SAFETY PROGRAM. A safety program must be developed and implemented to assure a safe environment for participants and employees. A safety checklist will be used semi-annually hazards to residents, such as dangerous substances, sharp objects, unprotected electrical outlets, slippery floors or stairs, exposed heating devices, broken glass, water temperatures, and fire prevention.

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(B) Follow appropriate fire and safety standards. The ADS must:

(i) ~~(i)~~ prior to initial certification, the ADS must have an onsite fire inspection by the State Fire Marshall or local fire authority and meet inspection requirements.

(ii) Annually, the ADS must have an onsite fire inspection by the State Fire Marshall or local fire authority and meet inspection requirements.

(iii) Install a fire warning system.

(iv) Provide and maintain fire extinguisher in the number and class.

(v) Maintain records of fire and evacuation drills. Fire and evacuation drills must be held at least once every six months.

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(C) Have at least two well-identified exits available.

(D) Have written protocol regarding sick or injured participants. This protocol must be provided to participants, family, and care providers upon admission.

~~(A)~~(E) _____ Have emergency first aid kits which are visible and accessible to staff. Personnel trained in first aid and CPR must be on available whenever participants are present.

~~(B)~~(F) _____ The program shall have a flashlight and a portable radio or television set that do not require electricity and can be used if a power failure occurs

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Emergencies caused by fire and weather.

The program shall have written plans for emergencies caused by fire, blizzards, flooding, tornadoes, and other natural disasters. The plans must be posted in a visible place and be on file in the program. The plans must include items A to I:

A. the responsibilities each staff person will assume in case of emergency;

B. identification of primary and secondary exits;

C. identification of building evacuation routes;

D. identification of an emergency shelter area within the program;

E. instructions for evacuating or rescuing participants;

F. instructions for calling the fire department and emergency phone numbers;

H. instructions on location and use of fire extinguishers; and

I. instructions on closing off the fire area.

M. The fire escape plan must be rehearsed at least two times each year and the dates of rehearsals must be recorded in the file of emergency plans.

Medical emergencies.

The program shall have written procedures governing medical emergencies and an identified source of emergency medical care and transportation that is made known to all staff members and volunteers.

Pets

If the program allows pets to visit, or reside or through pet therapy the program must ensure that:

A.prospective participants are notified that pets may be present in the program;

B.all dogs and cats brought into the program have current rabies shots and tags;

C.pets and pet cages are excluded from food storage, preparation, and serving areas; and

D.a record of annual examinations for communicable disease and parasites by a licensed veterinarian is maintained for all pets that reside in or regularly visit the program.

(F) Must provide safe drinking water, as well as maintaining a supply of safe drinking water as part of the program's emergency disaster plan. Disposable paper cups, individual drinking cups, or drinking fountain must be provided.

(d) Excluding hallways, offices, restrooms, and storage spaces the ADS program must have:

(A) A minimum of 60 square feet of common floor space per participant.

(B) At least 80 square feet of common floor space per participant if 25 percent or more of the program participants are cognitively impaired or require the use of adaptive equipment.

(e) Cleaning and Maintenance.

(A) The physical building, premises, and all equipment must be maintained in a clean and sanitary condition, free of hazards, and in good repair.

(B) In facilities serving 16 or more persons, a utility sink must be provided.

(f) Heating, cooling, ventilation, and lighting must be appropriate for the age and physical condition of the participants.

(g) Flooring must be easily cleaned and made of a nonskid material.

(h) Stairways must have handrails and the stairs must be covered with nonskid material.

(i) Sufficient furniture for the entire participant population must be of sturdy construction that does not easily tip over or move when used for seating or support while walking.

(j) Outside space used for outdoor activities must be safe, and accessible to indoor areas and to those with a disability.

(k) Smoking, if permitted, must be supervised in a designated outdoor area that is adequately ventilated, and away from the main ADS program.

(l) The facility must have an accessible bathroom with a minimum of one toilet per 10 participants. Each bathroom must:

~~(A)~~ (A) Be equipped with a sink, grab bars, and call system to signal staff members by light or by sound if participants need assistance.
~~— appropriate to the population served.~~

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(B) Function properly and be maintained in a sanitary and odor free condition.

(C) Contain an adequate supply of liquid hand soap, toilet tissue, and paper hand towels with a dispenser or an electrical hand dryer.

(m) There must be sufficient private space for:

(A) Consultation between staff and participant.

(B) The participant to rest.

(C) Personal telephone use by participants.

(D) Storage of files, records, recreational and cleaning supplies.

(n) Food Services, Standards, and Precautions. To ensure the provision of safe and sanitary food:

(A) All ADS programs serving 16 or more persons must meet the minimum requirements as outlined in the OHA, Public Health Division's Food Sanitation Rules, OAR chapter 333, division 150.

(B) ADS programs serving 15 or fewer persons, or a facility that purchases meals from an outside meal source or serves prepared meals, must meet the minimum requirements in OAR chapter 333, division 150 relating to the preparation, storage, and serving of food. Facilities serving 15 or fewer persons are not required to use commercial equipment.

(C) If the ADS employee's duties include preparing and serving food, the employee must have a food handler's certificate.

(D) Garbage, Refuse, and Recycling.

(i) Garbage and refuse containers must be insect-proof, rodent-proof, leak-proof and nonabsorbent.

(ii) Garbage and refuse must be removed at least once a week from the premises or more often if needed to prevent odors and attraction of insects, rodents and other animals.

(iii) Items being recycled must be clean and pending removal, stored in a manner that does not present rodent harborage or insect breeding.

(iv) Recycled items must be stored separately from food supplies and food preparation equipment.

(o) Sewage Disposal. If a community disposal system is available it must be utilized by the facility. If a septic system is utilized, it must be properly operating and meet code requirements

(p) Standards for Handling Soiled Items. Written procedures for the safe handling of soiled items minimizing the potential for the spread of communicable diseases must be established. Such procedures must include:

(A) Soiled item disposal and storage;

(B) Hand washing;

(C) Sanitizing of contaminated surfaces; and

(D) Preventing contamination.

Hazardous objects, materials, or equipment.

Chemicals that are poisonous when swallowed or inhaled or that are damaging to eyes or skin must be stored in an area not accessible to the participants. Use of scissors, knives, matches, razor blades, and other potentially hazardous materials by participants shall be allowed only under supervision

(5) Medication and nursing services. If provided by the ADS program, the ADS must:

- (a) Designate a secured area for storing labeled medication away from the participant activity area,
- (b) Have a written medication management policy, approved by a Registered Nurse or Pharmacist. This policy must designate which staff are trained and authorized to administer medications.
- (c) Only dispense physician approved medications.
- (d) Meet local health department standards regarding infection control and communicable diseases.

(6) STAFFING.

(a) Program Director. To meet certification standards, the program director must meet the following minimum qualification standards:

- (A) Be at least 21 years of age; and
- (B) Have a:
 - (i) Bachelor's degree in health care or management; or
 - (ii) High school diploma or have at least two years of professional or management experience within the five years prior to becoming program director.

(b) Employees, paid consultants or contractors and Volunteer Requirements. All employees, paid consultants or contractors and volunteers must:

(A) Comply with the criminal history and abuse check rules in OAR 407-007-0200 through 407-007-0380. There must be written procedures to evaluate and determine employment status based on criminal findings.

~~(B)~~ Background checks are to be completed every two years on all staff and volunteers.

~~(B)~~~~(C)~~ The adult day center shall assure that all paid consultant or contractors providing direct participant services have been screened by the center for appropriate qualifications and in accordance with the Department's Background Check Policy.

~~(C)~~~~(D)~~ All subject individuals must self-report to the licensee any:

(A) Potentially disqualifying condition listed in OAR 125-007-0270.

(B) Disqualifying condition as described in OAR 407-007-0275.

(C) Potentially disqualifying condition as described in OAR 407-007-0279 and OAR 407-007-0290.

(B) Be competent and have education or experience dealing with the adult day services population.

(C) Comply with standards for tuberculosis testing and hepatitis immunization specified by the local public health department.

(c) Staffing Numbers.

(A) The staff to participant ratio must be a minimum of one staff person to six participants. Ratio is defined by the classification of the ADS.

(B) ADS programs serving over 50 percent of participants who require full assistance with three or more activities of daily living must have a staff to participant ratio of one to four.

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(C) Volunteers may be included in the staff ratio only when they conform to the same standards and requirements:

- (i) As paid staff;
- (ii) Meet the job qualifications;
- (iii) Have designated responsibilities;
- (iv) A signed written job description; and
- (v) Documentation of volunteers' schedule in the facility.

(D) Each ADS program located in a facility, such as a hospital, nursing facility, senior center, church, or community-based care facility, must be separate and distinct with designated staff and staff hours committed to the ADS program.

(E) To ensure adequate care and safety of participants, there must be qualified substitute staff available.

(d) Staff and Volunteer Orientation and Training. The adult day service must provide a general orientation, as well as an annual training and continued in-service training for paid staff and volunteers including, but not limited to:

- (A) Program mission and philosophy.
- (B) Fire, safety, and disaster planning, building evacuation, and emergency procedures.
- (C) Mandatory reporting laws and signs of abuse and neglect;
- (D) Standard infection control.
- (E) CPR and first aid.
- (F) Body mechanics and transfer techniques.

(G) Personal care.

(H) Behavioral intervention and behavior acceptance and accommodations.

(I) Understanding each participant's service plan.

(e) Continuing in-service training for paid staff will include a minimum of ~~12~~ 6 hours of in-service training annually on topics related to the provision of care for persons served at the adult day program. This may include:

(A) dementia care;

(B) brain injury.

(C) post-traumatic stress

(D) person-centered thinking

(E) Multiple Sclerosis

(F) post-stroke

(G) depression

(H)

(I)

(7) ADMINISTRATION.

(a) Plan of Operation. Each ADS program must develop and implement a plan of operation that must be reviewed and, if necessary, revised annually. The plan must include:

(A) A definition of the target population.

(B) Geographical definition of the service area.

(C) Description of basic and optional services.

(D) Hours and days of operation.

(E) Admission and discharge policies and procedures.

(F) Staffing.

(G) Statement of participants' rights and grievance procedure.

(H) Rates.

(I) Procedures for reporting suspected abuse.

(J) A written policy for helping participants who wander including providing some type of identification.

(K) Emergency policies and procedures, including a policy on facility-wide medical emergencies.

(b) Discharge and Grievance Policy.

(A) The ADS program must develop a participant discharge policy that includes at a minimum:

(i) Timeframe for discharge;

(ii) Criteria for discharge;

(iii) Notification of discharge procedures;

(iv) How to appeal a discharge; and

(v) End of service.

(vi) When possible, the ADS program must provide referrals or resources to the participant for services from other organizations whether the discharge was voluntary or involuntary.

(B) The discharge notification provided to the participant and representative must include:

(i) Reasons for discharge and a discharge summary.

(ii) A minimum of two weeks' notice while an alternative plan is being developed.

(iii) Notice may be issued with less than two weeks when the service needs have increased to the level at which the ADS program is no longer meet the participant's needs safely or adequately

(iv) Advance notice when the participant presents imminent danger to other participants or themselves.

(C) A grievance policy for resolving participants' concerns or complaints about the ADS program must be developed and include, but not be limited to:

(i) Filing process and time frames.

(ii) A written response to the participant.

(iii) A written record of the grievance must be on file at the facility.

(c) Program Evaluation.

(A) As part of the quality assurance plan, the ADS program must develop policies and procedures for evaluating operation and services.

(B) The plan must include a survey of employees, participants, families or services providers and referral services discussing all aspects of the ADS program.

(C) The ADS program must use the evaluation to determine further action to ensure continuous improvement in service delivery.

(D) A written report summarizing the annual evaluation findings must be posted for review with implementation or correction time tables. The report shall be maintained as part of the facilities permanent record and provided to the --

(i) ADS program's advisory committee or Board of Directors; and

(ii) State's ADS program coordinator.

(d) Personnel Policies and Practices. The ADS program must have written personnel policies for both staff and volunteers.

(e) General Records Policies. The ADS program must have a records policy for administrative records and participants' records.

(A) The ADS programs must maintain administrative records including, but not limited to:

(i) Personnel records.

(ii) Fiscal records.

(iii) Statistical reports.

(iv) Government-related records.

(v) Contracts.

(vi) Organizational records.

(vii) Quality improvement or quality assurance plans.

(viii) Advisory committee minutes.

(ix) Certificates of biennial fire and health inspections as required by local ordinances, and incident reports.

(B) The ADS program must retain records for:

(i) Clinical records, seven years.

(ii) Financial and other records, at least five years from the date of service.

(f) Staff must hold personal information about participants and their families in confidence, treating all participants with respect and dignity. The ADS program must develop a written policy on confidentiality and the protection of participants' records. The policy must define procedures for the use and removal of:

(A) Participants' records.

(B) Conditions for release of information.

(C) Conditions that may require authorization, in writing, by the participant or their representative for the release of information, not otherwise authorized by law.

8 Termination of Medicaid provider enrollment

(a) Enrolled Medicaid providers of ADS may be denied enrollment, terminated, or prohibited from providing ADS for any of the following:

(A) Violation of any part of these rules;

(B) Violation of the protective service and abuse rules in OAR chapter 411, division 020 and OAR chapter 407, division 045;

(C) Failure to keep required certifications current;

(D) Failure to maintain Medicaid provider enrollment

(E) Failure to provide copies of the records described in these rules to designated Department or Oregon Health Authority entities;

(F) Failure to comply with the Background Check rules in OAR 407-007-0200 through 407-007-0370

(b) Enrolled Medicaid providers may appeal a termination of their Medicaid provider number based on OAR 407-120-0360(8)(g) and OAR chapter 410, division 120, as applicable

(c) Enrolled Medicaid providers of ADS must provide advance written notice to the Department at least 30 days prior to no longer providing ADS.

411-66-25 Adult Day Services classification

SOCIAL ADULT DAY SERVICES

(1) All certified ADS programs are a Social ADS Program at minimum.

The focus of Social ADS Program is enriching participant's life and maximizing independence through

(a) social interactions:

(b) preventive services:

- promote brain health- ie: memory
- promote physical health – ie: balance, strength,
- promote emotional health – depression
- nutritional meal and snacks

(c) Provides respite for caregivers

Staffing ratio of at least 1 staff member for every 6 participants

ADULT DAY HEALTH CARE (Social-Medical model)

The Adult Day Health program provides a higher level of programming in addition to providing everything required of a Social ADS Program. The Adult Day Health Program provides a level of support for those who are at risk of requiring a higher level of care.

Staffing ratio of at least 1 staff member for every 5 participants

This classification is required to have a licensed Registered nurse on staff. This position is not a part of the staffing ratio.

The focus of the Adult Day Health Program is maintaining participant health in addition to social, physical, intellectual, occupational and emotional wellbeing through:

(a) social interactions:

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(b) Therapeutic activities, including, but not limited to:

- (i) Art therapy.
- (ii) Music therapy.
- (iii) Physical and cognitive activities
- (iv) Horticulture therapy
- (v) Communication
- (vi) Recreation therapy
- (vii)

(c) Medical therapies provided or delegated by:

- (i) physical therapist,
- (ii) occupational therapist,
- (iii) speech therapist
- (iv)
- (v)

(d) Social services.

- (i) Peer support groups
- (ii) Counseling: substance abuse;
- (iii) independent activities of daily living
 - (a) Money management
 - (b) Shopping
 - (c) Meal preparation
 - (d)

(e) preventive services:

- (i) promote brain health- ie: memory
- (ii) promote physical health – ie: balance, strength,
- (iii) promote emotional health – depression
- (iii) nutritional meal and snacks
- (iv) provides respite for caregivers
- (v)

License Registered Nurse (RN) onsite a minimum of 60% of program operating hours per week **OR** RN onsite a minimum of 4% of program operating hours per week with a Licensed Practical Nurse (LPN) onsite a minimum of 60% of program operating hours per week.

(a) Nursing services. A registered nurse on staff must provide:

- (i) Medication administration.
- (ii) Education- participants
- (iii) Education and training - staff
- (iv) Focused assessments

(b) Nursing services may include but not limited to:

- (i) medication administration up to including insulin
- (ii) basic wound care
- (iii) catheter care
- (iv) ostomy care
- (v)

- Assistance with all activities of daily living including bathing (handicap accessible shower onsite)
 - ADS program is only required to provide showers when Medicaid case manager determines it is not possible for the participant to safely shower in their place of residence, even with in-home care services
 - If participant lives in an AFH, ADS program is not required to provide showers
- A structured group exercise program offered daily including the use of workout equipment such as a stationary recumbent bike.
- Provide social services to clients and clients' family caregivers such as support groups and counseling.

Specialized Adult Day Services

A Specialized ADS Program provides the highest level of programing in addition to providing all the requirements of both a Health and Social ADS Program.

A Specialized ADS Program must have at least one specialty. Specialized ADS Programs provide a level of care for individuals with serious medical conditions and those at risk of requiring nursing home care.

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The focus of a Specialized ADS Program is providing specialized services in addition to maintaining participant health, social and emotional wellbeing

Staffing ratio of at least 1 staff member for every 4 participants
This classification is required to have a licensed Registered nurse on staff. This position is not a part of the staffing ratio.

Health care services in Specialized Adult Day Services include:

(A) Serious medical conditions may include:

- (i) Cognitive disabilities, such as a dementia, brain injury, or Parkinson's Disease
- (ii) Physical disabilities such as post rehabilitation due to strokes, brain injury, Parkinson's Disease, and multiple sclerosis.

(B) Nursing services. A licensed registered nurse on staff must provide:

- (i) Medication administration.
- (ii) Education- participants
- (iii) Education and training – staff
- (iv)
- (v)

(C) Staffing trained and certified in at least one of the following:

- (i) Dementia care.
- (ii) Brain injury.
- (iii) Mental health
- (iv)
- (v)

(E) In addition to training required through certification, all staff must receive at least four (4) hours of in-service training per month. Topics may include, but not limited to:

- (i) Management of aggressive behaviors
- (ii) Mental health
- (iii) Substance abuse
- (iv) Rehabilitation planning
- (v) Behavior support planning

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- (vi)
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Memory Care Specialty requirements:

- Staffing ratio of at least 1 staff member for every 4 participants
- Annual accredited memory care specific training for all staff
- Programing and program design which prevents participant wandering, injury and behavior challenges

Post-Rehabilitation Specialty requirements:

- Staffing ratio of at least 1 staff member for every 4 participants
- Annual accredited stroke recovery specific training for all staff
- Programing and program design which prevents participant injury and behavior challenges

Brain Injury (individuals with a physical disability or a behavior disorder as a result of a brain injury)

- Staffing ratio of at least 1 staff member for every 4 participants
- Annual accredited traumatic brain injury (TBI) specific training for all staff
- Active rehabilitation plan
-

Individuals with COPD (individuals using a ventilator)

- Staffing ratio of at least 1 staff member for every 4 participants
- Annual accredited traumatic brain injury (TBI) specific training for all staff
- Active rehabilitation plan
-

Other Specialty:

- If an ADS program would like to specialize in another area(s), the program's leadership may make a proposal to the Oregon Department of Human Services (DHS) office of APD Medicaid Services and Supports and, if approved, requirements for the specialty(ies) will be determined by DHS.

Definition of half and full day

"to ensure compliance with section 1902... of the Social Security Act, Medicaid payment rates must be consistent with, and not exceed, private pay rates"