ARKANSAS

Overview								
The Arkansas Office of Long Term Care in the Department of Human Services licenses adult day care (ADC) and adult day health care (ADHC) under separate rules and regulations. Arkansas provides ADC and ADHC under the ElderChoices Medicaid waiver and requires providers to be licensed.								
Licensure and Certification Requirements								
Licensure 🛛 Only	Certification [Only		Both Required		Other			
Definitions								
Adult day care program is a group program designed to provide care and supervision to meet the needs of four or more functionally impaired adults for periods of less than 24 hours, but more than 2 hours per day in a place other than the adult's own home.								
Adult day health care is a program that provides organized and supportive health and social services and activities to meet the needs of four or more functionally impaired adults for periods of less than 24, but more than 2 hours per day in a place other than the adult's own home.								
ADHC provides the potential nursing home client needed rehabilitative, therapeutic, and supportive health and social services as well as relief for the caregiver; it differs from social ADC or community centers by the strong emphasis on holistic health care through the utilization of an interdisciplinary team, with the core team consisting of nursing, social work, medicine, rehabilitation therapy, and activities coordination.								
Goals of the ADHC program include therapy, a safe and supportive environment, crisis intervention, respite, family assistance and training, and restoring or maintaining optimal functioning of impaired adults through a defined range of specific services provided.								
Parameters for Who Can Be Served								
Adult day care may serve functionally impaired adults 18 years of age or older, who by reason of mental or physical disability require care and supervision. Participants will be deemed ineligible if they are bedfast, cannot self-administer their medication, (facility staff cannot administer treatments and therapies), or have behavior problems that create a hazard to themselves or others.								
Adult day health care may serve functionally impaired older adults who need care and supervision to maintain their current level of functioning and to promote independence and self-esteem. Participants will be deemed ineligible if they are bedfast or have behavior problems that create a hazard to themselves or others. Participants may not be transferred of discharged except for medical reasons or to assure their welfare or the welfare of other participants.								
Inspection and Monitori	ng							
Yes 🖂		No						
Adult day care. The Office of Long Term Care shall review each application and investigate each applicant and ADC program to determine that they comply with the ADC licensure law and these regulations and to ensure that the health and safety of the participants are protected. Reviews shall be conducted as often as necessary and at least annually.								
Adult day health care. The Office of Long Term Care shall conduct routine inspections of facilities to ensure that rules and regulations are met, complaint inspections to determine the validity of complaints against an operator, and follow-up inspections of facilities that are out of compliance with rules and								

regulations. Providers will afford any authorized agents of the Department of Health Services, or their designee, full access at any time during normal business hours to participants, grounds, buildings, and files.

Required and Optional Services Adult Day Health Care Adult Day Care Required Optional Required Optional Activities of Daily Living (ADL) Х Х Assistance Х Health Education and Counseling Х Health Monitoring/Health-Related Х Х Services **Medication Administration** Х **Nursing Services** Х Physical Therapy, Occupational Therapy, Х or Speech Therapy **Skilled Nursing Services** Х **Social Services** Х Х Transportation Х

Provisions Regarding Medications

Adult day care. Participants must be able to self-administer their own medication. There shall be a written and approved system of handling and storing participants' medications.

Adult day health care. Participants who are able to do so may keep and administer their own medicines while attending the ADHC program. They shall be supervised as necessary in administering their medications. If it is determined that a participant is unable to be responsible for self-medication, the medicines must be kept for him/her during attendance at the facility and administered by the registered nurse (RN)/licensed practical nurse (LPN) health care coordinator at the prescribed time and dosage. The provider shall provide for injection of insulin or other intramuscular or subcutaneous injections by licensed personnel for individual participants as ordered by the participant's physician.

Provisions for Groups with Special Needs

Dementia	\boxtimes	Mental Retardation/	Other	
		Developmental Disabilities		

Staffing Requirements

Adult Day Care

Type of staff. The ADC program shall have a *director*. Either the director or his/her designee shall be present and in charge during all hours that participants are on the premises.

Staffing ratios. The ADC program shall provide a sufficient number of direct care staff on duty at all times to meet the needs of each participant and assure that participants are never left unattended. At a minimum, there shall be at least two direct care staff persons when two through 16 participants are present, and one additional direct care staff person for any portion of eight additional participants present. The Office of Long Term Care may require additional staff when it determines that clients service needs are not being met.

In day care programs where the *executive director* is responsible for more than day care services, he/she may not be counted as direct staff.

Trained volunteers at least 18 years of age may be counted in the direct care staff-to-participant ratio provided a volunteer program description, including the training to be provided and the system for assuring the presence of volunteer help as scheduled, is in writing and on file in the facility.

In case of an emergency when a direct care staff must leave, one non-direct care staff (may include secretaries, cooks, accountants, and other non-direct care staff members) may count until the emergency has been resolved. Direct care staff shall not be counted simultaneously to meet the required staffing ratios for multiple facilities operating in the same location.

Adult Day Health Care

Type of staff. ADHC facilities licensed for more than ten participants must have a full-time *director*. The *program director* shall have the authority and responsibility for the management of activities and direction of staff and shall insure that activities and services are appropriate and in accordance with established policies.

An ADHC program must have a full-time *health care coordinator* to supervise the delivery of health care services. This is an RN or LPN under the supervision of an RN. *Physical therapists, occupational therapists,* or other health care professionals shall be employed on a contract basis to fulfill the needs and care plans of the participants.

Facilities licensed for ten or fewer participants may have a full-time program director who also serves as the health care coordinator, provided that this individual meets all of the qualification of both positions, and the requirements for the staffing pattern are met.

No staff member or volunteer providing direct nursing or personal care shall be permitted to combine housekeeping or kitchen duties with nursing/personal care due to the danger of cross infection to the participants.

Staffing ratios. The staffing pattern shall depend on the enrollment criteria and the particular needs of the participants who are to be served. The ADHC program shall have sufficient staff responsible for personal care to comply with these regulations and the care requirements of the participants.

The ratio of paid staff to participants shall be adequate to meet the goals and objectives of the program. The minimum ratios shall be as follows: one paid full-time equivalent staff position with responsibility for direct care for each five participants; or, when there are four or more participants with a diagnosis of Alzheimer's disease, a minimum of one paid full-time equivalent staff position with responsibility for direct care for each four participants.

Whenever paid staff are absent, substitutes must be used to maintain the staff-participant ratio and to assure proper supervision and delivery of health care services. Such substitute staff shall have the same qualifications, training, and personal credentials as the regular staff position they are substituting for, and may be trained volunteers.

Trained volunteers may also be counted in the direct care staff-to-participant ratio.

Training Requirements

Adult day care. Direct care paid staff and volunteer staff shall be trained and oriented to perform the duties required by the written job description.

All staff, including non-direct care staff and direct care volunteers, shall be given a general orientation to the program; its policies; and fire, safety and emergency procedures prior to performing job responsibilities. Orientation documentation must be available for review by the Office of Long Term Care personnel.

A minimum of 8 hours in-service training shall be provided at least quarterly to staff, as appropriate to their job function and participant care needs. Documentation shall be maintained for review by the Office of Long Term Care personnel.

Adult day health care. There shall be a program of orientation for new employees and volunteers and a program of ongoing staff development and in-service training.

In-service training sessions for direct care staff and volunteers are required at a minimum of every 6 months. In-service training sessions must total a minimum of 4 hours per training. In-service training subjects shall be appropriate to direct-care staff job functions, and shall include, but are not limited to, sessions on communication with the elderly, normal signs of aging, health problems of the elderly, procedures for emergency situations, procedures for assisting ADL/instrumental ADL, record keeping, and correct procedures for lifting.

Relevant Medicaid Contracting Requirements for Adult Day Services Providers

Arkansas provides adult day care and adult day health care under the ElderChoices Medicaid waiver. Medicaid providers must be licensed and certified by the Division of Aging and Adult Services.

The Medicaid Waiver may choose to certify providers in certain cities in states bordering Arkansas, which are licensed or certified by the appropriate agency in their state.

Location of Licensing, Certification, or Other Requirements

- 1. http://www.medicaid.state.ar.us/general/units/oltc/regs/adc.pdf.
- 2. http://www.medicaid.state.ar.us/general/units/oltc/regs/adhc.pdf.
- 3. http://www.medicaid.state.ar.us/provider/amprcd/searcharea/manuals/elder/ elder_ii.pdf.

Citations

- 1. Rules and Regulations Pertaining to Long Term Adult Day Care Facilities. Department of Human Services, Division of Medical Services, Office of Long Term Care. [1/1/87]
- 2. Rules and Regulations for Adult Day Health Care Providers in Arkansas. Arkansas Department of Human Services. [Undated]
- 3. *ElderChoices Provider Manual, Section II--Program Coverage*. Department of Human Services, Division of Medical Services. [10/13/03]

REGULATORY REVIEW OF ADULT DAY SERVICES: Final Report

PDF Files Available for This Report

Cover, Table of Contents, Acknowledgments and Introduction http://aspe.hhs.gov/daltcp/reports/adultday.pdf

- SECTION 1. Overview of Adult Day Services Regulations http://aspe.hhs.gov/daltcp/reports/adultday1.pdf
- SECTION 2. State Regulatory Profiles http://aspe.hhs.gov/daltcp/reports/adultday2.pdf

Each state can also be viewed separately at: Alabama <u>http://aspe.hhs.gov/daltcp/reports/adultdayAL.pdf</u> Alaska <u>http://aspe.hhs.gov/daltcp/reports/adultdayAKpdf</u> Arizona <u>http://aspe.hhs.gov/daltcp/reports/adultdayAZpdf</u> Arkansas http://aspe.hhs.gov/daltcp/reports/adultdayAR.pdf

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Delaware <u>http://aspe.hhs.gov/daltcp/reports/adultdayDE.pdf</u> District of Columbia <u>http://aspe.hhs.gov/daltcp/reports/adultdayDC.pdf</u>

Florida http://aspe.hhs.gov/daltcp/reports/adultdayFL.pdf

Georgia http://aspe.hhs.gov/daltcp/reports/adultdayGA.pdf

Hawaii http://aspe.hhs.gov/daltcp/reports/adultdayHI.pdf

Idaho <u>http://aspe.hhs.gov/daltcp/reports/adultdayID.pdf</u> Illinois <u>http://aspe.hhs.gov/daltcp/reports/adultdayIL.pdf</u> Indiana <u>http://aspe.hhs.gov/daltcp/reports/adultdayIN.pdf</u> Iowa <u>http://aspe.hhs.gov/daltcp/reports/adultdayIA.pdf</u>

Kansas <u>http://aspe.hhs.gov/daltcp/reports/adultdayKS.pdf</u> Kentucky <u>http://aspe.hhs.gov/daltcp/reports/adultdayKY.pdf</u>

Louisiana http://aspe.hhs.gov/daltcp/reports/adultdayLA.pdf

Maine <u>http://aspe.hhs.gov/daltcp/reports/adultdayME.pdf</u> Maryland <u>http://aspe.hhs.gov/daltcp/reports/adultdayMD.pdf</u> Massachusetts <u>http://aspe.hhs.gov/daltcp/reports/adultdayMA.pdf</u> Michigan <u>http://aspe.hhs.gov/daltcp/reports/adultdayMI.pdf</u> Minnesota <u>http://aspe.hhs.gov/daltcp/reports/adultdayMN.pdf</u> Mississippi <u>http://aspe.hhs.gov/daltcp/reports/adultdayMS.pdf</u> Missouri <u>http://aspe.hhs.gov/daltcp/reports/adultdayMO.pdf</u> Montana <u>http://aspe.hhs.gov/daltcp/reports/adultdayMT.pdf</u>

Nebraska <u>http://aspe.hhs.gov/daltcp/reports/adultdayNE.pdf</u> New Hampshire <u>http://aspe.hhs.gov/daltcp/reports/adultdayNH.pdf</u> New Jersey <u>http://aspe.hhs.gov/daltcp/reports/adultdayNJ.pdf</u> New Mexico <u>http://aspe.hhs.gov/daltcp/reports/adultdayNM.pdf</u> New York <u>http://aspe.hhs.gov/daltcp/reports/adultdayNY.pdf</u> Nevada <u>http://aspe.hhs.gov/daltcp/reports/adultdayNV.pdf</u> North Carolina <u>http://aspe.hhs.gov/daltcp/reports/adultdayNC.pdf</u> North Dakota <u>http://aspe.hhs.gov/daltcp/reports/adultdayND.pdf</u>

Ohio <u>http://aspe.hhs.gov/daltcp/reports/adultdayOH.pdf</u> Oklahoma <u>http://aspe.hhs.gov/daltcp/reports/adultdayOK.pdf</u> Oregon <u>http://aspe.hhs.gov/daltcp/reports/adultdayOR.pdf</u>

Pennsylvania http://aspe.hhs.gov/daltcp/reports/adultdayPA.pdf

Rhode Island http://aspe.hhs.gov/daltcp/reports/adultdayRI.pdf

South Carolina <u>http://aspe.hhs.gov/daltcp/reports/adultdaySC.pdf</u> South Dakota <u>http://aspe.hhs.gov/daltcp/reports/adultdaySD.pdf</u>

Tennessee <u>http://aspe.hhs.gov/daltcp/reports/adultdayTN.pdf</u> Texas <u>http://aspe.hhs.gov/daltcp/reports/adultdayTX.pdf</u>

Utah http://aspe.hhs.gov/daltcp/reports/adultdayUT.pdf

Vermont <u>http://aspe.hhs.gov/daltcp/reports/adultdayVT.pdf</u> Virginia <u>http://aspe.hhs.gov/daltcp/reports/adultdayVA.pdf</u>

Washington <u>http://aspe.hhs.gov/daltcp/reports/adultdayWA.pdf</u> West Virginia <u>http://aspe.hhs.gov/daltcp/reports/adultdayWV.pdf</u> Wisconsin <u>http://aspe.hhs.gov/daltcp/reports/adultdayWI.pdf</u> Wyoming <u>http://aspe.hhs.gov/daltcp/reports/adultdayWY.pdf</u>