

## CONNECTICUT

### Overview

The state has two models of adult day care (ADC): the social model and the medical model. The social model is designed for individuals who need supervision and activities but not extensive personal care and medical monitoring. The medical model provides more extensive personal care, medical monitoring, and rehabilitative services in addition to structured and stimulating activities. Both the social and medical model are called *adult day care* (or *adult day health services* [ADHS] in Connecticut's Home Care Program for Elders).

The state does not license ADC centers. But to be reimbursed by the state for participants who meet income and medical eligibility criteria for state assistance, adult day centers must meet the Connecticut Association of Adult Day Centers standards for certification, developed in cooperation with the Department of Social Services. An adult day center may provide both models of care; however, each model requires separate certification. Centers that do not receive state funds do not need certification, but may choose to be certified.

In order to receive payment for ADHS provided under a Medicaid 1915(c) waiver program, an ADHS provider must meet all applicable state and local requirements including zoning, licensing, sanitation, fire and safety requirements. In addition, any facility located and operating within the State of Connecticut or located and operating outside the State of Connecticut, in a bordering state, must be certified by the Connecticut Association of Adult Day Centers, its successor agency or a Department designee.

A facility located and operating outside the State of Connecticut in a bordering state must also be licensed or certified by its respective state and comply at all times with all pertinent licensure or certification requirements in addition to the approved standards for certification by the Connecticut Department of Social Services.

The Connecticut Home Care Program for Elders also covers adult day services. This program has a three-tiered structure through which individuals can receive home care services in amounts corresponding to their financial means and functional dependence. Two categories within the program are funded primarily with state-only funds; the third category is funded by several Medicaid 1915(c) waiver programs (Acquired Brain Injury, Elderly, Mental Health, or Personal Care Assistant). Each category has its own eligibility requirements.

## Definitions

The term **adult day care** (or **adult day health services** as it is called in Connecticut's Home Care Program for Elders) is used for both the social and the medical model. ADC is provided to meet the needs of cognitively and physically impaired adults through a structured, comprehensive program that furnishes a variety of health, social, and related support services, including but not limited to socialization, supervision and monitoring, personal care, and nutrition, in a protective setting during any part of a day.

## Parameters for Who Can Be Served

The parameters for who can be served are stated generally in the definition of ADC as individuals with cognitive or physical impairments who need health, personal care, nutrition, and social services. Providers are required to have a written case-mix policy that specifies any limits they place on the number of persons with a specified condition they will serve at any one time. Because providers may serve Medicaid waiver participants, they can serve individuals who meet the state's nursing home level of care criteria. Individual centers may serve special needs groups through their case-mix policy.

## Inspection and Monitoring

The Connecticut Association of Adult Day Centers is authorized by the Connecticut Department of Social Services to conduct and administer a program of peer review. This is the key mechanism through which quality standards are ensured. Adult day centers are required to have a written plan for an annual self-evaluation of the center's operation and services. The self-evaluation is surveyed by the peer review team of the Connecticut Association of Adult Day Centers for the purpose of recertification.

## Required and Optional Services

All ADC or ADHS programs furnish socialization, social activities, nutrition services, and supervision to ensure safety. They also monitor participants' health and functioning at a basic level to determine if the program can continue to meet participants' health and functional needs. The table below lists additional required and optional services.

Required and Optional Services	Social Model		Medical Model	
	Required	Optional	Required	Optional
ADL Assistance	X <sup>1</sup>		X	
Health Education and Counseling		X		X
Health Monitoring	X <sup>1</sup>		X	
Medication Administration	X <sup>1</sup>		X	
Nursing Services	X <sup>1</sup>		X	
Physical Therapy, Occupational Therapy, or Speech Therapy	X <sup>1</sup>		X <sup>2</sup>	
Skilled Nursing Services			X	
Social Services	X		X	
Transportation	X		X	
<p>1. These services are required only if they are specified in a participant's care plan.</p> <p>2. The adult day center must have the capacity to provide such services on site; this requirement must not preclude the provider from also arranging to provide therapeutic and rehabilitation services at other locations in order to meet individual participant needs.</p>				

## Medication Provisions

Each physician's assessment of participants must include a record of current medications and indicate those that need to be administered at the adult day center. The program nurse is responsible for administering medications as needed.

## Staffing Requirements

**Type of Staff.** Providers are required to have staff to meet participants' needs. An *administrator/director* must be responsible for the daily operation of the center. In the absence of the *director* an on-site staff member must be designated to supervise the program and staff.

Full-time or full-time equivalent *direct care staff* are those who spend 70 percent of their time providing direct service to participants. Personal care services must be provided by trained staff as specified in the individual care plan.

The *activity director* must develop planned individual and group activities suited to participants' needs and abilities, as determined in their individual care plans.

Social services, including counseling, information, and referral, must be available to each participant on site. Providers may either employ an individual to fill the *social services* position or contract with one.

Providers that furnish nursing services must either employ or contract with *registered nurses* (RNs) or *licensed practical nurses* (LPNs) licensed in the State of Connecticut.

Centers offering the medical model of care must meet the following additional staffing requirements: a *program nurse* must be available on site for not less than 50 percent of each operating day. The program nurse is responsible for administering

medications as needed and ensuring that participants' nursing services are coordinated with other services provided in the adult day center and other health and social services received--whether at home, by existing community health agencies, or by personal physicians.

The program nurse must be a RN, except that a program nurse may be a LPN if the program is located in a hospital or long-term care facility licensed by the Department of Public Health with ready access to a RN from such hospital or long-term care facility; or the program nurse is supervised by a RN who can be reached by telephone at any time during the operating day and who can be called to the center if needed within one-half hour of the request.

**Staffing Ratios.** The direct care staff-to-participant ratio must be a minimum of 1:7. Volunteers can be counted as direct care staff only when they conform to the same standards and meet the same requirements as paid staff. Staffing must meet participants' needs.

## Training Requirements

Providers must furnish orientation for new employees and volunteers within 6 weeks of employment. General orientation to the program and facility must include, but not be limited to, the mission and goals of ADC, the center's policies and procedures, roles and responsibilities of other staff, standard precautions, fire and safety methods and codes, and participants' rights.

All staff and volunteers must receive regular in-service training that meets their individual training needs. All staff must participate in at least four annual training sessions, including, but not limited to, Occupational Safety and Health Administration regulations on universal precautions and infection control, emergency training, and fire and safety codes.

In addition to the above requirements, providers who contract with the Home Care Program for Elders must make available regular and ongoing staff training about key specialty areas such as physical therapy, occupational therapy, speech therapy, and training in techniques for recognizing when to arrange or refer participants for such services.

## Location of Licensing, Certification, or Other Requirements

*Services Covered under the Connecticut Home Care Program for Elders (Section 17b-342-2(b) Adult Day Health Services).* Department of Social Services. [September 17, 2010]  
[http://www.ct.gov/dss/lib/dss/pdfs/chcpe\\_regs\\_post-ico\\_report\\_with\\_corrections\\_to\\_send\\_to\\_colp\\_9\\_17\\_10.pdf](http://www.ct.gov/dss/lib/dss/pdfs/chcpe_regs_post-ico_report_with_corrections_to_send_to_colp_9_17_10.pdf)

*Standards for Adult Day Care Centers in Connecticut*, Connecticut Association of Adult Day Centers, Inc. [April 19, 2005]. Request through the Association's website.  
<http://www.leadingagect.org/adult-day-centers>

## **Information Sources**

Maureen Dolin, RN  
President  
Connecticut Association of Adult Day Care Centers

Kathy Bruni, MPA, LCSW  
Manager, Alternate Care Unit  
Department of Social Services

# REGULATORY REVIEW OF ADULT DAY SERVICES: FINAL REPORT, 2014 EDITION

## Files Available for This Report

### FULL REPORT

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/adultday14es.cfm>  
HTML <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.cfm>  
PDF <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.pdf>

### SEPARATE STATE PROFILES

[**NOTE:** These profiles are available in the full HTML and PDF versions, as well as each state available as a separate PDF listed below.]

Alabama	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AL.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AL.pdf</a>
Alaska	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AK.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AK.pdf</a>
Arizona	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AZ.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AZ.pdf</a>
Arkansas	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AR.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AR.pdf</a>
California	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CA.pdf</a>
Colorado	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CO.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CO.pdf</a>
Connecticut	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CT.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CT.pdf</a>
Delaware	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DE.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DE.pdf</a>
District of Columbia	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DC.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DC.pdf</a>
Florida	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-FL.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-FL.pdf</a>
Georgia	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-GA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-GA.pdf</a>
Hawaii	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-HI.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-HI.pdf</a>
Idaho	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ID.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ID.pdf</a>
Illinois	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IL.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IL.pdf</a>
Indiana	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IN.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IN.pdf</a>
Iowa	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IA.pdf</a>
Kansas	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KS.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KS.pdf</a>
Kentucky	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KY.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KY.pdf</a>
Louisiana	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-LA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-LA.pdf</a>

Maine	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ME.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ME.pdf</a>
Maryland	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MD.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MD.pdf</a>
Massachusetts	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MA.pdf</a>
Michigan	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MI.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MI.pdf</a>
Minnesota	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MN.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MN.pdf</a>
Mississippi	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MS.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MS.pdf</a>
Missouri	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MO.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MO.pdf</a>
Montana	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MT.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MT.pdf</a>
Nebraska	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NE.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NE.pdf</a>
Nevada	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NV.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NV.pdf</a>
New Hampshire	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NH.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NH.pdf</a>
New Jersey	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NJ.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NJ.pdf</a>
New Mexico	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NM.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NM.pdf</a>
New York	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NY.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NY.pdf</a>
North Carolina	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NC.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NC.pdf</a>
North Dakota	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ND.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ND.pdf</a>
Ohio	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OH.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OH.pdf</a>
Oklahoma	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OK.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OK.pdf</a>
Oregon	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OR.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OR.pdf</a>
Pennsylvania	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-PA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-PA.pdf</a>
Rhode Island	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-RI.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-RI.pdf</a>
South Carolina	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SC.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SC.pdf</a>
South Dakota	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SD.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SD.pdf</a>
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Washington	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WA.pdf</a>
West Virginia	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WV.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WV.pdf</a>
Wisconsin	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WI.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WI.pdf</a>
Wyoming	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WY.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WY.pdf</a>