MASSACHUSETTS

| Overview | | | | | | |
|--|----------------------|---|--|--------------------------|--|--|
| Massachusetts provides adult day health services through its Medicaid state plan program, MassHealth. Provider services are governed by regulations published in the Adult Day Health Provider Manual under a contract between MassHealth and the provider. | | | | | | |
| Massachusetts also offers and regulates a Supportive Day Program through the Executive Office of Elder Affairs Program for Councils on Aging and Senior Centers. Providers must agree to the Supportive Day Program requirements as an attachment to their provider agreement to provide services under state funding. | | | | | | |
| The only requirements for adult day health services are those contained in the Adult Day Health Care Provider Manual for the MassHealth Program. These requirements are described in this profile. | | | | | | |
| Licensure and Certificat | ion Requirements | | | | | |
| Licensure Only | Certification Only | Both Required | | Other provider contract | | |
| Definitions | | | | | | |
| Adult day health care. Adult day health services are all services provided at a MassHealth-approved adult day health program that meets the conditions of the Adult Day Health Provider Manual. The general goal of these services is to provide an organized program of services including nursing and supervision, therapy, nutrition, counseling, activities, case management. An adult day health program must operate at least Monday through Friday for 8 hours a day. There are two levels of care: adult day health basic and adult day health complex. Level of care is based on the member's care needs. Supportive day programs (SDP) provide support services in a group setting to help participants recover and rehabilitate from an acute illness or injury or manage a chronic illness. | | | | | | |
| Parameters for Who Car | • | , commence of the commence of | | | | |
| Adult day health care. The definition of adult day health care above indicates the parameters for who can be served in these programs. Providers may serve anyone aged 18 or older. | | | | | | |
| Providers may discharge an individual who develops behavioral problems that may endanger or seriously disrupt other members or staff, or requires increased services that the program is unable to provide, in which case the program must arrange for discharge to a more appropriate setting and may not discharge the member until appropriate services are available. | | | | | | |
| Supportive day programs. Providers may serve individuals who are in need of supervision, supportive services, socialization, and minimal assistance with activities of daily living (ADL). Participants may have multiple physical problems, but must be stable and not need nursing observation or intervention. Participants may have some cognitive impairment but behavior problems must be able to be handled with redirection and reassurance. Participants must be able to communicate personal needs. | | | | | | |
| Inspection and Monitoring | | | | | | |
| Yes 🛚 | | No 🗌 | | | | |
| Adult day health care. A provider must agree to periodic inspections that assess the quality of member care and ensure compliance with the regulations. | | | | | | |
| Supportive day program. The Office of Elder Affairs Program for Councils on Aging and Senior Centers may inspect providers but has no regular schedule or requirement to do so. | | | | | | |

| Required and Optional Services | | | | | |
|---|--------------------------|----------|----------|-------------------|--|
| | Adult Day Health Care | | | rtive Day gram | |
| | Required | Optional | Required | Optional | |
| ADL Assistance | Х | | X* | | |
| Health Education and Counseling | Х | | | | |
| Health Monitoring/Health-Related Services | Х | | Х | | |
| Medication Administration | Х | | | | |
| Nursing Services | Х | | | | |
| Physical Therapy, Occupational Therapy, or Speech Therapy | Х | | | | |
| Skilled Nursing Services | Χ | | | | |
| Social Services | Х | | Х | | |
| Transportation | Х | | Х | | |
| *ADL aggistance is limited to verbal or viewal pro | | l . | 1 | | |

^{*}ADL assistance is limited to verbal or visual prompts.

Provisions Regarding Medications

Adult day health care. Nursing services for all levels of care provided in adult day health care must include nursing services which administer medications and treatments prescribed by the member's physician during the time the member is at the program.

Supportive day program. Participants are responsible for administering their own medications.

| Provisions for Groups with Special Needs | | | | | |
|--|--|--|-------|--|--|
| Dementia 🛚 | Mental Retardation/ Developmental Disabilities | | Other | | |
| 0.40 | | | | | |

Staffing Requirements

Adult Day Health Care

Type of staff. The provider must employ a full-time *program director*. One professional staff person must be designated as an *assistant program director* and assume the responsibilities of program director as needed.

There must be a *registered nurse* on site each program day that members are on site, for a minimum of 4 hours. The center must provide nursing coverage on site for a minimum of 8 hours total, four of which may be provided by a licensed practical nurse. When the average daily census reaches 35 or more, the center must provide nursing coverage on site for a minimum of 12 hours, of which 4 must be provided by a registered nurse. When the average daily census reaches 50, the center must provide nursing service for 16 hours a day, 8 of which must be provided by a registered nurse.

The program must employ an activity director for a minimum of 4 scheduled hours each day.

If the program's average daily census is 24 or more members, the program must employ a social worker on site for a minimum of 20 scheduled hours each week. Licensed staff may perform the social service requirements when the program's average daily census is 23 or fewer members.

Licensed practical nurses, aides, and consulting therapists are to be hired as needed.

Staffing ratios. Programs must have available sufficient direct-care staff to meet the needs of their members: for basic level of care services, a minimum-staffing ratio of one direct care staff person to six members and for complex level of care services, one staff person to four members. Programs offering both levels of care must maintain proportionate direct-care staff ratios to meet the needs of members based on the ratio of members requiring each level of care.

For the programs specializing in serving members with dementia, the program must maintain a staff-to-member ratio of at least one-to-four on site.

Supportive Day Program

Type of staff. The organization shall provide an adequate number of staff whose qualifications are commensurate with defined job responsibilities to provide essential program functions.

The defined positions are *administrator*, *program director*, *and activities coordinator*. The program director may also be the administrator.

Staffing ratios. There shall be at least two responsible persons, one a paid staff member at the center at all times when there are two or more participants present. The staff-participant ratio must be at least one-to-eight.

Training Requirements

Adult day health care. Programs must provide staff training appropriate to the mix of services provided. Programs must provide a minimum of 8 hours of in-service training sessions per year.

For programs specializing in serving members with dementia, staff training must include dealing with dementia, verbal and nonverbal communication skills, behavior management skills, group process skills, family functioning, dealing with difficulty in group participation, dealing with high anxiety, dealing with aggressive behavior, and dealing with wandering.

Supportive day program. Staff will be trained in signs and indicators of potential abuse. Orientation, in-service training, and evaluations shall be provided to all employees and volunteers, including the use of standard protocols for communicable diseases and infection control.

Relevant Medicaid Contracting Requirements for Adult Day Services Providers

The only requirements for adult day health services are those contained in the *Adult Day Health Care Provider Manual* for the MassHealth Program. These requirements are described in this profile.

Location of Licensing, Certification, or Other Requirements

- 1. http://www.mass.gov/Eeohhs2/docs/masshealth/transletters 2002/adh-15.pdf
- 2. http://www.mass.gov/Eeohhs2/docs/masshealth/transletters_2002/adh-16.pdf
- 3. http://www.mass.gov/Eeohhs2/docs/masshealth/transletters_2003/adh-17.pdf
- 4. http://www.mass.gov/Eeohhs2/docs/masshealth/transletters_2003/adh-18.pdf
- 5. http://www.mass.gov/Eeohhs2/docs/masshealth/transletters_2004/adh-19.pdf
- 6. Provided by the Executive Office of Elder Affairs. On file at RTI.

Citations

- MassHealth Transmittal Letter ADH 15. Adult Day Health Manual, Revised. Commonwealth of Massachusetts, Executive Office of Health and Human Services, Office of Medicaid. [October 2002]
- MassHealth Transmittal Letter ADH 16. Adult Day Health Manual Revisions. Commonwealth of Massachusetts, Executive Office of Health and Human Services, Office of Medicaid. [December 2002]
- 3. MassHealth Transmittal Letter ADH 17. Adult Day Health Manual Revisions. Commonwealth of Massachusetts, Executive Office of Health and Human Services, Office of Medicaid. [April 2003]
- 4. MassHealth Transmittal Letter ADH 18. Adult Day Health Manual Revisions. Commonwealth of Massachusetts, Executive Office of Health and Human Services, Office of Medicaid. [11/01/03]

- MassHealth Transmittal Letter ADH 19. Adult Day Health Manual Revisions. Commonwealth of Massachusetts, Executive Office of Health and Human Services, Office of Medicaid. [September 2004]
- 6. Supportive Day Program. Attachment A to provider agreement. Executive Office of Elder Affairs. [FY 2003]

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 http://aspe.hhs.gov/daltcp/reports/adultdayAL.pdf
Alaska http://aspe.hhs.gov/daltcp/reports/adultdayAKpdf
Arkansas http://aspe.hhs.gov/daltcp/reports/adultdayAR.pdf

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

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

Maine http://aspe.hhs.gov/daltcp/reports/adultdayME.pdf
Maryland http://aspe.hhs.gov/daltcp/reports/adultdayMD.pdf

Massachusetts http://aspe.hhs.gov/daltcp/reports/adultdayMA.pdf
Michigan http://aspe.hhs.gov/daltcp/reports/adultdayMN.pdf
Mississippi http://aspe.hhs.gov/daltcp/reports/adultdayMS.pdf
Missouri http://aspe.hhs.gov/daltcp/reports/adultdayMO.pdf
Montana http://aspe.hhs.gov/daltcp/reports/adultdayMT.pdf

New Hampshire http://aspe.hhs.gov/daltcp/reports/adultdayNE.pdf
New Hampshire http://aspe.hhs.gov/daltcp/reports/adultdayNJ.pdf
New Mexico http://aspe.hhs.gov/daltcp/reports/adultdayNM.pdf
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North Dakota http://aspe.hhs.gov/daltcp/reports/adultdayND.pdf

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

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

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

South Carolina http://aspe.hhs.gov/daltcp/reports/adultdaySC.pdf
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