

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. The issuance of an ADC or ADHC facility license authorizes providers to operate an ADC or ADHC facility.

Arkansas provides ADC and ADHC under a Medicaid 1915(c) waiver program--ElderChoices. Medicaid providers must be licensed by the Office of Long Term Care and certified by the Division of Aging and Adult Services (DAAS) as having met all Centers for Medicare and Medicaid Services-approved provider criteria for the service(s) they wish to provide. ADC and ADHC providers must recertify with DAAS every 3 years; however, DAAS must maintain a copy of the agency's current ADC or ADHC annual license at all times.

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

ElderChoices participants may receive ADC services or ADHC services for 4 or more hours per day but not to exceed 8 hours per day, when the services are prescribed by their attending physician and provided according to their written ElderChoices care plan. ADC and ADHC services of less than 4 hours per day are not reimbursable by Medicaid; the services may be utilized up to 40 hours per week, not to exceed 184 hours per month.

Definitions

Adult day care is a group program designed to provide care and supervision to meet the needs of four or more functionally impaired adults for periods of more than 2 hours but less than 24 hours per day, in a place other than the adults' own homes.

Adult day health care is a program that provides organized supportive health and social services and activities to meet the needs of four or more functionally impaired adults for periods of more than 2 hours but less than 24 hours per day, in a place other than the adults' own homes.

ADHC programs provide rehabilitative and health services directed toward meeting participants' health maintenance and restoration needs, which cannot be provided by ADC programs. ADHC is appropriate only for individuals whose facility-developed care plans specify one or more of the following health services:

- Rehabilitative therapies (e.g., physical therapy, occupational therapy);
- Pharmaceutical supervision;
- Diagnostic evaluation; and
- Health monitoring.

ADHC provides beneficiaries with needed rehabilitative, therapeutic, and supportive health and social services, as well as relief for caregivers. It differs from social ADC or community centers by its 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.

The goals of the ADHC program include the provision of therapy, a safe and supportive environment, crisis intervention, respite, family assistance and training, and restoring or maintaining optimal functioning of impaired adults through the provision of a defined range of specific services.

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. Participants may not be transferred or discharged except for medical reasons or to ensure their or other participants' welfare.

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 or discharged except for medical reasons or to ensure their or other participants' welfare.

Inspection and Monitoring

Annual renewal is required for all ADC and ADHC facility licenses. Facilities must submit to regular unannounced inspection surveys and complaint investigations in order to receive or maintain a license. Providers are required to 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

All ADHC 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	Adult Day Care		Adult Day Health Care	
	Required	Optional	Required	Optional
ADL Assistance	X		X	
Health Education and Counseling	X		X	
Health Monitoring	X		X	
Medication Administration			X	
Nursing Services			X	
Physical Therapy, Occupational Therapy, or Speech Therapy	X ¹		X ¹	
Skilled Nursing Services			X	
Social Services				X
Transportation		X		X
1. Programs are required to facilitate the provision of these specialized services as needed by individual participants. They may be arranged for through community sources or provided through the program.				

Medication Provisions

Adult Day Care. Participants must be able to self-administer their own medication. Facility staff may provide assistance to enable participants to self-administer medications. The facility must have a written and approved system for handling and storing participants' medications. In-service training on facility medication policies and procedures must be provided at least annually for all facility personnel, staff, employees, and volunteers supervising self-administration of 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 must be supervised as necessary in administering their medications. Facility staff must provide assistance to enable participants to self-administer medications. However, if participants are assessed as being unable to self-administer their medications, a registered nurse (RN) or licensed practical nurse (LPN) may administer their medications. The facility must provide for injection of insulin or other intramuscular or subcutaneous injections by licensed personnel for individual participants as ordered by the participant's physician. In-service training on facility medication policies and procedures must be provided at least annually for all facility personnel, staff, employees, and volunteers supervising or administering medications.

Staffing Requirements

Adult Day Care

Type of Staff. ADC facilities licensed for more than 15 participants must have a full-time *director*. Regardless of the number of participants, either the director or his/her designee must be present and in charge during all hours that participants are on the premises.

Staffing Ratios. The ADC program must provide a sufficient number of direct care staff on duty at all times to meet the needs of each participant and ensure that participants are never left unattended. At a minimum, there must be at least two direct care staff persons when 2-16 participants are present, and one additional direct care staff person for any number of up to eight additional participants. The Office of Long Term Care may require additional staff when it determines that participants' service needs are not being met.

In ADC 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 is in writing and on file in the facility. The description must include the training to be provided and the system for ensuring the presence of scheduled volunteer help. When counted in the direct care staff-to-participant ratio, the volunteer must have the same qualifications as the staff position for which they are being substituted.

Universal Worker

Each staff person on duty may be counted as direct care staff even if they are currently involved in housekeeping, laundry, or dietary activities as long as universal precautions are followed.

In case of an emergency when a direct care staff must leave, one non-direct care staff person (which may include secretaries, cooks, accountants, and other non-direct care staff members) may count as direct care staff until the emergency has been resolved. Direct care staff must 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 15 participants must have a full-time *program director* with the authority and responsibility for the management of activities and direction of staff, and who must ensure 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. The health care coordinator must be either an RN or an LPN under the supervision of an RN.

In facilities licensed for 15 or fewer participants, a single individual may be both the full-time program director and 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.

Staffing Ratios. The staffing pattern must depend on the enrollment criteria and the particular needs of the participants to be served. The ADHC program must have sufficient staff responsible for personal care to comply with the rules and regulations for ADHC providers and the care requirements of the participants.

The ratio of paid staff to participants must be adequate to meet the goals and objectives of the program. The minimum ratios must be as follows: one paid full-time equivalent staff position with responsibility for direct care for each five participants. The Office of Long-Term Care may require additional staff when it is determined that the needs of the participants are not being met.

In ADHC programs where the *executive director* is responsible for more than ADHC services, he or she may not be counted as direct care staff. Secretaries, accountants, and other non-direct care staff must not be considered in the staffing ratio. In case of an emergency when a direct care staff must leave, one non-direct care staff may count as direct care staff until the emergency has been resolved.

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

Universal Worker

Each staff person on duty may be counted as direct care staff even if they are currently involved in housekeeping, laundry, or dietary activities as long as universal precautions are followed.

Training Requirements

Adult Day Care. Both paid and volunteer direct care staff must 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, must 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.

- In-service training sessions are required for all direct care staff: 4 hours per quarter for a total of 16 hours per year.
- In-service training sessions for non-direct care staff are required at a minimum of 2 hours per quarter for a total of 8 hours per year.
- In-service training sessions for part-time workers (20 hours or less per week) are required at a minimum of 2 hours per quarter for a total of 8 hours per year.
- In-service training sessions are required for all volunteers and must total a minimum of 4 hours per quarter for full-time volunteers and 8 hours per year for part-time volunteers (less than 20 hours per week).

Adult Day Health Care. There must be an orientation program for new employees and volunteers and a program of ongoing staff development and in-service training.

- In-service training sessions for direct care staff are required at a minimum of 4 hours per quarter for a total of 16 hours per year. Training must be appropriate to job function and must include but not be limited to: participant rights, safety standards, abuse reporting, normal signs of aging, health problems of aging, communications, and Alzheimer's or dementia training.
- In-service training sessions for non-direct care staff are required at a minimum of 2 hours per quarter for a total of 8 hours per year.
- In-services training sessions for part-time workers (20 hours or less per week) are required at a minimum of 2 hours per quarter for a total of 8 hours per year.
- In-service training sessions are required for all volunteers and must total a minimum of 4 hours per quarter for full-time volunteers and 8 hours per year for part-time volunteers (less than 20 hours per week).

Location of Licensing, Certification, or Other Requirements

Rules and Regulations for Adult Day Care Providers in Arkansas. Arkansas Department of Health and Human Services. [April 15, 2006]

<http://humanservices.arkansas.gov/dms/oltcDocuments/adcc.pdf>

Rules and Regulations for Adult Day Health Care Providers in Arkansas. Arkansas Department of Human Services. [April 10, 2006]

<http://humanservices.arkansas.gov/dms/oltcDocuments/adhc.pdf>

The Arkansas Medicaid Provider Manual, Section II, ElderChoices HCBS 2176 Waiver, Program Coverage. Arkansas Department of Human Services, Division of Medical Services. [January 1, 2013]

<https://www.medicaid.state.ar.us/InternetSolution/Provider/docs/elder.aspx>

ElderChoices Adult Day Care Provider Application. Arkansas Department of Human Services. [November 2009]

<http://www.daas.ar.gov/pdf/Provider%20Certification/ADC%20Application%20Rev.%202011-09.pdf>

ElderChoices Adult Day Health Care Provider Application. Arkansas Department of Human Services. [November 2009]

<http://www.daas.ar.gov/pdf/Provider%20Certification/ADHC%20Application%20Rev.%202011-09.pdf>

Information Sources

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

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