

## CALIFORNIA

### Overview

The California Department of Social Services licenses adult day programs (ADPs) as community care facilities. ADP services are not covered by Medi-Cal--the name of California's Medicaid program. They receive funding from Area Agencies on Aging, private fees, and community donations. Applicants for an ADP center license must attend a mandatory orientation, which includes, but is not limited to a presentation on the scope of operation subject to the Department's regulation.

The California Department of Public Health licenses adult day health care (ADHC) centers as health facilities. Licensed ADHC centers may also operate an ADP.

In 2011, ADHC services were eliminated as an optional Medi-Cal State Plan benefit. A class action lawsuit challenged the elimination, and a Settlement Agreement was reached in March 2012. On April 1, 2012, Community-Based Adult Services became a mandated "long-term services and supports" (LTSS) benefit within California's 1115 Medi-Cal waiver program.<sup>1</sup> To be a Medi-Cal provider, a licensed ADHC center must also be certified as a Community-Based Adult Services center by the California Department on Aging. Medicaid requirements for the Community-Based Adult Services have not yet been finalized.

### Definitions

**Adult day program** means any community-based facility or program that provides care on a less than 24-hour basis to persons age 18 years or older who are in need of personal care services, supervision, or assistance essential to sustaining activities of daily living (ADLs), or for the protection of the individual.

**Adult day health care** means an organized day program of therapeutic, social, and health activities and services provided to elderly persons with functional impairments, either physical or mental, for the purpose of restoring or maintaining optimal capacity for self-care. Provided on a short-term basis, ADHC serves as a transition from a health facility or home health program to personal independence. Provided on a long-term basis, it serves as an alternative to institutionalization in a long-term health care facility when 24-hour skilled nursing care is not medically necessary or viewed as desirable by participants and their families.

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<sup>1</sup> California's 1115 waiver program is a managed care program that covers health services and LTSS. In counties where a Medi-Cal Managed Care Plan exists, Community-Based Adult Services are available only to individuals who are enrolled in a Medi-Cal managed care organization. In counties without a Medi-Cal Managed Care Plan, Community-Based Adult Services are available through Medi-Cal fee for service

**Adult day health center** or **adult day health care center** means a licensed and certified facility that provides ADHC, or a distinct portion of a licensed health facility in which such care is provided in a specialized unit under a special permit issued by the Department.

**Alzheimer's day care resource center** means a specialized program provided in either an ADP or ADHC setting that addresses the psychosocial, mental, functional, and cognitive needs of persons with dementia by assisting them to function at their highest level.

**Community-based adult services** means an outpatient, facility-based program that delivers skilled nursing care, social services, therapies, personal care, family/caregiver training and support, nutrition services, care coordination, and transportation to eligible Medicaid beneficiaries.

## Parameters for Who Can Be Served

Both ADPs and ADHC centers may serve persons with Alzheimer's disease or other dementias, complex physical, mental or developmental disabilities, cognitive impairments, and other chronic disabling conditions. Community-Based Adult Services participants must meet Medicaid's medical necessity criteria, which is comparable to nursing facility level of care criteria.

**Adult Day Program.** Providers may not admit and must discharge individuals whose needs cannot be met. Immediate discharge is allowed if a participant's condition has suddenly changed and remaining in the day program is likely to cause danger to the participant or others. Individuals may not be admitted or retained if they require health services or have a health condition including, but not limited to:

- naso-gastric and naso-duodenal tubes;
- active, communicable TB;
- conditions that require 24-hour nursing care and/or monitoring;
- Stage 3 and 4 pressure sores (dermal ulcers); and
- any other condition or care requirements that would require the day program to be licensed as a health facility.

ADPs may accept or retain participants who have certain health conditions only if the participant is under the medical care of a licensed professional and the medical condition is chronic and stable, or is temporary in nature and expected to return to a condition normal for the participant.<sup>2</sup> These conditions include:

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<sup>2</sup> Programs that admit and retain individuals with these conditions are generally those that serve persons with intellectual and other developmental disabilities.

- use of inhalation-assistive devices;
- colostomy/ileostomies;
- requirement for fecal impaction removal, enemas, and suppositories;
- use of catheters;
- staph or other serious, communicable infections;
- insulin-dependent diabetes;
- Stage 1 and 2 pressure sores (dermal ulcers);
- wounds; and
- gastrostomies and tracheostomies.

To admit or retain participants with these conditions, the program must meet all general and condition-specific requirements regarding the provision of *incidental medical services*, including: (1) ensuring that program staff who will participate in meeting a participant's specialized care needs complete training provided by a licensed professional, sufficient to meet those needs; and (2) providing care for these conditions as specified in the regulations.

**Adult Day Health Care.** ADHC facilities may serve adults of all ages who are chronically ill or impaired and would benefit from ADHC services. Providers may not admit individuals for whom, in their clinical judgment, they cannot appropriately care. They may serve persons with dementia and other special needs populations, such as persons with developmental disabilities or persons with mental disabilities. Providers may discharge participants if they are unable or unwilling to use the prescribed services and ADHC staff have made every effort to remove possible obstacles.

## Inspection and Monitoring

**Adult Day Program.** As part of the application review process, the licensing agency conducts a site visit to the proposed day program. Within 90 days after a license has been issued, the Department inspects the facility. Unannounced visits may be made to determine compliance with applicable laws and regulations--as often as deemed necessary. The Department conducts random unannounced visits to no less than 10 percent of facilities each year. Under no circumstances does the Department visit a facility less often than once every 5 years.

**Adult Day Health Care.** As resources permit, an inspection may be conducted prior to--as well as within the first 90 days of--ADHC center operation. Inspections are conducted annually or at least every 2 years, and as often as necessary to ensure the quality of care being provided. An inspection may occur without notice at any time, to secure compliance with--or to prevent a violation of--any regulation.

If an ADHC center or an applicant for a license has not been previously licensed, the Department may only issue a provisional license to the center. A provisional license to operate an ADHC center expires 1 year from the date of issuance, or at an earlier time, as determined by the Department at the time of issuance. Within 30 days prior to

the expiration of a provisional license, the Department conducts a full and complete inspection of the ADHC center. If the ADHC center meets all licensure requirements, a regular license is issued for 1 year and must be renewed each year.

## Required and Optional Services

All adult day and 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 <sup>1</sup>	Optional <sup>2</sup>
ADL Assistance	X		X	
Health Education and Counseling	X		X	
Health Monitoring/Health-Related Services	X		X	
Medication Administration		X	X	
Nursing Services		X	X	
Physical Therapy, Occupational Therapy, or Speech Therapy			X	
Skilled Nursing Services		X	X	
Social Services	X		X	
Transportation	X <sup>3</sup>		X <sup>4</sup>	
1. Medical and psychiatric or psychological services are also required. 2. Additional optional services are podiatric services, optometric screening, and dental screening. 3. Providers must furnish or arrange transportation, or assist in the transportation of participants to and from the program. 4. Providers must either furnish or arrange transportation.				

## Medication Provisions

**Adult Day Program.** Participants must be assisted as needed with self-administration of prescription and non-prescription medications. Program staff who receive training from a licensed professional may assist participants with metered-dose inhalers and dry powder inhalers if requirements regarding training, supervision, and documentation are met.

Program staff, except those authorized by law, may not administer injections, but staff designated by the licensee are authorized to assist participants with self-administration of injections, as needed.

Assistance with self-administration does not include forcing a participant to take medications, hiding or camouflaging medications in other substances without the participant's knowledge and consent, or otherwise infringing upon a participant's right to refuse to take a medication.

If the participant's physician has stated in writing that he or she is able to determine and communicate his/her need for a prescription or non-prescription PRN (i.e., as needed) medication, program staff are permitted to assist the participant with self-administration of PRN medications.

If the participant's physician has stated in writing that the participant is unable to determine his/her own need for non-prescription PRN medication, but can clearly communicate his/her symptoms, program staff designated by the licensee are permitted to assist the participant with self-administration, provided all requirements relating to physicians' orders and medication record-keeping are met.

If the participant is unable to determine his/her own need for a prescription or non-prescription PRN medication, and is unable to communicate his/her symptoms clearly, program staff designated by the licensee are permitted to assist the participant with medication self-administration, provided all requirements regarding physician/nurse practitioner notification/orders and medication record-keeping are met.

**Adult Day Health Care.** Each participant's health record must include a drug history that lists all medications currently being taken by the participant and any medications to which the participant is allergic. Medications must be administered only by licensed medical or licensed nursing personnel. Self-administration of medications is permitted only under the following conditions: (1) the center has approved policies permitting self-administration of medications when approved by the multidisciplinary team; (2) training in self-administration of medications is provided to all participants based on the recommendation of the multidisciplinary team; and (3) the health record of each participant who is capable of self-medication names all drugs that are to be self-administered.

## Staffing Requirements

### **Adult Day Program**

**Type of Staff.** All ADPs must have an *administrator* who will be responsible for carrying out program responsibilities, supervising the program's operation, coordinating all activities and services, and providing staff orientation and training. The administrator must be at the program site the number of hours necessary to manage and administer the program in compliance with applicable laws and regulations.

When the administrator is absent from the ADP site, a substitute staff person with the required qualifications must assume his/her responsibilities. If an administrator is responsible for two or more ADPs, each site must have an employee who is responsible for the program's day-to-day operation. The licensing agency may require that the administrator increase his/her time spent at the facility if it is determined that his/her absence has a detrimental effect on the facility.

Direct care staff are responsible for participants' care and supervision. Care staff must not be assigned to any support staff duties, such as housekeeping, cooking, or office work, unless participants' care and supervision needs have been met. During the performance of support staff duties, a direct care staff member must not be counted in the required staff-to-participant ratio. Volunteers may be utilized only if they are supervised and are not included in the staffing plan. When regular staff members are absent, coverage must be provided by personnel capable of performing assigned tasks as evidenced by on-the-job performance.

All personnel must be competent to provide the services necessary to meet individual participant's needs and must at all times be employed in numbers necessary to meet such needs. The licensing agency has the authority to require any licensee to provide additional staff whenever the licensing agency determines and documents that additional staff are required for the provision of services necessary to meet participant needs.

**Staffing Ratios.** At least two persons must be on duty at all times when two or more participants are present in the day program; at least one of the two must be a direct care staff member. The licensee must provide for an overlap of staff at each shift change to ensure continuity of care.

The direct care staff-to-participant ratio must not be less than 1:8 (or fraction thereof). Whenever a participant who relies upon others to perform all ADLs is present, the staff-to-participant ratio must be no less than 1:4. Volunteers may be included in the staff-to-participant ratio if they meet the direct care staff requirements.

### **Adult Day Health Care**

**Type of Staff.** Each center must have an *administrator*. The administrator must have the responsibility and authority to carry out the licensee's policies. Each center must provide for continuity of operation and assumption of the administrator's responsibilities during his/her absence. The administrator must not be responsible for more than three centers without prior written approval by the Department. In this circumstance, there must be one or more *assistant administrators* for every three additional centers.

Each center must have a full-time *program director*. The program director must be on the premises and available to participants, employees, and relatives. When the program director is temporarily absent, another adult staff member must be designated to serve as the *acting program director*. Centers with a capacity of 50 and over must have both an administrator and a full-time program director.

The program director of centers whose average daily attendance is 20 or fewer may also serve as the *registered nurse (RN)*, *social worker*, *occupational therapist*, *physical therapist*, *speech therapist*, or *dietitian*, provided that the program director has the professional qualifications for that position and the program director and the

administrator are not the same person. *Program aides* must be employed in a sufficient number to meet participants' needs and staffing requirements of the Department.

The program director, a RN with a public health background, a medical social worker, a program aide, and an *activity coordinator* must be on duty during the hours the center offers basic services. Other staff must be employed in sufficient numbers to provide services as prescribed in the individual care plans in accordance with minimal requirements determined by each center's average daily attendance (based on the previous quarter's experience). Medical services must be provided to each participant by a personal or a staff physician.

Occupational, physical, and speech therapy services staff must work the hours necessary to meet the needs of each participant as specified in the individual care plan and in accordance with the Department's staffing requirements.

For the provision of psychiatric or psychological services, the center must have consultant staff available a minimum of 3 hours per month consisting of a psychiatrist, clinical psychologist, psychiatric social worker, or psychiatric nurse. Consultant staff must spend a sufficient number of hours in the center to meet the needs of each participant and the Department's staffing requirements.

Program aides must be employed in sufficient numbers to meet participants' needs and the Department's staffing requirements. Volunteers may provide services but must not be used to replace required employees. Each volunteer must receive orientation, training, and supervision.

**Staffing Ratios.** There must be one program aide for every 16 participants during the hours of operation. An additional half-time *social work assistant* and an additional half-time licensed *vocational nurse* must be on-site for each increment of ten participants in average daily attendance exceeding 40.

## Training Requirements

**Adult Day Program.** The administrator must have a minimum of 30 hours of continuing education every 24 months of employment, which includes the completion of courses workshops, seminars, and academic classes related to the roles and responsibilities of the administrator position.

The licensee must develop, maintain, and implement a written plan for the orientation, continuing education, on-the-job training and development, supervision, and evaluation of all direct care staff. Direct care staff must receive a minimum of 8 hours of documented training each year.

All personnel must be given on-the-job training or must have related experience that provides knowledge of and skill in the following areas, as appropriate to the job



assigned, and as evidenced by safe and effective job performance: (1) principles of nutrition, food preparation and storage, and menu planning; (2) housekeeping and sanitation principles; (3) provision of participant care and supervision, including communication; (4) assistance with prescribed medications that are self-administered; (5) recognition of early signs of illness and the need for professional assistance; (6) availability of community services and resources; (7) universal precautions; (8) emergency procedures; and (9) mandated reporting requirements for dependent adult and elder abuse.

The licensee must ensure that program staff who will participate in meeting the specialized care needs for restricted conditions complete training provided by a licensed professional sufficient to meet those needs. Training must include hands-on instruction in both general procedures and participant-specific procedures.

**Adult Day Health Care.** A planned in-service education program, including orientation, skill training, and continuing education, must be provided for employees. All staff members must receive in-service training in first-aid and cardiovascular pulmonary resuscitation within the first 6 months of employment. An ADHC center that provides care for adults with Alzheimer's disease and other dementias must provide staff training regarding the use and operation of the center's egress control devices (i.e., those precluding the use of exits); the protection of participants' personal rights; wandering behavior and acceptable methods of redirection; and emergency evacuation procedures for persons with dementia.

## Location of Licensing, Certification, or Other Requirements

*Manual of Policies and Procedures, Community Care Licensing Division, Title 22, Chapter 3: Adult Day Program.* State of California Health and Human Services Agency, Department of Social Services. [January 12, 2007]

<http://www.dss.cahwnet.gov/getinfo/pdf/adpman.PDF>

California Law website, Health and Safety Code, Division 2--Licensing Provisions, Chapter 3.3: California Adult Day Health Care Act. [September 2012]

[http://ca.regstoday.com/law/hsc/ca.regstoday.com/laws/hsc/calaw-hsc\\_DIVISION2\\_CHAPTER3p3.aspx#1](http://ca.regstoday.com/law/hsc/ca.regstoday.com/laws/hsc/calaw-hsc_DIVISION2_CHAPTER3p3.aspx#1)

*Medi-Cal Certification and Licensing Regulations, Title 22, Chapter 10: Adult Day Health Care.* California Department of Social Services.

<http://www.cdss.ca.gov/shd/res/pdf/54001.pdf>

## Information Sources

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Executive Director  
California Association for Adult Day 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>
Tennessee	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TN.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TN.pdf</a>
Texas	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TX.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TX.pdf</a>
Utah	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-UT.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-UT.pdf</a>
Vermont	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VT.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VT.pdf</a>
Virginia	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VA.pdf</a>
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>