

DISTRICT OF COLUMBIA

Overview

The District of Columbia (DC) does not license or certify adult day care (ADC) providers who offer a social model of care.

DC provides a medical model of ADC, also called geriatric day care, through the DC Office on Aging (DCOA) grants. These grants are issued under the DC State Plan on Aging to providers who are governed by geriatric day care requirements issued and administered by the DCOA. These requirements are described in this profile.

No fee is charged for geriatric day care but participants, family members, and/or caretakers must be informed of the cost of the services and offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional service available to others.

Definitions

Geriatric day care is a therapeutic service provided to functionally impaired DC residents age 60 years or older to avoid or forestall institutionalization. Geriatric day care involves care and supervision provided during the day by professionally qualified personnel in a suitable facility. Geriatric day care is a more intense level of care than center-based social and recreation services.

Parameters for Who Can Be Served

Adult day care is for seniors and persons with disabilities who are not homebound but who have chronic health care needs and require assistance during the day in order to avoid or delay nursing facility placement. Many ADC participants have physical or cognitive impairments related to heart disease, stroke, diabetes, or hypertension.

Inspection and Monitoring

The DCOA Program Monitor conducts quarterly compliance monitoring of ADC sites in addition to unannounced visits as needed.

Required and Optional Services

All ADC 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	
	Required	Optional
ADL Assistance	X	
Health Education and Counseling	X	
Health Monitoring/Health-Related Services		
Medication Administration	X	
Nursing Services	X	
Physical Therapy, Occupational Therapy, or Speech Therapy		X ¹
Skilled Nursing Services	X	
Social Services	X	
Transportation	X	
1. As necessary or as required by the participant's care plan.		

Medication Provisions

Nursing services such as injections and drug supervision must be provided only by a qualified and licensed professional.

Staffing Requirements

Type of Staff. Fully trained and professional staff are required, including, but not limited to, a *licensed social worker*, a *registered nurse* or *licensed practical nurse*, and various therapists.

Staffing Ratios. The required staff ratio is one staff member for every six participants.

Training Requirements

All staff providing services must be fully trained. The agency providing ADC must maintain, follow, and continually update a training and supervision program to ensure that ADC staff are fully trained and familiar with agency procedures.

Location of Licensing, Certification, or Other Requirements

Required standards are on file at the Grantee Office, Licensing Agency, and the DCOA for professional staff.

Information Sources

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District of Columbia Office on Aging

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Iona Senior Services

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Acting Director, Medicaid
Health Care Policy and Research Administration
Department of Health Care Finance

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