

GEORGIA

Overview

The Healthcare Facility Regulation Division in the Georgia Department of Community Health Licensing oversees the licensing of adult day centers. Licensing was mandated in January 2015.

Adult day centers can provide adult day care (ADC) services and/or adult day health services (ADHS) to three or more adults. The state covers ADHS under two Medicaid 1915(c) waiver programs: the Community Care Services Program (CCSP)--also referred to as the Elderly and Disabled Waiver--and the Service Options Using Resources in a Community Environment program, which also serves elderly persons and younger adults with disabilities. To continue serving Medicaid program participants, ADHS providers enrolled with the State Department of Community Health as Medicaid providers must submit a copy of their license by July 31, 2015. New providers must be licensed to enroll as a Medicaid provider. Medicaid providers of ADHS are required to follow specific Medicaid-only requirements for their provision.

CCSP ADHS providers may offer adult day health services-mobile (ADH-M) in rural and other underserved areas. The ADH-M site can be located no more than 100 miles from the primary ADH facility. Participants who attend ADH-M receive the same services offered at the primary ADH facility. Medicaid pays for a full day of service (a minimum of 5 hours per day, excluding transportation time) and a part day of service (from 3-5 hours per day). Transportation time may not exceed 1 hour each way and is not used to determine the number of hours a participant attends the ADH center each day.

The ADH-M shares staff and supplies with the primary ADH facility. Staff are mobile, traveling from the primary location (the CCSP-approved ADH facility) to the rural or underserved area, transporting needed supplies and materials with them. Depending on the needs of the area, each ADH-M site is open for 5-6 hours per day, 1-3 days per week. ADH-M services are provided in existing facilities (e.g., senior centers, churches) that are accessible and meet all applicable fire/safety and building codes.

Definitions

Adult day care (ADC) means the provision of a comprehensive plan of services that meets the needs of aging adults under a social model of care. A social model program addresses primarily the basic social and recreational activities needed to be provided to aging adults, but also provides, as required, limited personal care assistance, supervision, or assistance essential for sustaining the activities of daily

living (ADLs). Such programs of care shall be based on individual plans of care and shall be provided for less than 24 hours per day.

Adult day health services (ADHS) means the provision of a comprehensive plan of services that meets the needs of aging adults under a medical model of care. A medical model means a comprehensive program that provides adults with the basic social, rehabilitative, health and personal care services needed to sustain the essential ADLs and to restore or maintain optimal capacity for self-care. Such a program of care must be based on individual plans of care and be provided for less than 24 hours per day.

An **adult day center** means a facility serving aging adults that provides ADC or ADHS for compensation to three or more persons. Adult day centers may operate in more than one location if classified and approved by the department as a mobile adult day center.

A **mobile adult day center** means a program of services offered by an ADC which utilizes designated staff that travel from one central location to off-site locations to provide adult day services. The services offered by a mobile adult day center may either be ADC services or ADHS, or both, and are offered 4 days per week or less at any one location. Each license issued to a mobile adult day center shall enable the licensee to provide services at no more than five off-site locations.

Parameters for Who Can Be Served

Adult day centers must admit individuals based on their comprehensive description of the types of services they will provide and must only admit and retain individuals whose needs they can meet. Centers have the right to not accept or to discharge an individual who refuses assistance with medications if the center reasonably feels that the participant cannot safely possess and control his/her medications.

ADHS are provided at two levels that indicate the intensity of care required by individual CCSP participants, which is determined during an initial assessment or reassessment. ADH centers serve individuals with varying degrees of functional limitations and may not choose to serve only participants at one level.

Participants may be discharged immediately if they endanger their or others safety and welfare.

Inspection and Monitoring

Prior to licensure and periodically thereafter, the department inspects each adult day center to ensure that it is providing adequate care to its participants and is in compliance with all applicable rules and regulations. The department also conducts

complaint investigations and periodic on-site inspections of any center when determined necessary.

The department may exempt a center from periodic inspections if such center has been certified or accredited by an entity recognized and approved by the department if such entity uses standards that are substantially similar to those established by the department.

In addition, a Georgia Division of Aging Services (DAS) CCSP provider specialist performs a site visit to an ADH provider before they recommend approval for a Medicaid provider identification number. DAS/CCSP performs another site inspection if a facility relocates or if it receives reports of compliance issues.

DAS and care coordination staff make site visits to existing facilities where ADHS-M are being provided, to ensure compliance with Medicaid’s physical environment standards.

Required and Optional Services

All adult day health (ADH) 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 Services	
	Required	Optional	Required	Optional
ADL Assistance			X	
Health Education and Counseling			X	
Health Monitoring			X	
Medication Administration		X ¹	X	
Nursing Services			X	
Physical Therapy, Occupational Therapy, or Speech Therapy			X	
Skilled Nursing Services			X	
Social Services				
Transportation		X		X

1. Assistance with self-administration only is permitted.

Medication Provisions

Registered nurses (RNs), licensed practical nurses (LPNs), and proxy caregivers must administer medications in accordance with all applicable laws and regulations. A “proxy caregiver” is an unlicensed person who has been determined qualified to have the necessary knowledge and skills acquired through training by a licensed health care professional to perform documented health maintenance activities, including medication

administration, for an individual with a disability who has delegated to the designated proxy caregiver the performance of such health maintenance activities through execution of a written informed consent by the individual with a disability or a person legally authorized to act on behalf of such individual with a disability.

All medications required by a participant in an adult day center that does not employ a licensed RN, LPN, or proxy caregiver must be self-administered by the participant.

Staff in centers that provide assistance with medication without employing a licensed RN, LPN, or proxy caregiver may: (1) remind participants of the time to take medication; (2) check the dosage according to the container label; and (3) physically assist a participant in opening or pouring the medication.

Unlicensed staff who are assisting with or supervising medication self-administration by capable participants must receive medication training.

This training must be conducted with an appropriate curriculum for providing medication assistance and include at least the following topics:

- The center's medication policy and procedures, including actions to take if concerns regarding participant's capacity to self-administer medications are identified.
- How to read prescription labels including common abbreviations.
- Providing the right medication to the right participant at the right time in the right amount and the right way including how to measure various medications.
- Actions to take when concerns regarding medications are identified.
- Infection control procedures relative to providing assistance with medications.
- Proper medication storage and disposal.
- Recognition of side effects and adverse reactions for the specific medications.
- Understanding the common classifications of medications, typical side effects and adverse reactions, and medications for which unlicensed staff may never provide assistance with, or supervision of self-administration.
- Proper documentation and record-keeping using the Medication Assistance Record.

Staffing Requirements

Adult Day Care

Type of Staff. Each center must have a *director* who is responsible for day-to-day operations, and in the absence of the director, a staff member must be designated to supervise the center. Each center must have at least one staff member who has current certification in first-aid and cardiovascular pulmonary resuscitation (CPR) that shall be in the center at all times.

Staffing Ratios. Each center must have appropriately qualified staff and/or volunteers on duty at all times to properly safeguard participants' health, safety, and welfare, and in a sufficient number to meet participants' needs and implement their individual plan of care. At a minimum, adult day centers must provide a staff and/or volunteer-to-participant ratio of no less than 1:8. The staffing ratio refers to the staff providing direct services to participants and excludes such employees as clerical or office workers and maintenance or food service staff.

Each center must ensure sufficient staffing to promptly and safely evacuate all participants in the event of an emergency. The center must adjust staffing as necessary based on the number of non-ambulatory participants at the center.

Adult Day Health Services

Type of Staff. In addition to meeting the staffing requirements for ADC, ADH centers must also hire a *registered nurse* to assess participants' physical and mental health needs and to develop, and supervise participants' individual plan of care. If the center employs the services of a licensed practical nurse, the *licensed practical nurse* must be supervised by an RN. The LPN shall be available by phone, pager and/or e-mail when not on site at the center.

ADH centers must also have appropriately qualified staff to perform physical therapy, occupational therapy, and speech therapy, as identified in the participant's individual plan of care. Each center must also identify which staff person is responsible for directing activities for the center.

Staff Ratios. Medicaid requires the ADH center *director* to develop a staffing pattern that meets participants' needs as determined by the number of participants and their functional level. A minimum ratio of staff-to-participants is used to determine adequate staff coverage when participants are in attendance. Staff ratio refers to the staff providing direct services to participants and excludes clerical, food service, and office staff. For participants receiving Level I care, the staff-to-participant ratio is 1:8. For those receiving Level II care, the ratio is 1:4.

Training Requirements

The director is responsible for ensuring that any person working in the center as an employee or under contract receives work-related training acceptable to the department within the first 90 days of employment. The center must ensure that at least one staff member who has completed the minimum training requirements be present in the center at all times.

Work-related training for employees must at a minimum include the following topics:

- Orientation to licensing rules and regulations and to the center's policies and procedures.
- Standard precautions, infection control, and latex safety.
- Identification of potential victims of elder abuse or self-neglect.
- Participants' rights including the prevention and reporting of suspected abuse, neglect, or exploitation.
- Protecting the confidentiality of participant information and records.
- Influenza and the role of vaccination in controlling its spread.
- Diversity and cultural sensitivity.
- Alzheimer's disease and other dementias including communication and responding to behavior techniques.

In addition to the training requirements above, centers that provide ADHS must provide training on the laws governing administration of prescribed medications.

The director is responsible for ensuring that all volunteers receive training in accordance with the services they provide in the center. At a minimum, all volunteers must receive training in identifying abuse, neglect, and exploitation, and the applicable reporting requirements; and participants' rights.

All ADH staff, subcontractors, and volunteers who interact with participants must complete an orientation within the first 2 weeks of employment. In addition, the ADH provider must make available annual in-service training to all staff on the following topics: (1) an overview of Alzheimer's disease; (2) understanding communication techniques; (3) understanding common behaviors and appropriate interventions of participants with Alzheimer's disease (i.e., wandering, agitation, redirecting, cuing); (4) care and management skills; (5) activities appropriate for aging or chronically ill participants; (6) safety and accident prevention (risk management); (7) medications and

side effects; (8) elder abuse reporting; (9) advance directives; and (10) nutrition care, food safety, and safe feeding.

All ADH staff, subcontractors, and volunteers must complete a minimum of 12 hours of continuing education annually on topics related to their job responsibilities and the participant population.

The RN, LPN, and any ADH staff providing direct care to participants are required to have current certifications in CPR and first-aid.

Location of Licensing, Certification, or Other Requirements

Rules of Department of Community Health, Chapter 111-8, Healthcare Facility Regulation, 111-8-1, Rules and Regulations for Adult Day Centers.

http://dch.georgia.gov/sites/dch.georgia.gov/files/Adult_Day_Center_Rules_Initial_Adoption_100314.pdf

Georgia Department of Community Health website, Georgia Medicaid Management Information System.

<https://dch.georgia.gov/medicaid-management-information-system-mmis>

Medicaid Manual, Part II, Chapter 1100: Policies and Procedures for Adult Day Health Services. Georgia Department of Community Health, Division of Medical Assistance. [July 1, 2010]

http://ftp.floydcountyga.org/pub/purchasing/2011%20&%20Prior/Mercy%20Senior%20Center/2010-07_CCSP_ADH_v4.pdf

Information Sources

Tom Underwood
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Georgia Department of Community Health
Medicaid Division

Georgia Gunter
President
Georgia Adult Day Services Association

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