

HAWAII

Overview

The Department of Health licenses both adult day care (ADC) centers and freestanding adult day health (ADH) centers. To obtain licensure as a freestanding ADH center, a provider must first obtain an approved Certificate of Need from the Hawaii Health Planning and Development Agency.

Hawaii has implemented the QUEST Expanded Access (QExA) Medicaid program, which is a managed care program for Medicaid-eligible persons aged 65 years or older and for working-age adults with disabilities. QExA covers both ADC and adult day health care (ADHC) and requires all providers to be licensed in accordance with state law. QExA replaced two 1915(c) waivers serving the aged and disabled population: the Residential Alternative Community Care Program and Nursing Home Without Walls program.

Nursing facilities may also provide ADHC services. A nursing facility-based ADH center is licensed under the state administrative rules for nursing facilities. Nursing facilities must ensure that the space and staffing requirements for ADH center activities do not reduce the space and staff requirements of the nursing facility, and that medical records of nursing facility residents and ADH center participants are filed separately.

Definitions

Adult day care center means a licensed facility maintained and operated for the purpose of providing regular care, which includes supportive care to four or more disabled adults. The purpose of ADC services is to provide disabled adults a sheltered setting and specified activities to support and promote their level of functioning and ability to remain or be maintained safely in the community outside institutions and other care facilities.

Adult day health care means an organized day program of therapeutic, social, and health services provided to adults with physical impairments or mental impairments, or both, which require nursing oversight or care, for the purpose of restoring or maintaining, to the fullest extent possible, their optimal capacity for self-care.

Parameters for Who Can Be Served

Adult Day Care. Providers may serve individuals who need the services offered in order to maintain their current level of social, emotional, or physical functioning; have

a physical or mental disability suitable to the day care program as verified by a medical or psychological report; and desire and are capable of participating in a day care program.

Providers may not serve participants whose condition deteriorates to the point that enrollment is unsuitable; if the participant is unwilling or unable to make constructive use of the service and continuation of the service is contrary to the overall service plan for the participant; or if services are no longer appropriate.

Adult Day Health Care. The definition of ADHC (above) provides general information regarding who can be served in these programs. Medicaid rules state that providers may serve individuals who need health, nursing, therapeutic, or social services in order to reach or maintain their highest degree of functional status practicable. Medicaid waiver program participants generally have functional limitations and/or medical and nursing needs because they must meet the state's nursing home level of care criteria.

Inspection and Monitoring

Adult Day Care. The Department of Health contracts with Community Ties of America to perform the licensing and certification activities for ADC centers. Community Ties of America is an organization that provides long-term care consulting and services to multiple states. Centers are inspected to determine compliance with applicable building and fire codes and licensing standards. Licenses are issued for 1 year and providers are inspected annually.

Adult Day Health Care. Licenses are issued for 1 year. The director of the Department of Health or an authorized representative must inspect each licensed freestanding ADH center at least once annually. Notice of the approximate time for the annual inspection visits may be given to the center. In addition to performing annual inspection visits, the director--or his or her authorized representative--without prior notice, may enter the center at any reasonable time for the purposes of confirming correction of deficiencies, investigation of complaints, or both.

Required and Optional Services

All ADC 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 ¹	
	Required	Optional	Required	Optional
ADL Assistance	X ²		X	
Health Education and Counseling			X	
Health Monitoring/Health-Related Services	X		X	
Medication Administration		X	X	
Nursing Services			X	
Physical Therapy, Occupational Therapy, or Speech Therapy			X	
Skilled Nursing Services			X	
Social Services	X		X	
Transportation		X		X
<p>1. ADHC providers must also provide medical services, psychiatric or psychological services, and must develop a care plan that includes provisions for arranging any needed services that are not routinely available at the center.</p> <p>2. Some facilities do not have a physical plant that allows for assistance with bathing.</p>				

Medication Provisions

Adult Day Care. Medication may be administered by staff members licensed by the state as a licensed practical nurse (LPN) or registered nurse (RN), or by unlicensed assistive personnel delegated the task by an LPN, with a signed authorization from the participant's physician. However, providers are not required to hire or contract with an LPN or RN. If licensed personnel are not available, then ADC staff can only give reminders to take a medication to participants, or if a physician orders it, the staff may assist with self-administration.

Adult Day Health Care. Only appropriately licensed and trained staff are allowed to administer drugs and they must be responsible for proper recording of medication administration, including its route.

Staffing Requirements

Adult Day Care

Type of Staff. Each ADC center must have a *director* responsible for the center's total program, who must designate a staff member to be responsible for center administration whenever he or she is absent. Each center must always have staff members who are capable of providing supervision to the participants at the center.

Staffing Ratios. The staff-to-participant ratio must be one regular staff member to six participants. This ratio may include the center director. At least one staff member currently certified in first-aid and cardiovascular pulmonary resuscitation (CPR) must be present at the center while participants are present and must accompany participants on field trips.

Adult Day Health Care

Type of Staff. Each ADH center must have an *administrator*, and centers with a capacity of 50 or more participants must also have a separate full-time *program director*. An individual may be an administrator of no more than three centers. A program director of a center whose average daily attendance is fewer than 20 participants, may also serve as the RN, social worker, occupational therapist, physical therapist, activity coordinator, speech therapist, or dietitian, provided that the program director is qualified and is not also the administrator.

In addition, the regulations state that each center must have the following staff and services.

- A sufficient number of employees qualified and competent to provide the services for which the center is licensed.
- Available appropriate *consultant staff trained in psychiatric care* when there is a participant requiring the services while at the center.
- Social services, which include an initial and continuing assessment by a *social worker*.
- Nursing staff sufficient in number and qualifications to meet the needs of the participants. A *registered nurse* must be employed and a *licensed nurse*--either an *registered nurse* or an *licensed practical nurse*--must be on-site whenever participants are present. Nursing services must be provided under the supervision of a RN.
- An *activity coordinator* to provide a program of social and recreational activities to meet the needs and interests of each participant.
- Aides sufficient in number to perform the necessary duties. Volunteers may be utilized but not to replace required professionally qualified employees unless they are so qualified. Each volunteer must receive orientation, training, and supervision.

Staffing Ratios. Employees must be sufficient in number to provide the services for which the center is licensed. Each program must have nursing staff sufficient in number to meet the needs of participants. At least one staff person trained and certified in CPR and basic first-aid must be present at all times.

Training Requirements

Adult Day Care. *No requirements identified.*

Adult Day Health Care. Staff must be provided an in-service education program that includes orientation to the program's philosophy, organization, policies, procedures, practices, and goals. Initial and ongoing training must be provided for employees who have not achieved the desired level of competence, and to update and improve the skills and competencies of all employees.

Annual or more frequent training must include, but not be limited to, prevention and control of infections; fire prevention and safety; accident prevention; participants' rights; and the problems and needs of the aged, ill, and disabled. Provision must be made for training appropriate personnel in CPR and appropriate first-aid techniques.

Location of Licensing, Certification, or Other Requirements

Hawaii Administrative Rules, Title 11, Chapter 96: Freestanding Adult Day Health Centers. Department of Health. [May 31, 1991]

<http://gen.doh.hawaii.gov/sites/har/admrules1/11-96.pdf>

Hawaii Administrative Rules, Title 17, Subtitle 9 Community Long-Term Care Programs, Chapter 1417: Adult Day Care Services. Department of Human Services. [June 29, 1992; some rules amended April 17, 1995 and October 28, 1995]

<http://humanservices.hawaii.gov/wp-content/uploads/2013/01/17-1417-Adult-Day-Care.pdf>

Hawaii Administrative Rules, Title 17, Subtitle 9 Adult and Community Care Programs, Chapter 1424: Licensing of Adult Day Care Centers. Department of Human Services. [October 4, 2001]

<http://www.comties.com/HIforms/HAR%2017-1424.pdf>

Hawaii Administrative Rules, Title 17, Subtitle 12 Med-Quest Division. Chapter 1720: Benefits Package. Department of Human Services. [September 30, 2013]

<http://humanservices.hawaii.gov/wp-content/uploads/2013/10/HAR-17-1720-BENEFITS-Final-9-5-13.pdf>

Hawaii Administrative Rules, Title 11, Chapter 94: Skilled Nursing/Intermediate Care Facilities, §11-94-5 Adult day health center. Department of Health. [April 22, 1985]

<http://gen.doh.hawaii.gov/sites/har/admrules1/11-94.pdf>

Information Sources

David Ayling, RN
Compliance Manager
Community Ties of America, Inc.
State Contractor for Certifying Adult Day Care Centers

Patti Bazin
Administrator
Health Care Services Branch
Department of Human Services
Med-QUEST Division

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