

IOWA

Overview

All adult day services (ADS) providers in the state must be certified by the Iowa Department of Inspections and Appeals and are required to meet the provisions for ADS in the state's administrative code, which are described in this profile. Certification is equivalent to licensure. In addition, a program may be voluntarily accredited by the Department's designated accreditation entity--the Commission on Accreditation of Rehabilitation Facilities. Certification standards are different for accredited and non-accredited providers.

Iowa provides ADS--called adult day care--under several Medicaid 1915(c) waiver programs administered by the Iowa Department of Human Services, including the Health and Disability waiver, the Elderly waiver, the AIDS/HIV waiver, and the Brain Injury waiver. Medicaid providers must be certified by the Department of Inspections and Appeals and comply with additional requirements in the Medicaid provider manual.

Definitions

Adult day services mean an organized program providing a variety of health-related care, social services, and other support services for up to 16 hours in a 24-hour period to two or more persons with a functional impairment on a regularly scheduled, contractual basis. Functional impairment means a psychological, cognitive, or physical impairment that creates an inability to perform personal and instrumental activities of daily living (ADLs) and associated tasks and that necessitates some form of supervision or assistance or both. ADS programs may provide dementia-specific ADS.

Dementia-specific adult day services means a certified program that: (1) serves fewer than 55 participants and has five or more participants who have dementia between Stages 4 and 7 on the Global Deterioration Scale; (2) serves 55 or more participants and 10 percent or more of the participants have dementia between Stages 4 and 7 on the Global Deterioration Scale; or (3) holds itself out as providing specialized care for persons with a cognitive disorder or dementia, such as Alzheimer's disease, in a dedicated setting.

Parameters for Who Can Be Served

Programs may not knowingly admit or retain an individual who: (1) is under age 18; (2) is bedfast; (3) requires routine three-person assistance with standing, transfer, or

evacuation; (4) requires more than part-time or intermittent health-related care; (5) has unmanageable incontinence on a regular basis; or (6) is dangerous to self or others.

An individual who is dangerous to self or others includes, but is not limited to, an individual who: (1) despite intervention, chronically elopes, is sexually or physically aggressive or abusive, or displays unmanageable verbal abuse; or (2) is in an acute stage of alcoholism, drug addiction, or uncontrolled mental illness.

Inspection and Monitoring

Within 180 calendar days following the issuance of provisional certification, the Department of Inspections and Appeals must conduct on-site monitoring to determine the program's compliance with applicable requirements. The Department must make a final certification decision based on the results of the monitoring and a review of an acceptable plan of correction if needed. If the decision is to continue certification, the Department must issue a full 2-year certification effective from the date of the original provisional certification.

The Department may conduct an on-site monitoring evaluation within 90 days following a change in ownership or management to ensure that the program continues to comply with requirements.

Required and Optional Services

All ADS 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 Services	
	Required	Optional
ADL Assistance	X	
Health Education and Counseling		
Health Monitoring		X
Medication Administration		X
Nursing Services		X
Physical Therapy, Occupational Therapy, or Speech Therapy		
Skilled Nursing Services		X
Social Services		
Transportation		X

Medication Provisions

Each program must have a written medication policy. Participants may self-administer medications unless: (1) the prescription states that the participant is not to

self-administer the medication; or (2) the participant or, if applicable, the legal representative, delegates administration to the program by contractual agreement or signed service plan. The program may not prohibit a participant from self-administering medications.

An ADS program may provide for medication setup if requested by a participant or the participant's legal representative. If medication setup is provided following such request, the program must be responsible for the specific task requested and the participant must retain responsibility for those tasks not requested to be provided.

If administration of medications is delegated to the program by the participant or the participant's legal representative, the medications may be administered by a registered nurse (RN), licensed practical nurse, or advanced RN practitioner licensed or registered in Iowa, or by the individual to whom such licensed or registered individuals may properly delegate administration of medications.

If medication setup is provided by the program at the request of the participant or the participant's legal representative, or if medication administration is delegated to the program by the participant or the participant's legal representative, appropriate staff of the program may transfer the medications in the participant's presence from the original prescription container to medication dispensing containers, reminder containers, or medication cups.

Staffing Requirements

Type of Staff. A program that administers prescription medications or provides professionally-directed health care or health-related care must have a *registered nurse*. All personnel of a program must be able to implement the program's accident, fire safety, and emergency procedures. A program that serves one or more participants with cognitive disorders or dementia must have written procedures that address how the program will respond to the emergency needs of the participants.

Staffing Ratios. Sufficient trained staff must be available at all times to fully meet participants' identified needs. No fewer than two staff persons who monitor participants as indicated in each participant's service plan must be awake and on duty during all hours of operations when two or more participants are present.

Training Requirements

The owner or management of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to their assigned tasks and the needs of the target population. Personnel who are employed by or contract with the program and who are responsible for food preparation

and/or service must have an orientation on sanitation and safe food handling prior to handling food and must have annual in-service training on food protection.

All personnel employed by or contracting with a dementia-specific program must receive a minimum of 8 hours of dementia-specific education and training prior to--or within 30 days of--employment or the beginning date of the contract. The dementia-specific education or training must include, at a minimum, the following topics: (1) an explanation of Alzheimer's disease and other types of dementias; (2) the program's specialized dementia care philosophy and program; (3) skills for communicating with persons with dementia; (4) skills for communicating with family and friends of persons with dementia; (5) an explanation of family issues such as role reversal, grief and loss, guilt, relinquishing the caregiving role, and family dynamics; (6) the importance of planned and spontaneous activities; (7) skills in providing assistance with ADLs; (8) the importance of the care plan and social history information; (9) skills in working with challenging participants; (10) techniques for simplifying, cueing, and redirecting; and (11) staff support and stress reduction.

An employee or contractor who provides documentation of the completion of a dementia-specific education or training program within the past 12 months is exempt from the education and training requirements listed above.

All personnel employed by or contracting with a dementia-specific program must receive a minimum of 2 hours of dementia-specific continuing education annually direct contact personnel must receive a minimum of 8 hours of dementia-specific continuing education annually.

Location of Licensing, Certification, or Other Requirements

Iowa Administrative Codes and Rules, Chapter 481.70: Adult Day Services. [September 3, 2014]

<https://www.legis.iowa.gov/law/administrativeRules/rules?agency=481&chapter=70&pubDate=09-03-2014>

Iowa Legislature, website, Adult Day Services: Medication Set Up--Administration and Storage of Medications

<https://www.legis.iowa.gov/publications/search/document?fq=id:188450&q=Adult%20day%20services%20Medication>

Home and Community-Based Services Provider Manual, Chapter III: Provider-Specific Policies. Iowa Department of Human Services. [August 1, 2014]

<https://dhs.iowa.gov/sites/default/files/HCBS.pdf>

Information Sources

Amber Franzen
Director
Iowa Adult Day Services Association

Leann Howland
Medicaid
Iowa Department of Human 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	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