

# ILLINOIS

## Overview

Illinois does not require licensing for adult day services (ADS). However, providers that want to serve participants in the Illinois Department on Aging (IDOA) Community Care Program (CCP) or the Department of Human Services/Office of Rehabilitation Services (DHS/ORS) Home Services Program<sup>1</sup> must be certified with IDOA. The services are funded under a 1915(c) Medicaid waiver program. Providers may also contract with the Veteran's Administration to provide ADS, and although it is not compulsory, they are generally required to be certified by the IDOA.<sup>2</sup> Providers serving only private pay participants are not regulated in any way.

IDOA promulgates ADS standards through the state's administrative rules, which are the basis for the regulations described in this profile. Only ADS providers with an IDOA or a DHS/ORS contract are *required* to comply with these standards. The Illinois Adult Day Service Association offers training on the IDOA standards, which provides guidelines for new providers.

## Definitions

**Adult day services** as provided under CCP are defined as the direct care and supervision of adults 60 years of age and over in a community-based setting for the purpose of providing personal attention, and promoting social, physical, and emotional well-being in a structured setting. The service is called *adult day care* (ADC) in the Home Services Program and is defined as the direct care and supervision of people with severe disabilities under age 60 in a community-based setting to promote their social, physical, and emotional well-being.

## Parameters for Who Can Be Served

An ADS provider must furnish services to all CCP participants referred by the Case Coordination Unit except: (1) for participants who do not meet the ADS provider's admission criteria, or current participants whose condition warrants discharge under the ADS provider's discharge criteria; (2) if the CCP care plan is determined to be inappropriate in the provider's professional judgment of the provider; or (3) if the provider requests from IDOA a cap on the number of participants to be served.

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<sup>1</sup> Not all providers accept DHR/ORS participants.

<sup>2</sup> IDOA is the primary third-party payer.

## Inspection and Monitoring

For the CCP, IDOA--or its designee--conducts recertification of each provider agency no less frequently than every 3 years to determine continued compliance with qualifications for the applicable service. Before recertifying a service provider, the department will conduct a performance review.

For the Home Services Program, the DHS/ORS completes a review of each ADC provider at least every 2 years, to ensure compliance with the criteria set forth in the state's administrative rules. The review consists of an on-site assessment conducted by Home Services Program staff.

## 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 <sup>1</sup>
ADL Assistance	X	
Health Education and Counseling	X	
Health Monitoring	X	
Medication Administration	X	
Nursing Services	X	
Physical Therapy, Occupational Therapy, or Speech Therapy		X
Skilled Nursing Services		X
Social Services	X	
Transportation	X	
1. Shopping assistance and escort to medical and social services are also optional services. Reimbursement for costs of optional services is not included in the unit rate paid by the departments.		

## Medication Provisions

An ADS provider must have on file and utilize written procedures to manage storage and administration of medications, including ensuring that prescribed medication is administered by an appropriately licensed professional to those ADS participants who are determined unable to self-administer medications. Judgment of a participant's inability to self-administer medications must be documented by a physician's order or the Case Coordination Unit care plan and/or the ADS care plan by the program nurse.

## Staffing Requirements

**Type of Staff.** An ADS facility must have a *program administrator*. The administrator's responsibilities may be performed by the *program coordinator/director*. If so, only the qualification requirements for program coordinator/director apply. The program coordinator/director must be on duty full-time when participants are in attendance or have a qualified substitute.

Each ADS provider must have adequate personnel in skill and number (a minimum of two staff persons) at the ADS site to provide for program and fiscal administration, nursing and personal care services, nutritional services, planned therapeutic/recreational activities, and to provide or arrange transportation to and from the ADS site. At least two program ADS staff must be certified in cardiovascular pulmonary resuscitation (CPR) and trained in first-aid, and at least one trained staff member must be on-site when participants are present.

A *program nurse* must be a registered nurse (RN) licensed by the state or a licensed practical nurse (LPN) licensed by the state under the supervision of an RN. (The RN may be contractual and must meet with the LPN at least monthly to review care plans and medication administration records, and be available to provide direction as needed.) The program nurse: (1) must be on duty at least one-half of a full-time work period each day when participants are in attendance, either as staff person or on a contractual basis; (2) must be full-time if also serving as the program administrator or program coordinator/director; and (3) must meet the qualifications for a program nurse and fulfill responsibilities for all assigned positions.

*Nutrition staff* (provider-employed or contractual) must include at least one staff member who meets the requirements of the Food Service Sanitation Code and a nutrition consultant/dietitian, either paid or in-kind, who must be licensed by the Department of Financial and Professional Regulation, with experience in an agency setting and who must approve menus for ADS providers to meet requirements stated in the ADS standards.

The ADS team consisting of program coordinator/director and program nurse may include other staff at the option of the program coordinator/director. The following optional staff, either contractual or employed by an ADS provider, must meet the specified qualifications:

- A *social service* worker must be under the direction of the program coordinator/director; if the social service worker function is performed by the program administrator or program coordinator/director, that person must be full-time, and must meet the qualifications for a social worker and fulfill responsibilities for all assigned positions.
- A *medical consultant* must be a physician licensed to practice medicine by the State of Illinois.

- A *rehabilitation consultant* must be licensed, registered, or certified by the Department of Financial and Professional Regulation in a discipline that relates to rehabilitation.

Substitutes for staff positions and/or regularly scheduled volunteers/students/student interns utilized by an ADS provider must have the same personal, health, administrative and professional qualifications as are required of staff for whom they act as substitutes.

**Staffing Ratios.** The minimum ratio of full-time or full-time equivalent staff (qualified ADS staff, trained volunteers, or substitutes) present at the ADS site must be two staff for 1-12 participants, three staff for 13-20 participants, four staff for 21-28 participants, five staff for 29-35 participants, six staff for 36-45 participants, and one additional staff person for each seven additional participants.

Fifty percent or more of a staff member's time must be spent in direct service or supervision on behalf of one or more participants in order to be counted in the ratio. Staff included in the staff-to-participant ratio must include only those who work on-site, are actively involved with participants, and are immediately available in the activity area to meet participants' needs, except during participant drop-off and pick-up times in normal business hours.

## Training Requirements

Adult day services management staff are required to complete ADS management training prior to the award of a CCP ADS contract from the Department of Aging. At a minimum, the provider program administrator, or program coordinator/director--if also functioning as the program administrator--must complete this training.

Each ADS provider is responsible for monitoring and meeting staff training needs. Pre-service training totaling a minimum of 24 hours is required within the first week of employment (exclusive of orientation). A worker may be exempted from pre-service training by the ADS provider if the worker: (1) has had previous documented training equivalent to 24 hours with another CCP agency or in a related field within the past 2 years prior to current employment; or (2) holds a valid, active certified nursing assistant (CNA), RN, or LPN license, and/or has a BA, BS, BSW, or higher degree. Pre-service training must include at least 18 hours of training selected from the following topics:

- Purpose and goals of ADS.
- Facility, environmental, and safety considerations.
- Assistance with activities of daily living.

- Basic principles of personal care.
- Dealing with adverse behaviors: wandering, aggression, mental illness and depression.
- Promoting participant dignity, independence, self-determination, privacy, choice and rights.
- Understanding aging and functionally impaired persons.
- Recognizing participant abuse, neglect and/or exploitation; abuse and neglect prevention and reporting requirements.
- Confidentiality of participant information.
- Communication/interaction skills.
- Universal precautions, blood-borne pathogens and infection control.
- Fire and life safety, including emergency procedures to be implemented under the agency's all hazards disaster operations plan.
- Family dynamics.
- Understanding Alzheimer's disease and dementia.
- Body mechanics and normal range of motion, transfer techniques, and positioning.
- Cultural diversity.
- Recognizing changes in bodily functions that should be reported to the supervisor.
- Nutrition and safe food handling.
- CPR and first-aid.
- Participant activities.
- Respiratory services.
- Use of seclusion and restraints.

A minimum of 12 hours in-service training for continuing education per year is mandatory for all ADS employees, including at least 9 hours of training selected from the pre-service training topics above and the following additional topics:

- Responding to emergency situations, including, but not limited to, site-related emergencies (e.g., late pick-up of participants), participant-related emergencies (e.g., participants leaving the site unattended), choking prevention, and intervention techniques.
- Appropriate and safe techniques in providing assistance with personal care.
- Developing and improving participant-centered activities.
- Modification of the environment to support engagement/well-being.
- Special characteristics of the elderly population; participants' physical, emotional and developmental.
- Chronic illness, death, and dying.
- Medicaid fraud and abuse.
- Understanding advance directives.
- Nutrition and safe food handling.

Pre-service training must fulfill the continuing education requirement for new employees for the first year. Progress toward certification in a related field (e.g., CNA) may be used for up to 3 hours of in-service training per calendar year. Substitutes and volunteers/students/student interns who are not used to meet program requirements are exempt from pre-service and in-service training requirements.

## **Location of Licensing, Certification, or Other Requirements**

*Administrative Code*, Title 89 Social Services, Chapter II: Illinois Department on Aging, Part 240 Community Care Program. Joint Committee on Administrative Rules. [June 25, 2014]

<http://www.ilga.gov/commission/jcar/admincode/089/08900240sections.html>

*Administrative Code*, Title 89 Social Services, Chapter IV: Department of Human Services, Subchapter d: Home Services Program, Part 686 Provider Requirements, Types of Services, Rates of Payment. Joint Committee on Administrative Rules. [June 25, 2014]

<http://www.ilga.gov/commission/jcar/admincode/089/08900686sections.html>

## Information Sources

Staff Member  
Illinois Department on Aging

Kerri Pendley  
Regional Coordinator  
Illinois Adult Day Service Association  
*and*  
Regional Director of Adult Day Services  
Addus HealthCare, Inc.

# 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>