

KANSAS

Overview

The Kansas Department on Aging licenses adult day care (ADC) facilities. Some licensing requirements for adult care homes apply to ADC providers. Kansas covers ADC provided by licensed providers through its Medicaid 1915(c) Frail Elderly Waiver program.

Definitions

Adult day care means any adult care home operating less than 24 hours a day caring for individuals not related within the third degree of relationship to the operator or owner by blood or marriage and who, due to functional impairment, need supervision or assistance with activities of daily living.

The state's definition of "adult care home" encompasses a wide range of settings, including nursing facilities, intermediate care facilities for persons with intellectual and other types of developmental disabilities, assisted living facilities, residential health care facilities, boarding care homes, and ADC facilities.

Parameters for Who Can Be Served

ADC providers cannot serve persons in need of specialized services for mental illness unless they can provide appropriate treatment. Individuals must be admitted under the care of a physician. The Medicaid Frail Elderly Waiver program serves participants 65 years of age or older who would be institutionalized without these services.

Providers may define the target population they wish to serve but cannot admit individuals who:

- are incontinent and will not participate in the management of their incontinence;
- are immobile;
- have any condition requiring a two-person transfer;
- have any behavior symptom that are not manageable; or
- have a clinical condition that requires the use of physical restraints.

Individuals with any of the conditions listed above can be admitted only if their negotiated service agreement includes resources to meet their needs.

Providers may discharge individuals if necessary for their welfare, if their needs cannot be met in the current setting, or if they endanger the safety or health of other individuals.

Inspection and Monitoring

ADC facilities must provide immediate access to a representative of the Secretary of the Kansas Department of Health and Environment or the Kansas Department of Social and Rehabilitation Services. The representative must conduct at least one unannounced inspection of each ADC facility within 15 months of any prior inspection for the purpose of determining whether the adult care facility is complying with applicable statutes, rules, and regulations relating to the health and safety of participants. Surveyors from the Department of Aging and Disability Services must conduct a site visit every 15 months to ensure that a facility complies with construction standards.

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	X	
Medication Administration	X	
Nursing Services	X	
Physical Therapy, Occupational Therapy, or Speech Therapy		X
Skilled Nursing Services	X	
Social Services		X
Transportation		X

Medication Provisions

Self-Administration of Medications. Participants may self-administer and manage medications independently if a licensed nurse has performed an assessment and determined that a participant can safely and accurately do so without staff assistance. Participants who self-administer their medications can use a medication container or syringe pre-filled by a licensed nurse or pharmacist, or by a family member or friend who has provided this service without charge.

An assessment must be completed before a participant initially begins self-administration, annually, and when the participant experiences a significant change of condition. Each assessment must include an evaluation of the participant's physical, cognitive, and functional ability to safely and accurately self-administer and manage medications independently or use a pre-filled medication container or pre-filled syringe.

Self-Administration of Medications with Assistance. Any participant who self-administers medication can select some medications to be administered by a licensed nurse or medication aide. If a facility is responsible for the administration of a participant's medications, the administrator or operator must ensure that all medications and biologicals are administered to that participant in accordance with a medical care provider's written order, professional standards of practice, and each manufacturer's recommendations. Only licensed nurses and medication aides may administer medications for which the facility has responsibility.

Staffing Requirements

Type of Staff. Each ADC facility must have an *administrator* or *operator* who may supervise more than one facility if: (1) each facility is located within a proximate geographical location; (2) the combined participant capacity does not exceed 100 participants; and (3) the administrator or operator ensures that the lack of full-time, on-site supervision of the facility will not adversely affect the health and welfare of participants. The administrator's or operator's responsibilities include the following:

- Planning, organizing, and directing the facility.
- Implementing operational policies and procedures for the facility.
- Authorizing, in writing, a responsible employee who is 18 years old or older to act on the administrator's or operator's behalf in his or her absence.

Each facility must be responsible for ensuring that a *licensed nurse* is available on-site or by telephone to provide immediate direction to *medication aides* and *nurse aides* for participants who have unscheduled needs. The licensed nurse may be employed by the facility or by a home health agency or a hospice. A registered nurse must be available to supervise licensed practical nurses.

Staffing Ratios. The administrator or operator of each ADC facility must ensure the provision of a sufficient number of qualified personnel to provide each participant with services and care in accordance with each participant's functional capacity, health care service plan, and negotiated service agreement.

Training Requirements

Each ADC facility will provide orientation to new employees and regular in-service education for all employees to ensure that the services provided assist participants to attain and maintain their individuality, autonomy, dignity, independence, and ability to make choices. Subjects for in-service education must include: principles of ADC, fire safety, disaster procedures, accident prevention, participant rights, infection control, and prevention of abuse. Facilities admitting participants with dementia must provide in-service education on the treatment of behavioral symptoms.

Location of Licensing, Certification, or Other Requirements

Kansas Medical Assistance Program Provider Manual, Home and Community-Based Services Frail Elderly Waiver Program: Adult Day Care Benefits and Limitations. [November 2012]

https://www.kmap-state-ks.us/Documents/Content/Provider%20Manuals/HCBS%20FE%2011072012_12111.pdf

Statutes and Regulations for the Licensure and Operation of Adult Day Care Facilities. Kansas Department on Aging. [May 29, 2009]

http://www.aging.ks.gov/PolicyInfo_and_Regs/ACH_Current_Regs/ADC_Regs_Complete.pdf

Information Sources

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Regional Manager
State License Facilities
Kansas Department for Aging and Disability 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