

## KENTUCKY

### Overview

The Kentucky Cabinet for Health and Family Services certifies adult day care (ADC), which is a social model, and licenses adult day health care (ADHC), which is a medical model, and promulgates administrative regulations to establish health, safety, and treatment requirements for both models.

ADC certification and associated regulations apply to the publicly-funded Adult Day and Alzheimer's Respite program and the private pay Adult Day and Alzheimer's Respite program. Apart from parameters for who can be served, the requirements described in this profile are the same for both the publicly-funded and private pay programs.

The Cabinet for Health and Family Services pays for ADC services and Alzheimer's respite care in as many Area Development Districts as funding permits through state general funds, such as the Older Americans Act program. Voluntary contributions to cover costs are encouraged and a sliding scale for cost-sharing is used. However, services are not withheld from otherwise eligible individuals who do not voluntarily contribute to their cost.

The Department for Medicaid Services pays for ADHC services under several 1915(c) waiver programs. In addition to licensure, if providers are reimbursed through a waiver program, they must be certified under the provider enrollment process for Medicaid contracting purposes.

All certified ADC centers, whether funded publicly or paid for privately, may also be licensed as ADHC centers.

### Definitions

**Adult day care** is a supportive and therapeutic social program of supervision and care provided to an eligible adult during a part of the day, but for less than 24 hours.

**Alzheimer's respite** is a program of supervision and care provided to a person with Alzheimer's disease or another type of dementia to give caregivers temporary relief from caregiving duties.

All ADC and Alzheimer's respite programs offer help with self-administration of medications, personal care services, self-care training, social activities, and recreation.

**Adult day health care** is a licensed program that provides organized health care for individuals of all ages during specified daytime hours, which may include:

- (1) continuous supervision to ensure that health care needs are being met;
- (2) supervision of self-administration of medications; (3) nursing services that include medication administration for participants who are unable to self-administer;
- (4) provision of personal care services; (5) self-care training; and (6) social and recreational activities.

## Parameters for Who Can Be Served

**Adult Day and Alzheimer's Respite Program.** Participants must be able to respond and participate in program activities without creating health and safety problems for themselves or others. Providers may serve individuals who are age 60 or older and: (1) physically disabled or frail as a result of medical condition or age and need care during part of the day; (2) mentally confused and in need of supervision to prevent injury and ensure proper nutrition and medication use; or (3) who, due to emotional or social needs, may benefit from the individualized attention and social structure these programs offer, which are not otherwise available. Participants may be of any age if they have a diagnosis of probable Alzheimer's disease or another type of dementia, as confirmed by a written statement from a physician.

Only a case manager or participant may decide to terminate adult day and Alzheimer's respite services. The services may be reduced if the participant's condition or support system improves; or a determination that the plan of care specified in the administrative regulation cannot be followed.

**Private Pay Adult Day and Alzheimer's Respite Program.** Participants must meet the age requirements specified in a private pay ADC center's policies and procedures, but must be at least 18 years of age and able to participate in and respond to program activities without creating health and safety risks to themselves or others. A private pay ADC center or participant may decide to terminate ADC and Alzheimer's respite services. Upon discovery of a participant being ineligible for services due to health or safety risks as specified in the administrative regulation, the private pay ADC center must assist in making a referral to another agency, if requested.

**Adult Day Health Care.** These programs may serve aged or disabled persons who are 21 years of age or older, who meet Medicaid's eligibility criteria for waiver program services, and who, without these services, would be admitted to a nursing facility.

Should an ADHC participant's condition become such that a different type of care would be more beneficial, the ADHC provider must make the necessary transfer or referral and advise the Medicaid waiver program of the referral or transfer.

## Inspection and Monitoring

The regional offices of the Division of Health Care are responsible for conducting on-site visits of all health care facilities in the state to determine compliance with applicable licensing regulations and Medicare/Medicaid certification requirements. All inspections of ADC centers are unannounced. Certification renewals of ADC are made every 2 years while licensure renewals for ADHC are made annually.

In addition, the Department for Medicaid Services has contracted with Carewise Health to perform an annual monitoring survey of ADHC centers. Carewise Health sends a monitoring review packet to ADHC providers scheduled for review, which contains the information required during the review to allow providers time to obtain the information needed for a complete documentation record.

## 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 |          |
|---|----------------|----------|-----------------------|----------|
|   | Required       | Optional | Required              | Optional |
| ADL Assistance  | X              |          | X                     |          |
| Health Education and Counseling   |                |          |                       |          |
| Health Monitoring/Health-Related Services   |                |          | X                     |          |
| Medication Administration   |                |          | X                     |          |
| Nursing Services  |                |          | X                     |          |
| Physical Therapy, Occupational Therapy, or Speech Therapy   |                |          | X                     |          |
| Skilled Nursing Services  |                |          | X                     |          |
| Social Services   | X              |          |                       |          |
| Transportation  | X <sup>1</sup> |          | X <sup>2</sup>        |          |
| 1. Providers of ADC are required to assist the family in <i>arranging</i> transportation but do not have to furnish it themselves.<br>2. ADHC providers are required to furnish transportation only for physician's appointments and medical emergencies. |                |          |                       |          |

## Medication Provisions

**Adult Day Care.** A service provider may allow staff to assist participants in self-administration of medications by: (1) reminding a participant when to take medications and observing to ensure that the participant takes the medication as directed; (2) handing the participant's medication to the participant, or if it is difficult for the participant or if the participant requests assistance, opening the unit dose or medication organizer, removing the medication from a medication organizer or unit dose container,

closing the medication organizer, placing the dose in a container, and placing the medication or the container in the participants hand; (3) steadying or guiding a participant's hand while the participant is self-administering medications; or (4) applying non-prescription topical ointments and lotions.

**Adult Day Health Care.** Basic services include monitoring and supervision of self-administered medications. Drugs and treatments must be administered by ADHC staff only as ordered by the physician. ADHC staff must evaluate and monitor all patient medications for possible adverse reactions, significant side effects, drug allergies, and contraindications.

## Staffing Requirements

### **Adult Day Care**

**Type of Staff.** Trained and experienced staff must be present each day of operation.

**Staffing Ratios.** Staffing ratios must be one staff member for each five participants. At least two responsible persons must be at the center, one of whom must be a paid staff member, whenever there is more than one participant in attendance. Whenever participants are at the center, at least one staff member who has completed first-aid training and is currently certified by the American Heart Association or the American Red Cross to perform cardiovascular pulmonary resuscitation (CPR) must be present.

### **Adult Day Health Care**

**Type of Staff.** An ADHC program must have an *administrator* who is responsible for the operation of the facility and delegates such responsibility in his/her absence. An ADHC program must employ or have access to a sufficient number of qualified personnel as may be required to provide the services mandated by the administrative regulation and indicated by the needs of the program's participants. The administrator must designate the person who must be primarily responsible for the coordination and provision of a dietary and activity services. An employee of the program who has direct patient care responsibilities must have current CPR certification from either the American Heart Association or the American Red Cross. The ADHC program may provide required therapy services through a contractual arrangement with a qualified *therapist*.

**Staffing Ratios.** *None identified.*

## Training Requirements

**Adult Day Care.** Staff training must be provided by appropriate qualified professionals. Prior to assuming duties, paid and volunteer personnel must receive a minimum of 6 hours of orientation to the program and center on the following topics: (1) program objectives; (2) program policies and procedures; (3) health, sanitation, emergency and safety codes and procedures; (4) participant confidentiality; and (5) personnel policies and procedures. Policies and procedures must be provided in writing and explained verbally.

Within 1 month of employment, staff must become certified in CPR. Within 3 months of employment, personnel must be provided a minimum of 34 hours of basic training that includes: (1) the aging process; (2) interpersonal communication; (3) personal care; (4) first-aid; (5) identifying and reporting health problems; (6) stress management; (7) recognizing and reporting suspected adult abuse, neglect, or exploitation; and (8) universal blood and body fluid precautions.

In addition to basic training, Alzheimer's respite personnel must be provided training in: (1) dementia; (2) causes and manifestations of dementia; (3) managing the participant with dementia; (4) crisis intervention with combative participants; and (5) effects of dementia on the caregiver. A minimum of 8 hours of annual training to review and update knowledge and skills must be provided.

**Adult Day Health Care.** An ADHC program must conduct an orientation for new employees. The administrator must attend educational programs appropriate to the responsibilities of the position and arrange for other professional personnel to attend appropriate educational programs about supervision and topics related to personal care, activities, nutrition, and other pertinent subjects.

ADHC providers must ensure agency staff are trained in the prevention, identification, and reporting of abuse, neglect, and exploitation. A planned in-service training program must be provided to employees covering policies and procedures pertinent to their roles within the program.

## Location of Licensing, Certification, or Other Requirements

*Program and certification requirements for the Private Pay Adult Day and Alzheimer's Respite Program.* Kentucky Administrative Regulations 910 KAR 1:150. [March 5, 2010]  
<http://www.lrc.ky.gov/kar/910/001/150.htm>

*Program and certification requirements for the Adult Day and Alzheimer's Respite Program.* Kentucky Administrative Regulations 910 KAR 1:160. [March 5, 2010]  
<http://www.lrc.ky.gov/kar/910/001/160.htm>

*Adult Day and Alzheimer's Respite Program Standard Operating Procedures.* Department of Aging and Independent Living. [March 5, 2010]  
<http://chfs.ky.gov/NR/rdonlyres/CF2B2278-BB6A-4FF5-9899-5C9DB717BBC5/0/DAILSOPCH2ADCALZRESPITECombined.pdf>

*Certification of Adult Day Care Centers.* Kentucky Revised Statutes 205.950. [June 20, 2005]  
<http://www.lrc.ky.gov/Statutes/statute.aspx?id=7878>

*Unannounced Inspection of Adult Day Care Centers.* Kentucky Revised Statutes 205.955. [July 14, 1992]  
<http://www.lrc.ky.gov/Statutes/statute.aspx?id=7879>

*Adult Day Health Care Services Manual.* Department for Medicaid Services. Transmittal #1. [May 2005]  
<http://chfs.ky.gov/NR/rdonlyres/154BF44E-EF73-4B88-8DD1-14F47BE945E1/0/ADHManual2005.pdf>

*Technical Amendment. Reimbursement for Home and Community-Based Waiver Services.* Kentucky Administrative Regulations 907 KAR 1:170. [July 16, 2013]  
<http://www.lrc.state.ky.us/kar/907/001/170.htm>

*Operation and Services; Adult Day Health Care Programs.* Kentucky Administrative Regulations 902 KAR 20:066. [June 8, 2001]  
<http://www.lrc.ky.gov/kar/902/020/066.htm>

*Skilled Nursing Services Provided to Medicaid Recipients by Adult Day Health Care Programs.* Kentucky Revised Statutes 205.635. [April 9, 2002]  
<http://www.lrc.ky.gov/Statutes/statute.aspx?id=7776>

*Cabinet to License and Regulate Adult Day Care Health Programs.* Kentucky Revised Statutes 216B.0441. [June 2005]  
<http://www.lrc.ky.gov/Statutes/statute.aspx?id=9194>

*Home and Community-Based Waiver Services.* Kentucky Administrative Regulations 907 KAR 1:160. [July 7, 2008]  
<http://www.lrc.ky.gov/kar/907/001/160.htm>

*General Administration, Programs for the Elderly.* Kentucky Administrative Regulations 910 KAR 1:220. [June 14, 2013]  
<http://www.lrc.ky.gov/kar/910/001/220.htm>

## Information Sources

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Department for Medicaid Services

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Chief Program Officer  
GuardiaCare Services, Inc.

Kelly Upchurch  
President  
Kentucky Association of Adult Day Centers  
*and*  
Staff Member  
Office of Inspector General  
Cabinet for Health and Family 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              | <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> |



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|----------------|---|
| 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> |