

MASSACHUSETTS

Overview

Massachusetts offers three models of adult day services: adult day health (ADH), dementia day services, and supportive day programs--also called social day programs. Beginning May 2015, Massachusetts required licensure for all ADH programs. Licensure is not required for dementia day services and supportive day programs. The licensing rules include suitability requirements and standards for maintenance and operation. Licensing is overseen by the Massachusetts Department of Public Health (DPH).

ADH providers who are reimbursed through the state's Medicaid program--called MassHealth--are additionally regulated and overseen by MassHealth Office of Long-Term Services and Supports. Licensed ADH programs can also provide dementia day programs.

MassHealth reimburses adult day health services (ADHS) providers through the Medicaid State Plan and through the 1915(c) Frail Elder Home and Community-Based Services Waiver program. Services are governed by regulations published in the ADH manual under a contract between MassHealth and the provider. Programs serving participants with cognitive impairments, dementia, or Alzheimer's disease needing complex level of care services must provide the additional services and meet the requirements listed in Appendix D of the ADH manual.

Providers offering dementia day services and supportive day programs can be reimbursed through non-Medicaid public programs that are operated in accordance with program standards issued by the Massachusetts Executive Office of Elder Affairs.¹ Providers must agree to the standards as part of their provider agreement.

The Executive Office of Elder Affairs provides ADH, dementia day and supportive day services as part of the Aging Services non-Medicaid Home Care Program and the Enhanced Community Options Program (ECOP). Both the Home Care Program and ECOP offer care and non-care supports to individuals in their homes but ECOP is targeted for individuals with higher level of care needs. To qualify, eligible seniors must have a need for support services.

¹ Funding sources include Title III Older Americans Act, Caregiver Support Funds, State Funds-Service Incentive Grants, and private foundation grants. Because of limited funding, priority for services is based on how much help a senior needs to perform daily tasks and how many needs are unmet. Seniors with critical unmet needs, such as personal care tasks (e.g., bathing, dressing, etc.), meal preparation and food shopping, and transportation to medical appointments, receive higher priority.

Most adult day programs (ADPs) accept private payment as well as payment from MassHealth, the Home Care Program and ECOP, the Department of Veterans Affairs, and long-term care insurance. As well as the new licensing requirements for ADH programs, the requirements described in this profile include both Medicaid requirements and the standards for supportive day programs issued by the Executive Office of Elder Affairs. (*Revisions to the Medicaid/MassHealth Adult Day Health Program regulations are pending, but not available as of May 15, 2015.*)

Definitions

Adult day programs provide daytime supervision and care for adults in a group setting in the community. They help frail seniors, adults with physical or mental disabilities, and other adults who want or need a structured day program. Different types of ADPs offer different levels of care as described below.

Adult day health programs: (1) provide nursing care, supervision, and health-related support services in a structured group setting to persons 18 years of age or older who have physical, cognitive, or behavioral health impairments; and (2) support families and other caregivers thereby enabling participants to live in the community.

MassHealth further defines three levels of care: Health Promotion and Prevention,² Basic Level of Care, and Complex Level of Care. The level of care provided is based on the participant's care needs. Providers must operate their ADH programs at least Monday through Friday for 8 hours a day. Some programs also operate on weekends. Most programs require participants to attend a minimum of 2 days per week.

Dementia day programs can be provided as part of an ADH program that is reimbursed through Medicaid. In addition to providing regular ADHS, dementia day programs offer specially trained staff, enhanced personal care assistance, secure indoor and outdoor spaces and exits, and "failure-free" activities that promote self-esteem. When a program serves both individuals with dementia and those without, a separate space must be available for the dementia program.

Dementia day services are also provided through the Home Care program in a structured, secure environment for individuals with cognitive disabilities to: (1) maximize the individual's functional capacity; (2) reduce agitation, disruptive behavior, and the need for psychoactive medication; and (3) enhance cognitive functioning.

Supportive day programs provide support services in a group setting to help participants recover and rehabilitate from an acute illness or injury, or to help them manage a chronic illness. The services include social and recreational activities, some assistance with activities of daily living (ADLs), health-related services, social services,

² The Health Promotion and Prevention level is expected to be eliminated when revised MassHealth regulations are promulgated this year.

therapeutic activities, nutrition, and transportation. Supportive day care is for adults who can manage their own personal care and medications. No medical care is provided. Most programs are available Monday through Friday, 6 or more hours per day.

Parameters for Who Can Be Served

Adult Day Health. The definition of ADH program above indicates the parameters for who can be served in these programs. A program may enroll and care for only those participants in need of services and for whom it can provide care and services appropriate to their physical, cognitive, psychosocial, and behavioral needs. A program may not enroll a participant without a written order for services from a primary care provider, who has determined that the program of care is appropriate to meet the participant's needs. A program may also not enroll participants without their written consent or the consent of a legally authorized representative. Furthermore, a participant may only be admitted if he or she has had a physical examination within 12 months prior to enrollment, which has documented the following:

- diagnoses and associated conditions;
- known allergies;
- pertinent findings of a physical exam;
- significant medical history;
- assessment of physical capability, including ADLs;
- assessment of cognitive status; and
- TB screening.

Admission to and reimbursement for dementia-specific programming is based on MassHealth's complex level of care definitions.

Discharge from an ADH program may be initiated by either the provider or the participant. Providers may discharge individuals whose health has improved sufficiently so they no longer need services; or if the safety and/or health of other participants in the program are endangered; or if the intensity of their medical and/or behavioral needs can no longer be met by the ADH program, in which case the provider must arrange for discharge to a more appropriate setting and may not discharge the participant until appropriate services are available.

Supportive Day Program. Providers may serve individuals who are in need of supervision, supportive services, socialization, and minimal assistance with ADLs. Participants may have multiple physical problems, but must be medically stable and not need nursing observation or intervention. Participants may have some cognitive impairment but behavior problems must be able to be handled with redirection and reassurance. Participants must be able to communicate personal needs. Supportive day care personnel reserve the right to discontinue services at any time to participants whose medical, psychological or emotional health changes to the point where they can no longer benefit from the program.

Inspection and Monitoring

Adult Day Health. DPH or its agents may visit and inspect a program or licensure applicant at any time without prior notice in order to determine the program's or applicant's compliance with state law and the licensing regulations.

Supportive Day Programs and Dementia Day Programs. *The Home Care Program regulations did not provide information regarding inspection or monitoring.*

Required and Optional Services

All ADPs 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	Supportive Day Programs		Adult Day Health	
	Required	Optional	Required	Optional
ADL Assistance	X ¹		X	
Health Education and Counseling			X	
Health Monitoring/Health-Related Services	X		X	
Medication Administration			X	
Nursing Services			X	
Physical Therapy, Occupational Therapy, or Speech Therapy			X	
Skilled Nursing Services			X	
Social Services	X		X	
Transportation	X		X ²	
1. The provision of ADL assistance in Supportive Day Care is limited to verbal or visual prompts.				
2. Transportation is a required service only for MassHealth providers.				

Medication Provisions

Supportive Day Programs. Participants are responsible for administering their own medications. Staff will observe all medication self-administration. Participants keep medications on a personal shelf and they must be in the original pharmacy container or a well-marked container with the participant's name, physician's name, medication name, pharmacy name, and dosage.

Adult Day Health. Nursing services for all levels of care provided in ADH programs must include administration of medications and treatments prescribed by the participant's physician during the time the participant is present.

Staffing Requirements

Supportive Day Programs

Type of Staff. The center must provide an adequate number of staff whose qualifications are commensurate with defined job responsibilities to provide essential program functions. Positions include *administrator/program director* and *activities coordinator*. The administrator has full authority and responsibility to plan, staff, direct, implement, and evaluate the program. The administrator or his/her designee must be on-site to provide day-to-day management during the center's hours of operation. The program director must organize, implement, and coordinate the daily operation of the program in accordance with participants' needs and any mandatory requirements. The program director may also fulfill the responsibilities of the administrator.

Staffing Ratios. There must be at least two responsible persons, one a paid staff member, at the center at all times when two or more participants are present. The staff-to-participant ratio must be at least 1:8.

Adult Day Health

Type of Staff. All programs must employ a qualified *program director* and ensure that *licensed nursing staff* are on site all hours of program operation to ensure that preventive measures, treatments, medications, nutritional care, rehabilitation services, therapeutic activities, and related services are carried out, recorded, and reviewed in accordance with participants' assessments and plans of care. A senior staff person may be designated to assume temporary responsibility for a program director in the event that the program director requires an absence longer than a full week. If the program director also serves the program as a registered nurse (RN), the temporary designee may only act in the capacity of program director, unless he or she is a licensed RN.

Adequate staff must be on duty at all times so that participants' health, safety, and care needs are met. At least one RN must be on site at least 6 hours per day for programs with a licensed capacity of 35 or fewer participants; and at least 8 hours per day for programs with a capacity of 36 or more participants. Programs must increase licensed nursing staff by 4 hours for each additional 1-12 participants attending the program.

If the program's average daily census is 24 or more participants, the program must provide a *social worker* for at least 20 hours per week. The program must provide a *therapeutic activity director* on site for at least 4 hours per day. Rehabilitation services must be provided by licensed *physical therapists*, *occupational therapists*, and *speech, hearing, and language therapists*.

The program must ensure that a sufficient number of qualified *direct care staff* and qualified *program aide staff* are available at all times to provide necessary supervision

and assistance for each participant in accordance with participants' needs and plans of care, written policies and procedures, and licensing regulations. The program director will determine volunteers' duties and responsibilities. If a volunteer is to provide direct care, the volunteer must have the same qualifications as direct care staff.

Staffing Ratios. The program must provide at least one direct care staff person per six participants attending the program; one qualified program aide per 12 participants; and at least one licensed nurse per 24 participants. A program aide who performs maintenance, food preparation, or extensive housekeeping tasks during program hours of operation may not be considered a program aide for purposes of meeting minimum staffing requirements. A volunteer may not be counted as a licensed nurse, program aide, social worker, or activity director for the purpose of satisfying the minimum staffing requirements.

In addition to the licensing rules described above, MassHealth contractors must meet the following requirements. Programs must maintain proportionate direct care staff-to-participant ratios to meet participants' needs based on the number of participants requiring each level of care service. For the health promotion and prevention level of care, the ADH provider must maintain a minimum staff-to-participant ratio of 1:8; for basic level of care services, a minimum staffing ratio of 1:6; and for complex level of care services 1:4. For programs specializing in serving participants with dementia, the program must maintain a staff-to-participant ratio of at least 1:4.

Training Requirements

Supportive Day Programs. Staff are trained to identify the signs and indicators of potential abuse. Orientation, in-service training, and evaluations must be provided for all employees and volunteers, including training on the use of standard protocols for handling communicable diseases and infection control.

Adult Day Health. The program must provide an organized orientation program for all new employees that explains job responsibilities, duties, conditions of employment, and relevant participant care policies; and must provide a minimum of 12 hours of relevant in-service training per year for personnel who interact with participants. The in-service training must be relevant to the participant population and to the program's services. In addition, the program must ensure that all personnel are:

- Knowledgeable about participants' medical and behavioral conditions and their cultural diversity, including, but not limited to, race, ethnicity, sexual orientation and gender identity, such that personnel are able to provide care that is appropriate to participants' needs.
- Adequately trained to understand, respond to, and address the needs of participants with Alzheimer's disease and other dementia, training for which must include knowledge about Alzheimer's disease and other dementias; behavior

management skills necessary to respond appropriately to participant behaviors and non-verbal communications; and group process skills in working with special need populations.

All program personnel in direct contact with participants must be trained in emergency procedures, and licensed nurses and program aides must be certified in cardiovascular pulmonary resuscitation and basic first-aid by an approved instructor.

On and after May 1, 2015, a program may not employ any individual for more than 4 months as a program aide unless the individual has demonstrated competence through satisfactory participation in a relevant health care training or competency evaluation; or an RN employed by or under contract with the program has determined that the individual is competent to provide direct care to participants based on the individual's demonstration of competency in basic nursing and nursing-related skills and techniques.

The program must provide at least 40 hours of a combination of classroom and experiential training prior to determining whether the individual is competent to be a program aide by demonstrating competency in the following required skill areas:

- Communication and interpersonal skills.
- Observation, reporting, and documentation of participant status and the care or service furnished.
- Basic infection control procedures.
- Basic delegated nursing and nursing-related skills.
- Maintenance of a clean, safe, and healthy environment.
- Recognizing, responding to, and reporting emergencies, and knowledge of emergency procedures.
- Recognizing participants' physical, emotional, and developmental needs and working in a manner that respects participants, their privacy, and their property.
- Preventing and reporting participant abuse, neglect, mistreatment, and property misappropriation.
- Caring for program participants, including those with Alzheimer's disease and other dementias.

The program must provide each individual who has not been determined competent with at least 8 hours of orientation training regarding the required skills before that individual may provide any direct care to participants.

Location of Licensing, Certification, or Other Requirements

105 CMR: 158: The Licensure of Adult Day Health Programs. Commonwealth of Massachusetts, Department of Public Health. [January 30, 2015]
<http://www.mass.gov/courts/case-legal-res/law-lib/laws-by-source/cmr/100-199cmr/105cmr.html>

MassHealth Transmittal Letter ADH 25. Adult Day Health Manual Revisions. Commonwealth of Massachusetts, Executive Office of Health and Human Services, Office of Medicaid. [March 1, 2010]
<http://www.mass.gov/eohhs/docs/masshealth/transletters-2010/adh-25.pdf>

MassHealth Transmittal Letter ADH 15. Adult Day Health: Appendix D: Dementia Day Service. Commonwealth of Massachusetts, Executive Office of Health and Human Services, Office of Medicaid. [November 1, 2002]
<http://www.mass.gov/eohhs/docs/masshealth/providermanual/appx-d-adh.pdf>

101 CMR: 310.00: Adult Day Health Services. Commonwealth of Massachusetts, Executive Office of Health and Human Services. [October 1, 2012]
<http://www.mass.gov/eohhs/docs/eohhs/eohhs-regs/101-cmr-310-adult-day-health.pdf>

130 CMR: 404.00: Adult Day Health Services. Commonwealth of Massachusetts, Division of Medical Assistance.
<http://www.lawlib.state.ma.us/source/mass/cmr/cmrtxt/130CMR404.pdf>

130 CMR: 450.00: Administrative and Billing Regulations. Commonwealth of Massachusetts, Division of Medical Assistance.
<http://www.lawlib.state.ma.us/source/mass/cmr/cmrtxt/130CMR450.pdf>

651 CMR 3.00 Home Care Program Regulations. Commonwealth of Massachusetts, Executive Office of Elder Affairs. [June 19, 2004]
<http://umassmed.typepad.com/files/651.003.062804.pdf>

A Supportive Day Program Start Up Manual for your Council on Aging. Massachusetts Councils on Aging in Cooperation with Executive Office of Elder Affairs. [October 10, 2008]
<http://www.mcoaonline.com/content/pdf/Supportive-Day-Manual.pdf>

Information Sources

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Adult Day Health and Day Hab. Services
Office of Long-Term Services and Supports
MassHealth

Michele Keefe
Executive Director
Massachusetts Adult Day Services Association

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