

MARYLAND

Overview

Maryland licenses two types of adult day services--adult day care (ADC) and medical day care--through the Office of Health Care Quality in the Department of Health and Mental Hygiene. ADC services are offered and managed by the Department's Office of Health Services through state-funded contracts.

Maryland provides medical day care under the Medicaid State Plan and under the Home and Community-Based Options waiver program. In addition to meeting the same licensing requirements as day care providers, medical day care providers must meet the general requirements for participation in the Medicaid program and the specific requirements for Medicaid's medical day care program.

This profile describes both ADC and medical day care licensing requirements.

The Maryland Department of Aging (MDoA) also offers a small social ADC program called Senior Center Plus--a program of structured group activities and enhanced socialization designed for older adults with mild physical or cognitive impairments. Senior Center Plus providers do not have to be licensed but must meet MDoA certification requirements for zoning and planning, and Medicaid standards if serving waiver participants. Providers licensed to furnish medical day care may also provide Senior Center Plus services.

The level of personal support provided by the Senior Center Plus program is less intensive than medical ADC and no medical care is provided. Currently, the Senior Center Plus program has 32 sites.

Definitions

Adult Day Care

Day care center for adults means a place operated to provide, with or without charge, care for adults with a medical disability. Centers are designated as group day care for four or more adults or as a family home that provides day care for 2-3 adults.

Day care center for the elderly means a place that is operated to provide, with or without charge, care for elderly individuals. Centers are designated as group day care for at least four elderly individuals or as a family home that provides day care for 2-3 elderly individuals.

Elderly individual means an individual who is age 55 years or older who lives alone or with a spouse, relative, or friend; needs temporary care and supervision during part of a day in a protective group setting; and has a disability that prevents gainful employment or the accomplishment of a routine of normal daily activities without assistance, or has a permanent or recurring mental impairment.

Adult with a medical disability means an individual age 16 years or older who lives alone or with a spouse, relative, or friend; has a physical impairment that prevents gainful employment or the accomplishment of a routine of normal daily activities outside an institutional or sheltered environment; or has a permanent or recurring mental impairment that requires domiciliary or institutional care in a sheltered environment.

Medical Day Care

Medical day care means a program of medically supervised, health-related services provided in an ambulatory setting to adults with a medical disability, who due to their degree of impairment, need health maintenance and restorative services to support community living.

Medical day care center means a facility operated for the purpose of providing medical day care services in an ambulatory care setting to adults with a medical disability who do not require 24-hour inpatient care but, due to their degree of impairment, are not capable of full-time independent living.

Waiver participant means a health-impaired adult who is certified by the Department as requiring nursing facility services, but whose illness or disability does not require 24-hour inpatient care, unless medical day care services are not available; and whose disabilities and needs cannot be satisfactorily and totally met in an episodic ambulatory care setting, but require participation at least 1 day a week in a day-long rehabilitative or maintenance ambulatory care program that provides a mix of medical and social services.

Parameters for Who Can Be Served

The target populations include elderly and working-age adults with a medical disability. Parameters for individuals who can be served are specified generally in the definitions of ADC and medical day care (above). Providers may not serve individuals whose needs they cannot realistically meet.

Private pay participants are not required to need a nursing home level of care.

Inspection and Monitoring

Upon application for a license, the Department's authorized representative inspects the proposed facility. A re-inspection is made for license renewal and periodic re-inspections may be conducted by the Department at any time. The Department monitors or inspects ADC and medical day care facilities at least once every 2 years to ensure compliance with the licensing requirements.

Required and Optional Services

All ADC and medical day care 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		Medical Day Care	
	Required	Optional	Required	Optional
ADL Assistance	X		X	
Health Education and Counseling		X	X	
Health Monitoring	X		X	
Medication Administration	X		X	
Nursing Services	X		X	
Physical Therapy, Occupational Therapy, or Speech Therapy		X	X ¹	
Skilled Nursing Services			X	
Social Services		X	X	
Transportation	X		X	

1. Required if specified in an individual's care plan.

Medication Provisions

Providers must have written policies specifying the individual authorized to procure, receive, control, and manage the facility's medication program. Participants who are independently responsible for taking their own medication at home are permitted, if authorized by their physician, to continue to be responsible for taking their own medications during the hours spent in the facility. If any participant requires supervision of medication administration, all federal, state, and local laws, ordinances, standards, and codes must be followed. Staff supervising participants who are self-administering medications must have appropriate training.

Only licensed nurses may give injectable medications. For participants not capable of self-medicating, the individual who is assigned the responsibility of administering medications must prepare the dosage, observe the participant swallowing the oral medication, and document that the participant has taken the medication.

Staffing Requirements

Adult Day Care

Type of Staff. Required staff include a full-time *director*, who may work half-time in each of two facilities if the employing organization operates more than one facility; a half-time *registered nurse* (RN); and a full- or half-time *activities coordinator*. A full-time center director who is a RN may also serve as the RN. If an ADC center is part of another facility, the center must have its own full-time director and program staff.

At least one staff member who is trained in first-aid and cardiovascular pulmonary resuscitation (CPR) must be present at all times at the center, during outings, or during transportation of participants.

Staffing Ratios. The staff-to-participant ratio must be 1:7 exclusive of the director, volunteers, and consultants. Any staff member who does not provide direct care to participants may not be counted when computing the staff ratio.

The Senior Center Plus program requires one staff member to eight participants.

Medical Day Care

Type of Staff. The medical day care center must have adequate staff capability to monitor and appropriately serve participants at all times. At a minimum, the medical day care center must have a full-time *registered nurse*, an *activities coordinator* (full-time or part-time), a *medical social worker* (full-time or part-time), and a *staff physician* (full-time, part-time, or contractual). Additional nursing staff may be required based on the number of participants and their level of impairment.

The provider must designate a *program director* and a *health director*. The program director must be full-time and have either a bachelor's degree or be a RN. The health director may be the RN or the staff physician, if the staff physician is required to be present at least half of the hours the medical day care center is open. Medical services must be supervised by the staff physician.

The composition of the staff depends in part on the number and needs of the participants the program serves. When regular employment--full-time or part-time--is not justified by participants' needs, contractual employees may be used to meet their needs. For mandatory services that the required staff cannot perform, such as physical therapy, occupational therapy, and nutrition, the medical day care center has the option of adding staff or establishing written agreements with licensed specialists.

At least one staff member trained in first-aid and certified in CPR must be on the premises at all times that participants are in attendance.

Staffing Ratios. The medical day care center must have adequate staff capability to monitor and appropriately serve the participants at all times. The staff-to-participant ratio at each center must be a minimum of 1:7.

Training Requirements

The program director must ensure that staff and volunteers receive orientation and training and that an ongoing educational program is planned and conducted for the development and improvement of all personnel's skills, including training related to problems and needs of the elderly--both health-impaired and disabled.

The center must provide a minimum of eight in-service training sessions annually, which must include at least the following topics: (1) prevention and control of infections; (2) fire prevention and emergency safety procedures; (3) accident prevention; (4) care of persons with Alzheimer's disease or other dementias; and (5) recognition and reporting of abuse. When job duties involve the provision of individual care services, employees must receive a minimum of 2 hours of training on cognitive impairment and mental illness within the first 90 days of employment.

First-aid training must be taken from the American Red Cross or another approved comparable source. At a minimum, training must be taken every 3 years. Recertification in CPR must be obtained annually.

Location of Licensing, Certification, or Other Requirements

Annotated Code of Maryland, Title 10, Subtitle 09, Chapter 7: Medical Day Care Services. Department of Health and Mental Hygiene Regulations.
<http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.09.07>

Annotated Code of Maryland, Title 10, Subtitle 12, Chapter 4: Day Care for the Elderly and Adults with a Medical Disability. Department of Health and Mental Hygiene Regulations.
<http://www.dsd.state.md.us/comar/SubtitleSearch.aspx?search=10.12.04>

Annotated Code of Maryland, Title 10, Subtitle 09, Chapter 54: Home and Community-Based Services Options Waiver: Specific Conditions for Provider Participation--Senior Center Plus. Department of Health and Mental Hygiene Regulations.
<http://www.dsd.state.md.us/comar/getfile.aspx?file=10.09.54.07.htm>

FAQs for Adult Medical Care License, Department of Health and Mental Hygiene Regulations.
<http://dhmh.maryland.gov/ohcq/AMDC/docs/AMDC%20-%20License%20FAQ.pdf>

Checklist for Opening an Adult Medical Day Care Center. Department of Health and Mental Hygiene Regulations.
<http://dhmh.maryland.gov/ohcq/AMDC/docs/Checklist%20for%20opening%20an%20Adult%20Medical%20Day%20Care%20Center.pdf>

Information Sources

Victoria Johnson
Adult Waiver Program
Department of Aging
Office of Health and Mental Hygiene

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