

MAINE

Overview

All adult day services (ADS) providers, whether publicly-funded or serving only private pay participants, are required to be licensed by the Maine Department of Health and Human Services (DHHS) Division of Licensing and Certification. DHHS promulgates regulations governing the licensing and functioning of ADS programs. This profile summarizes these regulations, which are applicable to all types of ADS programs.

Maine recognizes three types of ADS programs: adult day health services (ADHS) and social ADS, which differ in scope and intensity of service delivery, and a night program that provides ADS to persons with dementia. Providers may be licensed to offer more than one program, as long as record-keeping is distinct. All licenses are renewed annually.

All types of ADS programs are eligible for reimbursement under MaineCare, the state's Medicaid program, and through non-Medicaid programs.¹ ADHS provided under the Medicaid State Plan program have the same or similar additional requirements as for the 1915(c) Elderly and Adults with Disabilities Waiver program, which are described in this profile.

Definitions

Adult day services is a group program designed to meet the needs of adults who, through an assessment and service plan, are determined to need therapeutic activities, socialization, supervision, support services, assistance with activities of daily living (ADLs), and/or health monitoring. The program is maintained or carried out on a regular basis by a person or persons in a private dwelling or other facility, for any part of a day, for at least 2 hours a day, for more than two adults 19 years of age or older who are not blood relatives and are coming to the facility for up to 7 days a week for the express purpose of participating in the program.

Adult day health services is an ADS program that provides health monitoring and personal care services in addition to a group program of care, therapeutic activities, and supervision. Therapeutic activities means restorative activities designed to maintain or improve the quality of life or delay skill deterioration. Examples of therapeutic activities include those aimed at improving or maintaining gross motor activities, social activities,

¹ Maine has three non-Medicaid programs that support the provision of adult day services: Adult Day Services, In-home and Community Support Services, and Respite Care for Adults with Alzheimer's Disease or Related Disorder.

sensory enhancement activities, crafts, outdoor activities, spiritual activities, and extensive ADL assistance.

The 1915(c) Elderly and Adults with Disabilities Waiver program defines ADHS as health and social services provided to promote the optimal functioning of MaineCare participants. Services are delivered according to an individual care plan at an adult day health (ADH) site for 4 or more hours per day, on a regularly scheduled basis, up to 7 days a week. The hours spent in ADHS count as personal care services.²

Social adult day services are designed to meet the social and supportive service needs of individuals attending the program. This may include socialization, supervision, supportive services and/or limited ADL assistance.

Night programs³ are ADS programs staffed by awake staff and delivered between the hours of 5:00pm and 7:00am to persons with dementia who are awake and participating in activities during some of those hours. A night program may be offered by either a social ADS program or an ADHS program, but it must have applied for--and received--a license to provide a night program. Requirements are the same as for programs offered between 7:00am and 5:00pm.

A participant may attend a night program up to seven times per week if he or she is not attending the daytime program for either ADH or social ADS. Participants in both a daytime program and a night program are limited to seven dates of participation in a 7-day period. At no time should an ADS program provide 24-consecutive-hour services to a participant.

Parameters for Who Can Be Served

The definitions of ADS, ADHS and social ADS above and the list of services provided indicate the parameters for who can be served in these programs. Providers may discharge participants if they endanger the safety and/or health of other program participants.

In addition, to be eligible for the three non-Medicaid programs and for MaineCare, individuals must have a recognized or diagnosed need verified through a standard functional assessment (Medical Eligibility Determination Form).

² Personal Support Services, also known as personal care services, are assistance with ADLs and instrumental ADLs, and health maintenance activities provided in a participant's residence by a home health aide, certified nursing assistant, or personal support specialist, as appropriate, in accordance with an authorized plan of care. If a waiver participant qualifies for personal support services, the time spent in an ADS program is counted as personal support services.

³ At the time this summary was written, no ADS participants were using night programs.

Inspection and Monitoring

DHHS is responsible for evaluating the adequacy of care provided and the adequacy of the site. The Department may make unannounced visits to evaluate compliance with regulations and to talk privately with participants.

Medicaid requires ongoing monitoring by the DHHS, Office of Aging and Disability Services, which includes site visits to the Assessing Services Agency (ASA)⁴ and the Service Coordination Agency (SCA)⁵ and visits to a sample of participants. The Department monitors the ASA's and SCA's compliance with the waiver program document, regulations, and contract performance.

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		Adult Day Health Services	
	Required	Optional	Required	Optional
ADL Assistance	X ¹		X ²	
Health Education and Counseling				X
Health Monitoring/Health-Related Services			X	
Medication Administration		X	X	
Nursing Services			X	
Physical Therapy, Occupational Therapy, or Speech Therapy				X
Skilled Nursing Services			X	
Social Services				X
Transportation				
1. Limited assistance.				
2. Extensive assistance.				

Optional services, if required by the participant's authorized care plan, can be reimbursed by various payers. For example, for participants dually-eligible for Medicare and Medicaid, Medicare--as first payer--could pay for the various therapies, counseling, and social services. Otherwise, under the Medicaid waiver program, participants can choose from a menu of services up to the amount of their waiver cost cap. These services are organized by a SCA that is not a provider of direct service.

⁴ ASA is an Authorized Agent of the Department, responsible for medical eligibility determinations, care plan development, and authorization of covered services.

⁵ SCA is an organization that has the capacity to provide Care Coordination to eligible participants, and has met the MaineCare provider enrollment requirements of the department. In addition to Care Coordination, the SCA is responsible for administrative functions, including but not limited to, maintaining participant records, submitting claims, conducting internal utilization and quality assurance activities, and meeting the reporting requirements of the department.

Medication Provisions

Participants may keep medications that they self-administer as long as they can self-administer appropriately and their possession of medications poses no danger to other participants.

Providers may assist with medication if requested in writing by participants or their designated representative on a form approved by the DHHS. No medication may be administered without a written order signed by a duly authorized practitioner or person licensed to prescribe medications. A person qualified to administer medications must be on site at the facility whenever a participant has medications prescribed “as needed” if this medication is not self-administered.

Unlicensed employees who are certified as *residential medication aides* may administer medications only if: (1) they have completed, at a minimum, the certified residential medication aide (CRMA) training curriculum within the previous 12 months; or (2) were employed in a health care setting during the previous 12 months where medication administration was part of their responsibilities. All certified assistive personnel administering medications and/or treatments must complete a DHHS-approved 8-hour refresher course every 2 years for recertification within 2 years of the original certification.

No injectable medications may be administered by an unlicensed person, with the exception of bee sting kits and insulin. Before administration of injectable bee sting kits or insulin, unlicensed persons must be trained by a registered nurse (RN). The training that is required is an in-service training delivered to unlicensed staff previously trained through the CRMA training curriculum, also delivered by an RN. Documentation of the training must be included in the employee’s record.

Staffing Requirements

Type of Staff. The *program administrator* is responsible for the development, coordination, supervision, fiscal management, and evaluation of services provided at the ADS program. When the administrator is not on site for at least 50 percent of the hours of operation, the administrator must appoint an individual to be responsible for site operation and management during those hours of operation. The program must employ the number of persons needed to carry out regulatory requirements.

Medicaid mandates that ADHS be provided by the following qualified professional staff in accordance with the individual written care plan: *registered nurse, practical nurse, social worker, physical therapist, occupational therapist (registered), and speech-language pathologist*. These staff may be employees or consultants. Other qualified staff may include certified nursing assistants and other service aides and assistants who

provide services appropriate to their level of training under the supervision of a licensed professional, who may be a consultant.

Staffing Ratios. ADS programs must maintain a minimum staff-to-participant ratio of 1:6 at all times when participants are present. Programs with 3-6 participants must maintain a second staff person to be on call and available for emergencies at all times that participants are present. DHHS may require additional staff based on participants' needs. Volunteers may be included in the staff ratio only when they conform to the same standards and requirements as paid staff, meet the job qualifications, and have designated responsibilities.

Training Requirements

There must be an orientation program for all new employees and volunteers that includes a review of applicable program policies, participant rights, emergency procedures and fire safety, job description and related responsibilities, confidentiality, communication skills, needs of the population served, elder abuse reporting, standard precautions, and licensing regulations.

The program must provide annually at least 6 hours of education and training for part-time (20 hours or less a week) staff and volunteers, and 12 hours for full-time staff and volunteers who meet the job qualification standards and have designated responsibilities for 21 hours a week or more. Required topics include participant rights, emergency preparedness, body mechanics, choking prevention and intervention techniques, workplace safety, basic nutrition and food safety, first-aid, and behavioral interventions and specific training for services related to participants with cognitive impairments and other diagnosed conditions (e.g., Parkinson's disease).

Location of Licensing, Certification, or Other Requirements

Maine.gov website: Licensing Rules. Select Adult Day Service Programs for *Regulations Governing the Licensing and Functioning of Adult Day Services Programs*, 10-144, Chapter 117. DHHS, Division of Licensing and Certification, Community Services Programs. [January 4, 2006]

<http://www.maine.gov/dhhs/dlrs/licensing-rules.html>

MaineCare Benefits Manual, Chapter II, Section 19: Home and Community Benefits for the Elderly and for Adults with Disabilities. DHHS, Bureau of Medical Services. [August 8, 2013]

<http://www.maine.gov/sos/cec/rules/10/ch101.htm>

MaineCare Benefits Manual, Chapter II, Section 26: Day Health Services. DHHS, Bureau of Medical Services. [August 5, 2005]

<http://www.maine.gov/dhhs/audit/rate-setting/documents/S26P08052005.pdf>

Section 61: Adult Day Services. *Bureau of Elder and Adult Services Policy Manual*. [November 1, 1997]

<http://www.maine.gov/sos/cec/rules/10/149/149c5-61.doc>

Section 63: *In-home and Community Support Services*. 10-149, Chapter V: Office of Elder Services Policy Manual.

<http://www.maine.gov/sos/cec/rules/10/149/149c5-63.doc>

Section 68: *Respite Care for Adults with Alzheimer's Disease or Related Disorders*. Office of Elder Services Policy Manual. [February 1, 2009]

<http://www.maine.gov/sos/cec/rules/10/149/149c5-68.doc>

Department of Health and Human Services website, Licensing and Regulatory Services: *Certified Residential Medication Aide (CRMA)*

https://gateway.maine.gov/dhhs-apps/assisted/crma_overview.asp

Information Sources

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DHHS Office of 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