

MICHIGAN

Overview

Michigan does not license or certify adult day services (ADS) and dementia adult day care (ADC), but providers of services funded by the Michigan Office of Services to the Aging (OSA) must comply with OSA's operating standards. ADS and dementia ADC may be provided only under an approved area plan through a formal contractual agreement between an Area Agency on Aging (AAA) and the provider.

ADS and dementia ADC are covered under a Medicaid 1915(c) waiver program and are called adult day health services (ADHS). The Medicaid waiver program's contractual requirements for ADHS adopt many elements from the OSA standards (e.g., admission criteria). Providers must meet the waiver program requirements for both types of care as well as the OSA's operating standards (the state has additional standards for dementia ADC), which are described in this profile.

Definitions

Adult day services is care provided for any part of a day, but less than 24 hours, to functionally and/or cognitively impaired elderly persons. It is provided through a structured program of social and rehabilitative and/or maintenance services in a supportive group setting other than the participant's home.

Dementia adult day care is care provided for any part of a day, but less than 24 hours, to older persons with dementia. It is provided through a structured program of social and rehabilitative and/or maintenance services in a supportive or group setting other than the participant's home.

Adult day health services means services furnished 4 or more hours per day on a regularly scheduled basis, for 1 or more days per week, or as specified in the service plan, in a non-institutional, community-based setting, encompassing both health and social services needed to ensure a participant's optimal functioning. Physical, occupational, and speech therapies may be furnished as component parts of this service. Transportation between the participant's place of residence and the adult day health center is provided as a component part of this service.

Parameters for Who Can Be Served

Adult day services providers may serve participants who:

- Require regular supervision in order to live in their own homes or the home of a relative.
- Require assistance with activities of daily living (ADLs).
- Are capable of leaving their residence, with assistance, to receive services.
- Need intervention in the form of enrichment and opportunities for social activities in order to prevent and/or postpone deterioration that would likely lead to institutionalization.
- Require a substitute caregiver while their regular caregiver is in need of relief or otherwise unavailable.

Dementia adult day care providers may serve individuals who:

- Have a diagnosis of Alzheimer's disease or another type of dementia.
- Have significant impairments in cognition, communication, and ADLs.
- Are responsive to redirection and other supportive verbal interventions when angry, anxious, lost, or upset.
- May require one or more of the following: (1) modifications in environmental cues, communication approach, and task breakdown to enhance comprehension and participation in identified activities; (2) supervision to maintain personal safety; (3) hands-on assistance to perform toileting, grooming, hygiene, and bathing.
- Do not have an acute medical illness.
- Are free of communicable respiratory diseases and hepatitis.

The participant's family must understand and be willing to comply with program policies related to participation in service planning, communication of status changes, and planned absences.

Providers may not serve individuals who have an acute medical illness, a communicable respiratory disease, or hepatitis.

Inspection and Monitoring

Programs that receive federal and state funding through OSA are monitored at least once a year by an AAA to ensure compliance with its minimum operating standards. Medicaid waiver program services providers are monitored according to Medicaid requirements.

Required and Optional Services

All ADS and dementia 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.

The Medicaid waiver program also requires dementia ADC programs to provide:

- Outreach services to non-enrolled families through home visits, follow-up phone calls, and dissemination of printed materials that clearly describe the program's services.
- Opportunities for caregivers to discuss concerns, feelings, physical care and stress management techniques via case consultation, care conferences, or supportive counseling.
- Caregiver information and education about dementia or assistance for caregivers in obtaining it through referral to local self-help organizations or dementia resource libraries.
- Referrals to other support services as needed, such as family support groups of the Alzheimer's Association, Parkinson's and Huntington's Disease Foundations; in-home, congregate and overnight respite; home-based nursing and personal care services; benefit entitlement programs; and brain autopsy services.

Medicaid providers must also ensure the availability of crisis response services for persons with dementia and their families. If this service is not provided directly by the host agency, the agency must have a formal arrangement with the local community mental health board or center to provide the service.

| Required and Optional Services | Adult Day Services | | Dementia Adult Day Care | |
|---|-----------------------|-----------------------|-------------------------|----------|
| | Required ¹ | Optional ² | Required | Optional |
| ADL Assistance | X | | X | |
| Health Education and Counseling | | X | | X |
| Health Monitoring | | X | | X |
| Medication Administration | | | | |
| Nursing Services | | X | | X |
| Physical Therapy, Occupational Therapy, or Speech Therapy | | X | | X |
| Skilled Nursing Services | | X | | X |
| Social Services | | | | X |
| Transportation | X | | X | |

1. Care coordination is also a required service.
2. Other optional services are medical support, dental, podiatric, and ophthalmologic.

Medication Provisions

Each program must establish written policies and procedures (reviewed and approved by a consulting pharmacist, physician, or registered nurse [RN]) that govern staff assistance to help participants take their own medications while participating in the program. The policies and procedures must minimally address: (1) written consent from the participant or participant's representative to receive assistance in taking medications; (2) the training and authority of staff to assist participants with taking their own prescription or non-prescription medications and under what conditions such assistance may take place; and (3) procedures for medication setup.

Staffing Requirements

Adult Day Services

Type of staff. Each ADC program must employ a full-time *program director*. Health support services may be provided only under the supervision of a *registered nurse*.

Staffing Ratios. The program must continually provide support staff at a ratio of no less than one staff person for each ten participants.

Dementia Adult Day Care

Type of Staff. Each dementia program must have a *coordinator* with both formal education and prior work experience commensurate with the responsibilities of program development and operation; supervision and training of staff; interagency relations; and coordination and maintenance of all administrative, program and participant records.

All program personnel must be knowledgeable about Alzheimer's disease and other dementias and demonstrate the ability to communicate effectively with participants who have dementia. The program must arrange to use *program consultants* such as

medical and mental health professionals, environmental specialists, and other therapists as necessary.

Dementia ADC programs must work toward developing¹ the following as necessary: (1) an RN (or *licensed practical nurse* under RN supervision) to provide physical health and support services a minimum of 4 hours per month; (2) a *social worker* or *certified counselor* for a minimum of 4 hours per month to provide counseling and assist participants to obtain other services as needed; (3) arrangements to obtain cognitive and psychiatric specialists to evaluate difficult behaviors and to develop alternative interventions for caregivers to try; and (4) arrangements to obtain physical, speech, and occupational therapies.

Staffing Ratios. Dementia ADC programs must have a minimum staff/volunteer/student-to-participant ratio of 1:3. At least one staff must be on-site at all times when participants are in attendance.

Training Requirements

Both ADC staff and dementia ADC staff must receive orientation training that includes, in addition to the topics specified in the general requirements for all services programs, assessment/observation skills and basic first-aid.

Adult Day Services. Program staff must receive in-service training at least twice each year, which is specifically designed to increase their knowledge and understanding of the program, aging process issues, and to improve their skills in providing services. Topics addressed under the aging process may include, though are not limited to: cultural diversity, dementia, cognitive impairment, mental illness, abuse and exploitation.

Dementia Adult Day Care. All programs must have a formal staff development program. Dementia ADC program staff must be trained in crisis procedures. Inexperienced personnel must complete dementia care training prior to being scheduled to work with participants. All staff must complete an initial training program that includes content in the following areas: normal aging versus Alzheimer's disease and other types of dementia; the impact of Alzheimer's disease and other dementias on the person with dementia and family caregivers; and communication enhancement techniques.

After completing the initial training, all personnel must attend, at a minimum, two in-service training programs per year. All programs must have specific training for volunteers and students in the areas listed above and in assessment, management of difficult behaviors, and physical care techniques related to providing ADL assistance.

¹ The phrase "must work toward developing" is used so providers have flexibility with regard to staffing. The state did not want to require dementia ADC providers to hire the named staff, but to work towards having them if participants required their services.

Location of Licensing, Certification, or Other Requirements

Operating Standards for Service Programs, Chapter III-C 1 and 2: Adult Day Services and Dementia Adult Day Care. Michigan Office of Services to the Aging. [January 18, 2008]
http://www.michigan.gov/documents/miseniors/OperatingStandardsServicePrograms_222072_7.pdf

Minimum Operating Standards for MI Choice Waiver Program Services, Section III: Specific Operating Standards, Adult Day Health. Michigan Department of Community Health. [October 1, 2011]
<http://hhshealthoptions.org/providertools/WaiverStandards.pdf>

Information Sources

Sally Steiner, LMSW
Michigan Office of Services to the Aging

Linda Gibson
Michigan 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.]

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| 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 |

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| 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 |