

MINNESOTA

Overview

Minnesota requires licensure for all adult day services (ADS), regardless of funding source. The services may be provided in a center or in a family home licensed to provide such services. A family ADS license may only be issued when the services are provided in the license holder's primary residence, and the license holder is the primary provider of care serving a maximum of eight adults at one time, including residents, if any.

The state pays for ADS provided to individuals aged 65 or older through the Medicaid 1915(c) Elderly Waiver program, and for individuals aged 0-64 through several other 1915(c) waivers. ADS are also available to dually-eligible Medicaid/ Medicare enrollees through the Minnesota Senior Care Project, under a Medicaid 1915(b) Home and Community-Based Services waiver.¹

In addition, ADS are provided to individuals 65 or older through the Alternative Care program, which is a non-Medicaid program² intended to reduce Medicaid-funded nursing home placements. Services can be provided free of charge or according to a sliding fee scale, up to 30 percent of the full cost of services.

Both the Elderly Waiver and the Alternative Care programs are overseen by the Department of Human Services, Aging and Adult Services Division. ADS providers must enroll with Minnesota Health Care Programs and meet specific standards in order to receive payment for services. This profile describes these standards as well as the state's licensing requirements.

Definitions

Adult day services are programs that provide functionally impaired adults with an individualized and coordinated set of services--including health services, social services, and nutritional services--that are directed at maintaining or improving participants' capabilities for self-care. Services must be furnished on a regularly scheduled basis 2 or more hours per day, but not more than 12 hours in a continuous 24-hour period, for 1 or more days per week.

¹ All waiver program participants aged 65 or older must receive services through one of two managed care organizations--Minnesota Senior Care Plus or Minnesota Senior Health Options.

² Alternative Care is also part of a demonstration program--Minnesota Long Term Care Realignment Section 1115 waiver--receiving federal financial participation since December 2013.

Adult day services center means a facility that provides ADS on a regular basis for periods of less than 24 hours a day in a setting other than a participant's home or the residence of the facility operator. An identifiable unit in a licensed nursing home, hospital, or boarding care home that regularly provides day care at any given time for six or more functionally impaired adults who are not residents or patients of the nursing home, hospital, or boarding care home, must be licensed as an ADS center.

Parameters for Who Can Be Served

ADS are provided to functionally impaired adults, which is defined as having: (1) a condition that is characterized by substantial difficulty in carrying out one or more of the essential major activities of daily living (ADLs), performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working; or (2) a thought or mood disorder that significantly impairs judgment, behavior, capacity to recognize reality, ability to cope with the ordinary demands of life, and that requires support to maintain independence in the community.

A center must have available for review, and must distribute to participants and their caregivers upon admission, a description of conditions that the center is not prepared to accept (e.g., a communicable disease requiring isolation, a history of violence to self or others, unmanageable incontinence, or uncontrollable wandering).

Inspection and Monitoring

Facilities must receive a compliance monitoring visit 24 months after the effective date of the initial license. Unless otherwise specified in statute, the commissioner may conduct routine inspections every 2 years. Where appropriate and feasible, the commissioner may identify and implement alternative methods of regulation and enforcement, including the use of an abbreviated inspection that employs key standards that have been shown to predict full compliance with the rules. Where administratively feasible and appropriate, the commissioner may work with the commissioners of health, public safety, administration, and education in conducting joint agency inspections of programs.

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	
	Required	Optional ¹
ADL Assistance	X	
Health Education and Counseling	X	
Health Monitoring/Health-Related Services	X	
Medication Administration	X	
Nursing Services		
Physical Therapy, Occupational Therapy, or Speech Therapy		
Skilled Nursing Services		
Social Services	X	
Transportation		X ²
<p>1. A waiver participant may also receive a bath provided by an ADS provider. The reason for not providing a bath in the participant's home must be documented in the community support plan. This service is limited to two 15-minute units of service per day.</p> <p>2. If a center provides transportation, the maximum allowable transportation time for any participant being transported by a center vehicle between the participant's home and the center is 90 minutes, one way. The cost of transportation is not included in the reimbursement rate under the Elderly Waiver or Alternative Care programs and must be authorized as a separate service by the case manager.</p>		

Medication Provisions

Medication assistance means assisting participants to take medication and monitoring the effects of medication but does not include administering injections.

An employee, other than a physician, registered pharmacist, registered nurse (RN), or licensed practical nurse, who is responsible for medication assistance must provide a certificate verifying successful completion of a trained medication aid program for unlicensed personnel approved by the Minnesota Department of Health or must be trained by an RN to provide medication assistance in accordance with the relevant state rules.

Staffing Requirements

Type of Staff. The *center director* is responsible for managing the daily affairs of the center. In the temporary absence of the center director, a staff member must be designated to supervise the center. A person trained in basic first-aid and certified in cardiovascular pulmonary resuscitation and the treatment of obstructed airways must be present at all times.

ADS centers must offer health services developed in consultation with a *registered nurse*, who must review the health services at least monthly. The provision of health services must be preceded by the development of policies and monitoring procedures for participant self-administration of medications, for training and supervising unlicensed personnel who provide medication assistance, and for supervising staff distribution of medication.

Staffing Ratios. When an ADS center serves both participants who are capable of taking appropriate action for self-preservation under emergency conditions and

participants who are not capable, the center must maintain a staff-to-participant ratio of one staff member present for every five participants present who are not capable of self-preservation and one staff member present for every eight participants present who are capable of self-preservation.

Only those employees whose primary center duties, as defined in their job descriptions, are to work directly with participants by providing care, supervision, and assistance in achieving care plan objectives must be counted as staff members in calculating the staff-to-participant ratio. A volunteer may be counted as a staff member in calculating the ratio if the volunteer meets the same standards and requirements as paid staff.

Training Requirements

ADS centers must provide all center employees with 20 hours of orientation within the employee's first 40 hours of employment. At least 4 hours of supervised orientation must be provided before employees work directly with center participants. The orientation must include training related to the kinds of functional impairments of current center participants and safety requirements and procedures. A center must provide a minimum of 8 hours in-service training annually in areas related to the care of center participants, including the provision of medication assistance.

ADS centers that serve persons with Alzheimer's disease or related disorders must ensure that the facility's direct care staff and their supervisors are trained in dementia care. Areas of required training include: (1) an explanation of Alzheimer's disease and other dementias; (2) ADL assistance; (3) problem solving with challenging behaviors; and (4) communication skills. The center must provide to participants, in written or electronic form, a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered.

Location of Licensing, Certification, or Other Requirements

Minnesota Administrative Rules, Chapter 9555: Social Services for Adults (Parts 9555.9600 to 9555.9730: Adult Day Care Center or Adult Day Services Center Licensure). Minnesota Department of Human Services. [October 8, 2007 and August 12, 2013]
<https://www.revisor.mn.gov/rules/?id=9555>

Minnesota Statutes, Chapter 245A: Human Services Licensing Act. [2013]
https://www.revisor.mn.gov/statutes/?id=245A&view=chapter&year=2013&keyword_type=all&keyword=Adult+day#stat.245A.02

Minnesota Statutes, Chapter 256B.0919: Adult Foster Care and Family Adult Day Care. [2013]
https://www.revisor.mn.gov/statutes/?id=256B.0919&year=2013&keyword_type=exact&keyword=adult+day

Minnesota Statutes, Chapter 245A.143: Family Adult Day Services.

https://www.revisor.mn.gov/statutes/?id=245A.143&year=2013&keyword_type=all&keyword=Adult+day

Minnesota Health Care Programs Provider Manual, Elderly Waiver and the Alternative Care Program. Minnesota Department of Human Services. [March 4, 2014]

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_056766#

Minnesota Department of Human Services website: Minnesota Health Care Programs Enrolled Providers--Home and Community-Based Waiver and Alternative Care Programs Services. [June 25, 2014]

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_143093

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=id_056766

Information Sources

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Manager
HCBS Policy Integration for Seniors
Aging and Adult Services Division
Department of Human 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