

OKLAHOMA

Overview

All adult day services (ADS) centers, including those that serve only private pay participants, must be licensed by the Oklahoma Department of Health.¹ In addition, administrators of health care facilities, including ADS centers, are required to be licensed by the Oklahoma State Board of Examiners for Long-Term Care Administrators.

ADS are reimbursed through the non-Medicaid Aging Services program of the Oklahoma Department of Human Services (DHS). In addition to licensure, providers are required to have a contract with the DHS Aging Services Division in accordance with the Department's minimum standards for ADS, which are provided with the contract.

The state also reimburses ADS--called adult day health care (ADHC)--through the Medicaid 1915(c) ADvantage waiver program. This program serves frail elderly individuals age 65 or older and adults age 21 or older with physical disabilities, who do not have mental retardation or a cognitive impairment. The state has additional waiver programs that provide ADHC for other populations.

In addition to licensure, ADHC providers reimbursed through the ADvantage Program must have a Medicaid contract with the Oklahoma Health Care Authority and a current ADvantage Program certification.

The provisions in this profile are from the state's licensing requirements, the DHS Aging Services Division's minimum standards for ADS, and the ADvantage Program provider standards for ADHC.

Definitions

Adult day services are designed to meet the needs of elderly and disabled persons through an individual care plan. Services are provided in a community-based structured and comprehensive daytime program that serves functionally impaired adults who cannot take care of themselves and who continue to live in their own homes, usually with the aid of family caregivers. Basic services include supervision, assistance with activities of daily living, planned activities, social services, nutritious meals, and emergency and first-aid services.

¹ Licensing and other regulations use the term adult day care, whereas state staff and providers prefer the term ADS, which is used in this profile.

Adult day services center means a distinct entity, either freestanding or a separate program of a larger organization with a separately verifiable staff, space, budget, and participant record system. The term ADS center does not include retirement centers and senior citizen centers.

Adult day health care as provided under the ADvantage waiver program means services furnished on a regularly scheduled basis, for 1 or more days per week, in a community setting, encompassing both health and social services needed to ensure the optimal functioning of the individual. Services are authorized in 15-minute units, with no more than 24 units (6 hours) authorized per day.

Parameters for Who Can Be Served

ADS centers serve functionally impaired adults, defined as an individual age 18 years or older who requires care and/or supervision. Each center must have written enrollment policies that contain admission criteria to define the participants who can be served by the center and that prohibit enrollment of persons whose needs exceed the capability of the center's program, as well as persons excluded by statute. The provider may discharge participants whose continued attendance would infringe on the safety or well-being of other participants or staff.

Inspection and Monitoring

Licenses must be renewed annually. The Department of Health inspects each ADS center to determine compliance with the licensing rules and ADS standards. Inspections are conducted at least annually and whenever deemed necessary by the Department. The DHS Aging Services Division also conducts annual site visits to determine compliance with provider contract requirements.

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.

Service enhancements to ADHC include personal care (assistance with bathing and associated hair and nail care authorized to maintain health and safety) and skilled therapies (physical, occupational, speech and respiratory), which are furnished as component parts of ADHC when indicated in an individual's service plan, but are billed as additional units of service.

Required and Optional Services	Adult Day Services	
	Required	Optional
ADL Assistance	X	
Health Education and Counseling	X	
Health Monitoring/Health-Related Services	X	
Medication Administration	X	
Nursing Services	X	
Physical Therapy, Occupational Therapy, or Speech Therapy		X
Skilled Nursing Services		X
Social Services	X	
Transportation	X ¹	
1. Non-Medicaid ADS centers are required to provide, formally arrange, or contract for transportation; however, it is not a provided service under the ADvantage waiver Program.		

Medication Provisions

Policies and procedures for self-administration and staff administration of medication must be developed and implemented. Participants are encouraged to retain and administer their own medications while attending the ADS program. Centers that administer medication must have a registered nurse (RN), licensed practical nurse (LPN), certified medication aide (CMA), or a medication administration technician (MAT) who has successfully completed a course of training in medication administration approved by the Department of Health. Monthly consultation by an RN or LPN is required for centers where medications are administered by a CMA or MAT.

Staffing Requirements

Type of Staff. Each ADS center must have the following staff: a *licensed director* with the authority and responsibility for managing and implementing the day care program, an *activity director*, a *social services coordinator* or *case manager*, and a *dietary supervisor*. Centers that are a part of a larger organization that provides food service to the center or centers that contract with an outside service for food service may employ a part-time dietary supervisor. Each ADS center must have an adequate number of staff who are appropriately qualified and trained to provide the center's essential services and must employ additional staff, such as nurses, therapists, consultants, and drivers, as needed.

Nurses employed by the center must be either a RN or a licensed vocational nurse/LPN, currently licensed by Oklahoma, with experience working with aged and chronically impaired adults. *Physical therapists, occupational therapists, recreational therapists, and speech therapists* who provide services to the center and/or its participants must have valid state credentials. Staff may work independently under the directions of a licensed therapist.

The ADvantage Program standards require that therapy services ordered by a physician be provided by licensed physical, occupational, respiratory, and/or speech

therapists, or by an appropriate certified therapy aide working under the direction of the licensed therapist.

Staffing Ratios. At least two responsible persons must be at the center when participants are present, one of whom must be a staff member, and a sufficient number of direct care staff must be on duty at all times to meet the needs of each participant. A minimum of one full-time equivalent direct care staff person is required for every eight participants who are present and one additional direct care staff person for eight additional participants or part thereof. Programs serving a high percentage of participants who are severely impaired must have a staff-to-participant ratio of 1:4. Volunteer staff who are counted in the staffing ratio must be qualified by training and/or experience to perform duties and responsibilities required by the written job description.

Training Requirements

All staff, prior to performing job responsibilities, including non-direct care staff, direct care staff, and volunteers, must be given a general orientation to the program and its policies and to fire, safety, and emergency procedures. In-service training for each staff person must be provided quarterly.

ADHC providers must ensure that all direct care employees have completed an ADvantage Program-approved training program that incorporates the agency's Service Delivery Principles and a Bill of Consumer Assurances.

Location of Licensing, Certification, or Other Requirements

Oklahoma State Department of Health website links for Adult Day Care Center Licensure.
http://www.ok.gov/health/Protective_Health/Health_Resources_Development_Service/Health_Facility_Systems_/Adult_Day_Care_Center_Licensure/

Oklahoma Administrative Code, Title 310, Chapter 605: Adult Day Care Centers. Oklahoma State Department of Health. [July 7, 2004]
<http://www.ok.gov/health2/documents/HRDS%20-Chapter%20605%20Adultdaycarerules.pdf>

Oklahoma Statutes, Adult Day Care Act, Title 63, Section 1-870 et seq. [November 1, 2007]
<http://www.ok.gov/health2/documents/HRDS%20Chapter%20605Adultdaycareact%201107.pdf>

ADvantage Program Service Standards. [July 2007]
http://advantage.ok.gov/Documents/ADvantage%20Program%20Service%20Standards_July%202007.pdf

Provider letter regarding certification of adult day care administrators from the Oklahoma State Board of Examiners for Long Term Care Administrators. [June 2012]
<http://www.ok.gov/health2/documents/06%202012%20OSBELTCA%20Grandfathering%20letter.pdf>

Oklahoma Administrative Rules, Title 490, 10-1-3.5: Requirements for initial licensure for adult day care administrators. [July 1, 2012]

http://www.oar.state.ok.us/viewhtml/490_10-1-3.5.htm

Information Sources

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Oklahoma 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