

OREGON

Overview

Oregon does not license adult day services (ADS). The state has operational standards, which ADS programs comply with on a voluntary basis. These standards are summarized in this profile. However, all ADS providers are required to register their programs on a registry administered by the Oregon Department of Human Services (DHS), Aging and People with Disabilities Division (APD). When registering, providers are required to indicate on a checklist the extent to which they are voluntarily complying with the standards. Licensed long-term care facilities that provide ADS programs--for example, nursing homes or residential care facilities--are not required to register.

Medicaid covers ADS through the 1915(k) State Plan option, which was authorized under the Affordable Care Act. ADS providers who want to serve Medicaid participants must comply with the standards and APD must certify that they meet them. The certification process requires: (1) completion of the ADS self-assessment demonstrating the program meets the standards for ADS; (2) documentation of the providers' qualifications and specific experience in delivering ADS (at least 6 months in Oregon); and (3) an on-site inspection. Certification may continue for up to 2 years as long as the ADS program complies with the certification standards.

Definitions

Adult day services means a community-based group program designed to meet the needs of adults with functional impairments through individual service plans. These structured, comprehensive, non-residential programs provide health, social and related support services in a protective setting during part of a day, but for less than 24 hours.

Parameters for Who Can Be Served

ADS programs may serve adults with impairments. Each program's operational plan must include a definition of the target population with the number, age range, and needs of participants who will be served.

Prior to admission, providers must complete an intake screening to determine the appropriateness of the ADS program for the participant and to determine that the participant's needs are within the scope of the ADS program. For each participant, providers must develop a service plan based on the services needed and the program's ability to provide those services. The standards do not provide guidance regarding

individuals who may not be served, but providers are required to have criteria for admission and discharge.

Inspection and Monitoring

Only ADS programs contracting with DHS are inspected and monitored. The initial certification requires an on-site inspection by APD to determine if the standards are met. The certification continues for up to 2 years from the effective date as long as the ADS program complies with the standards for certification. Recertification requires an ADS self-assessment demonstrating that the program continues to meet the certification standards for ADS and an on-site inspection by APD.

Ninety days prior to certification ending, ADS programs renewing certification and their DHS Medicaid contract must demonstrate through a self-assessment that the program continues to meet the certification standards, and must participate in an on-site inspection by APD.

APD may perform an unannounced on-site certification review at any time during the certification period to ensure that quality and safety standards continue to be met, and may immediately suspend certification for threat to the participant's health, safety, welfare, or failure to comply with the standards.

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
ADL Assistance	X	
Health Education and Counseling	X	
Health Monitoring	X	
Medication Administration		X
Nursing Services		X
Physical Therapy, Occupational Therapy, or Speech Therapy		
Skilled Nursing Services		
Social Services	X	
Transportation	X	

Medication Provisions

Each ADS program must have a written policy for medication management and must designate which staff are trained and authorized to administer medications. The

medication management policy, which must include a medication training program, must be approved by a registered nurse or pharmacist. Licensed nurses are required to oversee medication administration but administering medications can be a delegated task performed by trained staff.

Staffing Requirements

Type of Staff. The state has no standards regarding the type of staff that must be employed. The standards state only that each staff person and volunteer must have the education and experience needed for the position held. Specifically, staff must have sufficient knowledge to provide essential services to program participants.

Staffing Ratios. The staff-to-participant ratio must be a minimum of one staff person to six participants. As the number and/or impairment level of participants increase, the staff-to-participant ratio must be adjusted accordingly. ADS programs with over 50 percent of participants requiring full assistance with three or more activities of daily living (ADLs) must have a staff-to-participant ratio of 1:4. To ensure adequate care and participants' safety, ADS providers must have provisions to ensure that qualified substitute staff are available when needed.

Volunteers can be included in the staff ratio only when they conform to the same standards and requirements as paid staff, meet the job qualifications, have designated responsibilities, a signed written job description, and documentation of their schedule in the facility.

There must be at least one staff person or combination of staff on duty at all times who are knowledgeable about: (1) the program's fire, safety, and disaster plan; (2) infection control; (3) cardiovascular pulmonary resuscitation and first-aid; (4) body mechanics/transfer techniques; (5) mandatory reporting laws of abuse/neglect; (6) personal care; (7) managing behavioral symptoms; and (8) the participants' needs.

Each ADS program that is located within the same facility as another program, (e.g., a hospital, nursing facility, senior center, church, or community-based care facility) must be separate and distinct with designated staff and staff hours committed to the ADS program.

Training Requirements

General orientation and continued in-service training must be provided for both paid staff and volunteers, including, but not limited to, the following topics: (1) program mission/philosophy; (2) mandatory reporting laws of abuse/neglect and indicators of abuse; (3) behavioral intervention/behavior acceptance/accommodations; (4) standard precautions; (5) participant rights; (6) fire, safety, and disaster plan and emergency procedures; and (7) body mechanics/transfer techniques/ADL assistance.

Location of Licensing, Certification, or Other Requirements

Oregon Administrative Rules, Chapter 411: Registration and Certification Standards for Adult Day Services Programs. Oregon Department of Human Services, Aging and People with Disabilities. [November 7, 2007]

http://www.dhs.state.or.us/policy/spd/rules/411_066.pdf

Information Sources

Marcie Jones
Oregon Association of Adult Day Services

Darwin Frankenhoff
Oregon Department of Health Services
Aging and People with Disabilities

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