

TENNESSEE

Overview

Tennessee requires that any adult day care (ADC) program caring for ten or more participants be licensed by the Tennessee Department of Human Services (DHS). If an ADC center is licensed by another agency of state government--for example, if it is operated by a nursing facility under that facility's license--after consultation with that agency, the Commissioner may determine that the provisions of the other licensing body adequately regulate the ADC center's program and that DHS licensing of the entity is unnecessary. In addition to licensing requirements, DHS promulgates rules that set the standards for ADC services; these rules apply to all licensed ADC programs.

The ADC program, regardless of its affiliation or location (e.g., in a nursing home or assisted living facility) must comply with the program content requirements as detailed in the rules. If an ADC center markets itself as a specific Alzheimer's disease program, then it is subject to further rules regarding the disclosure of treatment for Alzheimer's disease.

ADC services have multiple funding sources, including private pay, government grants (federal, state, county), United Way, the Department of Veterans Affairs, private foundations, individuals, and religious organizations. Title XX Social Services Block Grants and Title III Older Americans Act funding also cover ADC services, depending on the program's location in the state.

Tennessee does not cover ADC services under Medicaid 1915(c) waiver programs or under its State Plan. It is one of the few states that operates an 1115 Medicaid waiver program--TennCare CHOICES--which pays for ADC services.¹ The program is administered by the TennCare managed care organizations (MCOs) under contract with the Bureau of TennCare. Each participating MCO creates its own contract with providers, who must be licensed as an ADC center and meet all other requirements for providing ADC services.

Definitions

Adult day care services are services provided to ten or more adults who are age 18 years² or older, for more than 3 hours but less than 24 hours a day, by a provider of

¹ The Medicaid program in Tennessee is called TennCare. The program CHOICES now encompasses a previous Medicaid 1915(c) waiver program that was called the Elderly and Disabled Home and Community-Based Services waiver program.

² The CHOICES program covers ADC services only for participants who are age 21 years or older; the services are limited to 2,080 hours per calendar year per participant.

such services who is not related to such adults, pursuant to an individualized care plan designed to maintain or restore each adult's optimal capacity for self-care through medical or social services. ADC services provide: (1) supervised programs for adults with physical, neurological, or emotional problems requiring special intervention or care; (2) opportunities for socialization; (3) activities that help cognitively or physically-challenged adults maintain or improve their levels of functioning; and (4) respite for caregivers and family members as well as other services that delay institutionalization as long as possible.

Persons with Alzheimer's disease or other dementias or disabling diseases must be provided some type of therapy/intervention or special service which is specific to treating or assisting the affected person to better cope with his or her disability.

Parameters for Who Can Be Served

Individuals who require a structured program of organized activities that provides personal care, self-enhancement, and personal growth and development are appropriate for ADC services. Individuals who present a significant threat to themselves or others, or whose intellectual, emotional, or behavioral level prevents them from benefiting from a center's care plan, are not appropriate for ADC services, nor are individuals who need only leisure time activities, respite care, or sitter services.

Inspection and Monitoring

When an ADC program applies for a license, all necessary fire, safety, environmental, and food service establishment approvals must be received before DHS can conduct an initial inspection and any further inspections necessary to make a determination regarding the issuance of the license. DHS licensing evaluators perform both announced and unannounced visits to ADC programs throughout the year to ensure that they are complying with the rules.

All facilities must be inspected and approved annually by an environmentalist of the Tennessee Department of Health (DOH) or must receive annual approval as a licensed nursing home, a licensed hospital, a licensed assisted living facility, a licensed home for the aged, or licensed residential hospice by the DOH Division of Health Care Facilities. If proof of a DOH inspection is not provided, proof of an approved inspection by an environmentalist of the local health department must be received by DHS.

Required and Optional Services

All 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.

Required and Optional Services	Adult Day Care	
	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		
Skilled Nursing Services		X
Social Services	X	
Transportation		X

Medication Provisions

ADC centers must have a written policy that allows a participant to self-medicate or that allows staff to provide assistance to the participant for this purpose. Self-administration of medication permits staff to assist participants to read labels and open bottles, remind participants to take their medication, check the self-administered dose against the dosage shown on the prescription, observe the participant while taking medication, reassure participants that they are taking the correct dosage, and report any noticeable changes in a participant's condition to a physician and to the responsible party.

Under no circumstances may an employee or volunteer administer prescribed and non-prescribed, internal and external medication to a participant unless the employee is licensed to do so.

Staffing Requirements

Type of Staff. Center staff must be adequate in number and skill to ensure the safety and proper supervision of the participants and to carry out the center's objectives. At least one *direct care staff* member trained in cardiovascular pulmonary resuscitation, first-aid, fire safety, and the Heimlich maneuver must be present at all times.

Staffing Ratios. At least one direct care staff person must be available for every eight participants. Direct care staff are individuals whose regular job responsibilities place them in face-to-face contact with participants. Volunteers may be considered in determining direct care staff-to-participant ratios, provided that the volunteers' education and training meet the minimum requirements of the staff positions being filled. Volunteers who do not meet these minimum requirements may not be counted in the required ratio but may assist staff and other qualified volunteers. One responsible paid direct care staff member must, however, be present at all times if volunteers are used.

Volunteers who do not possess the minimum qualifications must always be supervised by a direct care staff member.

For activities conducted inside the facility that involve all participants, such as viewing movies, watching special presentations, or observing performances, it may not be necessary to have a staff-to-participant ratio of 1:8, and a smaller number of staff may be used. There can, however, never be fewer than two direct care staff present when there are nine or more participants. For activities outside the facility such as field trips, staff numbers exceeding the 1:8 staff ratio may need to be used as necessary to provide adequate supervision for the participants because of their physical or mental status.

Training Requirements

Centers must provide staff with orientation and ongoing training/education to perform their duties. Staff development training must be provided to all employees on a regular basis at least 8 hours a year. This training may include consultations, workshops, or conferences as well as in-service education provided by the center. Training must include education to enable staff to recognize the signs and symptoms of abuse, neglect, or exploitation of an adult, as well as the duty to report abuse, neglect, or exploitation of an adult to the department.

Location of Licensing, Certification, or Other Requirements

Rules of the Tennessee Department of Human Services, Chapter 1240, 7-10.01 through 7-10.15: Adult Day Care Services Standards. Division of Community and Field Services. [February 27, 2000]

<http://www.state.tn.us/sos/rules/1240/1240-07/1240-07-10.pdf>

Rules of the Tennessee Department of Finance and Administration, Bureau of TennCare, Chapter 1200-13-01-02 and -05: TennCare Long-Term Care Programs. [September 2011]

<http://tn.gov/sos/rules/1200/1200-13/1200-13-01.20110923.pdf>

Tennessee Code Annotated. Title 68, Health, Safety and Environmental Protection, Chapter 11, Part 14: Alzheimer's Disease Treatment.

<http://law.justia.com/codes/tennessee/2010/title-68/chapter-11/part-14/>

Tennessee Code Annotated. Title 71, Welfare, Chapter 2, Part 4: Adult Day Care.

<http://law.justia.com/codes/tennessee/2010/title-71/chapter-2/part-4/>

TennCare New and Existing Provider Registration.

<http://www.tn.gov/tenncare/pro-forms.shtml>

Information Sources

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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