## UTAH

#### **Overview**

The Utah Department of Human Services licenses adult day care (ADC) providers, who must meet the requirements in the state's administrative rules that are described in this profile. A publicly-operated program must document its statutory basis for existence; a privately operated program must document ownership or incorporation.

Nursing facilities and certain assisted living facilities that offer ADC are not required to obtain a license but must submit policies and procedures for Department approval.

Utah offers ADC, called adult day health care (ADHC), through licensed providers under the following Medicaid 1915(c) waiver programs: Waiver for Individuals Aged 65 or Older, sometimes called the Aging waiver, and the New Choices waiver. The New Choices waiver program was developed to provide Medicaid program participants who have been residing long-term in a nursing facility or assisted living facility with the option of receiving long-term care services in home and community-based settings. In order to serve waiver program participants, ADHC providers must be licensed and enrolled with the state Medicaid agency.

The state also covers ADC under The Alternatives Program (TAP),<sup>1</sup> a non-Medicaid assistance program specifically designed to prevent individuals from having to spend down their resources and become eligible for Medicaid. To be eligible, state residents must be at least 18 years of age and have a functional ability challenge which puts them at risk for nursing home placement.

TAP is funded by the Older Americans Act Title IIIB program and by a variety of state and local community resources, program fees, and voluntary and public contributions. The Utah Department of Human Services, Division of Aging and Adult Services oversees the program. In addition to licensure, TAP providers must meet additional requirements described in the state's administrative rules.

## Definitions

Adult day care means continuous care and supervision for three or more adults aged 18 years and older--for at least 4 but less than 24 hours a day--that meets the needs of functionally impaired adults through a comprehensive program that provides a

<sup>&</sup>lt;sup>1</sup> This program is referred to by different names depending on the area of Utah in which it is offered. It may be called The Alternatives Program (TAP) or Home and Community-Based Alternatives.

variety of health, social, recreational, and related support services in a protective setting.

#### Parameters for Who Can Be Served

ADC programs may serve functionally impaired adults 18 years of age or older. The programs must have written eligibility, admission, and discharge policies and procedures.

The New Choices waiver program serves older adult and working-age adults with a disability. Participants' primary condition must not be attributable to a mental illness and they must not need an "intensive skilled" nursing facility level of care or meet the level of care criteria for admission to an intermediate care facility for people with intellectual disabilities.

Waiver participants may be disenrolled if: (1) they no longer meet the institutional level of care requirements; (2) their health and safety needs cannot be met by the current program's services and supports; or (3) they have demonstrated non-compliance with the agreed-upon care plan and are unwilling to negotiate a plan of care that meets minimal safety standards.

## **Inspection and Monitoring**

The Office of Licensing has the authority to review program records at any time.

## **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.

With the exception of medication administration and transportation, the state's regulations do not specify any of the services listed in this table as required or optional. Providers may decide what population they are going to serve and what services they will offer. Some providers may offer many of the services listed below while others offer only a few.

When serving Medicaid waiver program participants, providers are required to furnish any assistance needed to ensure participants' health and safety.

Required and Optional Services	Adult Day Care	
Required and Optional Services	Required	Optional
ADL Assistance		
Health Education and Counseling		
Health Monitoring/Health-Related Services		
Medication Administration		Х
Nursing Services		
Physical Therapy, Occupational Therapy, or Speech Therapy		
Skilled Nursing Services		
Social Services		
Transportation		Х

## **Medication Provisions**

All prescribed and over-the-counter medications must be provided by the participant, the responsible person, or by special arrangement with a licensed pharmacy. Providers must have written policies and procedures for participant self-administration of medications and for medication administration by persons with the legal authority to do so.

## **Staffing Requirements**

**Type of Staff.** A qualified *director* must be designated by the governing body to be responsible for day-to-day program and facility management. The director must be either a: (1) licensed nurse; (2) licensed social worker; (3) licensed psychologist; (4) licensed or certified recreational or physical therapist; (5) licensed professional in a related field who has demonstrated competence in working with functionally impaired adults; or (6) person who has received verifiable training to work with functionally impaired adults and is in consultation on an ongoing basis with a licensed or certified professional with director credentials. The director or designee must be on site at all times during program operating hours.

The program must employ a sufficient number of trained, licensed, and qualified staff to meet participants' needs, implement the service plan, and comply with licensing rules. The program must have access to a *physician* licensed to practice medicine in the State of Utah, and must have a staff person trained by a certified instructor in first-aid and cardiovascular pulmonary resuscitation on duty with the participants at all times.

A program using volunteers, student interns, or other personnel must have a written policy to include direct supervision by a paid staff member.

**Staffing Ratios**. When eight or fewer participants are present, one staff person must provide direct supervision at all times with a second staff person meeting minimum staff requirements immediately available. When 9-16 participants are present, two staff must provide direct supervision at all times. The ratio of 1:8 will continue progressively.

For programs with nine or more participants, administrative and maintenance staff must not be included in the staff-to-participant ratio.

In all programs where one-half or more of the participants are diagnosed by a physician's assessment with Alzheimer's disease or other dementia, the ratio must be 1:6.

## **Training Requirements**

Staff members must be trained in all program policies and procedures. Staff must receive 8 hours of initial orientation training designed by the director to meet the program's needs, plus 10 hours of work-related training annually. Directors must also obtain 10 hours of relevant training annually. Volunteers must receive orientation and training in the program's philosophy, participants' needs, and methods for meeting those needs.

Providers must have written policies and procedures for behavior management that are given to all staff prior to working with participants. Staff must receive annual training regarding behavior management.

The Department of Human Services may require further specific training when contracting with providers to furnish services in publicly-funded programs.

## Location of Licensing, Certification, or Other Requirements

*Utah Administrative Code*. Rule 501-13: Adult Day Care Licensing. Utah Department of Human Services, Division of Administrative Rules. [September 1, 2014] <u>http://www.rules.utah.gov/publicat/code/r501/r501-13.htm</u>

*Utah Administrative Code*. Rule R510-400: Home and Community-Based Alternatives Program. Utah Department of Human Services, Division of Administrative Rules. [September 1, 2014] <u>http://www.rules.utah.gov/publicat/code/r510/r510-400.htm</u>

*Utah Administrative Code*. Rule 432-150-6. Adult Day Care Services provided by nursing facilities.

http://www.rules.utah.gov/publicat/code/r432/r432-150.htm#T6

*Utah Administrative Code*. Rule 432-270-29b. Adult Day Care Services provided by assisted living facilities. http://www.rules.utah.gov/publicat/code/r432/r432-270.htm#E30

Utah Department of Health website, Home and Community-Based Services Waiver Programs: Aging Waiver.

http://health.utah.gov/ltc/AG/AGHome.htm

Utah Department of Health website, Home and Community-Based Services Waiver Programs: New Choices Waiver. <u>http://health.utah.gov/ltc/NC/NCProviders.htm</u>

## **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	

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-MO.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-NC.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