

VIRGINIA

Overview

Adult day care (ADC) centers are licensed by the Virginia Department of Social Services (DSS) and the State Board of Social Services prescribes service standards. Applicants for licensure must complete a pre-licensure orientation program that focuses on health and safety standards and residents' rights, offered through or approved by DSS. The Commissioner may, at his or her discretion, waive the orientation requirement or issue a license conditioned upon the owner's or administrator's completion of the required training. Applicants for licensure are exempt from the requirement for pre-licensure training if notified by DSS that such training is unavailable.

ADC providers can serve private pay participants and they can also enter into a contract with the Virginia Department of Medical Assistance Services (DMAS) to furnish adult day health care (ADHC) services to Medicaid-eligible individuals under the 1915(c) Elderly or Disabled Consumer-Direction (EDCD) waiver program. ADHC providers must meet the state's licensure requirements and adhere to the ADC center standards summarized in this profile. In addition, they must comply with requirements in the DMAS provider manual, also summarized in this profile under the relevant headings.

Definitions

Adult day care center means a licensed facility that provides supplementary care and protection during a part of the day to four or more aged, infirm, or disabled adults who reside elsewhere, except in: (1) a facility or portion of a facility licensed by the State Board of Health or the State Board of Mental Health, Mental Retardation and Substance Abuse Services; and (2) the home or residence of an individual who cares only for persons related by blood or marriage.

Adult day health care services are community-based day programs licensed by DSS as an ADC center providing a variety of health, therapeutic, and social services designed to meet the specialized needs of elderly and physically disabled participants who are at risk of being placed in a nursing facility. The purpose of ADHC services is to augment EDCD waiver participants' social support system in the community in order to avoid institutionalization. A day of ADHC services is defined as a minimum of 6 hours.

Parameters for Who Can Be Served

All participants must be age 18 years or older. The ADC center must develop a written statement of the purpose and scope of the services to be provided by the center,

and a description of adults who may be accepted into the program as well as those whom the program cannot serve. Only persons who meet the admission criteria may be admitted to the center. Centers may be licensed to serve ambulatory and/or non-ambulatory participants. When centers can no longer meet participants' needs, plans must be made for their discharge. Participants can also be involuntarily discharged when their condition presents an immediate and serious risk to their or others' health, safety, or welfare.

Medicaid ADHC services may be offered to elderly and physically disabled waiver participants who have been assessed to be at risk of institutionalization. A center can admit participants who have skilled needs only if professional nursing staff are immediately available on-site to provide the specialized nursing care required. DMAS, or the designated pre-authorization contractor, has the responsibility and the authority to terminate ADHC services for Medicaid waiver participants for any of the following reasons:

1. The service is not a critical alternative to prevent or delay institutional placement.
2. The participant no longer meets nursing home level of care criteria.
3. The participant's environment does not provide for her/his health, safety, and welfare.
4. An appropriate and cost-effective plan of care cannot be developed.

Inspection and Monitoring

Initial licenses and renewals for an ADC center may be issued for periods of up to 3 successive years, unless sooner revoked or surrendered. Licensees must at all times afford the Commissioner reasonable opportunity to inspect their facilities, books, and records, and to interview their agents and employees and any person participating in such facilities.

ADC centers issued a license for a period of 6 months are inspected at least twice during the 6-month period, and at least one of these inspections is unannounced. ADC centers issued a license for a period of 1 year are inspected at least three times each year, and at least two of these inspections are unannounced. ADC centers issued a license for a period of 2 years are inspected at least twice each year, and at least one of those inspections is unannounced. For any ADC center issued a 3-year license, the Commissioner makes at least one unannounced inspection each year.

DMAS conducts ongoing monitoring to determine compliance with Medicaid provider participation standards and DMAS policies. Non-compliance with DMAS policies and procedures, as required in the provider's contract, may result in a retraction of Medicaid payment or termination of the provider agreement.

Required and Optional Services

All ADC and ADHC programs provide 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		Adult Day Health Care	
	Required	Optional	Required	Optional
ADL Assistance	X		X	
Health Education and Counseling				
Health Monitoring	X		X	
Medication Administration	X		X	
Nursing Services	X		X	
Physical Therapy, Occupational Therapy, or Speech Therapy	X ¹		X ²	
Skilled Nursing Services		X	X	
Social Services			X	
Transportation		X	X ²	
<ol style="list-style-type: none"> 1. Facilities must arrange for specialized rehabilitative services by qualified personnel as needed by participants. All rehabilitative services rendered by a rehabilitative professional can be performed only upon written medical referral by a physician or other health care professional. 2. ADHC centers are required to coordinate rehabilitative therapies. The center may arrange for individual rehabilitation treatment with an outpatient facility or independent rehabilitation provider. Rendering of the specific rehabilitative therapy is not included in the center's fee for services. 3. ADHC centers are required to coordinate transportation but must also provide transportation when needed in emergency situations for any Medicaid-eligible participant to and from his or her home (e.g., if the primary caregiver has an accident and cannot transport the individual home). Any center which is able to provide individuals with transportation routinely to and from the center from their residence, can be reimbursed by DMAS based on a per-trip fee. 				

Medication Provisions

Unless it is contrary to the day care center's policy, participants may take their own medication if a physician has deemed them capable of doing so and has given written authorization for them to self-administer medications. The use of PRN (as needed) medications is prohibited unless certain conditions exist, including: (1) a participant is capable of determining when the medication is needed; (2) a licensed health care professional administers the medication; or (3) the participant's physician has provided detailed written or documented verbal instructions.

The center must have a written policy for medication management that addresses methods of administering medication. Prescription and non-prescription medications, including physician's samples, can be given to a participant only with written or verbal authorization from the physician or prescriber or the physician's authorized agent. All staff responsible for medication administration must be licensed by the state to administer medications or must successfully complete the most current medication

training program developed by DSS and approved by the Board of Nursing. They must also complete the current approved refresher course every 3 years.

Medicaid ADHC centers must employ or contract with a registered nurse (RN) who is responsible for administering prescribed medications, supervising participants who self-administer medication, or generally supervising staff who are certified through the Board of Nursing in medication management and administering medications.

Staffing Requirements

Adult Day Care

Type of Staff. The ADC center must employ a *director* whose responsibilities include, but are not limited to, the following areas: program content; programmatic functions, including orientation, training, and scheduling of all staff who directly supervise participants, whether or not the director personally performs these functions; and management of the supervision provided to all staff who directly supervise participants, whether or not the director individually supervises such staff.

If the director is not routinely present in the center at least 51 percent of the weekly hours of operation, there must be an officially designated *assistant director* who has the qualifications of the director and who must assume responsibility in the director's absence. During the center's hours of operation, one adult on the premises must be in charge of the center's administration. This person must be either the director or a staff member appointed by the licensee or designated by the director. At least one staff member trained in first-aid and cardiovascular pulmonary resuscitation (CPR) must be on the premises during the center's hours of operation and on field trips. At least one staff member must be assigned responsibility for overall selection, supervision, and orientation of volunteers. In the event the center provides skilled health care services to meet participants' needs, the provider of health care must be licensed, certified, or registered as required by law.

Staffing Ratios. At least two staff persons must be on duty at the center and on field trips at all times when one or more participants are present. Both of these staff persons must be at least 18 years of age and one of them must be at least 21 years of age. There must be a minimum of one staff person on duty providing direct care and supervision for every six participants, whether at the center or on field trips. All staff persons who work directly with participants and who are counted in the staff-to-participant ratio must be at least 18 years of age.

The staff-to-participant ratio is to be calculated for the center rather than for a room or activity. The number of any additional staff persons required depends upon: (1) the program and services the center provides; (2) the participants' functional level; and (3) the facility's size and physical layout. Volunteers may be counted in the staff-to-participant ratio if both of the following criteria are met: (1) they have the same

qualifications as compensated employees and meet the same training requirements; and (2) for each volunteer, at least one compensated employee is also counted in the staff-to-participant ratio.

Adult Day Health

Type of Staff. The ADHC center must employ a *director* who is responsible for overall management of the center's programs and supervision of its employees; an *activities director*, who is responsible for directing recreational and social activities for the participants; and *program aides*, who are responsible for overall care of the participants (activity of daily living [ADL] assistance, social/recreational activities, and assistance with the management of the individual's care plan). In the absence of the director, the center must designate the activities director, a RN, or a therapist to supervise the program. The director can also serve as the activities director if he or she has the qualifications for that position. The ADHC center may use one person to fill more than one professional position as long as the requirements for both positions and other staffing requirements are met.

The ADHC provider must also employ or contract with a *registered nurse* who is licensed to practice nursing in the Commonwealth of Virginia. The RN is responsible for administering to and monitoring the health needs of the participants, and for the planning and implementation of the care plan involving multiple services where specialized health care knowledge is needed.

The nurse must be present a minimum of 8 hours each month at the center, or more, depending on the number of participants in attendance and according to their medical and nursing needs. Although DMAS does not require that the RN be a full-time staff position, a RN must be available, either in person or by telephone, to the center's participants and staff during all times that the center is in operation.

Staffing Ratios. The number of staff required for an ADHC center depends upon the level of care required by its participants. Each ADHC center is required to employ sufficient interdisciplinary staff to adequately meet participants' health, maintenance, and safety needs. The center must provide at least two staff members awake and on duty at all times when there are Medicaid waiver participants in attendance, and maintain a minimum staff-to-participant ratio of at least one staff member to every six participants (waiver program and other participants). However, DMAS reserves the right to require an ADHC center to employ additional staff if, on review, DMAS staff find evidence of unmet participant needs. Volunteers may be included in the staff-to-participant ratio only when they have the same qualifications and meet the same training requirements as paid staff, and for each volunteer there must be at least one paid employee also included in the staff-to-participant ratio.

Training Requirements

Prior to working directly with participants, all staff must receive training in: (1) their individual responsibilities in the event of fire, illness, injury, and other emergencies; (2) standard precautions; and (3) participant rights. Staff who work with participants must receive at least 24 hours of training no later than 3 weeks after starting employment; part-time staff must receive the training no later than 6 weeks after starting employment.

Staff training must cover a range of topics including: (1) needs of the center's target population (for example, those with dementia, a developmental disability, and/or depression); (2) the purpose and goals of the ADC center; (3) behavioral interventions, behavior acceptance and accommodation, and behavior management techniques; (4) how to safely and appropriately help participants perform ADLs, including use of good body mechanics; and (5) confidential treatment of personal information about participants and their families. The required 24 hours of training can be accomplished through a variety of methods including, but not limited to, formal lecture, observation, self-study of material provided by the center, supervised practice, and audiovisual training.

On an annual basis, employed staff who are primarily responsible for the direct care of the participants must attend at least 8 contact hours of staff development activities that must consist of in-service training programs, workshops, or conferences relevant to the needs of the population they serve. These staff development activities must be in addition to first-aid, CPR, or orientation training. The director must complete 24 hours of continuing education annually to maintain and develop skills. This training must be in addition to first-aid, CPR, and orientation training.

No additional training requirements were specified for Medicaid ADHC providers.

Location of Licensing, Certification, or Other Requirements

Code of Virginia, Title 63.2, Chapter 17: Licensure and Registration Procedures. [July 1, 2014]
http://www.dss.virginia.gov/files/division/licensing/adcc/intro_page/code_regulations/code/2014_code_of_virginia.pdf

General Procedures and Information for Licensure. Virginia Department of Social Services, Division of Licensing Programs. [July 17, 2013]
http://www.dss.virginia.gov/files/division/licensing/adcc/intro_page/code_regulations/regulations/final_gp_reg_071713.pdf

Standards and Regulations for Licensed Adult Day Care Centers. Virginia Department of Social Services, Division of Licensing Programs. [July 17, 2013]
http://www.dss.virginia.gov/files/division/licensing/adcc/intro_page/code_regulations/regulations/final_adcc_reg_071713.pdf

12 Virginia Administrative Code, 30-120-940: Adult day health care services. [May 19, 2014]
<http://leg1.state.va.us/cgi-bin/legp504.exe?000+req+12VAC30-120-940>

Elderly or Disabled with Consumer Direction Waiver Services Provider Manual. Chapter II: Provider Participation Requirements [July 18, 2014] and Chapter IV: Covered Services and Limitations [October 31, 2011]. Department of Medical Assistance Services.
<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/ProviderManual>

To access the two chapters listed above, click on the Elderly or Disabled with Consumer Direction Waiver Services manual from the drop-down list provided under the heading *Accessing Provider Manuals*. This will take you to a Table of Contents for that particular manual.

Information Sources

The websites listed above are the only source of information for this profile. It was not possible to find state agency staff to review the profile.

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