

VERMONT

Overview

Adult day services (ADS) programs must be certified by the Vermont Department of Disabilities, Aging and Independent Living (DAIL) and must meet the requirements specified in the Department's standards for ADS. Technically, an ADS provider does not need certification to open a center if services are not provided through DAIL-administered programs; however, the state is not aware of any such providers.

Many funding streams support ADS, including private payment, veteran's benefits, and state general revenue funds.¹ Medicaid also pays for ADS through the Vermont Choices for Care 1115 Long-Term Care waiver program and through the Medicaid State Plan. In addition to the state's certification standards, Medicaid providers must also comply with additional Medicaid requirements. This profile includes both certification and Medicaid requirements.

Definitions

Adult day centers provide a safe, supportive environment where participants can receive a range of professional health, social, and therapeutic services. Any adult day center that shares a facility with another type of program or service (e.g., a nursing home, residential care home, or senior center) must have dedicated staff with hours committed to the adult day center only.

Adult day services are community-based non-residential services designed to assist adults with physical and/or cognitive impairments to remain as active in their communities as possible by maximizing their level of health and independence and ensuring their optimal functioning. ADS also provide respite, support, and education to family members, caregivers, and legal representatives.

The **Choices for Care Medicaid waiver** program defines **adult day services** as a range of health and social services provided at a certified adult day center; they are furnished for a specified number of hours per day on a regularly scheduled basis for 1 or more days per week, limited to a maximum of 12 hours per day. The program has three levels of assessed needs: highest needs, high needs, or moderate needs. Participants in the moderate needs group are limited to a maximum of 50 hours per week.

¹ Small base grants (about \$8,000 per year per provider) are furnished to 14 sites. The funds are subject to the state's legislative budget approval process.

Parameters for Who Can Be Served

Adult day centers are required to make every reasonable effort to first serve those applicants most at risk of institutionalization, taking into account the needs of other participants. Participants cannot be involuntarily discharged unless their care needs exceed those an adult day center is certified to provide or the participant presents a threat to himself or herself, other participants, or staff.

The Medicaid Choices for Care waiver program eligibility rules state that an individual must have a functional physical limitation associated with aging or resulting from a physical condition (including stroke, dementia, traumatic brain injury, and similar conditions). Individuals whose need for services is due to intellectual disability, autism, or mental illness are not eligible for the Choices for Care waiver program.

Inspection and Monitoring

DAIL completes an initial certification visit and thereafter a scheduled and announced annual site certification review. The Department reserves the right to perform an unannounced site visit at any time to verify that the adult day center is in compliance 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/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 ¹
1. When feasible, centers must provide, formally arrange, or contract for transportation to enable participants to attend the center. The cost of transportation services is not included in Medicaid-reimbursed ADS, but programs serving high and highest needs participants must assist in arranging and coordinating transportation. The costs of transporting Medicaid waiver participants to and from the ADS site may be eligible for reimbursement under the Medicaid State Plan as a transportation service.		

Medication Provisions

An adult day center must have the capacity to administer medications to its participants. A medication management policy must describe a center's medication management practices with due regard for state requirements, including the Vermont Nurse Practice Act. An adult day center must provide medication management under the supervision of a registered nurse (RN) or a licensed practical nurse (LPN) under the direction of an RN. A participant may self-administer medication, which must be stored by the adult day center. If a participant requires medication administration, unlicensed staff may administer medications under certain conditions (e.g., there is a physician's written order on file and an RN, or an LPN under the direction of an RN, has delegated administration of specific medications to designated staff for designated participants).

Staffing Requirements

Type of Staff. An adult day center must have a qualified *administrator* who is responsible for meeting and maintaining continual compliance with the standards and all relevant federal, state, local, or municipal laws, regulations, policies, and/or procedures. In addition, the center must have a *program coordinator* who is responsible for the organization, implementation, and coordination of the adult day center's daily operation. The same individual may fulfill both positions, in which case the administrator minimum qualifications apply.

A qualified staff member must be designated to oversee the center's operations in the absence of the person responsible for administration/program coordination. The staff member(s) providing health coordination services (e.g., health assessments) must have a current Vermont RN license and a minimum of 1 year of applicable experience.

Staffing Ratios. During hours of operation, the center must have a sufficient number of responsible persons to safely meet participants' needs, including one full-time or part-time direct services staff member. The required direct services staff-to-participant ratio is a minimum of 1:7. As the number of participants with functional or cognitive impairments increases or the severity of the impairment increases, the direct services staff-to-participant ratio must be adjusted accordingly to meet participants' needs. Paid program consultants and contractors, persons working under agency contract, and volunteers may be included in the direct services staff-to-participant ratio only when they are performing the job tasks and responsibilities defined in a job description, and possess the qualifications necessary to fill that position.

Training Requirements

An adult day center must develop and implement an orientation policy for persons employed full-time or part-time, paid consultants or contractors, persons working under agency contract, and volunteers who provide unsupervised direct services to

participants. A center must also develop and implement a training policy for all of its full-time and part-time employees.

For each direct services staff person, a center must provide a minimum of 12 hours of training per year that will build his or her capacity to provide quality ADS; for administrative staff, a center must provide training as necessary. For each dual-role staff, a center must provide a minimum of 12 hours of training per year and additional administrative training as necessary.

Location of Licensing, Certification, or Other Requirements

Standards for Adult Day Services in Vermont, Agency of Human Services, Vermont Department of Disabilities, Aging and Independent Living. [March 1, 2012]

<http://ddas.vermont.gov/ddas-programs/ddas-policies/policies-adult-day/policies-adult-day-documents/standards-for-adult-day-services-vt>

Choices for Care, 1115 Long-Term Care Medicaid Waiver. Division of Disability and Aging Services, Department of Disabilities, Aging and Independent Living website with links.

<http://ddas.vermont.gov/ddas-programs/programs-cfc/>

Choices for Care, 1115 Long-Term Care Medicaid Waiver Regulations. Agency of Human Services, Vermont Department of Disabilities, Aging and Independent Living. [February 9, 2009]

<http://dail.vermont.gov/dail-statutes/statutes-ddas-cfc-documents/cfc-regulations>

Choices for Care 1115 Long-Term Care Medicaid Program Manual, Highest and High Needs Manual, Section 4.2: Adult Day Services. Vermont Department of Disabilities, Aging and Independent Living. [August 2013]

<http://ddas.vermont.gov/ddas-policies/policies-cfc/policies-cfc-highest/policies-cfc-highest-documents/cfc-high-manual-section-4-2>

Choices for Care 1115 Long-Term Care Medicaid Program Manual, Moderate Needs Manual, Section 4.2: Adult Day Services. Vermont Department of Disabilities, Aging and Independent Living. [May 2009]

<http://ddas.vermont.gov/ddas-policies/policies-cfc/policies-cfc-moderate/policies-cfc-moderate-documents/sec-iv2-adult-day>

Information Sources

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Department of Disabilities, Aging and Independent Living

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