

WASHINGTON

Overview

Washington has two types of adult day services (ADS): adult day care (ADC) and adult day health (ADH) and does not license either. ADC and ADH centers that contract with the Washington State Department of Social and Health Services--or a Department designee such as an Area Agency on Aging (AAA)--to serve Medicaid waiver program participants must comply with specific contracting requirements in the state's administrative code, which are described in this profile.

Washington covers both types of ADS through two Medicaid waiver programs--the 1915(c) Community Options Program Entry System (COPES) and the 1115 Roads to Community Living program--and under non-Medicaid programs funded with state and federal dollars.

A COPES-eligible participant may receive ADC services on some days and adult day health services (ADHS) on different days if the service plan documents which level of service is to be provided on which days. However, core services must be provided on all days that ADH skilled services are provided. Participants receiving services from the Department in an adult family home, boarding home, or other licensed community residential facility may not receive COPES-funded ADC, but may receive Medicaid ADHS when the skilled nursing or rehabilitative services are approved by the participant's case manager as part of the participant's service plan.

ADC or ADH centers that receive Senior Citizens Services Act or Respite Care funding must provide the same services that are required for centers contracting with Medicaid. An AAA that elects to provide ADS using Senior Citizens Services Act or Respite Care funding must contract with an adult day center that meets all administrative and facility requirements. The AAA may require additional services by contract.

Definitions

Adult day services is a generic term for ADC and ADHS. An ADS program is a community-based program designed to meet the needs of adults with impairments through individual care plans. This type of structured, comprehensive, non-residential program provides a variety of health, social, and related support services in a protective setting. By supporting families and caregivers, an ADS program enables the person to live in the community.

Adult day care is a supervised daytime program providing core services for adults with medical or disabling conditions that do not require the intervention or services of a registered nurse (RN) or licensed rehabilitative therapist.

Adult day health is a supervised daytime program providing skilled nursing, rehabilitative therapy services, and psychological or counseling services, in addition to the core services provided in ADC programs.

Adult day center means an ADC or ADH center.

Parameters for Who Can Be Served

Medicaid has different eligibility criteria for ADC and ADH care. These criteria indicate the parameters for who can be served in these settings.

Adult Day Care. Adults with medical or disabling conditions that do not require the intervention or services of a RN or licensed rehabilitative therapist but who need one or more of the following services: personal care, routine health monitoring with consultation from a RN, general therapeutic activities, or supervision and/or protection for safety.

The ADC center must offer and provide core services on site that meet the level of care needed by the participant as assessed by the department case manager for waiver program participants but do not exceed the scope of services that the ADC center is able to provide.

Adult Day Health. ADHS are only appropriate for adults with medical or disabling conditions that require the intervention or services of a RN or licensed rehabilitative therapist acting under the supervision of the participant's physician.

Individuals cannot be served if their needs exceed the scope of authorized services that the ADH center is able to provide or if they are not capable of participating safely in a group care setting.

Provisions Applicable to Both Adult Day Care and Adult Day Health. Discharge policies must include specific criteria that establish when a participant is no longer eligible for services and under what circumstances the participant may be discharged for other reasons. Unless the discharge is initiated by the participant's department or authorized case manager, the center must notify in writing the participant and his/her representative, if applicable, and his/her case manager of the specific reasons for the discharge. Discharge may occur due to participant choice, other criteria as defined in the center's policy, such as standards of conduct or inappropriate behavior, or changes in circumstances making the participant ineligible for services.

Inspection and Monitoring

The department, or an AAA, or other department designee, must determine that the ADC or ADH center meets the applicable requirements and any additional requirements for contracting through a COPEs or other Medicaid provider contract. The determination process includes an on-site inspection. If a center is contracting for both ADC and ADH, requirements of both ADS must be met.

The AAA or other Department designee monitors the adult day center at least annually to determine continued compliance with ADC and/or ADH requirements and contracting requirements.

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 Care		Adult Day Health	
	Required	Optional	Required ¹	Optional
ADL Assistance	X		X	
Health Education and Counseling	X		X	
Health Monitoring	X		X	
Medication Administration		X ²	X	
Nursing Services	X ³		X	
Physical Therapy, Occupational Therapy, or Speech Therapy			X ⁴	
Skilled Nursing Services			X	
Social Services	X ³		X	
Transportation		X ⁵		X ⁵
1. Psychological or counseling services are an additional required service for ADH providers. They include assessing for psychosocial therapy need, dementia, abuse or neglect, and alcohol or drug abuse; making appropriate referrals; and providing brief, intermittent supportive counseling. 2. ADC must also provide medication management that does not require a licensed nurse. (NOTE: We did not find a definition of medication management in the regulations and were unable to locate a state agency staff person to define the term.) 3. Services may be provided by consultation. 4. Providers must offer at least one of the three skilled rehabilitation therapies. 5. Providing transportation is optional. Assisting with arranging transportation is required.				

Medication Provisions

ADC and ADH providers must develop written policies that are explained and accessible to all staff, contractors, volunteers, and participants. Medication policies must describe: (1) under what conditions licensed program staff will administer medications; (2) how medications brought to the program by a participant are to be labeled; (3) how non-prescription medications, such as aspirin or laxatives, are to be used; and (4) how the administration of medications will be entered in participant case records.

Medication policies must be consistent with laws governing medication administration and staff must be trained to observe medication usage and effects and to document and report any concerns or difficulties with medications.

Participants who need to take medications while at the center and who are able to self-medicate, must be encouraged, and are expected to bring and take their own medications as prescribed. Some participants may need assistance with their medications, and a few may need to have their medications administered by qualified program staff. In order for center staff to administer any prescribed medication, there must be a written authorization from the participant's authorizing practitioner stating that the medication is to be administered at the program site.

Washington permits certified nursing assistants, who meet specific education and training and work experience requirements, to be endorsed as medication assistants. Medication assistants can administer oral, topical, and inhalant medications under the direct supervision of a designated RN who is on site and immediately accessible during the medication assistant's shift. The RN must assess the resident prior to the medication assistant administering medications or treatments and determine whether it is safe to do so.

The RN must retain (i.e., must not delegate) the judgment and decision to administer medications. Medication assistants may not accept telephone or verbal orders from a prescriber; calculate medication dosages; inject any medications; administer medications through a tube; administer any Schedule I, II, or III controlled substance; or perform any task that requires nursing judgment.

Staffing Requirements

Adult Day Care

Type of Staff. Minimum staffing requirements include an *administrator/program director*, an *activity coordinator*, a consulting *registered nurse*, and a consulting *social worker*.

Adult Day Health

Type of Staff. Minimum staffing requirements include an *administrator*, a *program director*, a *registered nurse*, an *activity coordinator*, a *physical therapist*, *occupational therapist*, or *speech therapist*, and a *social worker*. The administrator and program director may be the same person.

The following requirements apply to both adult day care and adult day health providers.

Staff selection is dependent on participants' needs, program design, and contracting requirements. Providers must have the proper balance of professionals and paraprofessionals or non-professionals to adequately meet participants' needs. Services must be delivered by those with adequate professional training. A staff person can have multiple functions, such as an administrator who is also responsible for providing nursing services or social services.

An administrator must be on site to manage the center's day-to-day operations during hours of operation. If the administrator is responsible for more than one site or has duties not related to adult day center administration or service provision, a program director must be designated for each additional site and must report to the administrator. A nurse or personnel trained in first-aid and cardiovascular pulmonary resuscitation (CPR) must be on site whenever participants are present. Providers may use a range of staff under contract or consulting from a larger parent organization or from a private entity to provide services.

Volunteers may be individuals or groups who desire to work with participants and must take part in program orientation and training. Volunteers and staff must mutually determine the duties of volunteers. Duties to be performed under the supervision of a staff member must either supplement staff in established activities or provide additional services for which the volunteer has special talents. Volunteers will be included in the staff ratio only when they conform to the same standards and requirements as paid staff, meet the job qualification standards of the organization, and have designated responsibilities.

Staffing Ratios. Staffing levels in adult day centers will vary based upon the number of participants and the care provided but must be sufficient to serve the number and functional levels of participants, meet program objectives, and provide access to other community resources. When there is more than one participant present, there must be at least two staff members on the premises, one of whom is directly supervising the participants.

All centers must have written policies regarding staff-to-participant ratios. The ratio must be a minimum of 1:6. Staff counted in the ratio are those who provide direct service to participants. As the number of participants with functional impairments, skilled nursing, or skilled rehabilitative therapy needs increases, the required staff-to-participant ratio must be adjusted accordingly. To ensure adequate care and safety of participants, the center must have provisions for qualified substitute staff.

Training Requirements

The following requirements apply to both adult day care and adult day health providers.

All new employees, contractors, and volunteers must receive an orientation. At a minimum, all staff, contractors, and volunteers must receive quarterly in-service training and staff development that meets their individual training needs to support program services.

Staff, contractors, and volunteers must receive training about documentation, reporting requirements, and universal precautions. At a minimum, one staff person per shift must be trained and certified in CPR. Staff and volunteers must receive training on all applicable policies and procedures.

Location of Licensing, Certification, or Other Requirements

Washington Administrative Code, Title 388, Chapter 71-0702 through 71-0776: Home and Community Services and Programs--Adult Day Services. [June 24, 2014]
<http://app.leg.wa.gov/wac/default.aspx?cite=388-71&full=true#388-71-0702>

Information Sources

Staff in the Aging and Long-Term Support Administration Home and Community Services

Sarah Miller
Director
Senior Living and Community Services
LeadingAge Washington

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
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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