

WISCONSIN

Overview

The state has voluntary certification standards for adult day care (ADC) and family ADC. Certification is mandatory for providers who serve one or more participants receiving Medicaid funding. The Wisconsin Division of Quality Assurance is responsible for certifying ADC facilities. When ADC and family ADC certification standards differ, they are described separately in this profile. The ADC standards include additional provisions for ADC programs located in a multi-use facility.

Medicaid covers ADC and family ADC under several 1915(c) waiver programs and under Family Care, a 1915(b)/(c) managed long-term care program. Individual Family Care managed care organizations (MCOs) can specify additional requirements for providers or choose to contract with ADC programs with particular features, services, and competencies; for example, by selectively contracting with ADC providers that offer more services than required by certification standards.

Family Care participants who require more assistance than a family ADC provider can furnish would typically be offered ADC providers instead. If a participant needs assistance that neither a family ADC nor an ADC provider can furnish, then the MCO must use other services, such as personal care, to meet the participant's needs, but they must not duplicate what is provided under ADC.

Definitions

Adult day care means the provision of services for part of a day in a group setting to adults who need an enriched social or health supportive experience, or who may need assistance with activities of daily living (ADLs), supervision, and/or protection. Services may include personal care and supervision, provision of meals, medical care, medication administration, transportation, and activities designed to meet physical, social, and leisure time needs.

Family adult day care is ADC furnished for part of a day for small groups of no more than six adults in a provider's home.

Multi-use facility means an ADC setting that is typical of or strongly resembles the locations where adults in that community customarily congregate for social, recreational, or association activities (e.g., clubs, church halls, private homes, lodges, restaurants). The building is consistent with the environment in terms of size, architectural style, and type (urban versus rural) and would be attractive and inviting to members of that community. The setting, programs, and physical environment must enhance the dignity and individual respect of participants.

Parameters for Who Can Be Served

Both ADC and family ADC providers may serve severely impaired individuals, defined as those having any impairment that results in an inability while attending the program to perform three or more ADLs (e.g., mobility, dressing, eating, toileting, hygiene) without assistance, supervision, or prompting. The impairment may be physical or cognitive in nature.

Inspection and Monitoring

The division conducts on-site inspections once every 2 years to ensure that providers meet applicable certification standards.

Required and Optional Services

All ADC and family 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		Family Adult Day 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		X
Skilled Nursing Services				
Social Services		X		X
Transportation		X		X

Medication Provisions

If participants are responsible for managing their own medications, the individual service plan must indicate this and participants can set up and label their medications as they wish.

The self-administration of medications may be supervised by a staff member who may prompt the participant and observe him/her taking the medication. When medications are self-administered (whether supervised or not), the medication list must

be reviewed and updated annually by the prescribing practitioner (i.e., physician, physician's assistant, or nurse practitioner).

If staff administer participants' medications, non-licensed staff must consult with the prescribing practitioner or pharmacist about each medication to be administered.

If an adult day center employs a registered nurse (RN), that nurse may set up and label medications and delegate to ADC staff the responsibility to administer them to participants. The ADC RN may delegate medication setup and labeling to a licensed practical nurse.

If the adult day center has a nurse, the nurse can review participants' medications provided by residential care facilities¹ to determine their safety. If the nurse feels the medication's integrity is compromised, the nurse may decide the medications are unusable and require the medications to come in a package provided by the pharmacy.

Staffing Requirements

Adult Day Care

Type of Staff. A *program director* is required. The program director must be knowledgeable about the specific disabilities of the persons being served by the ADC program, including the physical and psychological aspects of these disabilities, the types of functional deficits that result from these disabilities, and the types of services the program must provide to meet the participants' needs resulting from these disabilities.

Staffing Ratios. At least one staff member over the age of 18 years must be on the premises at all times when participants are present. There must be a minimum of one staff person for each eight non-severely impaired participants and a minimum of one staff person for each four severely impaired participants at the ADC site. The ADC program must provide sufficient staff time and staff expertise to implement the program and participants' service plans. Volunteers may be counted as part of the staff-to-participant ratio if they have signed a written job description and meet the same standards and training requirements as employees.

Family Adult Day Care

Type of Staff. The provider must be knowledgeable in the same areas as an ADC program director (see above).

¹ Wisconsin has three types of residential care facilities: community-based residential facilities, residential care apartment complexes, and adult family homes.

Staffing Ratios. At least one person over the age of 18 years, designated by the provider, must be on the premises at all times when participants are present; no participant may be designated as in charge. The total number of persons served at any one time must not exceed six; this includes adult family members or others for whom the provider may be responsible. The maximum number of participants by care level for any one provider or staff person is shown in the following table.

Severely Impaired	Not Severely Impaired	Total
3	0	3
2	2	4
1	4	5
0	6	6

The provider must not care for children other than his/her own when participants are present. Volunteers must be under the supervision of the provider.

Training Requirements

The ADC program must have and implement a written plan for providing orientation and training to staff members. All ADC staff who interact with participants, and volunteers who are included as part of the staff-to-participant ratio, must complete an orientation within the first 2 weeks of employment, which includes: (1) an explanation of participant rights; (2) an explanation of the ADC program's policies; (3) training in recognizing and responding appropriately to medical and safety emergencies; (4) an explanation of established emergency and evacuation procedures, including the proper use of the fire extinguisher; and (5) an explanation of the program's procedure related to standard precautions, prior to exposure to potentially infectious material.

Within 90 days of employment, all employees who provide care to participants must have received training on the following topics, if they are pertinent to their job responsibilities: (1) the needs and abilities of the participants served; (2) the physical and psychological aspects of each participant's disabilities; (3) the techniques required to provide personal care to participants--bathing, grooming, walking, and feeding, etc.; and (4) the interpersonal communication skills needed to relate to participants, including an understanding of the independent living philosophy; respecting participant rights, needs, and uniqueness; respecting age; cultural and ethnic differences; confidentiality; and other relevant topics.

After the first year of employment, all employees who have responsibility for direct care or program activities, including the program director, must receive 10 hours of continuing education annually. The ADC program must provide orientation, training, and supervision to volunteers.

After the first year of operation, family ADC providers must have 5 hours of continuing education annually in topics pertinent to their job responsibilities.

Location of Licensing, Certification, or Other Requirements

Adult Day Care Certifications Standards Checklist, Department of Health Services, Division of Quality Assurance. [July 2008]

<http://www.dhs.wisconsin.gov/forms1/F6/F60947.pdf>

Family Adult Day Care Certifications Standards Checklist, Department of Health Services, Division of Quality Assurance. [July 2008]

<http://www.dhs.wisconsin.gov/forms1/F6/F62611.pdf>

Medication Setup in Assisted Living and Adult Day Care, Wisconsin Department of Health Services website. [May 4, 2012]

http://www.dhs.wisconsin.gov/rl_DSL/Publications/12-007.htm

Wisconsin Department of Health Services has the following web pages on adult day care that provide multiple links to information.

http://dhfs.wisconsin.gov/rl_DSL/AdultDayCare/AdultDCintro.htm

http://www.dhs.wisconsin.gov/rl_dsl/AdultDayCare/ADCinqResp.htm

http://www.dhs.wisconsin.gov/rl_DSL/AdultDayCare/ADCnodMemo.htm

Information Sources

Colette Anderson
Research Technician
Bureau of Assisted Living

Diane Poole
Chief
Policy and Federal Relations
Office of Family Care Expansion
Wisconsin Department of Health Services

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