

WEST VIRGINIA

Overview

The state licenses medical adult day care (ADC) centers as a special type of ambulatory health care center. The West Virginia Department of Health and Human Resources, Office of Health Facility Licensure and Certification, Assisted Living Program, is the office responsible for maintaining oversight of medical ADC centers. A medical ADC program maintained and operated by a nursing home, hospital, or other licensed health care facility must comply with the standards in the medical ADC licensing rule; compliance must be evaluated independently from compliance with other licensure standards. Sharing of staff, space, physical facilities, and equipment may be permitted only if the requirements of each applicable rule are satisfied in full.

The medical ADC center licensure rule does not apply to programs carried out by a licensed behavioral health center unless the program routinely offers medical treatment services in addition to behavioral health services. The rule also does not apply to ADC programs that are primarily social and recreational in nature, but that may occasionally offer medical screening clinics. These programs are neither licensed nor certified, and the only funding source for such programs is the Department of Veterans Affairs (VA) and grants to local senior centers.

West Virginia Medicaid does not cover medical ADC directly.

Definitions

Medical adult day care center is an ambulatory health care facility that provides an organized day program of therapeutic, social, and health maintenance and restorative services, and whose general goal is to provide an alternative to 24-hour long-term institutional care to elderly or disabled adults who are in need of such services by virtue of physical and mental impairment. The center must operate from 4 to 14 hours per day, 5 days per week, during times that encompass a normal work week for participants' caregivers.

Specialized services offered to participants in addition to regular medical ADC services include physical therapy, occupational therapy, speech therapy, and services specifically targeted to special populations such as individuals with Alzheimer's disease, developmental disabilities, traumatic brain injury, mental illness, and HIV/AIDS.

Parameters for Who Can Be Served

The licensee may not admit to the medical ADC center individuals requiring ongoing or extensive nursing care nor admit or retain individuals requiring a level of service that the center is not licensed to provide or does not provide. The licensee must seek immediate treatment for a participant or may refuse to admit or retain a participant if there is reason to believe that the participant may suffer serious harm, or is likely to cause serious harm to himself, herself, or to others, if appropriate interventions are not provided in a timely manner. If a participant has care needs that exceed the level of care for which the center is licensed or can provide, the licensee must inform the participant, or his or her legal representative, of the need for discharge from the center.

Inspection and Monitoring

The Secretary conducts at least one inspection of a medical day care center prior to issuing an initial license, and conducts periodic unannounced inspections at least once every 12 months to determine the center's continued compliance with the licensing rule.

The VA inspects ADC providers annually.

Required and Optional Services

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

Medication Provisions

A prescription--written or verbal order from a professional authorized by state law to prescribe medications--is required for altering, discontinuing, administering or self-administering prescription and over-the-counter medications, treatments, and therapies.

A licensed health care professional must determine whether or not a participant is capable of self-administration of medications or requires supervision of self-administration of medications.

Participants must be allowed to self-administer their own medication provided their attending physician has certified, in writing, that they are capable of doing so. Medications and treatments that are not self-administered must be administered only by a nurse or physician. The same person who prepared the doses for administration must administer drugs to those participants who do not self-administer their medication. All participants receiving services in the center have a right to be free from unnecessary or excessive medication. Medication must not be used for the staff's convenience, as a substitute for a program, or in quantities that interfere with the participant's treatment program.

Staffing Requirements

Type of Staff. The center must employ a center *director*, or designate one of the professional staff members as the center director. The director is responsible for ensuring compliance with all applicable laws, and ensuring the adequacy and appropriateness of services delivered to the participants. The director, or a responsible employee designated in writing and with the authority to make decisions in the director's absence, must be present and in charge of the center at all times.

The center must employ or contract with a *registered nurse* (RN) who must be in the center a minimum of 8 hours per week to provide oversight of nursing services and participant care. If *licensed practical nurses* are employed, they must work under the supervision of the center's RN. Other required staff include a qualified *activity director* to be responsible for planning and implementing an activity program to meet the needs of all participants. If the center prepares meals on site, the director must designate a staff member to serve as *food service supervisor*. Prior to assuming these duties, this individual must receive specialized training in food management and preparation, including the preparation of therapeutic diets.

Volunteers used in the program must serve as an adjunct to staff and must possess qualifications and experience appropriate to the services they render.

Staffing Ratios. The center must maintain a sufficient number of staff at all times to meet the care and service needs of all participants. A minimum staffing level of one full-time staff member involved in direct services provision for each six participants must be maintained. Additional staff must be added to meet participants' needs. Volunteers must not be used to meet the required staff ratio unless they are professionally trained and/or certified in a health occupation and receive the same orientation and training as other staff. If a participant experiences a poor outcome related to a lack of supervision or unmet care needs, the Secretary may require the licensee to add staff.

Training Requirements

The licensee must provide training to new employees prior to scheduling them to work unsupervised and no later than within the first 14 days of employment and annually thereafter. Training must include at a minimum: (1) emergency procedures and disaster plans; (2) the center's policies and procedures; (3) participant rights; (4) confidentiality; (5) abuse prevention and reporting requirements; (6) complaint procedures; (7) specialty care based on individualized participant needs and service plans; (8) the provision of group and individual participant activities; (9) infection control, and (10) needs of the elderly and disability populations.

Training of at least 2 hours' duration on Alzheimer's disease and other dementias is also required and must include: (1) basic understanding about Alzheimer's disease and other dementias; (2) communication approaches and techniques for use when interacting with persons with Alzheimer's disease or other dementias; (3) prevention and management of problem behaviors; and (4) activities and programming appropriate for persons with dementia.

New employees must have a minimum of 5 days supervised on-the-job training, volunteers must receive orientation to the program and training on the specific tasks to be performed prior to working with participants, and the director must participate in 8 hours of training annually related to the operation of a center. All employees must have current first-aid and cardiovascular pulmonary resuscitation training.

Location of Licensing, Certification, or Other Requirements

West Virginia Code of State Rules, Title 64, Series 2: Licensure of Medical Adult Day Care Centers. Office of Health Facility Licensure and Certification, Department of Health and Human Resources. [July 1, 2009]

<http://apps.sos.wv.gov/adlaw/csr/ruleview.aspx?document=2549>

West Virginia Bureau of Senior Services website: Medicaid Aged and Disabled Waiver, Personal Options.

<http://www.wvseniorservices.gov/Portals/0/pdf/brochure-PersonalOptions.pdf>

Information Sources

Karen Bill
Resource Counselor
West Virginia Bureau of Senior Services

Kelly W. Hogsett
CEO
SarahCare Adult Day Services
Barboursville, West Virginia

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