

CONNECTICUT

Overview			
<p>The state has two models of adult day care (ADC): the social model and the medical model. The social model is designed for individuals who need supervision and activities but not extensive personal care and medical monitoring.</p> <p>There are no licensing requirements for ADC in Connecticut. However, ADC programs must be certified by the Connecticut Association of Adult Day Centers, Inc. to be reimbursed for services provided to persons eligible for the Connecticut Home Care Program for Elders (CHCPE), the Adult Services Program, or any other program funded or administered by the State Department of Social Services (DSS) or any other state agency. The Association, in collaboration with DSS, sets standards and interpretive guidelines that must be approved by DSS, which are source of the information contained in this profile.</p>			
Licensure and Certification Requirements			
Licensure Only <input type="checkbox"/>	Certification Only <input checked="" type="checkbox"/>	Both Required <input type="checkbox"/>	Other <input type="checkbox"/>
Definitions			
<p>Adult day care (or adult day health services as it is called in the CHCPE) is provided through a community-based program designed to meet the needs of cognitively and physically impaired adults through a structured, comprehensive program that provides a variety of health, social, and related support services, including but not limited to socialization, supervision and monitoring, personal care, and nutrition in a protective setting during any part of a day.</p>			
Parameters for Who Can Be Served			
<p>The parameters for who can be served are stated generally in the definition of ADC as individuals with cognitive or physical impairments who need health, personal care, nutrition, and social services. Providers are required to have a written case-mix policy that specifies any limits they place on the number of persons with a specified condition they will serve at any one time. Because providers may serve Medicaid waiver participants, they can serve individuals who meet the state's nursing home level-of-care criteria.</p> <p>Individual centers may serve special needs groups through their case-mix policy.</p>			
Inspection and Monitoring			
YES <input checked="" type="checkbox"/>		NO <input type="checkbox"/>	
<p>There is an annual inspection by the Fire Marshall. ADC providers are required to have a written plan for an annual evaluation of its operation and services.</p> <p>State-contracted entities are responsible for the monitoring of clients under the CHCPE, including those in ADC.</p>			

Required and Optional Services				
	Social Model of Care		Medical Model of Care	
	Required	Optional	Required	Optional
Activities of Daily Living (ADL) Assistance	X*		X	
Health Education and Counseling		X		X
Health Monitoring/Health-Related Services	X*		X	
Medication Administration	X*		X	
Nursing Services	X*		X	
Physical Therapy, Occupational Therapy, or Speech Therapy	X*		X	
Skilled Nursing Services			X	
Social Services	X		X	
Transportation	X		X	
*These services are required only if they are specified in a participant's care plan.				
Provisions Regarding Medications				
Each physician's assessment of participants must include a record of medications and indicate those that need to be administered at the ADC. The program nurse is responsible for administering medications as needed.				
Provisions for Groups with Special Needs				
Dementia <input checked="" type="checkbox"/> Mental Retardation/ <input type="checkbox"/> Developmental Disabilities Other <input type="checkbox"/>				
Staffing Requirements				
<p>Type of staff. Providers are required to have staff to meet the needs of their client base. An <i>administrator</i> shall be responsible for the daily operation of the center. In the absence of the <i>director (sic)</i>, an on-site staff member shall be designated to supervise program and staff.</p> <p>Full-time or full-time equivalent <i>direct care staff</i> shall be considered as those who spend 70 percent of their time in providing direct service to participants. Personal care services must be provided by trained staff as specified in the individual plan of care.</p> <p>The <i>activity director</i> shall develop planned individual and group activities suited to the needs and abilities of the participants as determined in the individual plans of care.</p> <p>Social services, including counseling, information, and referral, must be available to each participant on site. Providers may either employ an individual to fill the <i>social services</i> position or contract with one.</p> <p>Providers that furnish nursing services must either employ or contract with <i>registered nurses</i> or <i>licensed practical nurses</i> licensed in the State of Connecticut.</p> <p>Centers offering the medical model of care must meet the following additional staffing requirements: a <i>program nurse</i> shall be available on site for not less than 50 percent of each operating day. The program nurse is responsible for administering medications as needed and assuring that the participant's nursing services are coordinated with other services provided in the adult day health center, and other health and social services received--whether at home, by existing community health agencies, or by personal physicians.</p>				

The program nurse must be a registered nurse, except that a program nurse may be a licensed practical nurse if the program is located in a hospital or long-term care facility licensed by the Department of Public Health with ready access to a registered nurse from such hospital or long-term care facility or the program nurse is supervised by a registered nurse who can be reached by telephone at any time during the operating day and who can be called to the center if needed within one-half hour of the request.

Staffing ratios. The direct care staff-participant ratio shall be a minimum of one-to-seven. Volunteers can be included in the ratio only when they conform to the same standards and requirements as paid staff. Staffing shall meet the needs of the client base.

Training Requirements

Providers must provide orientation for new employees and volunteers within 6 weeks of employment. General orientation to the program and facility shall include, but not be limited to, the mission and goals of ADC, the center's policies and procedures, roles and responsibilities of other staff, standard precautions, fire and safety methods/codes, and participants' rights.

All staff and volunteers shall receive regular in-service training that meets their individual training needs. All staff shall participate in at least four annual training sessions, including, but not limited to, Occupational Safety & Health Administration (OSHA) regulations on standard precautions and infection control, emergency training, and fire and safety codes.

Relevant Medicaid Contracting Requirements for Adult Day Services Providers

The Medicaid program has no additional contracting requirements.

Location of Licensing, Certification, or Other Requirements

1. <http://www.ctmedicalprogram.com/prmanuals/ch7chc.pdf>.

Citations

1. *Requirements for Payment of Connecticut Home Care Program for Elders* (Section 17b-342-2(b) Adult Day Health Services). Department of Social Services. [Amended 4/17/1998]
2. *Standards for Adult Day Care Centers in Connecticut*, Connecticut Association of Adult Day Centers, Inc. [Revised 4/19/05]

REGULATORY REVIEW OF ADULT DAY SERVICES: Final Report

PDF Files Available for This Report

Cover, Table of Contents, Acknowledgments and Introduction

<http://aspe.hhs.gov/daltcp/reports/adultday.pdf>

SECTION 1. Overview of Adult Day Services Regulations

<http://aspe.hhs.gov/daltcp/reports/adultday1.pdf>

SECTION 2. State Regulatory Profiles

<http://aspe.hhs.gov/daltcp/reports/adultday2.pdf>

Each state can also be viewed separately at:

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