

DISTRICT OF COLUMBIA

Overview			
<p>The District of Columbia (DC) provides adult day care, also called geriatric day care, through District of Columbia Office on Aging grants issued under the District of Columbia State Plan on Aging to providers who are governed by geriatric day care requirements issued and administered by the Office on Aging. These requirements are cited in this profile.</p> <p>The District of Columbia also provides adult Medicaid day treatment through the District of Columbia Department of Health Medical Assistance Administration (MAA) Elderly Waiver, using Medicaid providers certified by the Office of Disability and Aging under MAA regulations Chapter 7, <i>Medicaid Day Treatment Programs</i>, of the DC Municipal Regulations for Public Welfare. Those regulations are cited in the Medicaid Contracting Requirements section of this profile.</p> <p>The District of Columbia does not license or certify social model adult day care providers.</p>			
Licensure and Certification Requirements			
Licensure Only <input type="checkbox"/>	Certification Only <input checked="" type="checkbox"/>	Medicaid day treatment providers must be certified to provide these services	Both Required <input type="checkbox"/> Other <input checked="" type="checkbox"/> adult day care providers must follow Office on Aging contracting requirements
Definitions			
<p>Geriatric day care is a therapeutic service provided to functionally impaired DC residents 60 years of age and older to avoid or forestall institutionalization. Geriatric day care involves care and supervision provided during the day by professionally qualified personnel in a suitable facility. Geriatric day care is a more intense level of care than center-based social and recreation services.</p>			
Parameters for Who Can Be Served			
<p>Provisions for the receipt of geriatric day care funded by the DC Office on Aging set the parameters for who can be served: functionally impaired individuals 60 years of age or older who may be at risk for institutionalization if they do not receive geriatric day care services, are able to maintain themselves with some assistance (i.e., are usually able to attend to toilet and feeding without assistance), are not bedfast, and represent no threat to themselves or others.</p>			
Inspection and Monitoring			
Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/>	
None identified.			

Required and Optional Services		
	Geriatric Day Care	
	Required*	Optional
Activities of Daily Living (ADL) Assistance	X	
Health Education and Counseling	X	
Health Monitoring/Health-Related Services		
Medication Administration	X	
Nursing Services	X	
Physical Therapy, Occupational Therapy, or Speech Therapy		
Skilled Nursing Services	X	
Social Services		
Transportation	X	
*As necessary or as required by the enrollee's plan of care.		
Provisions Regarding Medications		
Nursing services such as injections and drug supervision shall be provided only by a qualified and licensed professional.		
Provisions for Groups with Special Needs		
Dementia <input type="checkbox"/>	Mental Retardation/ Developmental Disabilities <input type="checkbox"/>	Other <input type="checkbox"/>
Staffing Requirements		
Type of staff. None identified.		
Staffing ratios. None identified.		
Training Requirements		
All staff providing service must be fully trained. The agency must maintain, follow, and continually update a training and supervision program to make sure day care staff are fully trained and familiar with agency procedures.		
Relevant Medicaid Contracting Requirements for Adult Day Services Providers		
The District of Columbia provides adult Medicaid day treatment through the DC Department of Health Medical Assistance Administration Elderly Waiver, using Medicaid providers certified by the Office of Disability and Aging under MAA regulations Chapter 7, <i>Medicaid Day Treatment Programs</i> , of the DC Municipal Regulations for Public Welfare.		
Definitions. Day treatment program--a nonresidential program operated for the purpose of providing medically supervised day treatment services for elderly persons, children from birth through age three, adults with a developmental disability, and adults with mental disorders.		
Discharge criteria. The participant shall be discharged from the day treatment program under one of the following conditions: if the participant demonstrates improvement sufficient to enable him or her to live more independently, if the participant requires institutional care due to illness, if the participant develops extreme behavior problems that require referral to a more appropriate environment for assistance before returning to the program, if the participant wishes to discontinue participation in the program, or if the participant's needs can be better met in another type of program. The provider will		

provide a discharge or referral summary with goals and recommendations for continuing care and appropriate referrals.

Inspections. None identified.

Required services. ADL assistance, health education and counseling, health monitoring, medication administration, nursing, skilled nursing, and social services.

Optional services. Physical, occupational, and speech therapy.

Services not required or optional. Transportation.

Medications. Medications shall not be administered without a written order signed by a physician. Injectable medications shall be given by a registered nurse, physician, or licensed practical nurse. The individual responsible for medicating participants who are not capable of self-medicating shall personally prepare the dosage and observe the act of swallowing oral medicines.

Groups with special needs. The program serving the population of persons with mental retardation/developmental disabilities shall also provide restorative, habilitation, or maintenance therapy services.

Staffing type. There shall be a minimum of two full-time professional staff members, one of whom shall be a *social worker*. The provider shall appoint one full-time professional staff member as the *program director*. The provider shall appoint one professional staff member as *assistant program director* to act in the absence of the program director. The provider shall appoint a *registered nurse* to be on the site daily for a minimum of 4 hours. A *physician* shall be available. The provider shall appoint an *activities coordinator* and *program aides*. If physical, occupational, or speech therapy services are offered, they shall be performed by or under the supervision of a licensed *physical, occupational, or speech therapist*. At least one staff member trained in first aid shall be on duty at all times.

Staffing ratios. There shall be a ratio of one full-time staff member involved in providing direct services to participants for each six participants. If there are 18 participants or more, the registered nurse shall be on the site daily for 8 hours. At least 25 percent of the staff of a day treatment program primarily serving mentally retarded adults shall be comprised of individuals certified as qualified mental retardation professionals.

Training. The program director shall provide for staff orientation and ongoing in-service training.

Under the Medicaid regulations, if a program is located outside the District and certified for participation in the Medicaid program of the state in which it is located, the Department may accept that state's certification as adequate for the provider's participation in the DC Medicaid Program.

Location of Licensing, Certification, or Other Requirements

1. On file at RTI, provided by the DC Office of Aging.
2. On file at RTI, provided by the DC Department of Health.

Citations

1. DC Office on Aging. *Geriatric Day Care*. [Revised 9/2002]
2. DC Department of Health. *Chapter 7. Medicaid Day Treatment Programs*. [Undated]

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:

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

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

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

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

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

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

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

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

District of Columbia <http://aspe.hhs.gov/daltcp/reports/adultdayDC.pdf>

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

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

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

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

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

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

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

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

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

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

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

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

Massachusetts <http://aspe.hhs.gov/daltcp/reports/adultdayMA.pdf>
Michigan <http://aspe.hhs.gov/daltcp/reports/adultdayMI.pdf>
Minnesota <http://aspe.hhs.gov/daltcp/reports/adultdayMN.pdf>
Mississippi <http://aspe.hhs.gov/daltcp/reports/adultdayMS.pdf>
Missouri <http://aspe.hhs.gov/daltcp/reports/adultdayMO.pdf>
Montana <http://aspe.hhs.gov/daltcp/reports/adultdayMT.pdf>

Nebraska <http://aspe.hhs.gov/daltcp/reports/adultdayNE.pdf>
New Hampshire <http://aspe.hhs.gov/daltcp/reports/adultdayNH.pdf>
New Jersey <http://aspe.hhs.gov/daltcp/reports/adultdayNJ.pdf>
New Mexico <http://aspe.hhs.gov/daltcp/reports/adultdayNM.pdf>
New York <http://aspe.hhs.gov/daltcp/reports/adultdayNY.pdf>
Nevada <http://aspe.hhs.gov/daltcp/reports/adultdayNV.pdf>
North Carolina <http://aspe.hhs.gov/daltcp/reports/adultdayNC.pdf>
North Dakota <http://aspe.hhs.gov/daltcp/reports/adultdayND.pdf>

Ohio <http://aspe.hhs.gov/daltcp/reports/adultdayOH.pdf>
Oklahoma <http://aspe.hhs.gov/daltcp/reports/adultdayOK.pdf>
Oregon <http://aspe.hhs.gov/daltcp/reports/adultdayOR.pdf>

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

Rhode Island <http://aspe.hhs.gov/daltcp/reports/adultdayRI.pdf>

South Carolina <http://aspe.hhs.gov/daltcp/reports/adultdaySC.pdf>
South Dakota <http://aspe.hhs.gov/daltcp/reports/adultdaySD.pdf>

Tennessee <http://aspe.hhs.gov/daltcp/reports/adultdayTN.pdf>
Texas <http://aspe.hhs.gov/daltcp/reports/adultdayTX.pdf>

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

Vermont <http://aspe.hhs.gov/daltcp/reports/adultdayVT.pdf>
Virginia <http://aspe.hhs.gov/daltcp/reports/adultdayVA.pdf>

Washington <http://aspe.hhs.gov/daltcp/reports/adultdayWA.pdf>
West Virginia <http://aspe.hhs.gov/daltcp/reports/adultdayWV.pdf>
Wisconsin <http://aspe.hhs.gov/daltcp/reports/adultdayWI.pdf>
Wyoming <http://aspe.hhs.gov/daltcp/reports/adultdayWY.pdf>