

WAC (Washington Administrative Code) 388-71-0704 — 388-71-0776
Governing State of Washington Adult Day Services

Adult Day Care services must include all core services
Adult Day Health services must include all core services plus skilled nursing & rehabilitative therapy services

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
WAC 388-71-0704 ADULT DAY CARE (ADC) - SERVICES			
1) Core services are the basis for all adult day service programs. Core services are appropriate for adults with medical or disabling conditions not requiring the intervention or services of a RN or licensed rehabilitative therapist.			
2) Core Services include:			
a) “Personal Care Services” - Ambulation, Body Care, Eating, Positioning, Self-Medication, Transfer, Toileting, Personal Hygiene and Bathing Services: ensuring client safety/comfort while attending.			
b) Social Services – (consulting) – may include: Referrals, Caregiver support/education or assistance with coping skills.			
c) Routine Health Monitoring with RN consultation that can be provided with or without physician’s orders. Examples: (i) Routine Monitoring, (ii) General health Education, (iii) Communicating health status changes, (iv) Updating client’s medical record.			
d) General Therapeutic Activities – part of plan of care, based on client’s abilities interests and goals. Examples: (i) Recreational activities, (ii) Diversionary activities, (iii) Relaxation therapy, (iv) Cognitive stimulation, (v) Group range of motion/ conditioning exercises.			
e) General Health Education including: (i) Nutrition, (ii) Stress management, (iii) Disease management skills, (iv) Preventive care.			
f) Nutritional Meal and Snacks including modified diet.			
g) Supervision / Protection for their safety.			
h) Assistance Arranging Transportation to and from program.			
i) First aid / Provisions for obtaining or providing emergency care.			

<i>Yes</i>	<i>No</i>	<i>N/A</i>
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WAC 388-71-0706 ADULT DAY HEALTH (ADH) - SERVICES

1) is a supervised program providing skilled nursing and rehabilitative therapy services in addition to core services. Appropriate for adults with medical or disabling conditions requiring intervention or services of RN or licensed rehabilitative therapies acting under supervision of client’s physician.			
2) Programs must provide the following services on site:			
a) Core services.			
b) Skilled Nursing Services other than routine health monitoring with nurse consultation.			
c) One Skilled Therapy Service – physical therapy, occupational therapy or speech-language pathology or audiology.			
d) Psychological or counseling services including: <ul style="list-style-type: none"> • Assessing psycho-social therapy need, dementia, abuse/neglect, and alcohol / drug abuse, • Making appropriate referrals • Providing brief, intermittent supportive counseling 			

WAC 388-71-0708 ADC - ELIGIBILITY

1) COPES clients may be eligible if assessed as having an unmet need for one or more of the following core services identified in 388-71-0704:			
a) Personal care services;			
b) Routine health monitoring with consultation from a Registered Nurse;			
c) General therapeutic activities; or			
d) Supervision and/or protection for clients who require supervision or protection for their safety.			

WAC 388-71-0710 ADH – ELIGIBILITY

1) Client must meet ALL of the following to be eligible:			
a) Age eighteen year or older.			
b) Medical assistance identification card (MAID) indicates enrollment in one of the following programs: Categorically needy (CNP); Categorically needy qualified Medicare beneficiaries (CNP-QMB); General assistance – expedited Medicaid Disability (GA-X), or Alcohol and Drug Abuse Treatment and support Act (ADATSA).			
c) Assessed as having an unmet need for skilled nursing or rehabilitative therapy and:			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
(i) Reasonable expectation services will improve, restore or maintain the clients health status or Restore or slow the decline of the client's health and functional status; or, Ease related pain or suffering; and			
(ii) Client is at risk for deteriorating health, deteriorating functional ability or institutionalization; and ,			
(iii) Client has chronic or acute health condition he/she is unable to safely manage due to cognitive, physical, or other functional impairment.			
d) Assessed as having needs for personal care or other core services whether or not those needs are met.			

WAC 388-71-0712 ADH – SKILLED NURSING

1) Medically necessary services provided by RN under physician supervision or LPN under physician or registered nurse supervision, that a licensed nurse acting within the scope of practice can provide or supervise. Physician order must be obtained when required by state practice laws.			
2) Must exceed routine health monitoring, general health education and general therapeutic activities and provided with the reasonable expectation that the services will improve, restore, or maintain function. Services are:			
a) Specific to client diagnosis;			
b) Individualized to the client with planned measurable outcomes; and			
c) Evaluated every ninety days for effect on improvement of health status or prevention of decline.			
3) Skilled nursing services, including initial client nursing assessment and development of the nursing plan of care must be provided or supervised by a RN in accordance with nursing practice standards under 246-840 WAC.			
4) Skilled nursing service is not a qualifying service merely because it is ordered by a physician or provided by a nurse.			
5) Skilled nursing services must be medically necessary as defined under WAC 388-500-0005. They may include:			
a) Care and assessment of an unstable or unpredictable condition with time limited measurable treatment goals requiring frequent intervention by RN or LPN under appropriate supervision;			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
b) Evaluation and management of care plan when unstable conditions or complications require complex nonskilled care and skilled nurse oversight to ensure nonskilled care is achieving its purpose;			
c) Time-limited training by licensed nursing staff to teach client or caregiver self-care for newly diagnosed, acute or episodic medical conditions requiring skills of licensed nurse to teach.			
d) Skilled interventions provided directly by a licensed nurse.			
7) Skilled nursing services must be documented as provided under WAC 388-71-0746 and chapter 388-502 WAC.			

WAC 388-71-0714 ADH - REHABILITATIVE THERAPY

1) Medically necessary services provided by or under the supervision of a licensed PT, OT, speech-language pathology or audiology therapist acting within the scope of practice. Physician's orders must be obtained when required by practice laws.			
a) Under the direction & supervision of a licensed therapist others can provide care including: OT aides and assistants, PT aides and assistants, nurses and program aides trained in rehab techniques.			
b) Services must be related to a written plan of care with time limited measurable treatment goals approved by the physician.			
c) Services must require assessment, knowledge and skills of licensed therapist.			
d) Services must be provided with expectation it will improve, restore, or maintain function or slow decline. Services are:			
i) Specific to a client diagnosis;			
ii) Individualized to client with planned measurable outcomes;			
iii) Evaluated every 90 days to evaluate improvement of health status or prevention of decline.			
2) Rehabilitative therapy is not a qualifying service merely if ordered by physician or provided by therapist. Must be medically necessary as defined under WAC 388-500-0005.			
3) Necessary PT services may include:			
a) Assessing mobility, strength, range of motion, endurance, balance and transfer ability;			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
b) One to one and group treatment to relieve pain or develop restore, or maintain functioning with individualized measurable treatment goals;			
c) Maintenance or restorative program with measurable treatment goals with written and oral instruction as needed;			
d) Training client or caregivers in use of equipment and devices;			
e) Evaluation/management of care plan requiring complex non-skilled care;			
f) Other medically necessary services that can only be provided under the direct or indirect supervision of a PT.			
4) OT services may include:			
a) Evaluation to determine baseline level of functioning ability to transfer, range of motion, balance strength, coordination, activities of daily living, and cognitive-perceptual functioning;			
b) Teaching and training in the use of therapeutic, creative and self care activities to improve or maintain clients capacity for self-care and independence, and to increase the range of motion, strength and coordination;			
c) One to one and group treatment to develop, restore, or maintain functioning with individualized and measurable treatment goals;			
d) Training in use of supportive, adaptive equipment or devices;			
e) Evaluation and management of care plan when conditions require complex non-skilled care and skilled therapy oversight to ensure non-skilled care is achieving its purpose;			
f) Other medically necessary services that can only be provided by or under supervision of OT.			
5) Speech-language pathology or audiology services may include:			
a) Assessing baseline speech, swallowing, auditory or communication disorders;			
b) Establishing treatment program to improve speech, swallowing, auditory or communication disorders;			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
c) Providing speech therapy procedures including auditory comprehension tasks, visual and/or reading comprehensive tasks, language intelligibility tasks, training involving use of alternative communication devices or swallowing treatment;			
d) Training in methods to assist client in improving speech, communication or swallowing disorders;			
e) Evaluation and management of care plan when medical conditions require complex non-skilled care and skilled therapist oversight is needed to ensure non-skilled care is achieving its purpose;			
f) Other medically necessary services that can only be provided by or under supervision of speech-language pathology or audiology therapist.			
7) Skilled therapy services must be documented as provided under WAC 388-71-0746.			

WAC 388-71-0718 ADC – NEGOTIATED CARE PLAN

1) ADC must conduct intake evaluation to assess center’s ability to meet client needs.			
2) Within two working days ADC must respond to referral.			
3) Within ten working days of initial client attendance date ADC must determines how client’s needs will be met and whether to accept client.			
4) Within 30 days of acceptance into program ADC must develop negotiated care plan signed by client or client representative and ADC. Care plan must:			
a) Include all day care services authorized in service plan;			
b) Document identified service plan needs and services to be provided including when, how, and by whom services will be provided;			
c) Document client choices / preferences and how they will be accommodated;			
d) Document behavioral issues and how they will be managed;			
e) Document contingency plans to respond to client’s emergent care needs.			
f) Be approved by the client’s case manager.			
5) Negotiated care plan – Distribute care plan to the client’s file, client or representative, and the Case Manager.			
6) Care plan is limited to number of days authorized.			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
7) ADC must review care plan if it doesn't meet client needs or the client condition changes. ADC must report to case manager within one week, 1) changes in client condition, and 2) unanticipated absences or more than three consecutive scheduled days.			

WAC 388-71-0720 ADH – ASSESSMENT & SERVICE PLAN

1) Case managers assess need for ADH			
2) If client has a case manager, ADH must notify case manager of client's potential ADH service need			
3) If client does not have a case manager, ADH must notify department of potential need for services or refer to department for intake.			

WAC 388-71-0722 ADH – NEGOTIATED CARE PLAN

1) ADH must conduct an intake evaluation and multidisciplinary assessment to determine client's skilled and core service needs. The evaluation must be completed and preliminary care plan developed in ten service days.			
2) Within two days ADH must notify case manager of ability to evaluate referral.			
3) Within ten days of service ADH must determine if it can meet client's needs, how to meet needs, and whether to accept the client into the program. Evaluation includes acceptance into program, development of assessment and preliminary negotiated plan of care.			
4) Multidisciplinary team must provide to case manager any required practitioner's orders for skilled nursing and rehabilitative therapy. Orders must include how often client is to be seen by the authorized practitioner. Services may not be authorized for payment without current practitioner order and client's consent to follow up with practitioner.			
5) Within thirty days of acceptance into program, multidisciplinary team must develop a negotiated care plan signed by client or representative and ADH. The care plan must:			
a) Include all ADH services in service plan;			
b) Include authorized practitioner's orders for skilled nursing and/or skilled rehabilitative therapy;			
c) Documented client has consented to follow-up with primary authorizing practitioner;			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
d) Document client needs from service plan and services ADH will provide to meet them, and when, how and by whom the services will be provided;			
e) Establish time-limited client specific, measurable goals not to exceed ninety days for accomplishing the objectives;			
f) Document client choices / preferences and how preferences will be accommodated;			
g) Document potential behavioral issues and how those issues will be managed;			
h) Document contingency plans to respond to client's emergent care needs;			
i) Be approved by case manager.			
6) Distribute copy of negotiated care plan to client file, copy to client or representative, and copy to case manger, including any practitioner orders.			
7) Frequency of department funded services must not exceed number of authorized service days.			
8) ADH must review each service in plan every ninety days or more often if client's condition changes. Changes in client's condition or unanticipated absences of more than three consecutive schedules days must be reported to case manager within one week.			

WAC 388-71-0724 ADULT DAY SERVICES – CONTRACTING & RATES

1) If a center is contracting for both ADC and ADH, requirements for both must be met.			
b) Prospective provider will provide evidence of compliance with or administrative procedures to comply with adult day service rules.			
2) Minimum application information required to apply for a contract includes:			
a) Mission statement, articles of incorporation, and bylaws, as applicable;			
b) Names and addresses of the center's owners, officers, and directors as applicable;			
c) Organizational chart;			
d) Total program operating budget including all anticipated revenue sources and any fees generated;			
e) Program policies and operating procedure manual;			
f) Personnel policies and operating procedure manual;			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
g) Policies and procedures meeting requirements of mandatory reporting procedures as described in chapter 74.34 RCW to adult protective services for vulnerable adults and local law enforcement for other participants;			
h) Audited financial statement;			
i) Floor plan of the facility;			
j) Local building inspection, fire department, and health department reports;			
k) Updated TB test for each staff member according to local public health requirements;			
l) Sample client case file including all forms that will be used;			
m) Activities calendar for the month prior to application, or sample calendar;			

WAC 388-71-0726 ADH - TRANSPORTATION

If Medicaid transportation services are requested ADH must refer client to a local Medicaid transportation broker.			
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WAC 388-71-0728 ADULT DAY CENTERS - COORDINATION OF SERVICES

1) COPES-eligible clients may receive ADC services on some days and ADH services on different days if the service plan documents which level of service is to be provided on which day. Core services must be provided on all days ADH services are provided.			
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WAC 388-7-1-0736 ADULT DAY CENTERS - ADMINISTRATIVE POLICIES

1) Programs must have written policies and procedures			
2) Administrative policies and procedures must include:			
a) Mission statement;			
b) Articles of incorporation and bylaws, as applicable;			
c) Current business license;			
d) Names and addresses of the center's owners, officers, and directors, as applicable;			
e) Certificates of insurance, including property and general liability insurance; business auto if the center uses vehicles to transport clients; professional liability; workers' compensation; employers; liability if applicable; coverage for acts and omissions of employees and volunteers; and certificates of insurance for any subcontractors;			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
f) Minutes of last three meetings of the board of directors, if applicable, and the advisory committee;			
g) Role and functions of an advisory committee, which must meet at least twice a year and be representative of the community and include family members of current or past clients and nonvoting staff representatives; Or When the program is a subdivision of a multifunction organization, a committee or subcommittee of the governing body of the multifunction organization may serve as the advisory committee. A single purpose agency may utilize its governing board as an advisory committee.			
h) An organizational chart which must be available to all staff and clients;			
i) A calendar of programming ;			
j) A monthly menu;			
k) Current building, health, food service and fire safety inspection reports, and food handler permits, as applicable;			
l) Quality improvement plans and results.			

WAC 388-71-0738 ADULT DAY CENTERS – OPERATING POLICIES & PROCEDURES

1) Policies and procedures must be reviewed at least annually by the advisory committee			
2) Policies and procedures must include:			
a) Core values and mission of the organization;			
b) Ethical standards of the center and professional standards of conduct;			
c) Short and long-range program goals;			
d) Definition of the target population, including number, age, and needs of participants;			
e) Geographical definition of the service area;			
f) Hours and days of operation;			
g) Description of basic services and any optional services;			
h) Description of service delivery;			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
i) Procedures of assessments, reassessments, and the development of a negotiated plan of care with clients /or their representatives including use of multidisciplinary team for this process;			
j) Research procedures if applicable (388-04 WAC);			
k) Staffing pattern;			
l) Plan for utilizing community resources;			
m) Gift policy;			
n) Marketing plan;			
o) Contracting for services;			
p) Grievance and complaint processes for staff and participants.			

WAC 388-71-0740 ADULT DAY CENTERS – FISCAL OPERATIONS

1) Centers must use generally accepted accounting principles and develop fiscal policies, procedures and records to meet needs of the governing body			
2) Centers must develop a plan to address future financial needs including: projected program growth, capital purchases, projected revenue, projected expenses, and plans for fundraising if applicable;			
3) Centers must create a total center operating budget including all revenue sources and participant fees generated annually.			
4) A financial statement or the latest audit report of the organization by a c.p.a. must be available			
5) Statement of charges for services, including private pay rates and/or ancillary charges for additional services must be available.			

WAC 388-71-0742 ADULT DAY CENTERS - CLIENT POLICIES & PROCEDURES

1) Policies must define admission criteria, discharge criteria, Health Insurance Portability and Accountability Act (HIPPA) policies, medication policy, participant rights and responsibilities, fee schedule, confidentiality, and grievance procedures.			
2) Center must comply with nondiscrimination laws including age, race, color, gender, religion, national origin, creed, marital statue, Vietnam era or disables veteran’s status, or sensory, physical, or mental handicap.			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
3) Participant bill of rights describing client's rights and responsibilities must be developed, posted, distributed to, and explained to participants, families, staff and volunteers. Will be provided to participants in the language understood by the individual upon request.			
4) Advance directive policy as required by Patient Self Determination Act of 1990.			
5) Discharge policies must include specific criteria that establish when participant is no longer eligible for services and under what circumstances the participant may be discharged. Unless discharge is initiated by the case manager, the center must notify the client or representative and case manager in writing of the specific reasons for the discharge. Center must provide client with adequate information about appeal and hearing rights. Discharge may occur due to client choice, other center criteria such as standards of conduct or inappropriate behavior or changes in circumstances making the client ineligible for services under WAC 388-71-0708 or 388-71-0710.			
6) Incident report policies must include investigation and reporting of neglect, abuse, exploitation, accident, or incident jeopardizing or affecting a participant's health or safety and include how the center will determine circumstances of the event, restrictions on staff or clients during the investigation, how similar situations will be prevented or decreased, and location of incident reports. Center must keep a log of all reported incidents, participant grievances, complaints, and outcomes.			

WAC 388-71-0744 ADULT DAY CENTERS – CLIENT RECORDS

1) Centers must have policies and procedures to ensure client record is appropriately organized and that confidentiality of information is maintained.			
2) Client information forms must be standardized with each page showing the client's name or identification number.			
3) Individual client files must include:			
a) Personal/biographical data, including addresses, phone numbers, emergency contacts, and client representatives, reviewed and updated as needed;			
b) Application, enrollment, and consent to services forms;			
c) Department-authorized service plan and service authorization;			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
d) All client information including: intake evaluation, negotiated care plan, attendance and service records, progress notes and correspondence;			
e) Signed authorizations concerning the release of client information, photographs, and receipt of emergency medical care;			
f) Client photograph, with client or client representative permission, updated as needed;			
g) Transportation plans;			
h) Fee determination forms;			
i) Appropriate medical information, with client consent including significant illnesses, accidents, treatments, medical conditions, immunizations, allergies, medications, tobacco use, and alcohol or substance use;			
j) Advance directives (if any) and statement signed by client that he or she has received the center's policies concerning advanced directives;			
k) Physician orders for skilled nursing and/or rehabilitative therapy containing department-required information and is accordance with applicable licensing and practice act regulations.			

WAC 388-71-0746 ADULT DAY CENTERS – DOCUMENTATION

1) Entries in client's record must be typewritten or legibly written in ink, dated, and signed by the recording person with his/her title. Identification of the author may be a signature, initials or other unique identifier with the requirements of applicable licensing standards and center policy.			
2) Progress notes must be chronological, timely, and recorded weekly by ADH centers and monthly by ADC centers. Daily client attendance must be kept.			
3) Consultation and/or care plan reviews must be dated and initialed by the physician or other authorizing practitioner.			
4) Documentation of medication use must include name of medication, dosage, route of administration, site of injection if applicable, and signature or initials of the person administering the medication, title and date.			
5) Records must be legible.			
6) ADH centers must comply with all other applicable documentation requirements under WAC 388-502-0020.			

<i>Yes</i>	<i>No</i>	<i>N/A</i>
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WAC 388-71-0748 ADULT DAY CENTERS - RECORD RETENTION

1) centers must have secure system to ensure confidentiality whether paper or electronic in accordance with state/federal laws, including HIPAA			
2) Center must maintain permanent registry of all clients with dates of admission and discharge.			
3) Centers must have written policies concerning:			
a) Confidentiality and protection of records that define procedures governing use and removal and conditions for release of information contained in the records;			
b) Release of client information and circumstances under which signed authorization from client or representative is required;			
c) Retention and storage of records for at least six years from the last date of service, including contingency plans in the event the center discontinues operation.			
4) Client records must be in a secure storage area including locking cabinets or storage. Computer records must be backed up weekly and stored off-site.			

WAC 388-71-0750 ADULT DAY CENTERS - PERSONNEL POLICIES & PROCEDURES

1) Centers must have personnel policies and procedures to ensure staff are trained and knowledgeable to provide services. They must include:			
a) Policies on recruitment, orientation, training, evaluation and professional development of staff and volunteers;			
b) Job descriptions for each staff and volunteer position that are in accordance with ADA requirements and specify qualifications for the job, delineation of tasks, and lines of supervision and authority;			
c) Each employee must receive, review and sign a copy of the job description at time of employment and whenever job descriptions are modified. Volunteers functioning as staff must receive written descriptions of responsibilities.			
d) Probationary evaluations and annual performance evaluations must be conducted and conform to the policy of the funding or parent organization. The employee and supervisor must sign the evaluation. Copies will be kept in locked personnel files.			
e) Each staff is to have tuberculin test within 30 days of employment. The tests will be repeated according to local public health requirements.			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
f) Policies to restrict a staff or participant's contact with clients when the staff or participant has a communicable disease in the infectious stage;			
g) Policies must be established concerning hand washing, universal precautions, infection control, infectious waste disposal, blood borne pathogens and laundry and handling of soiled and clean items.			
2) Policies/procedures concerning suspected abuse, neglect, or exploitation reporting including preventing access to any participant until the center investigates and takes action to assure the participant's safety.			
3) Center must not interfere with the lawful investigation of a complaint, coerce a participant or conceal evidence of alleged improprieties occurring at the center.			
4) Policies must meet the requirements of mandatory reporting procedures as described in chapter 74.34 RCW to adult protective services for vulnerable adults and to local law enforcement for other participants.			
5) Each employee must have access to copy of the personnel policies at the time of employment.			
6) Whenever volunteers function as staff, all applicable personnel policies must pertain.			
7) Center must conform to federal and state labor laws and be in compliance with equal opportunity guidelines.			

WAC 388-71-0752 ADULT DAY CENTERS – STAFFING REQUIREMENTS

1) Staff selection depends on participant needs, program design and contracting requirements. Centers must have proper balance of professionals and paraprofessionals or nonprofessionals to meet participant needs. Staff must have adequate professional training. A staff person can have multiple functions.			
2) There must be clear division of responsibility between the governing body and the adult day center administrator.			
3) The administrator must have full authority and responsibility to plan, staff, direct, implement the program, and establish relations with other community organizations.			
4) Administrator must be on site to manage day-to-day operations during hours of operation. If the administrator has responsibilities for more than one site a program director must be designated for each additional site and report to the administrator.			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
5) Administrator responsible for plan of operation with approval of governing board. Administrator responsible for development, coordination, supervision, fiscal control and evaluation of services provided.			
6) Nurse or personnel trained in first aid and CPR must be on hand whenever participants are present.			
7) Backgrounds checks must be performed for all applicants hired, existing employees, and volunteers according to RCW 43.43.830 and 43.43.832.			
8) Credentials of licensed and certified staff must be verified to ensure they are current and in good standing.			
9) Centers may utilize range of staff under contract or consulting from a parent organization or private entity.			
10) Staff used by centers must meet the following:			
a) Activity coordinator must have BA in recreational therapy or related field and 1 year experience; or an AA in recreational therapy or related field and two years experience; or three years paid experience in an activity program and expertise with population served at the center.			
b) Nurse must be a RN with 1 year experience. Centers can use a LPN, but they must be supervised in compliance with nurse practice acts and standards. LPN must have valid credentials and 1 year's experience.			
c) Social services professional must have MS in social work, gerontology, counseling or human services field and 1 year experience; or BA in social work counseling or related field and two years experience in human services field.			
d) Program assistant/aides must have 1 year experience working with adults in health care or social services.			
e) Consultants from a larger parent organization without formal contracts may be utilized whenever the center is part of larger organization that has the ability to provide professional services.			
f) Consultants with valid state credentials may be used to meet the requirements in this WAC.			
g) Secretary/bookkeepers must have high school diploma or equivalent and skills/training to carry out the duties of the position.			
h) Transportation drivers if any, must have appropriate state driver's license, safe driving record, and training in first aid and CPR.			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
i) Volunteers must receive orientation and training. They are included in staff ratio only when they conform to the same standards and requirements as paid staff.			
j) Dietitians must be certified with 1 year's experience.			

WAC 388-71-0754 ADULT DAY CENTERS – STAFFING RATIOS

1) Staffing levels vary based on the number of participants and care provided.			
2) Staffing must be sufficient to serve the number and functioning levels of center participants, meet program objectives, and provide access to community resources.			
3) There must be sufficient maintenance / housekeeping staff to assure facility is clean, sanitary and safe.			
4) There must be adequate qualified substitute staff.			
5) Staff-participant ratio must be adjusted according to increase in the number of participants with functional impairments, skilled nursing or skilled rehabilitative therapy needs.			
6) Centers must have policies regarding staff-participant ratios with a minimum of one staff to six participants but adequate to meet the needs of the participants.			
7) Only staff providing direct service to participants are counted in the staff-participant ratio. There must be at least two staff members on the premises when more than one participant is present,			

WAC 388-71-0756 ADC – STAFFING REQUIREMENTS

1) Minimum staffing includes: administrator/program director, activity coordinator, consulting RN, and consulting social worker.			
2) Administrator/program director must have master's degree and 1 year supervisory experience in health or social services; or a BA in health, social services or related field and two years of supervisory experience in a social or health service setting; or a high school diploma or equivalent and four years of experience in a health or social services field of which two years are in a supervisory position, and have expertise with the populations serve at the center.			

WAC 388-71-0758 ADH – STAFFING REQUIREMENTS

1) Minimum requirements include: administrator / program director, RN, activity coordinator, PT/OT or speech therapist, and social worker.			
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	<i>Yes</i>	<i>No</i>	<i>N/A</i>
2) Program administrator must have master's degree and 1 year supervisory experience in health or social services, or a BA and two years of supervisory experience in social or health services. The degree may be in nursing.			
3) Program director must have a bachelor's degree in health, social services or related field with 1 year supervisory experience. Upon approval by the department, a day health center may request an exception for an individual with an associate's or vocational degree in health, social services, or a related field with four years of experience in a health or social services setting, of which two years must be in a supervisory position.			
4) Therapists must have valid state credentials and 1 yr experience in health or social setting.			
5) Rehabilitative therapeutic assistants must be certified with valid state credentials with 1 year experience and meet requirements of chapter 246-915, 246-847, or 246-828 WAC.			
6) Certified or registered nursing assistant must meet the requirements of RCW 18.88A.020.			

WAC 388-71-0760 ADULT DAY CENTERS – EMPLOYEE RECORDS

1) Employees must have an individual file with: application, verifications of references, TB statue, signed job description, all performance evaluations. Copies of current license or certificate and verification of current good standing, certification of CPR and first aid training, if applicable must also be in the file.			
2) Employee records must be maintained for the duration of staff employment and at least seven years after termination of employment.			
3) Employee records must contain all records of training, such as staff orientation, training pertinent to duties or regulatory compliance, including CPR, first aid, and universal precautions training.			
4) Employee records must contain criminal history disclosure and background checks.			

WAC 388-71-0762 ADULT DAY CENTERS – EDUCATION & TRAINING

1) New employees, contractors, and volunteers must receive orientation.			
2) Staff, contractors, and volunteers must receive at a minimum quarterly in-service training and staff development meeting their individual training needs. This must be documented in personnel files and in a general file.			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
3) Staff, contractors, and volunteers must receive training on documentation, reporting requirements, and universal precautions.			
4) At least one staff per shift must be trained and certified in CPR.			
5) Staff and volunteers must receive training on all applicable policies and procedures.			

WAC 388-71-0764 ADULT DAY CENTERS – MEDICATION

1) Center must develop written medication policies that are explained and accessible to all staff, contractors, volunteers, and participants that have responsibility in this area. Policies must include the following:			
a) Medications must be kept in a locked storage. Medications needing refrigeration should be in a locked box if not in a refrigerator dedicated to medications.			
b) Medication policies must describe:			
i) Under what conditions licensed program staff will administer medications;			
ii) How medications brought by a client must be labeled;			
iii) How nonprescription medications such as aspirin or laxatives are to be used;			
iv) How the administration of medications will be entered in client records;			
v) Policies must be consistent with laws governing medication administration under RCW 69-41.00 and chapter 246-888 WAC.			
2) Clients needing to take medications while at the center who can self medicate, must be encouraged and expected to bring and take their own medications as prescribed. Some may need medications administered by qualified program staff.			
3) In order for center staff to administer any prescribed medications, written authorization must be obtained for the client’s authorizing practitioner stating the medication is to be administered at the program site.			
4) Staff must be trained to observe medication usage and effects, and to document and report any concerns or difficulties with medications.			

<i>Yes</i>	<i>No</i>	<i>N/A</i>
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WAC 388-71-0766 ADULT DAY CENTERS – FACILITY

1) Selection of a location for a center must be based on information about potential participants and be made in consultation with other organizations serving older individuals and those with functional impairments as well as considering availability of a suitable location.			
2) Centers must have a current floor plan with interior measurements, building inspection report, fire department inspection report, and local health department inspection report if operating a kitchen.			
3) Facility must comply with applicable state, county, and local building regulations, zoning, fire, and health codes or ordinances.			
4) If not located at street level, it must have ramp and/or elevators. An evacuation plan must be in place.			
5) If co-located in a facility housing other services, it must have its own separate identifiable space for main activity areas.			
6) Centers must have appropriate hardware on doors of storage rooms, closets, bathrooms, and other rooms to prevent participants from being accidentally locked in.			
7) When possible, the location should be within a transit authority's core service area.			

WAC 388-71-0768 ADULT DAY CENTERS – PHYSICAL ENVIRONMENTS REQUIREMENTS

1) The facility must have sufficient space to accommodate the full range of program activities. The program must provide and maintain essential space necessary to provide services and protect the privacy of participants. There must be sufficient private space to permit staff to work effectively and without interruption. There must be sufficient space available for private discussions.			
2) The facility must provide at least sixty (60) square feet of space for multi-purpose use for each participant. Dining and kitchen areas are to be included only if these areas are used by clients for activities other than meals.			
3) Storage space.			
a) There must be adequate storage space for program and operating supplies.			
b) Toxic substances must be stored in an area not accessible to participants. They must be clearly marked, contents identified, and stored in original containers.			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
4) Restrooms			
a) Restrooms must be located as near the activity area as possible, preferably no more than forty feet away. It must include at least one toilet for every ten participants.			
b) Programs with large numbers of participants requiring more scheduled toileting or assistance must have at least one toilet for every eight participants.			
c) Toilets shall be equipped for use by mobility-limited persons and easily accessible from all program areas. One toilet area should be designed to allow assistance from one or two staff.			
d) Each restroom must contain an adequate supply of soap, toilet tissues, and paper towels.			
e) Showers are to be accessible to those who require bathing as a core service.			
5) Rest area			
a) Facility must have a rest area and designated areas to permit privacy to isolate participants who become ill or disruptive or require rest.			
b) Rest area must be located away from activity areas and near a restroom and the nurse's office. There must be at least one bed, couch, or recliner for every ten participants that can be used for resting or isolation of an ill participant.			
c) If beds are used, the mattresses must be protected and linens changed after each use by different participants.			
6) Loading zones/parking/entrances/exits.			
a) A loading zone must have sufficient space for getting in and out of a vehicle for safe arrival and departure of participants.			
b) There must be sufficient parking to accommodate family caregivers, visitors, and staff.			
c) When necessary, arrangements must be made with local authorities to provide safety zones for those arriving by motor vehicle.			
d) Adequate lighting must be provided in all loading/parking zones, entrances and exits.			
e) The entrance must be clearly identified.			
f) There must be at least two well-identified accessible exits.			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
7) Atmosphere and design			
a) Center's design must facilitate the client's movement through the facility and encourage involvement.			
b) Environment must reinforce orientation and awareness of the surroundings by providing cues and information about specific rooms, locations, and functions that help orient participants to time and space.			
c) Facility must be designed in conformance with Section 504 of the Rehabilitation Act of 1973 and Americans with Disabilities Act to accommodate individuals with a disability.			
d) Illumination levels must be adequate and attention must be given to lighting in transitional areas such as outside to inside.			
e) Sound transmission must be controlled.			
f) Comfortable conditions must be maintained within a comfortable temperature range.			
g) Sufficient furniture must be available, attractive, comfortable, sturdy and safe. Straight-backed chairs with arms must be used during activities and meals.			
h) A telephone must be available for participant use.			
8) Safety and sanitation			
a) Facility and grounds must be safe, clean and accessible to all participants and designed, constructed, and maintained in compliance with all applicable local, state and federal health and safety regulations.			
b) Non-slip surfaces or bacteria-resistant carpets must be provided.			
c) Alarm/warning systems are required to ensure safety. It is recommended that call bells be installed or placed in the rest areas, restroom stalls and showers.			
d) An evacuation plan/ disaster plan must be strategically posted in each facility.			
e) The facility must be free of hazards such as high steps, step grades and exposed electrical cords. Steps and curbs must be painted and edges of stairs marked appropriately. All stairs, ramps and bathrooms accessible to those with disabilities must be equipped with handrails.			
f) Emergency first-aid kits must be visible and accessible to staff.			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
g) Maintenance and housekeeping must be carried out on a regular schedule.			
h) If smoking is permitted, an adequately ventilated area away from the main program area must be provided and supervised.			

WAC 388-71-0770 ADULT DAY CENTERS – FOOD & NUTRITION SERVICES

Centers must provide meal services to all participants.			
1) All meals provided are to meet one-third of the minimum required daily allowance as determined by the Food and Nutrition Board of the Institute of Medicine.			
2) The center must ensure that food meets nutritional needs, considers individual and ethnic preferences, caloric need, special dietary requirements and any physical condition making food intake difficult.			
3) The center must provide a variety of foods and not repeat menus for a minimum of three weeks.			
4) Participant input must be gathered when planning meals.			
5) Menus must be posted one week in advance indicating the date, days of the week month, and year and include all food and snacks served.			
6) Nutrient concentrates, supplements and dysphagia-modified diets related to choking or aspiration risk are to have written approval of participant’s physician.			
7) Safe and sanitary handling, storage, preparation, and serving of food must be assured. If meals are prepared on site, the kitchen must meet state and local requirements.			
8) All staff and volunteers handling or serving meals must have the appropriate food handler’s permits.			
9) If meals are prepared at a separate kitchen, the center must ensure that persons preparing food have a food handler’s permit and that food is transported in airtight containers to prevent contamination.			
10) Center must ensure that the food is transported and served at the appropriate and safe temperature.			

WAC 388-71-0772 ADULT DAY CENTERS – EMERGENCY PROCEDURES

1) An emergency/disaster/earthquake plan must be posted at each site and in program owned vehicles. Staff must be trained on the emergency plan			
2) Staff and volunteers must be trained in evacuation/fire safety procedures.			

	<i>Yes</i>	<i>No</i>	<i>N/A</i>
3) An illness/injury/medical emergency/death procedure must be posted, explained to staff, volunteers, and participants and followed in the event a participant becomes ill. Procedures must describe arrangements for hospital inpatient and emergency room services and include directions on how to secure ambulance service and complete incident reports.			
4) Procedures for fire safety as approved by the local fire authority must be adopted and posted, including provisions for fire drills, inspection and maintenance of fire extinguishers, and periodic inspection and training by fire department personnel. The center must conduct and document quarterly fire drills and document the center's ability to meet procedures. Improvements must be based on the fire drill evaluation. Smoke detectors must be used.			
5) Centers must have adequate emergency lighting or flashlights in all areas.			
6) Centers must provide and maintain first aid kits in adequate numbers to meet the needs of participants.			
7) Centers must have supplies, food, water and equipment available in event power, heat and/or electricity are not available during an emergency.			

WAC 388-71-0774 ADULT DAY CENTERS – QUALITY ASSURANCE & IMPROVEMENT

1) Centers must develop a quality improvement plan with specific measurable objectives, designed to meet requirements of any licensing, funding sources, professional standards or regulatory compliance.			
2) Policies and procedures for monitoring program quality and determining further action must be developed by the administrator with advice of the multidisciplinary staff team and advisory committee, with approval of the governing body and center clients and/or representatives.			
3) Quality assurance and improvement plans may include annual evaluations, utilization reviews, participant satisfaction surveys, and participant improvement and/or plan audits.			