

Partners in Caring
for Frail and Disabled Adults
in Washington

Adult Day Services

Area Agencies on Aging

Aging and Disability Services Administration



Guide to
Adult Day Services
Regulations

WAC 388-71-0702 through 388-71-0776

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Services: Adult Day Care

([WAC 388-71-0702](#), [388-71-0704](#))

Both Adult Day Care (ADC) and Adult Day Health (ADH) programs are community based and designed to meet the needs of adults with impairments through individual plans of care. These types of structured, comprehensive, non-residential programs provide a variety of health, social, and related support services in a protective setting. By supporting families and caregivers, an adult day services program enables the person to live in the community. Clients attend on a planned basis. Clients in ADC do NOT require the services of a licensed nurse and/or rehabilitative therapist to meet their needs while attending the program; clients in ADH DO REQUIRE the services of a licensed nurse and/or rehabilitative therapist while attending the program.

ADC is a supervised daytime program that provides:

- ❖ Routine Health Monitoring
- ❖ Personal Care Services
- ❖ Social Services
- ❖ Supervision
- ❖ Assist with Transportation
- ❖ General Health Education
- ❖ General Therapeutic Activities
- ❖ Social Service Coordination
- ❖ Nutritious Meal
- ❖ First Aid; Obtaining Emergency Care

SERVICES: ADULT DAY CARE (ADC)

Specifics: ADC Services

- ❖ **Contracted ADC centers qualify as COPES providers; ADC may be the only COPES service a client has.**
- ❖ **All ADC services listed on previous page represent “core services” offered by both ADC and ADH (ADH adds a medical component on top of these “core services”).**
- ❖ **Routine Health Monitoring includes obtaining baseline and routine monitoring information on a client’s health status (vital signs, weight, dietary needs); communicating changes in the client’s health status to caregiver and case manager; annual and as needed updating of the client’s medical record; and assistance as needed with the coordination of health services provided outside the ADC program.**
- ❖ **General Health Education includes providing information about topics such as nutrition, illnesses, and preventive care.**
- ❖ **Personal Care Services include assistance with: ambulation; body care; eating; positioning; self-medication; transfers; toileting; and personal hygiene and bathing at a level that ensures client safety and comfort while at the program.**
- ❖ **General Therapeutic Activities are planned and provided as an integral part of the client’s Plan of Care and are based on a client’s abilities, interests and goals. Examples include recreational activities; relaxation therapy; cognitive stimulation; and group Range of Motion and exercises.**

Services: Adult Day Health

[\(WAC 388-71-0702, 388-71-0706\)](#)

Adult Day Health (ADH) programs are designed to meet the needs of adults with impairments through individual plans of care and to provide support to frail, disabled adults and their caregivers/families in order to optimize/maintain functioning and allow them to remain in the community living situation of their choice for as long as possible. Unlike clients in ADC, clients in ADH require the services of a licensed nurse and/or rehabilitative therapist while attending the program.

ADH is a supervised day program that provides all “Core Services” in ADC section PLUS the following medical and psychological services:

❖ Skilled Nursing Services such as:

- Care and Assessment of unstable/unpredictable medical conditions.
- Skilled Nursing Interventions (medication administration, oxygen management, wound care, etc).
- Training/Teaching of client and/or caregiver for management of a medical condition.
- Evaluation and Management of Care Plan when skilled nursing oversight is needed to ensure complex non-skilled care is achieving its purpose.

❖ Skilled Therapy Services in at least one of the following areas:

Physical Therapy Occupational Therapy
Audiology Speech-Language Therapy

Providing services such as:

- Assessing baseline functioning.
- Providing 1:1 and/or group therapy to relieve pain or develop, restore or maintain functioning or slow decline.
- Training/Teaching client and/or caregiver for management of care needs.
- Evaluation/Management of Care Plan when skilled therapist oversight is needed to ensure that complex non-skilled care is achieving its purpose.

❖ Psychological/Counseling and Referral Services



SERVICES: ADULT DAY HEALTH (ADH)

Specifics: ADH Services

❖ Skilled Nursing Services:

- Are Medically necessary.
- Are provided by an RN under MD supervision or by an LPN under RN or MD supervision with MD orders obtained when required by state practice laws for licensed nurses.
- Exceed Routine Health Monitoring and Core Services of ADC.
- Are provided with reasonable expectation that the services will improve, restore, or maintain function or slow decline.
- Are individualized to client and diagnoses with planned measurable outcomes AND are evaluated every 90 days for effect on improvement of health status or prevention of decline.

❖ Skilled Rehabilitative Services:

- Are Medically necessary.
- Are provided by or under the supervision of a licensed therapist with MD orders obtained when required by state practice laws.
- Are provided with reasonable expectation that the services will improve, restore, or maintain function or slow decline.
- Are individualized to client and diagnoses with planned measurable outcomes AND are evaluated every 90 days for effect on improvement of health status or prevention of decline.
- Relate to active, written Plan of Care with time-limited measurable goals approved by MD.
- Can be provided by the following staff under the direction and supervision of a licensed therapist: OT/PT assistants; OT/PT aides; nurses; and specially trained program aides.

❖ Psychological or Counseling Services:

- Include assessing for psychosocial therapy need, dementia, abuse or neglect, and alcohol or drug abuse.
- Include making appropriate referrals.
- Include providing brief, intermittent supportive counseling.

SPECIFICS: ADH SERVICES

Eligibility: ADC

(WAC 388-71-0708)

❖ Eligible Clients are:

- **Age 18 or over COPEs eligible and assessed as having an unmet need for one or more of the following core services:**
- **Personal Care**
 - **Routine Health Monitoring with RN consultation**
 - **General Therapeutic Activities**
 - **Supervision/Protections for those who require it for safety**

❖ Ineligible Clients are:

- **COPEs clients who:**
 - **Can independently perform or obtain the services provided at ADC.**
 - **Have unmet needs that can be met more cost-effectively through other COPEs services.**
 - **Have needs that exceed the scope of ADC services; can be met in a less structured care setting; or are being met by paid or unpaid caregivers.**
 - **Live in a nursing home, boarding home, Adult Family Home, or other licensed institutional or residential facility.**
 - **Cannot participate safely in a group care setting.**

ELIGIBILITY: ADC

Specifics: ADC Eligibility

- ❖ **Contracted ADC centers qualify as COPES providers; ADC may be the only COPES service a client has.**
- ❖ **Be aware that while you can NOT refer clients in Adult Family Homes or residential facilities to ADC, you can refer them to ADH. IF they have medical needs which are not being met in that facility (example: a client living in an Adult Family Home uses a wheelchair since his stroke and is having increased falls during transfers; which client could be referred to ADH for OT/PT).**
- ❖ **By way of example, possible ADC referral with caregiver involvement: If a client is living with an unpaid caregiver/family member who is meeting the client's needs but is stressed and/or exhausted and can only continue providing such care with some respite (or residential placement is inevitable).**

OR

- ❖ **If a client is living with an unpaid caregiver/family member who works and must quit or has quit to meet client's needs and the situation is creating or would create financial hardship for the caregiver/family member**

SPECIFICS: ADC ELIGIBILITY

Eligibility: ADH

(WAC 388-71-0710)

❖ Eligible Clients are those who meet ALL of the following criteria:

- **Are age 18 or over.**
- **Have MAID card that shows they are enrolled in one of the following medical assistance programs:**
- **CNP; CNP-QMB; GAX: ADATSA. Are assessed as having an unmet need for skilled nursing (WAC 388-71-0712) or skilled rehabilitative therapy (WAC 388-71-0714).**
- **There is reasonable expectation that skilled services will improve, restore, or maintain the client's health status—or, in the case of a progressive, disabling condition, will either restore or slow the decline of the client's health and functional status or ease related pain or suffering.**
- **Are at risk for deteriorating health or functional ability or institutionalization.**
- **Have chronic or acute health condition that they are not able to manage safely due to a cognitive, physical, or functional impairment.**
- **Assessed as having needs for personal care or other core services under WAC 388-71-0708, whether or not those needs are otherwise met.**

❖ Ineligible Clients are those who:

- **Can independently perform or obtain the services provided at ADH.**
- **Have care needs that: exceed the scope of ADH services; do not require the services/supervision of a licensed nurse or therapist; can be met in a less structured care setting; are being met by paid or unpaid caregivers.**
- **Live in a nursing home or institutional facility where medical services are available.**
- **Are not able to participate safely in a group care setting.**

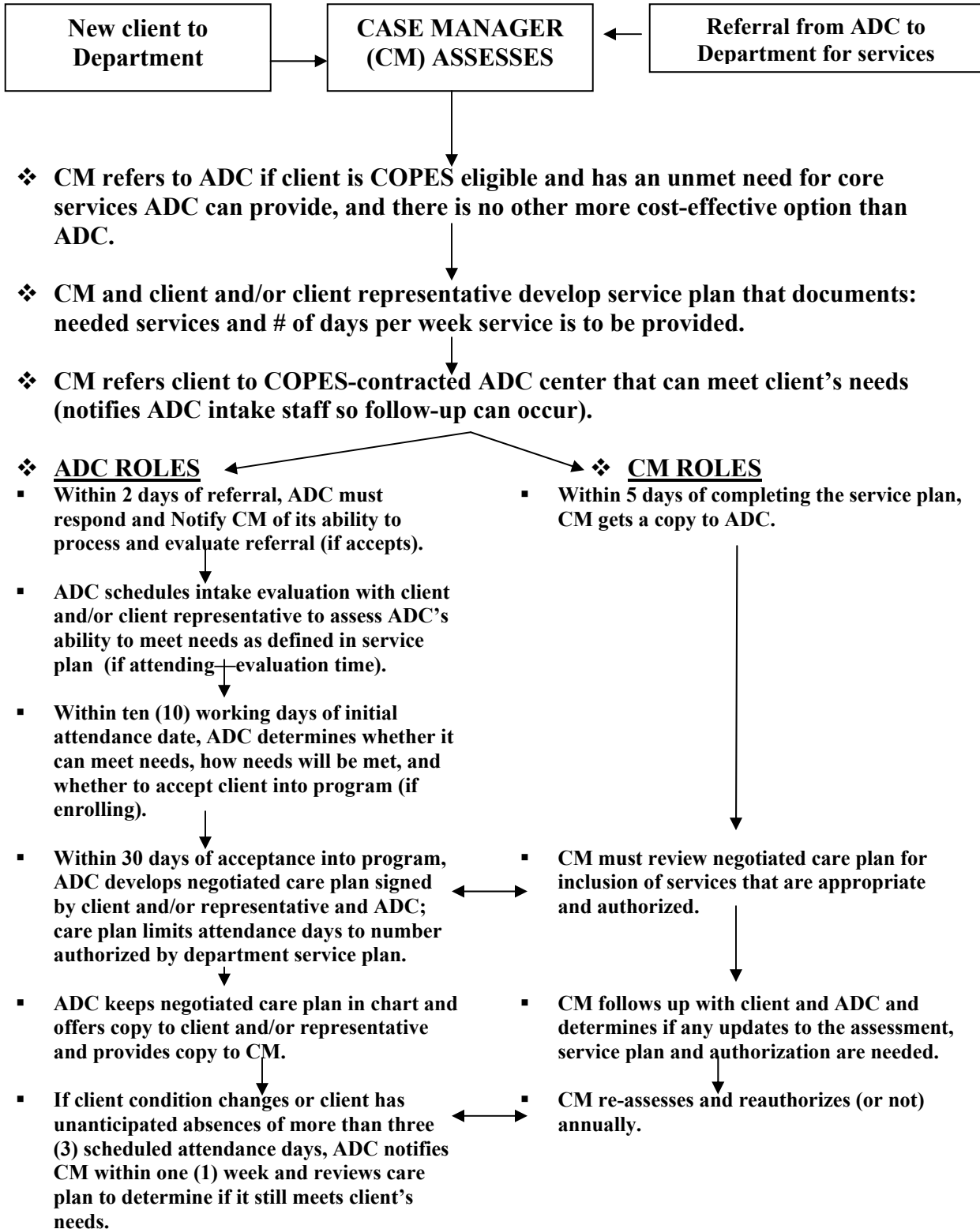
ELIGIBILITY: ADH

Specifics: ADH Eligibility

(WAC 388-71-0710, 388-71-0712, 388-71-0714)

- ❖ **Clients living in Adult Family Homes and some supportive living arrangements are eligible for ADH referral—IF they have medical needs that are not being met in that living arrangement and ADH can meet those needs (example: a client living in an Adult Family Home is having frequent falls may be referred to ADH for OT/PT).**
- ❖ **Authorization: ADH can be authorized for up to one year at a time with quarterly review/approval of ADH Care Plan and progress.**
- ❖ **Skilled Nursing and Rehabilitative Services must be:**
 - **Medically necessary.**
 - **Provided with reasonable expectation that the services will improve, restore, or maintain function or slow decline or relieve pain.**
 - **Individualized to client’s written Care Plan and diagnoses with planned, measurable outcomes that are evaluated every 90 days for effect on improvement of health status or prevention of decline and modified as needed.**
- ❖ **In addition, Skilled Nursing Services must: be provided by an RN under MD supervision or by an LPN under RN or MD supervision with MD orders obtained when required by state practice laws for licensed nurses; exceed the level of routine health monitoring and core services of ADC.**
- ❖ **In addition, Skilled Rehabilitative Services must: be provided by or under supervision/direction of licensed therapist with MD orders obtained when required by state laws; relate to active, written Care Plan with time-limited, measurable goals approved by MD.**
- ❖ **Not included in Skilled Nursing or Rehabilitative Services are:**
 - **Coaching or reminding (nursing).**
 - **Coaching or reminding in tasks that are not essential to the skilled therapy or intervention in client’s service plan (rehab.).**
 - **Medication administration when client or caregiver can do it.**
 - **Continued Training or Teaching when it is apparent client is unwilling or unable to be trained.**
 - **Massage therapy.**

Assessment and Service Plan Flow: ADC



Tip: When referring a client to ADC or ADH, please notify the intake staff at those facilities as well as the client and/or representative; this will ensure a mother process and follow-through on the referral.

ASSESSMENT & SERVICE PLAN: ADC

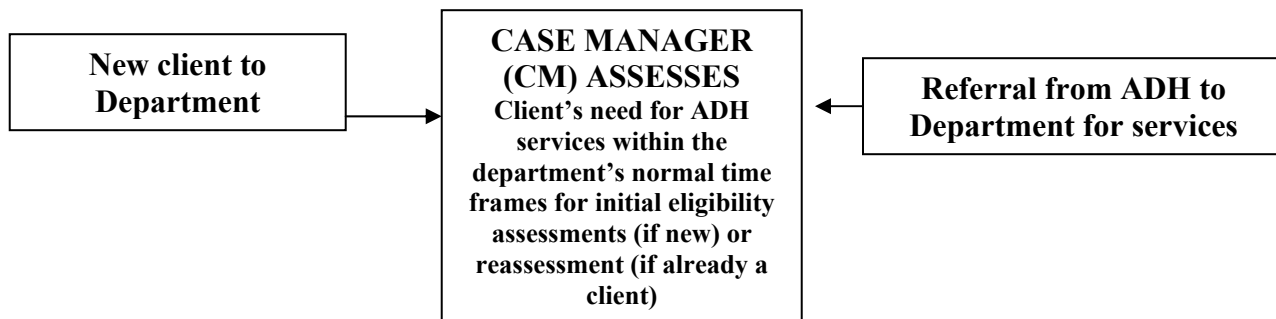
Specifics: ADC Care Plan Requirements

(WAC 388-71-0718)

❖ The ADC Care Plan must:

- **Be consistent with Department service plan.**
- **Include all services listed in Dept. service plan.**
- **Document needs and services to meet those needs (when, how, and by whom).**
- **Document client choices and preferences regarding care and services and how preferences are included in care plan.**
- **Document potential behavioral issues identified and how they will be managed.**
- **Document contingency plan for responding to emergent care needs or other crises.**
- **Be approved by CM.**

Assessment and Service Plan Flow: ADH



CM refers to ADH if client has unmet need for skilled nursing or rehabilitative therapy and meets eligibility criteria.

CM and client and/or representative develop service plan that documents potential unmet needs and the number of days per week that services are needed.

CM refers the client to a Department-contracted ADH for evaluation and development of a preliminary negotiated plan of care (notifies ADH intake staff so follow-up can occur).

❖ ADH ROLES

- Within 2 days of referral, ADH must respond and notify CM of its ability to process and evaluate referral. (if accepts).
- ADH schedules intake evaluation with client and/or representative to assess ADH's ability to meet needs as defined in service plan. (if attending—evaluation time)
- Within 10 paid service days, ADH must determine whether it can meet client's needs, how those needs will be met, and whether to accept client into the program. (if enrolling).
- Within 30 days of acceptance into program, ADH must work with client and/or representative to develop negotiated plan of care signed by the client and/or representative; copy must be offered to client and/or representative.
- ADH must forward copy of care plan to CM along with any required practitioner orders required for skilled nursing and/or rehabilitative therapy; practitioner orders must indicate how often client is to be seen by practitioner; client must agree to follow-up with practitioner.
- ADH keeps care plan and required orders in chart and reviews each service in care plan every 90 days (or more often if condition changes).
- If client condition changes or client has unanticipated absences of more than three (3) scheduled attendance days, ADH notifies CM within one (1) week and reviews care plan to determine if it still meets client's needs.
- If a break in service of more than 30 days occurs, ADH must review care plan and CM re-assesses for eligibility.

❖ CM ROLES

- Within 5 days of completing the service plan, CM gets a copy to ADH.
- CM or department nursing services staff may follow up with the practitioner or other pertinent collateral contacts concerning client's need for skilled services.
- CM must review negotiated care plan for inclusion of services that are appropriate and authorized for client's care needs.
- CM must review a client's continued eligibility every 90 days (when ADH sends care plan updates/progress).
- CM follows up with client and ADH and determines if any updates to the assessment, service plan and authorization are needed.
- If a break in service of more than 30 days occurs, CM must re-assess for Eligibility.

Specifics: ADH Care Plan Requirements

[\(WAC 388-71-0722\)](#)

❖ **The ADH Care Plan must:**

- **Be consistent with the Department-authorized service plan and include all services authorized in that service plan.**
- **Include authorized practitioner's order(s) for skilled nursing and/ or rehabilitative therapy.**
- **Document that the client has consented to follow up with primary authorizing practitioner.**
- **Document client's needs as identified in service plan, authorized services that will be provided to meet those needs, and when, how and by whom those services will be provided.**
- **Establish time-limited, client-specific, measurable goals not to exceed 90 days from date of signature of negotiated care plan for accomplishing objectives of ADH skilled services and/or discharging or transitioning client to other appropriate settings or services.**
- **Document client's choices and preferences concerning care and services and how those preferences will be accommodated.**
- **Document potential behavioral issues identified and how they will be managed.**
- **Document contingency plans for responding to a client's emergent care needs and other crises.**
- **Be approved by CM.**

Process for Existing ADH Clients

[\(WAC 388-71-0720\)](#)

Upon adoption of the new rules (July 1, 2003), clients receiving ADH services must be assessed by the Department or authorized CM for continued eligibility in accordance with the following guidelines:

- **The assessment from the Department will occur in conjunction with the:**
- **Annual re-assessment for Department clients (those with CM's)**
- **ADH quarterly review dates for current non-Dept. clients (those without CM's) as resources allow.**

For more information about adult day services regulations
contact **Kathy Moisio, Adult Day Services Program Manager,**
at **Aging and Disability Services Administration**
1 (800) 422-3263

For a list of adult day service providers in your area, visit
www.adultday.org
or call
Washington Adult Day Services Association
1 (888) 609-2372

