

Adult Day Services Standards -- Stakeholder Review

Domain: SERVICE AND PROGRAM REQUIREMENTS

The table below categorizes the content information found in the current ADS Rule 9555.9710 and 245A and 245D Statutes. The Service and Program Requirements are further divided into subparts (topics) found in the rule.

<p>ADS Rule Domain: 9555.9710 SERVICE AND PROGRAM REQUIREMENTS.</p>	Food service and nutrition	<p>9555.9710 SERVICE AND PROGRAM REQUIREMENTS. Subpart 1. Food service and nutrition.</p> <p>245D.29 DAY SERVICES FACILITIES; HEALTH AND SAFETY REQUIREMENTS. Subdivision 1.Refrigeration. Subd. 2.Drinking water.</p>
	Transportation	<p>9555.9710 SERVICE AND PROGRAM REQUIREMENTS. Subp. 2. Transportation.</p>
	Health services	<p>9555.9710 SERVICE AND PROGRAM REQUIREMENTS. Subp. 3. Health services.</p> <p>245D.05 HEALTH SERVICES. Subdivision 1.Health needs. Subd. 1a.Medication setup. Subd. 1b.Medication assistance. Subd. 2.Medication administration. Subd. 4.Reviewing and reporting medication and treatment issues. Subd. 5.Injectable medications.</p> <p>245D.051 PSYCHOTROPIC MEDICATION USE AND MONITORING. Subdivision 1.Conditions for psychotropic medication administration. Subd. 2.Refusal to authorize psychotropic medication.</p>
	Structured exercise	<p>9555.9710 SERVICE AND PROGRAM REQUIREMENTS. Subp. 4. Structured exercise program.</p>
	Activities of daily living	<p>9555.9710 SERVICE AND PROGRAM REQUIREMENTS. Subp. 5. Activities of daily living.</p>
	Daily program activities	<p>9555.9710 SERVICE AND PROGRAM REQUIREMENTS. Subp. 6. Daily program activities.</p>
	Social services	<p>9555.9710 SERVICE AND PROGRAM REQUIREMENTS. Subp. 7. Social services.</p>

<p>Daily program activities & Community engagement</p>	<p>Context: The current rule provides minimal guidance regarding this service requirement. It does not require any documentation in the person’s record if this service is provided, and most importantly, lacks person-centeredness.</p> <p>Current rule: The center shall have a monthly plan for diversified daily program activities. Program activities shall be designed to meet the needs and interests of the participants and shall include:</p> <p>A. socialization activities, such as group projects and recreational activities; B. cultivation of personal interests, such as arts, crafts, and music; and C. activities designed to increase the participant’s knowledge and awareness of the environment and to enhance language and conceptual skills.</p> <hr/> <p>Items for discussion:</p> <ul style="list-style-type: none"> • How can ADS settings develop activity programs that meet the various interests of the people in the program? • Who is responsible for developing an activity program? Should there be a designated role, training, expectation? • How should community integration be built into program activity requirements?
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<p>Structured exercise</p>	<p>Context: Physical activity is beneficial to adult day program participants, and adult day services should support and promote physical activity. With minimum guidance in the current rule, DHS is seeing a wide variation in the types and quality level of exercise programming offered at ADS.</p> <p>Current rule: The center shall offer a daily structured exercise program for participants whose physicians have authorized their participation. The program shall be developed in consultation with a registered physical therapist. A registered physical therapist shall provide consultation and review of the exercise program, at least quarterly.</p> <hr/> <p>Items for discussion:</p> <ul style="list-style-type: none"> • How does exercise programming fit with overall requirements for daily program activities? • How can an ADS setting develop exercise program options that are more person-centered and individualized to the person’s needs? • Can exercise programming be integrated into the community? • What’s the appropriate role for a physical therapist related to exercise programming?
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<p>Health services</p>	<p>Context: Current health service requirements for ADS are limited and different than 245D requirements for other day services. Often people are attending ADS with higher medical needs, including using of equipment to perform ADLs.</p> <p>Curent rule: requires five (5) health related services. Health services must include:</p> <p>A. monitoring participants' health status and reporting changes to the participant's caregiver and physician and the center director;</p> <p>B. educating and counseling participants on good health practices;</p> <p>C. maintaining a listing of professional health resources available for referrals as needed by participants;</p> <p>D. developing policies and monitoring procedures for participant self administration of medications for training unlicensed personnel who provide medication assistance; and</p> <p>E. supervising staff distribution of medication and assistance with participant self administration of medication and ensuring compliance with part 9555.9680, subpart 2, item C.</p>
	<p>Items for discussion:</p> <ul style="list-style-type: none"> • Should all ADS providers be required to offer health services? Or should providers be able to choose whether or not to offer health services? • What standards need to be in place for ADS providers to safely and appropriately provide medication assistance and medication administration? • What is the appropriate role for a registered nurse in ADS? • What is the capacity for ADS providers to serve persons with high medical needs? Are there health related needs that cannot or should not be met in an ADS?

<p style="text-align: center;">Food service and nutrition</p>	<p>Context: DHS currently verifies food and beverage requirements, including registered dietician credentials and contract, and menu compliance. Adult Day settings are now open up to 12 hours a day at some settings.</p> <p>Current rule: Providers are required to “serve” a meal if participant is at the setting for more than 4 ½ hours.</p>
	<p>Items for discussion:</p> <ul style="list-style-type: none"> • Does the 4 ½ hour requirement seem appropriate? <ul style="list-style-type: none"> ○ How does the 4 ½ hour requirement play out for people served? ○ How does the 4 ½ hour requirement play out for ADS providers?

<p style="text-align: center;">Activities of daily living</p>	<p>Context: The current rule provides minimum guidance regarding this service requirement. It does not require any documentation in the person’s record regarding whether the person needs ADL assistance, whether this service is provided, instructions, or outcomes of providing this service to individuals. One type of ADL is bathing and many ADS settings offer Adult Day Bath as an additional service.</p> <p>Current rule: The center shall provide participants assistance, when needed, in managing activities of daily living such as dressing, grooming, and eating, and in developing or maintaining the skills necessary to manage these activities on their own.</p>
	<p>Items for discussion:</p> <ul style="list-style-type: none"> • Should ADS programs be required to inform people about the level of ADL assistance available in the setting? • What skills or training should staff be required to have to provide ADL assistance? <ul style="list-style-type: none"> ○ Should certain ADL assistance require higher levels of skill or training? • What type of documentation would be helpful to support, track and report ADL services provided to a person in ADS? <ul style="list-style-type: none"> ○ Who should this information be shared with?

Transportation	<p>Context: Some ADS providers help transport people to and from their ADS programs.</p> <p>Current rule: The maximum transportation time for any participant being transported by a center vehicle between the participant's home and the center shall be 90 minutes or less, one way.</p>
	<p>Items for discussion:</p> <ul style="list-style-type: none"> • Is 90 min/one way an appropriate limit? <ul style="list-style-type: none"> ○ How does the limit impact ADS services for people served? ○ How does the limit impact ADS providers?

Social services	<p>Context: Documentation of the social services delivered in ADS settings is often minimal. It is difficult to monitor if people are receiving this service, and if referrals are being made to community services.</p> <p>Current rule: A center shall offer the social services in items A to D:</p> <p>A. interviewing the participant and, when possible, the participant's caregiver as part of the admission procedure specified in part 9555.9700;</p> <p>B. maintaining a family and social history for the participant's record that is updated annually;</p> <p>C. observing and recording psychological, emotional, social, financial, legal, employment, transportation, and other living situation factors related to the participant's achieving objectives specified in the participant's plan of care; and</p> <p>D. referring the participant and caregivers to community services as required to meet the needs identified by the observation in item C.</p>
	<p>Items for discussion:</p> <ul style="list-style-type: none"> • What should be the scope of social services provided to people as part of required ADS programming? And what types of social services are outside the scope of ADS services?