



# Calhoun County Senior Services

## Minimum Service Standard

**SERVICE NAME: ADULT DAY CARE**

**DEFINITION:** Adult day care is designed to provide medical and rehabilitation services and social interaction to seniors with physical or mental disabilities in a center-based environment.

**UNIT OF SERVICE:** One unit of service equals one day of care provided per recipient (may include transportation time if provided by program).

**INCOME REQUIREMENT:** Yes. Recipients must be at or below 200% of the poverty level as published in the most recent Federal Register.

**DESIRED OUTCOME:** Seniors with physical and/or mental disabilities are able to remain living in their own homes or with family and/or friends in the community rather than being institutionalized.

### **MINIMUM SERVICE STANDARD:**

**A. Recipient Eligibility Criteria** – In addition to the recipient eligibility criteria for “ALL SERVICES,” each service provider shall establish written eligibility criteria which will include at a minimum:

1. Recipients must require regular supervision in order to live in their own home or the home of a relative or friend.
2. Recipients must require a substitute caregiver while their regular caregiver is in need of relief, or otherwise unavailable.
3. Recipients must have difficulty or be unable to perform activities of daily living (ADLs) without assistance.
4. Recipients must be capable of leaving their residence, with assistance, in order to receive service.
5. Recipients would benefit from intervention in the form of enrichment and opportunities for social activities in order to prevent and/or postpone deterioration that would likely lead to institutionalization.

**B. Recipient Intake and Screening Requirements** – A uniform preliminary individual screening of need must be performed before admission to the program. Such screening may be done over the telephone. Programs must have uniform intake/assessment procedures and maintain consistent records. Screening may be waived for recipients referred by an established care/case management program. At a minimum, records must include:

1. Recipient’s first and last name
2. Current address and phone number
3. Age and date of birth
4. Gender, marital status, race and/or ethnicity (optional)
5. Physician’s name, address and phone number



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6. Verification of recipient's income and other financial resources
7. The name, address and phone number of the person to contact in case of emergency
8. Handicaps or other diagnosed medical problems
9. Perceived supportive service needs as expressed by the individual and/or their caregiver

**C. Comprehensive Individual Assessment** – If prescreened as eligible for Adult Day Care, a comprehensive initial individual assessment shall be performed prior to admission to the program. Initial assessments may be waived for recipients referred by an established care/case management program that provides a copy of the recipient's assessment findings to the Adult Day Care program. The recipient and caregiver must attend the admission. If the recipient is unable, a home visit will be offered. All assessments must be conducted face-to-face and must include the following information:

1. All information required as part of intake and screening, as well as the following items:
  - a. Place of birth
  - b. Previous occupation, interests, and hobbies
  - c. Religious affiliation (optional)
  - d. Living arrangements
  - e. Condition of environment
  - f. Functional status
    - (i) Vision
    - (ii) Hearing
    - (iii) Speech
    - (iv) Oral status (condition of teeth, gums, and tongue)
    - (v) Psychosocial functioning
    - (vi) Difficulties in activities of daily living
    - (vii) History of chronic and acute illness
    - (viii) Medication regimen and other physician orders
    - (ix) Eating patterns (diet history) and special dietary needs
  - g. Supporting resources
    - (i) Pharmacist's name, address, and telephone
    - (ii) Services currently receiving or received in the past
    - (iii) Extent of family and/or informal support network
    - (iv) Hospitalization history
    - (v) Medical/health insurance information
    - (vi) Long-term care insurance information
    - (vii) Clergy's name, address, and telephone (optional)
2. Need identification must include needs identified by the recipient, the caregiver, and the assessor.



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- D. Service Plan** – A service plan shall be developed for each individual admitted to Adult Day Care. The service plan must be developed in cooperation with and be approved by the recipient, the recipient’s guardian or designated representative. The service plan shall contain at a minimum:
1. Statement of the recipient’s problems, needs, strengths and resources
  2. Statement of goals and objectives for meeting identified needs
  3. Description of methods and/or approaches to be used in addressing needs
  4. Identification of basic and optional program services to be provided
  5. Treatment orders of qualified health professionals, when applicable
  6. List of all medications being taken while in the program
- E. Reassessment** – Each recipient is to be reassessed every three months to determine the results of the plan of care. If observation indicates a change in recipient status, a reassessment may be necessary before three months have passed.
- F. Recipient Charts** – Recipient charts will be kept confidential. Information in the chart will include, but is not limited to recipient referral, intake records, assessment of individual need, progress notes, list of medications, and personal information.
- G. On-Site Services** – Each program shall provide directly or make arrangements for the provision of the following on-site services to recipients:
1. Personal care
  2. Nutrition to include one (1) hot meal per eight (8) hour day that provides one-third of the recommended daily allowances. Modified diet menus must be provided, where feasible and appropriate, which take into consideration recipient choice, health, religious and ethnic diet preferences.
  3. Recreation consisting of planned activities suited to the needs of the recipient and designed to encourage physical exercise, to maintain or restore abilities and skill, to prevent deterioration, and to stimulate social interaction.
  4. Bathing services, with appropriate privacy and supervision, can be provided up to twice a week with an additional charge to cover the cost.



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### **H. Staffing**

1. The adult day care program will employ a full-time program director with a minimum of a bachelor's degree in a health or human services field or be a qualified health professional.
2. The program must continually provide support staff at a ratio of no less than one staff person for each ten recipients. Health support services will be provided under the supervision of a licensed nurse.
3. Continuing educational programs must be offered on a regular basis for staff to attend.

### **I. Transportation** will be provided for those recipients interested in transportation to and from the center.

1. Drivers shall be licensed and covered by required liability insurance.
2. Vehicles used for transportation shall be licensed, insured, and inspected annually as required by the Secretary of State.
3. All paid drivers shall be physically capable and willing to assist recipients requiring help into and out of vehicles unless prohibited by a labor contract or insurance policy.
4. All paid drivers shall be trained to cope with medical emergencies.