

**A. Definition**

- 1) "Adult day service" ("ADS") means a regularly-scheduled service delivered at an ADS center, which is a non-institutional, community-based setting.
- 2) ADS includes:
  - a) Recreational and educational programming to support a consumer's health and independence goals;
  - b) At least one meal, but no more than two meals per day that meet the consumer's dietary requirements;
  - c) Health status monitoring and/or skilled therapy services (if needed);
  - d) Transportation to and from the ADS center.
- 3) "Respite" means the ADS service must provide relief for a documented family caregiver.

**B. Units of service:**

- 1) A half-unit is less than four hours of ADS per day.
- 2) One unit is four to eight hours of ADS per day.
- 3) Every fifteen minutes of ADS provided beyond eight hours in one day is a fifteen-minute unit. A provider shall not bill for more than twelve hours of ADS per day for a consumer.
- 4) A unit of ADS does not include a transportation service, as defined by rule 173-3-06.6 of the Administrative Code, even if the transportation service is provided to transport the consumer to or from the ADS facility.

**C. Requirements for ADS in addition to the mandatory clauses under rule 173-3-06.1 of the Administrative Code:**

- 1) Service requirements:
  - a) Service levels: The required components of the three service levels are presented below and in "Table 1" to this rule:
    - i) Basic ADS shall include structured activity programming, health assessments, and the supervision of one or more ADL.
    - ii) Enhanced ADS shall include the components of basic ADS, plus hands-on assistance with one or more ADL (bathing excluded), supervision of medication administration, assistance with medication administration, comprehensive therapeutic activities, intermittent monitoring of health status, and hands-on assistance with personal hygiene activities (bathing excluded).

**Title III Respite – Adult Day Service**

**October 1, 2019**

iii) Intensive ADS shall include the components of enhanced ADS, plus hands-on assistance with two or more ADLs, regular monitoring of health status, hands-on assistance with personal hygiene activities (bathing included, as needed), social work services, skilled nursing services (e.g., dressing changes), and rehabilitative services, including physical therapy, speech therapy, and occupational therapy.

a. Table 1: Levels and Components of ADS

	BASIC ADS	ENHANCED ADS	INTENSIVE ADS
Structured activity programming	Yes	Yes	Yes
Health assessments	Yes	Yes	Yes
Supervision of ADLs	One or more ADL	One or more ADL	All ADLs
Hands-on assistance with ADLs	No	Yes, one or more ADL (bathing excluded)	Yes, minimum of two ADLs (bathing excluded)
Hands-on assistance with medication administration	No	Yes	Yes
Comprehensive therapeutic activities	No	Yes	Yes
Monitoring of health status	No	Intermittent	Regular
Hands-on assistance with personal hygiene activities	No	Yes (bathing excluded)	Yes (bathing included, as needed)
Social work services	No	No	Yes
Skilled nursing services	No	No	Yes
Rehabilitative services	No	No	Yes

**Title III Respite – Adult Day Service**

**October 1, 2019**

- b) Transportation: The provider shall transport each consumer to and from the ADS center by performing a transportation service that complies with rule 173-3-06.6 of the Administrative Code, unless the provider enters into a contract with another provider who complies with rule 173-3-06.6 of the Administrative Code, or unless the caregiver provides or designates another person or non-provider, other than the ADS center provider, to transport the consumer to and from the ADS center.
  
- c) Provider's initial assessment:
  - i) The provider shall assess the consumer before the end of the consumer's second day of attendance at the center. If the consumer is enrolled in care coordination, the provider may substitute a copy of the case manager's assessment of the consumer if the case manager assessed the consumer no more than thirty days before the consumer's first day of attendance at the center.
  
  - ii) The initial assessment shall include both of the following components:
    - (1) Functional and cognitive profiles that identify the ADLs and IADLs that require attention or assistance of ADS center staff; and,
  
    - (2) Social profile including social activity patterns, major life events, community services, caregiver data, formal and informal support systems, and behavior patterns.
  
- d) Health assessment: No later than thirty days after the consumer's initial attendance at the ADS center or before the consumer receives the first ten units of service at the ADS center, whichever comes first, the provider shall either obtain a health assessment of each consumer from licensed healthcare professional whose scope of practice includes health assessments or require a staff member who is such licensed healthcare professional to perform a health assessment of each consumer. The health assessment shall include the consumer's psychosocial profile and shall identify the consumer's risk factors, diet, and medications. If the licensed healthcare professional performs the health assessment is not a staff member of the provider, the provider shall retain a record of the professional's name and phone number.
  
- e) Activity plan: No later than thirty days after the consumer's initial attendance at the ADS center or before the consumer receives the first ten units of service at the ADS center, whichever comes first, the provider shall either obtain the services of a licensed healthcare professional whose scope of practice includes developing activity plans to draft an activity plan for each consumer or the provider shall require a staff member who is such a licensed healthcare professional to draft an activity plan for each consumer. The plan shall identify the consumer's strengths, needs, problems or difficulties, goals, and objectives. The plan shall describe the consumer's:

- i) Interests, preferences, and social rehabilitative needs;
  - ii) Health needs;
  - iii) Specific goals, objectives, and planned interventions of ADS that meet the goals;
  - iv) Level of involvement in the drafting of the plan, and, if the consumer has a caregiver, the caregiver's level of involvement in the drafting of the plan; and,
  - v) Ability to sign his or her signature versus alternate means for a consumer signature.
- f) Plan of treatment: Before administering medication or meals with a therapeutic diet, and before providing a nursing service, nutrition counseling, physical therapy, or speech therapy, the provider shall obtain a plan of treatment from a licensed healthcare professional whose scope of practice includes making plans of treatment. The provider shall obtain the plan of treatment at least every ninety days for each consumer that receives medication, a nursing service, nutrition counseling, physical therapy, or speech therapy. For diet orders that may be part of a plan of treatment, a new diet order is not required every ninety days. Instead the provider shall comply with the diet-order requirements for therapeutic diets under rule 173-4-06 of the Administrative Code.
- g) Interdisciplinary care conference:
- i) Frequency: The provider shall conduct an interdisciplinary care conference for each consumer at least once every six months.
    - (1) Participants: The provider shall conduct the conference between the provider's staff members and invitees who choose to participate. If the consumer receives case management as part of care coordination, the provider shall invite the case manager to participate in the conference. The provider shall invite a licensed healthcare professional who does not work for the provider, but who provided the provider with a health assessment of the consumer or an activity plan for the consumer, to participate in the conference. If the consumer has a caregiver, the provider shall invite the caregiver to the conference. The provider shall also invite the consumer to the conference. The provider shall invite the case manager, licensed healthcare professional, caregiver, or consumer by providing the date and time to the case manager seven days before the conference begins.

- ii) **Revise activity plan:** If the conference participants identify changes in the consumer's health needs, condition, preferences, or responses to the service, the provider shall obtain the services of a licensed healthcare profession whose scope of practice includes developing care plans to revise the activity plan accordingly or shall require a staff member who is such a to revise the activity plan accordingly.
- iii) **Records:** The provider shall retain records on each conference's determinations.
- h) **Activities:** The provider shall post daily and monthly planned activities in prominent locations throughout the center.
  - i) **Lunch and snacks:**
    - 2) The provider shall provide lunch and snacks to each consumer who is present during lunchtime or snack time.
    - 3) The provision of lunch shall comply with the meal service requirements of rule 173-4-05 of the Administrative Code.
  - 4) **Center requirements:**
    - a) **Specifications:** The provider shall only perform ADS in a center with the following specifications:
      - i) If the center is housed in a building with services or programs other than ADS, the provider shall assure that a separate, identifiable space and staff are available for ADS activities during all hours in which the provider provides ADS in the center.
      - ii) The center shall comply with the "ADA Accessibility Guidelines for Buildings and Facilities" in appendix A to 28 C.F.R. Part 36 (July 1, 2015).
      - iii) The center shall have at least sixty square feet per individual that it serves, excluding hallways, offices, rest rooms, and storage areas.
      - iv) The provider shall store consumers' medications in a locked area that the provider maintains at a temperature that meets the storage requirements of the medications.
      - v) The provider shall store toxic substances in an area that is inaccessible to consumers.
      - vi) The center shall have at least one toilet for every ten individuals present that it serves and at least one wheelchair-accessible toilet.

- vii) If the center provides intensive ADS, the center shall have bathing facilities suitable to the needs of consumers who require intensive ADS.
- b) Emergency safety plan:
  - i) The provider shall develop and annually review a fire inspection and emergency safety plan.
  - ii) The provider shall post evacuation procedures in prominent locations throughout the center.
- c) Evacuation drills:
  - i) At least quarterly, the provider shall conduct an evacuation drill from the center while consumers are present.
  - ii) The provider shall retain records on the date and time it completes each evacuation drill.
- d) Fire extinguishers and smoke alarms:
  - i) The provider shall have fire extinguishers and smoke alarms in the center and shall provide routine maintenance to them.
  - ii) At least annually, the provider shall conduct an inspection of the fire extinguishers and smoke alarms and shall document the completion of each inspection.
- 5) Staffing levels:
  - a) The provider shall have at least two staff members present whenever more than one consumer is present, including one who is a paid personal care staff member and one who is certified in CPR.
  - b) The provider shall maintain a staff-to-consumer ratio of at least one staff member to every six consumers at all times.
  - c) The provider shall have one RN, or LPN under the direction of an RN, present whenever a consumer who receives enhanced ADS or intensive ADS requires components of enhanced ADS or intensive ADS that fall within a nurse's scope of practice.
  - d) The provider shall employ an activity director to direct consumer activities.

6) Provider qualification:

a) Type of provider: A provider shall only provide ADS if the provider is an agency provider.

b) Staff qualifications:

i) Every RN, LPN under the direction of an RN, social worker, physical therapist, physical therapy assistant, speech therapist, dietitian, occupational therapist, or occupational therapy assistant planning to practice as a personal care staff member shall possess a current, and valid license to practice in their profession.

ii) The activity director shall possess at least one of the following:

- (1) A baccalaureate or associate degree in recreational therapy or a related degree;
- (2) At least two years of experience as an activity director or activity assistant in a related position; or,
- (3) Compliance with the qualifications required to direct consumer activities in a nursing facility under paragraph (G) of rule 3701-17-07 of the Administrative Code.
- (4) A certification from the national certification council for activity professionals (NCCAP).

iii) Each activity assistant shall possess at least one of the following:

- (1) A high school diploma;
- (2) A high school equivalence diploma as defined in section 5107.40 of the Revised Code; or,
- (3) At least two years of employment in a supervised position to provide personal care, to provide activities, or to assist with activities.

iv) Each personal care aide shall possess at least one of the following:

- (1) A high school diploma;
- (2) A high school equivalence diploma as defined in section 5107.40 of the Revised Code;
- (3) At least two years of employment in a supervised position to furnish personal care, to furnish activities, or to assist with activities; or,

- (4) The successful completion of a vocational program in a health or human services field.
- v) Each staff member who provides transportation to consumers shall comply with all requirements under rule 173-3-06.6 of the Administrative Code.
- vi) The provider shall retain records to show that each staff member who has in-person interaction with consumers complies with the staff qualifications under paragraph (C)(4)(b) of this rule.
- c) Staff training:
  - i) Orientation: Before each new personal care aide provides an ADS, the provider shall train the staff member on all of the following:
    - (1) The expectation of employees;
    - (2) The provider's ethical standards;
    - (3) An overview of the provider's personnel policies;
    - (4) A description of the provider's organization and lines of communication;
    - (5) Incident reporting procedures; and,
    - (6) Universal precautions for infection control.
  - ii) Task-based training: Before each new personal care aide provides an ADS, the provider shall provide task-based training.
  - iii) Continuing education: Each staff member shall complete at least eight hours of in-service or continuing education on appropriate topics each calendar year, unless the staff person holds a professional certification that requires at least eight hours in order to maintain the certification.
  - iv) Records: The provider shall retain records showing that it complies with the training requirements under paragraph (C) (4) (c) of this rule. In doing so, the provider shall list the instructor's title, qualifications, and signature; date and time of instruction; content of the instruction; and name and signature of ADS personal care staff completing the training.

d) Performance reviews:

- i) The provider shall complete a performance review of each staff member in relation to the staff member's job description.
- ii) The provider shall retain records to show that it complies with paragraph (C)(4)(d)(i) of this rule.

7) Service verification:

- a) The provider shall verify that each episode of adult day service for which it bills was provided by one of the following two methods:
  - i) The provider may use an electronic system if the system does all of the following:
    - (1) Collects the consumer's name, date of service, consumer's arrival and departure times, consumer's mode of transportation, and an identifier (e.g., electronic signature, fingerprint, password, swipe card, bar code) unique to the consumer.
    - (2) Retains the information it collects.
    - (3) Produces reports, upon request, that the AAA can monitor for compliance.
  - ii) The provider may use a manual system if the provider documents the consumer's name, date of service, consumer's arrival and departure times, and consumer's mode of transportation, and collects the handwritten signature of the consumer. If the consumer is unable to produce a handwritten signature, the consumer's handwritten initials, stamp, or mark are acceptable if the AAA authorizes such an alternative.

**(D) Reporting**

Individual client and caregiver reporting is required in the specified electronic client registration and billing system as outlined in the COA NAPIS Manual.

**(E) Consumer Contributions**

This service is subject to Rule 173-3-07 Consumer Contributions: Section (C) - Cost Sharing. The Provider shall have in place policies and procedures that verify compliance with this rule.