Rutgers Center for State Health Policy

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State Adult Day Health Services Programs: A National Profile (2001–2002)

Nancy Scotto Rosato, M.A.
Judith A. Lucas, Ed.D., R.N.
Sandra Howell-White, Ph.D.

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EXECUTIVE SUMMARY

Background

With increased interest in adult day health service (ADHS) programs and the current discussion to expand the Medicare program to explore the use of ADHS as a substitute for Medicare reimbursable home health care, there is a strong need for states to review their programs. A better understanding is needed of who utilizes the services, what services they need and receive, and how current state ADHS program budgets may change if eligibility requirements are altered. To enlighten and expand the current national discussion, CSHP conducted a study of state ADHS programs.

Purpose

This review of state ADHS programs has been developed to assist policymakers, program administrators, and consumer and provider groups in ADHS planning. Our findings should help expand and enlighten the current national discussion.

Method

Center staff conducted telephone interviews with State ADHS program administrators utilizing a semi-structured survey interview guide between 2001 and 2002. We also reviewed web sites and requested and reviewed public documents including program regulations, program materials, and annual reports. When available, we also contacted state adult day service associations to obtain additional information about ADHS in their respective states. Summary data were then submitted to state program officials for review, changes, and verification.

Results

- The majority of states reported multiple funding streams for adult day health services, including various forms of Medicaid financing, other federal funding such as OAA, VA, and SSBG, state funds, and local sources.
- An assessment of 24 states indicated that these states averaged $3609 per person annual expenditures in 2001 for ADHS.
- The four most often reported goals of ADHS programs by states were to provide: (a) social, emotional, physical, and/or health support services; (b) an alternative to, or delay of, institutional long- term care; (c) therapy and rehabilitation to restore and re-train functionally impaired persons; and (d) respite or support for families and caregivers.
- The most frequently identified types of medical eligibility for ADHS were: (a) functional impairment; (b) medical condition; (c) cognitive impairment with Alzheimer's Disease or other dementia; (d) physician authorization or other prior authorization, and (e) current or imminent need of nursing facility level of care.
- The majority of states require at least one type of client assessment (i.e., forms and procedures) for pre-admission screening; these vary and are generally non-standardized instruments.
- Several core services provided by ADHS were identified across states including: Assistance with ADL; Medication Management; Nursing Services; Transportation; Meals; Social/Therapeutic Activities; and Rehabilitation Services.
- States set rates for reimbursement for ADHS in a variety of ways. The majority of states use a per diem rate for reimbursement, with a day ranging from four hours to eight hours. Several states (i.e., GA, IN, KY, OH, and NM) reimburse ADHS based on levels of intensity of assessed client or staffing need.
- States used several mechanisms for regulating ADHS including: (a) licensure of institutions/centers (i.e., facility licensure and renewals); (b) certification that a center meets program standards (e.g., Medicaid) to serve a special population or provide specialized program services; (c) program approval process or contractual agreements.

- Beyond initial licensure/approval, many states conducted oversight and monitoring for ADHS. Most ADHS regulations are program-based and thus, in states with multiple programs that include ADHS, the standards and oversight efforts may be fragmented, overlapping, and inconsistent.

Conclusion

There is significant variation among states in their structure, policies, and investment in ADHS programs. Most states are now using Medicaid Waiver programs for ADHS. With more restrictive eligibility criteria (e.g., must meet nursing home eligibility criteria), these may ultimately limit entry to only the most frail and severely impaired thus reducing any potential effect that ADHS may have on delaying institutional care.

Several states demonstrated innovative approaches to funding such as Michigan using tobacco settlement money for ADHS programs. Other states such as Ohio and Indiana have established unique reimbursement structures that are based on the level of intensity of care. These can ensure access for persons with more complex care problems as demand and chronicity of disability among ADHS clients rise.

Unfortunately little research exists on the cost effectiveness and role of ADHS in the long-term care continuum. More research and broader discussions are needed to identify the potential roles of ADHS within the continuum of care for older adults and to assess its effectiveness within this continuum for both older adults and special populations.

State Adult Day Health Services Programs: A National Profile (2001-2002)

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Background

With increased interest in adult day health programs and the current discussion to expand the Medicare program to include this service (e.g., the recent Medicare Modernization Act of 2003 demonstration of adult day health services [ADHS] as a substitute for Medicare reimbursable home health care), there is strong need for states to review their programs and better understand who utilizes the services, what services are needed and received, and how current state ADHS program budgets may change if eligibility requirements are altered. In light of the expected long-term care transition to home and community- based services for older adults, and the potential for funding changes at the federal level, many states are examining their policies and programs. They are also examining their polices with respect to such issues as the providers' accountability, how states are prioritizing the needs and thereby funding services for clients, and how potential regulatory changes may impact access and service utilization. When examining their own policies, as New Jersey did, many states express an interest in looking at neighboring states to see how they have structured and financed their ADHS programs. This book of state profiles has been developed to assist policymakers, program administrators, and consumer and provider groups in ADHS planning. Our findings should help expand and enlighten the current national discussion.

Originally developed to assist the New Jersey Department of Health and Senior Services in its examination of its Medical Day Care Program and to identify policy issues, the Rutgers Center for State Health Policy conducted a survey of all 50 states regarding ADHS programs. Multiple methods were used including telephone interviews with state officials and reviewing public documents relevant to state ADHS programs such as regulations and program standards. Results from these efforts include information on the type of funding associated with ADHS, program eligibility, methods used for regulation and oversight, and reimbursement strategies and services. Our survey, however, was limited to publicly-funded medical or combined programs, so we are not able to provide a picture of the social programs that also provide adult day services. These programs, however, vary greatly in size, scope, and cost.

This volume presents the results of this 50-state survey. In the first section, we provide an overview of the main trends and policies across the states such as the common funding sources, program goals, and regulatory efforts for ADHS. We then discuss policy issues relevant to ADHS. The second section provides summaries of how each state's ADHS program(s) is (are) structured and regulated. These state profiles provide specific information about each state's primary program model, target population(s), funding, licensure and certification, client eligibility requirements, assessment instruments used, reimbursement structures, and services. These will be particularly useful for policy makers and other key stakeholders who are interested in understanding the growth and development of these programs across the states.

Methods

Center staff conducted telephone interviews with state ADHS program administrators (see Appendix A for Departments contacted) utilizing a semi-structured survey interview guide (between 2001 and 2002). A "snowball" approach was used to identify the appropriate department and person(s) to interview in each state agency. We first started with the department that served older adults such as the Department for Senior Affairs or Aging. We quickly realized that ADHS are not always administered under one unit. Rather, there are multiple offices that administer the Medicaid State Plan ADHS program and Waiver programs, others with oversight of institutional and community facility licensing, and yet others providing program oversight and quality assurance. Often ADHS is one service provided within a package of case-managed services, as is the case for Medicaid Waiver programs. Thus, we expanded our efforts to reach varying departments across state agencies, and used referral information to locate other officials to interview. We also reviewed web sites and requested and reviewed public documents such as program regulations, program materials, and annual reports. When available, we also contacted state adult day service associations to obtain additional information about ADHS in their respective states.

All 50 states were contacted and varying numbers of program officials were interviewed regarding the adult day care program(s) in their respective states. Our survey was focused on publicly- funded ADHS programs (e.g., Medical Day Care, Adult Day Health Care); and specifically those publicly- funded programs that provide medical/health services or a combination of medical and social services. Thus, our analysis excluded state programs providing social/recreational services only, since those programs are not structured or regulated to address the health and medical needs of participants.

The objectives of the survey were to describe state:

- Program goals and funding sources for ADHS.
- Program eligibility requirements.
- Program assessment processes.
- Expenditures for ADHS.
- Estimated numbers of facilities and participants in state programs.
- Reimbursement rates and structures.
- Services required.
- Regulation and quality control (e.g., licensure and monitoring activities).

Our goals were to identify:

- Commonalities and differences among state programs (e.g., goals, funding sources, eligibility, reimbursement, and quality assurance processes) and potential state policy issues in terms of cost, access, utilization, efficacy, etc.
- Models of reliable standardized assessment instruments used for client screening, designating levels of care, and with potential for use across a continuum of long term care services.
- Models of reimbursement structures for publicly-funded ADHS and the basic and special services included.
- States with promising approaches to ADHS, LTC systems including new ADHS models, and states evaluating / changing their ADHS programs.

To insure the quality of the data, a rigorous validation process was completed. From March 2002 through September 2002, we summarized data from the interviews and documents and created a synopsis for each state. The summary data were then submitted to the state program officials for review, changes, and verification. These key program persons from each

state confirmed the information. Additionally, Assistant Commissioners (or equivalent) were requested to verify their state's ADHS program descriptions.

Although these data represent a "snap-shot" in time of the states' programs, using multiple levels of verification provided a high level of confidence that they most accurately reflect state programs of ADHS for 2001-2002. However, as with all self-reported data, the validity of the data rests on the accuracy in which the various states officials reported their state's information. Since definitions varied between states, we used standardized terms to report our findings (see Appendix B, Glossary of Terms).

Overview of Results

Federal programs transfer to states monies for reimbursable personal health services and the states implement these through their Medicaid State Plans and CMS-approved waivers to that plan. States have additional responsibilities in planning, regulating and providing quality assurance through institutional licensure, rate-setting, and oversight, while acting as a third-party payer under Medicaid. While states may also develop state health and social service programs for special populations and licensing requirements for health facilities, most programs with personal health services are targeted to persons with low incomes.

For ADHS, states develop a statutory and funding base and then interpretations are directed at program goals, client eligibility, standards for ADHS programs, services, staffing and standards for health personnel and employees, rate-setting for reimbursement, and regulations for quality assurance (e.g., licensing ADHS centers and program monitoring) for consumer protection and cost control.

This section presents the findings from our national survey of state ADHS programs. We describe state funding sources, expenditures, program goals and service models, eligibility, client assessment, services, reimbursement, approaches to regulation and oversight of state ADHS programs. We conclude with a discussion of relevant policy issues and future directions.

State Funding for ADHS

The majority of states reported multiple funding streams for adult day health services, including various forms of Medicaid financing. In addition to funding ADHS through the Medicaid State Plan, states reported funding ADHS through at least one type of Medicaid Waiver,

such as the Aged and Disabled Waiver, the Division of Developmental Disability Waiver, the Traumatic Brain Injury Waiver, Persons Living with Acquired Immune Deficiency Syndrome Waiver, and the Persons with Mental Illness Waiver.

We observed that Waiver programs tend to target specific populations, have narrowly defined eligibility criteria, and serve a limited number of participants. At the time of the survey, 29 states reported the HCBS Waiver (1915c) as their primary funding source for ADHS, with 11 additional states reporting the HCBS Waiver as a contributing source of funding for ADHS. Arizona was unique in that it derived its primary funding for ADHS from the 1115c Demonstration Waiver rather than the HCBS 1915c Waiver. Tennessee, Utah, Idaho, and Wyoming were excluded from this analysis because they reported that their programs were primarily social; the primary funding source for their programs was the HCBS 1915c Waiver as well.

In addition to Medicaid, states fund ADHS from other federal sources as well, particularly the Social Security Block Grant (Title XX), the Veterans Administration, and the Older Americans Act (Title III) and its programs such as the National Family Caregiver Support Program (Title IIIE). Several states also noted funding from specialized federal sources such as the U.S. Department of Agriculture, the Federal Transit Administration, the Community Prevention Grants Program (Title V), and Temporary Assistance for Needy Families (Title IV). These funds have limitations and only pay for specific services provided within ADHS centers such as meals and transportation for select ADHS participants who meet additional federal program eligibility requirements.

States also reported public and local sources of funding for either ADHS programs or services provided within ADHS programs. For example, in a number of states, ADHS is offered through statewide programs such as the Statewide Respite Care Program or the Senior Care Program. Other funding, such as legislative initiatives, grants, local taxes, foundations, fundraising, and tobacco settlement funds, while less often reported, were also used for ADHS. Overall, states use multiple sources to fund for ADHS programs-each with distinct eligibility and service limitations.

State Expenditures

With numerous funding sources, states had some difficulty reporting specific annual expenditures for adult day health services, thus, limiting our findings of state expenditures. Also,

during 2001-2002 ADHS were often administered by several state agencies or provided as one service within a package of services offered to a client through a case-managed program (e.g., HCBS Waiver programs). This made it difficult to un-bundle ADHS- specific costs. However, approximately half of the states were able to report separate ADHS program expenditures for 2001 with ranges reflecting the number of clients served for that fiscal year. An assessment of these twenty-four states[1] indicated that these states averaged $3609 per person annual expenditures in 2001 for ADHS with the range from $581 per person in Delaware to $11,682 in Maryland. However, these figures may include other costs for ADHS such as administrative. Additionally, these figures do not take into account types of services offered, reimbursement rates, the standard of living in the state, or sources of ADHS funding other than state budgetary funds, and thus, should not be used for comparative purposes. They do give some indication of the varying levels of state investment in ADHS as a community-based long-term care service, especially when compared to annual costs for nursing home care which was reported as ranging from $90 in Alaska to $850 in Connecticut per capita in 1998 (National Center for Health Statistics, 2004).

State Program Goals for ADHS

Specific goals or purposes for state adult day health services programs were identified from state documents and interviews. The analysis from the 50 states showed that almost all states reported multiple goals/purposes for ADHS. These goals and purposes were categorized and ranked by the number of times each was identified by *different* states (see Table 1).

The four most often reported goals of ADHS programs by states were to provide:

- Social, emotional, physical, and/or health support services
- An alternative to or delay of institutional long- term care
- Therapy and rehabilitation to restore and re-train functionally impaired persons
- Respite, relief, or support for families and caregivers.

Overall the scope of state program goals ranged from provision of narrowly defined required or allowed services only (e.g., maintenance of function, health monitoring, and medical

[1] States included Delaware, Indiana, Virginia, North Dakota, South Dakota, Pennsylvania, Louisiana, Oklahoma, Michigan, Kansas, Mississippi, Illinois, Alabama, New Hampshire, Nevada, Colorado, Kentucky, Maine, Ohio, South Carolina, New Jersey, Texas, Missouri, and Maryland.

services), to broader aims such as increasing choice, meeting preferences, and supporting optimum functioning in the community. Few states identified enhanced health care, such as preventive services or medical and skilled nursing services, as goals for ADH, but several addressed prevention of functional decline.

Medicaid waiver-funded programs are specific in scope and have clearly specified program goals based on the CMS-approved waiver such as providing an alternative to institutional care, or integrating ADHS within an individualized plan for clients' continuing care in the community.

Table 1. State Reported Goals for ADHS (n=50)

ADHS Purpose/Goal	Times Identified [a]
Social, emotional, physical, and/or health support services	25
Alternative to or delay of long term institutional care	20
Therapy and rehabilitation to restore and re-train functionally impaired persons	19
Respite, relief, or support for families and/or caregivers	17
Maximize optimal health, function, and independence	14
Integrate as basic service within home- and community-based services program	14
Preventive & health maintenance service	7
Medical treatment and skilled nursing services	3

[a] Some states reported more than one goal for their programs.

Program Models

States offered a general view of the program service models under which their adult day centers *predominantly* operate (i.e., medical, social, or both). However, individual states may have had centers operating with multiple model types. For example, Tennessee reported that their state adult day program was primarily social, but they also reported one center that operated with a medical model. Similarly, Idaho officials stated that their program was primarily social, but reported a few centers also offer "minimal health services". Looking across the reported multiple goals for state ADHS programs suggests that states aim toward integrated service models (i.e., physical, mental, health, medical, social, and supportive services) for ADHS.

ADHS Medical Eligibility

At the time of the survey, 29 (excluding ID, UT, WY and TM) states reported the Home and Community Based Services (HCBS) Waiver was their primary funding source for ADHS and

another 11 identified the Waiver as a contributing funding source for ADHS programs in their states. In reviewing eligibility criteria set for state ADHS programs, we noted that the majority of states using the HCBS Waiver as a funding source for ADHS relied solely on the Waiver eligibility criteria for all their ADHS programs. In fact, of the 46 states analyzed, 20 states reported using the Waiver criteria as the sole medical eligibility requirements for all ADHS programs (e.g., the client must meet state's Medicaid criteria for admission to NH level of care). Another 17 states reported using both Waiver criteria and ADHS program-specific criteria for medical eligibility requirements. Nine states identified using only ADHS program-specific medical eligibility criteria. Four states were not included since they report their ADS programs as social only (i.e., ID, TN, UT, and WY).

Of the 26 states that reported requiring ADHS program-specific medical eligibility criteria, the following types were frequently identified: a) Functional impairment— limitations in the performance of activities of daily; b) Medical condition—including conditions requiring treatment or rehabilitation (e.g., CA, MA, NV), or chronic conditions requiring care of a nurse (e.g., NH, TX); c) Cognitive impairment with Alzheimer's Disease or other dementia (e.g., AR, HI, IA, CA, NV, and MA) d) Physician authorization (e.g., MD, NJ, NV, NY, TX, and WA) or other prior authorization (e.g., in CA the Medi-Cal consultant must authorize ADH Services); and e) current (e.g., MI) or imminent need of nursing facility level of care without ADH Services (e.g., NV). These criteria, whether simple (needing assistance with one ADL) or complex (e.g., ME's algorithm with multiple factors), assist states to target specific population groups as well as limit the number of participants to help control use and costs.

Client Assessment Processes

The majority of states require at least one type of client assessment (i.e., forms and procedures) for pre-admission screen (PAS), to verify clients meet the level of care/ service need established for ADHS eligibility, or for developing the plan of care (POC). Three types of client assessments were identified in our survey:

- Statewide Comprehensive (SC) – a statewide client assessment process required for all state long term care programs including the ADHS program.
- Statewide Program-Specific (PS) - an ADHS-specific client assessment process that the state requires all ADHS programs/providers to use.

- Facility-Specific (FS) – a center designed/selected client assessment that is implemented by the facility but *not mandated* by the state.

Of the 46 states reporting ADHS in our survey, 39 use a statewide comprehensive assessment process which is required for multiple services. These are mainly conducted by state staff or case managers (n=22), but nine states contract out these case management functions (e.g., MS, MO, MI, MD, WY). See Table 2 for examples of statewide comprehensive assessment.

Only nine of the 46 states report using an adult day health program-specific assessment statewide (i.e., MD, NH, NY, RI, TX, VT, WA, SD, and IN). For example, Washington uses the Older Adult Resource Survey-Revised (OARS) for its pre-admission screen and plan of care and South Dakota uses the Adult Day Care Assessment for a pre-admission screen. ADHS statewide program-specific assessment processes are usually conducted by center staff (typically a nurse or social worker); for waiver programs these are usually conducted by state waiver program case managers. Often states require both statewide comprehensive and program-specific assessment processes (see Table 3 for examples of statewide program-specific assessment).

Table 2: Examples of Statewide Comprehensive Assessments

State	Assessment Instrument	Administered by
Alaska	AK Long Term Care Assessment (ALTCA)	Waiver certified care coordinators
Colorado	Uniform Long Term Care Assessment (ULTCA-100)	Case managers administer and the PRO scores
Connecticut	Modified Community Care Assessment	Case managers from an access agency
Illinois	Determination of Need (DON) with the Mini-Mental Status Exam	Case managers from Case Coordination Units
Kansas	Uniform Assessment Instrument (UAI)	Case managers
Oklahoma	Uniform Comprehensive Assessment Tool (UCAT)	Initially an RN, and then a Waiver case manager updates
Oregon	Client Assessment & Planning System (CA/PS)	Case managers from the Division of Seniors & People with Disabilities

Several states (e.g., MA, GA, LA, RI & UT) reported requiring the Minimum Data Set-Home Care (MDS-HC 2.0) component of the Resident Assessment Instrument (RAI-HC; Morris et al., 1997). for program-specific assessment in their Adult Day Health Care programs (see Table 2). The RAI-HC includes the MDS-HC, a standardized, minimal assessment tool with multiple key domains of function, health, social support, and service use. The instrument screens client performance and capacity in a variety of areas (i.e., Cognitive Performance, ADL self-

performance, and Depression using subscales). Clinical assessment protocols (CAPs) are then used for further assessment and to individualize the client plan of care. MDS-HC is recommended for older adult clients served by community-based services such as home care, day care, clinics, assisted living facilities, or home assessments. Using standardized instruments, especially across community-based services, could provide vital client data for state planning and program outcomes evaluation, which we observed was lacking.

Table 3. Examples of Statewide Program-Specific Assessments

State	Assessment Instrument	Administered by
Rhode Island	Minimum Data Set-Home Care (MDS-HC)	Social work or medical member of ADHS facility (RN or SW)
Indiana	Adult Day Services Level of Service Assessment	Case manager initially, case worker re-assesses
New York	Registrant Assessment Instrument (RAI)	ADHS RN who is employed by the ADHS Program
Washington	Older Adult Resource Survey (OARS)-Revised	ADHS center staff
South Dakota	Adult Day Care Assessment	ADHS program manager or coordinator
Texas	Health Assessment/Individual Service Plan Form -3050	Licensed nurse

Twenty of the 46 states report that centers use facility-specific assessment processes in their ADHS programs. However, more centers may be using self-designed or -selected assessment instruments or procedures that are not reported here, since many of the state programs were not aware of all the types of assessment conducted by individual ADHS centers, especially when the assessment was not state-mandated. Two examples of facility-specific assessment processes include: California's ADHS assessment, which although not standardized, involves a multidisciplinary team determination of the medical, psychosocial, and functional ability of a participant; and, Iowa's Functional Assessment II, a standardized instrument that measures a client's functional status and can be used to determine staff time and level of skill needed to meet a client's care needs (B. Groff, personal communication, October 11, 2001).

Some states require multiple types of assessment processes. One example is Maryland's Adult Day Services Program which uses a statewide comprehensive Medical Eligibility Review Form reviewed by their peer review organization; the Adult Day Care Assessment and Planning System (ADCAPS) conducted by the center's team; and, each ADHS center's initial assessment for a pre-admission screen.

States reported using client assessment processes for a variety of purposes, including determination of eligibility (DOE), determination of need (DON), pre-admission screen (PAS), establishing level of care (LOC), meeting nursing facility level of care criteria (NF-LOC), and assessing client functional-medical status for plan of care/service (POC). The statewide comprehensive assessment instruments are used by states predominantly for the pre-admission screen (97%) and to develop the service plan (72%). ADHS program-specific assessments are also primarily used for PAS (89%) and to develop the POC (67%). However, unlike statewide

comprehensive assessment processes which are used across many long-term care services, program-specific assessments are used for PAS, POC, and LOC only for the adult day health services program. Unfortunately, we found a lack of tested standardized assessment instruments in use and great variation to approaches for data collection across the states. This may have contributed to the lack of a national ADHS client clinical data profile and program data which could be useful for long-term care program planning as well as the evaluation of ADHS program effectiveness.

ADH Program Services

We asked states to describe the services required under their basic reimbursement rate for Adult Day Health. Of the 50 states, 46 specified the ADH services required for their programs. The funding source for the particular program affected whether the service was required or permitted under the basic rate. The states identified core services ADHS programs require, or that were made available either for an additional fee or through other state (Medicaid) or insurance (Medicare) reimbursement. These core services included: Assistance with ADL; Medication Management; Nursing Services; Transportation; Meals; Social/Therapeutic Activities; and Rehabilitation Services. To summarize services offered with the base rate:

- Ninety-eight percent (n=45) of states reported reimbursing for assistance with activities of daily living (ADL). Most reported requiring assistance with mobility, toileting, and eating/feeding. Only a few reported specifically requiring assistance with bathing, showering, or personal hygiene.
- Medication management (i.e., assistance/supervision) was the next most often reported (89%, n=41).
- Thirty-eight states (83%) reported reimbursing nursing services (e.g., health assessment and monitoring, medication supervision, coordination with physician and family, and ADL assistance).
- Transportation services were included under the basic rate for 23 state programs (50%); twenty others reported they reimburse transportation through another source of funding; and 3 others negotiate transportation within the contracted rate for their particular program.

- Meals and social /therapeutic activities were described by almost all states as included in the basic service rate, but modified diets and nutrition consultation were much less frequently identified (50%).
- While only twenty states (44%) reported reimbursing rehabilitation services (Physical Therapy, Occupational Therapy or Speech and Language Pathology) under their basic rate, another thirteen (28%) provide these by billing a separate fee/funding source. Still fifteen states (33%) reported *not* reimbursing for rehabilitation services at all in ADHS.
- Fewer still (n = 9) reported including Skilled Nursing Services under the basic reimbursement rate. In fact, many states indicated that skilled nursing (e.g., treatments or medication administration) is *not permitted* under general ADHS program guidelines.

States also reported that specialized programs that have special goals or serve special populations (e.g., dementia programs) require a variety of additional services such as geropsychiatric services, medical social services, counseling, case management, or pharmaceutical and medical supplies. Many state programs also reported the provision of optional services or services made available by referral such as: Respite care; shopping, laundry, and in-home caregiver services; audiology services; and other medical services (e.g., vision, dental, podiatry). It should be noted that local ADHS centers often offer many other services than indicated by the states, based on their own local program goals, client needs, location, and availability of these services (Cox, 2003). Clearly funding sources dictate services provided. However, it is also clear that ADL assistance, medication management, nursing services and health monitoring, transportation, meals, and activities are core ADH services that predominate since they meet the needs of frail older adults with multiple chronic health problems and functional disabilities.

Reimbursement

States set rates for reimbursement for ADHS in a variety of ways. The majority of states use a per diem rate for reimbursement (e.g., CA, NH, AL, and OK), with a day ranging from four hours to eight hours. In 2001-2002, rates for a four-hour day ranged from a low of $13.87 (AL) to a high of $66.56 (CA). In addition to or in place of a per diem rate, states reported using per unit of service rates. A unit of service was of varying duration. Smaller units included 15 minute

(e.g., FL) or one-hour (e.g., MO) intervals. Larger units were three- or four-hour intervals (e.g., KS). The unit of service rates varied as much as each unit's duration. In 2001-2002, a one-hour unit of service rate ranged from $4.07 (WY) to $10.80 (VT).

Although less often reported, several states (i.e., GA, IN, KY, OH, and NM) reimbursed ADHS based on levels of assessed client or staffing need. These states utilized an assessment process that evaluated a client's service needs and placed the client in a tier or level based on staffing time requirements, with each tier/level yielding a higher reimbursement rate. For example, Indiana used the Adult Day Services Level of Services Assessment score to place clients in three service levels: Basic (scores under 12 points); Enhanced (scores 12 to 22); or Intensive (scores 22 to 36). In 2001, Indiana ADHS centers were reimbursed $20.00 for a half-day of service (3 to 6 hours) for clients in the Basic level, $26.25 for clients in the Enhanced level, and $31.25 for clients in the Intensive level. Reimbursement based on the level of intensity of care provides an incentive to increase access to community-based care for the more functionally dependent and more medically or behaviorally complex – thus, assisting states or federal programs with goals to delay or substitute for care in institutions (Lucas, et al., 2001).

Other methods of reimbursement used by states included negotiated rates and regional rates. Negotiated rates were set by agreement between the centers and their respective State Department and were usually based upon the types of services to be offered and budgeted costs for those services. Regional rates were established based on the location of the center and were typically negotiated by the state program. For example, Alaska, negotiated the rates with centers using a regional index with Anchorage as the reference, but also included the center's cost of providing one unit of adult day health services. A number of states reported using a combination of reimbursement methods. For example, Washington adjusted their per diem rate based on the region of the state in which the center was located. In 2001, the reimbursement rate for adult day health services in Washington was $46.78 for King County, $42.41 for metropolitan counties, and $40.08 for non-metropolitan counties.

Regulation and Quality Assurance

States used several mechanisms for regulating ADHS including:

- Licensure of institutions/centers (i.e., facility licensure and renewals).
- Certification- certifies a center meets program standards (e.g., Medicaid) to serve a special population or provide specialized program services.

- Program approval process or contractual agreements.

Licensure and Certification

According to Weissert and colleagues (1990), states license adult day health care centers to ensure that they meet minimum standards for a public facility (e.g., meet fire and safety codes) and they certify that a center follows the guidelines and requirements of a particular funding agency (e.g., Medicare, Medicaid). In this survey, states reported they certify that centers meet a funding agency's guidelines (Medicaid certification), as well as to insure centers meet adult day health care minimum administrative and facility standards in lieu of licensure. For example, at the time of this survey, Ohio certified centers to be PASSPORT providers, and Vermont certified centers to ensure compliance with their standards for adult day services.

During our 2001-2002 survey, all states except for Oregon and Iowa used licensure, certification, or a program approval requirement for ADHS. To summarize: twenty of the 48 states required licensure but no certification (i.e., AZ, FL, HI, KS, KY, MD, MN, MO, MT, NE, NJ, ND, OK, PA, RI, SC, TN, TX, UT, and VA); thirteen used certification but no licensure (i.e., AL, AK, CO, CT, IN, MS, NY, NC, OH, VT, WA, and WI); nine required both licensure and certification (i.e., AR, CA, LA, ME, NV, NH, NM, WV, and WY); and, six had no licensure or certification but reported an approval or agreement process (i.e., DE, GA, ID, IL, MA, and MI). The approval or agreement process might include contractual agreements with certain Departments, Divisions, or Area Agencies on Aging. For example, in Delaware, the Division of Services for Aging and Adults with Physical Disabilities had contracts with adult day health care centers that were renewed annually. In addition, Delaware was considering licensing their adult day health service centers at the time of this survey.

Certificate Of Need (CON) has been used to control growth in the health care industry, yet only one state reported the use of a CON process in their regulatory system. New York's Department of Health oversees and approves the architectural plans and construction of all medical facilities. Since ADHS centers must be linked to nursing home facilities in NY, these centers became part of the CON process and were visited during the periodic survey of the sponsoring nursing home facility. Other states, for example, NJ, have used a moratorium on the licensing of new centers to control growth (e.g., NJ, 2002).

In addition to these methods of regulation, a number of states (i.e., MT, OH, CA, OR, PA) reported that ADHS centers voluntarily sought accreditation from the Commission on

Accreditation of Rehabilitation Facilities (CARF). Accreditation is a voluntary process offered by the professional or provider association with external review and evaluation against established quality standards. CARF accredits ADHS centers as a way to maintain standards through an agreement with the National Adult Day Services Association (NADSA). More states may have centers that are CARF accredited, but this was not reported during this survey. Shortly after this survey was completed, Iowa reported it was considering a requirement for CARF accreditation as an alternative to licensure (CARF information and center lists available at http://www.carf.org/consumer).

Oversight and Monitoring

While surveying state officials about their ADHS programs, we asked about regulatory processes and reviewed state ADHS regulations/standards for the 46 states with ADHS programs. Beyond center initial licensure/approval, many states conducted oversight and monitoring for ADHS that involved assessing that facilities continue to meet structural and safety standards (e.g., at license renewal or re-certification); clients remain eligible; services meet the clients' planned care; ADHS program utilization and staffing meet standards; and, centers are in compliance with administrative and billing requirements.

Our results from the 46 states reporting state ADHS programs, indicated that most states monitored ADHS at both the facility and program-specific level (n = 35); a few states monitored only facilities (n = 9). Many states reported they assigned the conduct of both facility and program monitoring to one department (n =19); other states monitored centers met facility and program standards through multiple departments (e.g., Department of Health and Department of Aging) either simultaneously or at different time intervals (n =16).

The frequency of monitoring varied. Most states reported monitoring on an annual basis (n = 29) during licensure renewal, while three monitored every 2 or more years (e.g., MA, CA, FL). Several states reported reviewing the client record, plan of care, or attendance on a more frequent basis such as monthly or quarterly (n =7).

Table 4 lists examples of the ways ADHS facilities and program services are monitored. The most commonly reported center review was the conduct of on-site facility inspection. Many states also conduct an observational assessment or survey during the site visit (e.g., review of records, client interviews) to document compliance with standards. Some states monitored ADHS by reviewing program reports and client data (e.g., admissions, attendance) provided by facilities to show compliance with standards. A few states reported requiring plans of correction and fines when standards were not met (e.g., MA). At the time of this survey, Iowa reported no

system of oversight; Utah, while requiring licensure, reported only monitoring contracted case management agencies for compliance.

Table 4: Examples of State Methods for Monitoring ADHS Facilities and Programs

Methods for ADHS Monitoring	
Facilities	**Programs**
• On-site visit- inspection of physical plant • On-site visit-completion of assessment/survey demonstrating compliance with regulations or standards • No site visit-facility completes assessment report to show compliance with regulations/standards • Licensure renewal • Inspection/evaluation of proper documentation	• Interviews/visits with clients at home or at the center • Review of client records/files (for appropriate care) • Review of client's plan of care • Utilization review-clients meet eligibility criteria and attendance monitoring • Interview staff and/or review staff qualifications and training records • Observation of program operations • Review billing and reimbursement • Monthly client data report or self-evaluation by provider

For specialized programs that serve special populations (e.g., dementia), monitoring was more varied and often involved on- or off-site reviews of client records and plans of care for eligibility, need, and appropriateness of services provided, and included interviews with clients and staff (e.g., IL IN, NM). Some states had designated state program staff, case managers, or had contracted with local health departments or professional review organizations (e.g., PRO) to conduct these reviews. In addition, centers that serve clients for the Office of Rehabilitation or the Veterans Administration are monitored by these programs as well.

While the level of state ADHS regulation may appear relatively simple compared to long-term care regulations in general, they are most commonly the responsibility of the state health department (e.g., licensure), with social services (e.g., Medicaid), aging (e.g., senior affairs), mental health, and occasionally other departments involved as well. For ADHS, most regulations are program-based and thus, in states with multiple programs that include ADHS, the standards and oversight efforts may be fragmented, overlapping, inconsistent, or limited to specialized populations, reflecting the categorical nature of services related to their payment mechanisms.

Discussion

The main aims of this study were to identify commonalities and differences among state ADHS *programs* (e.g., funding and reimbursement, goals, and services, regulatory and quality oversight processes) and to identify potential state policy issues in light of the expected long-

term care transition to HCBS services for older adults. A more detailed discussion of our main findings and policy implications are presented in the next section.

Generally, we found that there is a patchwork of state laws, programs, regulations, and reimbursement sources, as well as a lack of empirical evidence to support the effectiveness of ADHS, that results in a perception that quality of ADHS is uneven from state to state and that outcomes are yet untested. For example, the majority of states reported multiple funding streams for adult day health services. Medicaid State Plan and Waivers are main sources of publicly funded programs, but spending levels still indicate a longstanding institutional bias. Even for state-funded programs that are targeted to persons with low incomes or for special populations (aged and disabled), states reported multi-access points and varying payment sources for ADHS each with distinct eligibility and service limitations. From a consumer point of view this means gaps in service, waiting lists, and varying eligibility criteria, which may be contributing to the underutilization of existing adult day health care centers (see Cox, 2003).

Most states are using Medicaid Waiver programs to target HCBS services to specific populations, especially during this time of resource constraint. While these have focused state resources on special populations, they have more narrowly defined eligibility criteria (e.g., must meet NH eligibility criteria), and serve only a pre-set limited number of participants. Ultimately this may push back entry to only the most frail and severely impaired, thus limiting ADHS' potential to delay institutional care.

Except for Medicaid State Plan-funded ADHS, which must conform to CMS policies for medical day care, the federal vision for planning and funding of ADHS has been limited to demonstration projects like PACE and Medicaid Waivers. These control state dollars spent, but limit access and have not been followed closely for outcomes evaluation. While adult day health care is not a Medicare reimbursable service, Medicare does now reimburse for rehabilitative services (i.e., physical, occupational, and speech therapy) received in some adult day health settings. The recent Medicare Modernization Act of 2003 (MMA), which allows for a demonstration of ADHS as a substitute for Medicare reimbursable home health care, could potentially increase access and short term utilization of ADHS for post-acute care and rehabilitation, as well as substitution for institutional care.

Looking across the reported multiple goals for state ADHS programs suggests the states aim toward integrated service models (physical, mental, health, medical, social, and supportive services) for ADHS. In this survey four states reported that their ADS programs are primarily social in nature (i.e., ID, TN, UT, and WY). While social programs provide a valued service, it is

important to note that, should MMA lead to Medicare reimbursement for ADHS, these states might need to consider a more comprehensive program of services or develop tiered levels of service programming and reimbursement such as exemplified by Vermont and Ohio, so that these services might be available to their residents. As service goals and funding sources change to serve the most frail with multiple chronic health problems, post-acute, and long term HCBS-clients, state regulatory approaches will need to address consumer information, program disclosure, staffing type and training, medication administration, and negotiated risk.

There is great variability in state eligibility criteria for ADHS. Medical eligibility verification varies from a simple physician authorization to a comprehensive interdisciplinary team assessment. We noted a strong link between the funding source and the eligibility criteria required. For example, the majority of states using the HCBS Waiver as a funding source for ADHS, tended to rely solely on the Waiver eligibility criteria for their state ADHS program's medical eligibility (e.g., the client must meet state's Medicaid criteria for admission to NH level of care). This changes eligibility from an entitlement program and limits participants who can be served to a pre-specified number. Further, this limits state-funded ADHS to only those clients who would otherwise meet nursing home placement criteria. While this approach may control public expenditures, it moves ADHS utilization away from prevention of institutionalization to providing a substitute for it.

Policymakers need to be aware that there is a lack of empirical evidence to support that ADH care is effective as a care setting, or as a means to delay or substitute for institutional care (Lucas, in press). In fact, ADHS may actually ease family members into placing ADHS clients with dementia into nursing homes (Gaugler,1999); and, publicly funded clients, who have higher disability levels and lack social support, may disenroll earlier without early use of ADHS combined with community services (Dabelko, 2004). Unfortunately, we also found a lack of tested standardized assessment instruments and great variation in approaches to program and client clinical data collection across the states. This may have contributed to the lack of a national ADHS client profile and program data which could be useful for long-term care program planning as well as the evaluation of ADHS program effectiveness.

Some states have ensured that ADHS programs target and address service needs of more frail clients by structuring reimbursement in tiers that are based on service need/use. This type of system is considered a case-mix system and it classifies individuals according to common problems/conditions and resource utilization (e.g., staff level or time), known as "resource-utilization groups" or RUGS (Fries, 1990). Although case-mix systems have been used more in

long- term care programs, we found that a few state ADHS programs apply categories of service needs (e.g., Indiana and Ohio). For example, Ohio's program separates enhanced and intensive ADHS. Participants in enhanced services obtain *assistance* with ADLs, medications, and other services. With intensive ADH services, participants obtain *hands on assistance* as well as skilled nursing services, rehabilitative, and restorative services. As with all case-mix systems, differentiation of services is marked by different reimbursement levels. Providing levels of reimbursement based on intensity of care will maintain access for persons with dementia or behavior problems as demand and higher levels of and chronicity of disability among ADHS clients rise (Bradsher, Estes, & Stuart, 1995).

Clearly, funding sources dictate the services that are provided. However, it is also evident that ADL assistance, medication management, nursing services and health monitoring, meals, and activities are core ADH services. These services predominate since they meet the needs of frail older adults with multiple chronic health problems and functional disabilities. A few states exemplify innovative approaches and/or comprehensive long-term care programming (e.g. Maine, Vermont, Indiana, and Ohio discussed above). Unfortunately few rigorous outcome evaluations have yet been conducted, so that ADHS-specific cost and effectiveness can be promulgated.

While we did not extensively review programs for staffing and training requirements, many states require licensed/registered nurses for ADHS programs, and various training requirements for personal care and nursing assistants. This area needs additional study since staffing, qualifications, skill mix, training, and supervision have implications for the intensity of care that can safely be provided in ADHS. With the shift to home and community-based services as a substitute for institutional care and for special population groups, standards for professional qualifications, staffing, and education in geriatrics and specialty care (e.g., Alzheimer's Disease, neurologic, and pediatric care) are needed.

During our 2001-2002 survey, all states except for Oregon and Iowa had a licensure, certification, or an approval requirement. A number of states (i.e., MT, OH, CA, OR, PA) reported that ADHS centers seek accreditation from the Commission on Accreditation of Rehabilitation Facilities (CARF) as a way to demonstrate they voluntarily meet professional standards.

States conduct oversight and monitoring for ADHS to assess: facilities continue to meet structural and safety standards; clients' continued eligibility; services meet the client's plan of care; ADHS program utilization and staffing meet standards; and, compliance with administrative and billing requirements are met. Many states monitor facility standards and program standards through multiple departments (e.g., Department of Health, Licensure, and Department of Aging)

either simultaneously or at different time intervals. State oversight varies from none reported to frequent case manager and certification site visits. For ADHS, most regulations are program-based and thus, in states with multiple programs that include ADHS, requirements may be fragmented, overlapping, inconsistent, or limited to specialized populations. Providers have expressed difficulty relating to multiple agencies with varying requirements and standards. As the scope and goals of ADHS are in transition, states need to review these within the continuum of care for older adults and persons with disabilities.

Conclusions

Our survey findings provide important information to state policy makers who continue to plan how to provide services to an aging population. However, it is not our intent to recommend a single delivery model of ADHS, nor to lay the foundation for federal regulation. If states are to move towards major LTC systems changes that include ADHS, then states must: take the lead and select one agency for long-term care including ADHS; involve consumer and provider stakeholders in designing the changes; plan, champion, and implement the changes; or, they can sit back and wait for a crisis (Eiken, 2004). At the very least state agencies can raise awareness of the need for standardized policies and program data for planning and evaluation.

In addition, outcomes research, including ADHS cost-benefit analysis is needed. The research so far implies that ADHS does not affect functional outcomes consistently, but appears to exert positive effects on subjective aspects of well-being, such as satisfaction (Gaugler & Zarit, 2001). Work with PACE suggests that ADHS programs may serve as an important setting that can provide the coordinating link in a continuum of long-term care services, when enhanced with case management and access to acute and chronic care services. The models that integrate ADHS with a variety of health and social services and not use case management appear effective in delaying nursing home use (Dabelko, 2004; Hedrick et al., 1993; Weissert, et al., 1997). However, both more research and broader discussions are needed to glean not only the multiple roles of ADHS within the continuum of care for older adults but also to assess its effectiveness within this continuum for older adults and special populations (Lucas, in press).

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Detailed Tables: State by State Profiles

The 50 tables in the next section represent each state's ADHS program as it was reported in 2001 and 2002 by state officials and through a review of state level documents. The varying lengths of the table depend on the amount of information provided to us and the level of complexity of the program(s). Each table begins with the state name, the ADHS program name as established by that state, a program description, and general program data for the 2001-2002 survey years. Our definitions of each category such as program model, population targeted, licensure, etc. can be found in Appendix B. Appendix B also provides the reader with a list of acronyms and abbreviations used throughout this volume.

ALABAMA

Program Name: Adult Day Health

Program Description: Alabama offers adult day health through a Medicaid Waiver as well as under the Alabama Cares program and the Alzheimer's Caregiver Education and Support (ACES) program. The number of clients participating in Adult Day Health varies across these programs, with the majority of clients being served through the Alabama Cares program. Adult day health in Alabama is one of a number of community based services offered.

Program Data

- For FY '01, the reported number of facilities statewide was 65.
- For FY '01, the reported number of clients served was 938.
- For FY '01, the expenditure for Adult Day Health was $567,566 under the Medicaid Waiver and $242,000 under the ACES program. The Adult Day Health expenditure for the Alabama Cares program was unreported.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults, disabled adults, and special populations such as individuals with Alzheimer's and other dementias.	
FACILITIES' LICENSURE STATUS	
None.	
FUNDING SOURCES	
Funding Sources	Older Americans Act (OAA), Home and Community Based Services (HCBS)-Elderly and Disabled Waiver, Title IV (TANF), Title III-E (National Family Caregivers Support Program).
PROGRAM CERTIFICATION OR APPROVAL	
Programs are approved for participation in the Waiver by the Medicaid Agency Long-Term Care Quality Assurance.	
MONITORING	
Program/Facility	Medicaid Agency Long-Term Care Quality Assurance nurses and representatives of the Alabama Department of Senior Services & the Alabama Department of Public Health annually monitor compliance with standards with on-site visit and assessment, 10% record audit, and staff qualifications and training checklist (2001). Additionally, case managers monitor plan of care monthly.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	No ADH specific eligibility criteria were reported. Once individuals are found eligible for the Elderly and Disabled Waiver, Alabama Cares, or the ACES programs, they are also found eligible to receive ADH services.
Funding Source Requirements	Elderly and Disabled Waiver • Medical conditions requiring nursing observations. • Nursing home level of care which includes meeting at least 2 of: Special treatments; medication administration; restorative nursing; tube feedings; ostomy care; pressure ulcers; unstable medical conditions requiring nursing observations, dressings, oxygen use, and routine medical treatment. Alabama Cares • Care recipient must have limitations on at least two activities of daily living and/or instrumental activities of daily living. ACES • Clinical diagnosis of Alzheimer's or other dementia from a physician. If not, case managers assess/diagnose using the mini-mental. • For ADHS, clients must have behavioral symptoms associated with ADRD.
ASSESSMENT	
HCBS Program Assessment	**Type of assessment:** Statewide comprehensive. **Administered by:** Program case managers with an attending physician. **Frequency of assessment:** Initially. **Used for:** PAS, LOC, nursing home LOC and for assessment and certification of need for HCBS.
AL CARES Assessment Process: includes State of Alabama Client Enrollment Form & Stress Vulnerability Survey	**Type of assessment:** Statewide comprehensive. **Administered by:** Area Agency on Aging (AAA) **Frequency of assessment:** Initially. **Used for:** PAS and to assess caregivers and clients, measuring informal supports, caregiver situation, and stress.
ACES Assessment Process: includes State of Alabama Client Enrollment Form & AL Client Intake Form	**Type of assessment:** Statewide comprehensive. **Administered by:** Area Agencies on Aging (AAA). **Frequency of assessment:** Initially and annually if client's status changes. **Used for:** Assessment of caregiver and client.

REIMBURSEMENT	
Rates	HCBS-Elderly and Disabled Waiver • For FY ’01 $13.87 for 4 hours. • Actual payments to ADH centers vary by region due to the number of participants per region and the number of facilities that provide this service. AL CARES Program • Varies by region and providers due to allocation by grant and services. • For FY '01, the range is $15 to $50 per day (a day is 4 hours). ACES Program • Varies by region and providers due to allocations under grant. • For FY '01 the range is $15 to $30 per hour.
Rate Setting Process	Negotiated and contractually agreed upon by facilities and the Area Agencies on Aging.
SERVICES	
Transportation	Reimbursed under the set rate for all 3 (i.e., ADH under the Waiver, ACES, and CARES Programs).
Case Management	Reimbursed at a separate, additional rate under the Waiver. Not reimbursed under ACES and CARES.
Plan of Care	Reimbursed under the set rate only for ADH under the Waiver. Not reimbursed under ACES and CARES.
Family Counseling	Not provided.
Medication Management	Reimbursed under the set rate for all 3.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the set rate for all 3.
IADL Services/Training	Reimbursed under the set rate for all 3.
Nursing Services	Reimbursed under the set rate only for ADH under the Waiver. Not reimbursed under ACES and occasionally reimbursed under CARES.
Skilled Nursing Services	Not provided.
Health Monitoring	Reimbursed under the set rate for Waiver and CARES ADH but not ACES.
Physical Therapy	Not provided, but can be arranged.
Occupational Therapy	Not provided, but can be arranged.
Speech Therapy	Not provided, but can be arranged.
Other Services Provided under the Reimbursement Rate	Planned therapeutic activities for stimulation; social activities; emergency services; and diet requirements.
Other Services Provided Under an Additional Rate	Mental stimulation and respite.

ALASKA

Program Name: Adult Day Services

Program Description: The role of adult day services in Alaska is to provide therapeutic and support services at a central location to functionally or cognitively impaired adults. Services may include exercise programs, reminiscing and memory activities, social and cultural gatherings, as well as assistance with health and personal care. Clients attend adult day care on a planned basis that is determined by the individual's needs and abilities through an assessment process. At the time of the survey, adult day service programs were not licensed in Alaska but the majority of facilities did meet the Adult Day Service Standards issued by the Alaska Commission on Aging (ACOA). All facilities are certified to provide services under the Community and Home Options to Institutional Care for Everyone (CHOICES) Medicaid Waiver program. Serious consideration to establish a licensure process for adult day service has been given.

Program Data

- For FY '01, the reported number of facilities statewide was 15.
- For FY '01, the reported number of clients served was 507.
- For FY '01, the total annual expenditure for Adult Day Services was unreported.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults and disabled adults.	
FACILITIES' LICENSURE STATUS	
None. However, at the time of the survey, a bill was introduced to license facilities.	
FUNDING SOURCES	
Funding Sources	CHOICES Medicaid Waiver, OAA, grants with State of Alaska match, local city/borough grants, United Way, and sliding fees for service.
PROGRAM CERTIFICATION OR APPROVAL	
Select programs are approved as meeting standards by the Alaska Commission on Aging. All programs are certified to provide services under the Community and Home Options to Institutional Care for Everyone (CHOICES) program.	
MONITORING	
Program/Facility	All programs receive limited monitoring at least annually. This is done by onsite visits by the Division of Senior Services staff either as grantees of the Alaska Commission on Aging or as Medicaid providers for CHOICES Medicaid Waiver.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	The client must need ADL assistance, health monitoring, or help overcoming functional limitations or disabilities.
Funding Source Requirements	CHOICES Waiver • Nursing home level of care which includes the need for skilled nursing or structured (active) rehabilitation ordered by and under the direction of a physician. • Must have adult day services in the POC. No medical eligibility requirements were reported by the other funding sources.
ASSESSMENT	
Alaska Long-Term Care Assessment (ALTCA)	**Type of assessment:** Statewide comprehensive. **Administered by:** Waiver certified coordinators. **Frequency of assessment:** Initially and then every 6 months with revision/update of the Waiver's POC. **Used for:** PAS, POC, NH LOC and for CHOICES, eligibility.
Adult day services assessment process	**Type of assessment:** Facility specific assessment. **Administered by:** Facility staff. **Frequency of assessment:** Initially and annually. **Used for:** PAS and to develop an ADC POC.
REIMBURSEMENT	
Rates	Reimbursement rates are set by region.
Rate Setting Process	Rates are indexed for different areas of the state based on a cost study with Anchorage as the base. The cost of providing the ADS (and all other waiver services) was established in each geographic region of Alaska in 1993. Programs have the option of presenting their current cost of providing a unit of adult day services which may result in a negotiated Medicaid reimbursement rate. This does NOT affect the type of services, staffing, and length of stay of the client.

SERVICES	
Transportation	Reimbursed at a separate, additional rate through the Waiver. Rates for FY '01 ranged from $16 to $19 one way.
Case Management	Reimbursed at a separate, additional rate through the Waiver.
Plan of Care	Reimbursed under the negotiated rate.
Family Counseling	Reimbursed under the negotiated rate.
Medication Management	Not provided.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the negotiated rate.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the negotiated rate.
Skilled Nursing Services	Not provided.
Health Monitoring	Reimbursed under the negotiated rate.
Physical Therapy	Not provided but can be arranged.
Occupational Therapy	Not provided but can be arranged.
Speech Therapy	Not provided but can be arranged.
Other Services Provided under the Reimbursement Rate	Not reported.
Other Services Provided Under an Additional Rate	Meals.

ARIZONA

Program Name: Adult Day Health Care

Program Description: Adult day health care in Arizona is offered through the Arizona Long-Term Care System (ALTCS) which is part of the Arizona Health Care Cost Containment System (AHCCCS), a program funded by the Medicaid 1115c waiver. Adult day health care in Arizona is for adults of any age who are in need of support, assistance, and/or rehabilitation. Arizona also has an adult day care program which is more social in the activities it offers and it is provided through the Department of Economic Security Aging and Adult Administration.

Program Data

- For FY '01, the reported number of facilities statewide was 27.
- For FY '01, the number of clients served was not provided, however, 347 clients received adult day health services under the non-medical HCBS through the Department of Economic Security Aging and Adult Administration.
- For FY '01, the expenditure for Adult Day Health Care was not reported; however, the expenditure for the entire ALTCS program including adult day health care was $3,070,000.

PROGRAM MODEL	
Medical only and combined programs.	
POPULATION TARGETED	
Adults of any age.	
FACILITIES' LICENSURE STATUS	
Facilities are licensed by the Arizona Department of Health Services.	
FUNDING SOURCES	
Funding Sources	Arizona Long-Term Care System (ALTCS) through the 1115c Waiver and fee for service.
PROGRAM CERTIFICATION OR APPROVAL	
None.	
MONITORING	
Program/Facility	Area Agency on Aging monitors ADH facilities through contracts with the 3 ALTCS managed care organizations in Maricopa County (Phoenix metropolitan area) and this is done through annual site visits. Other areas are monitored by the Arizona Health Care Cost Containment System's (AHCCCS) managed care organizations. All beneficiaries are assigned a case manager from the managed care organizations. All complaints that come to the attention of licensure, the managed care organization and/or AHCCCS are investigated. All facilities have a licensure review by the Arizona Department of Health Services.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	Adult day health specific requirement are: • Participants should be free from pulmonary tuberculosis; and • A medical provider completes and signs a medical assessment which should include information that addresses the participant's health and mental status and cognitive impairments; physical, mental, and emotional problems including medications, treatments, special dietary needs, and allergies; and evidence of freedom from communicable diseases. Under ALTCS, a case manager from the Managed Care Organization is responsible for authorizing adult day health care services.
Funding Source Requirements	ALTCS • Nursing home level of care as determined by an assessment.
ASSESSMENT	
Arizona Long-Term Care System (ALTCS) Assessment	**Type of assessment:** Statewide comprehensive. **Administered by:** Access staff, usually a RN or social worker. **Frequency of assessment:** Initially. **Used for:** PAS and nursing home LOC.
A Comprehensive Written Assessment	**Type of assessment:** Facility level assessment and not standardized but most facilities use the Functional Assessment II. **Administered by:** Facility staff and overseen by facility administrator. **Frequency of assessment:** Conducted within 30 calendar days of enrollment or by the participant's 10th visit, whichever comes first. Care plans are reviewed and updated every 6 months or earlier when there is a significant change in the participant's condition. **Used for:** Used as a PAS and to tier for reimbursement if the client is using fee for service.
A case manager's assessment	**Type of assessment:** Not standardized but used for all long-term care clients. **Administered by:** Managed care organization's case manager. **Frequency of assessment:** Initially and quarterly. **Used for:** Developing a POC and ensuring the members are having their needs met and what additional services/interventions may be needed.

REIMBURSEMENT	
Rates	Rates are reimbursed per unit and a unit is one hour. In FY '01, the rate was $7.03 per hour, while in FY '02, it was $7.20.
Rate Setting Process	Rates are negotiated by providers with the managed care organization. The ALTCS managed care organization has the discretion to develop the ADHC rates and what the rate includes.
SERVICES	
Transportation	Reimbursed as a separate, additional rate unless negotiated by the facility.
Case Management	Not reimbursed under the set rate but offered through ALTCS.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Not provided.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Reimbursed under the set rate.
Nursing Services	Not provided.
Skilled Nursing Services	Not provided.
Health Monitoring	Not provided.
Physical Therapy	Not provided.
Occupational Therapy	Not provided.
Speech Therapy	Not provided.
Other Services Provided under the Reimbursement Rate	Meals.
Other Services Provided Under an Additional Rate	Not reported.

ARKANSAS

Program Name: Adult Day Health Services

Program Description: Adult day health services in Arkansas are primarily offered under the home and community based Elder Choices Waiver. The goal of adult day health services is for individuals to obtain a variety of supportive services such as respite, family training/counseling, and personal care as well as for impaired individuals to receive services that restore or maintain optimal functioning.

Program Data

- For FY '01, the reported number of facilities statewide was 43. Nine (9) facilities are adult day health care (medical) centers and 34 are adult day care (social).
- For FY '01, the number of clients in adult day health services was unreported. For FY '02, individuals who obtained adult day health services through the Elder Choice Waiver averaged to 47 per month.
- For FY '01, the expenditure for Adult Day Health Services was $517,299.79.

PROGRAM MODEL	
Medical.	
POPULATION TARGETED	
Adults.	
FACILITIES' LICENSURE STATUS	
Licensed by the Office of Long-Term Care.	
FUNDING SOURCES	
Funding Sources	HCBS Waiver- Elder Choices.
PROGRAM CERTIFICATION OR APPROVAL	
Certified by the Office of Long-Term Care.	
MONITORING	
Program/Facility	Waiver participants' care plans are monitored throughout the year and renewed every 12 months. Licensure requires a certain number of recreational activities be offered, etc. The Office of Long-Term Care's survey and licensure ensures onsite visits at least annually.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• Attending physician must prescribe ADHS for a number of hours per day (4-8 hrs); • Must need assistance with ADLs; • Cannot be bedfast; and • ADHS are appropriate ONLY for individuals whose needs include one or more of the following services: rehabilitative therapies (e.g., PT, OT); pharmaceutical supervision; diagnostic evaluation; health monitoring.
Funding Source Requirements	Elder Choices Program • Medical criteria as determined by a licensed medical professional in writing: Meets at least one of the 3 following criteria: o Unable to perform a) at least 1 of 3 ADLs of transfer/locomotion, eating or toileting without extensive or total help of another. –or- b) at least 2 of these same 3 ADLs without limited assistance of another; or o Has a primary or secondary diagnosis of Alzheimer's Disease or ADRD and is cognitively impaired so as to require substantial supervision from another for behaviors that pose health or safety risk to self or others; or o Has a diagnosed medical condition requiring monitoring/assessment at least once daily by licensed medical professional and if untreated would be life-threatening.
ASSESSMENTS	
Form 9703 - Eligibility of Need	**Type of assessment:** Statewide comprehensive. **Administered by:** Elder Choices RN and reviewed by the state RN and MD. **Frequency of assessment:** Initially and annually. **Used for:** PAS, POC and LOC.
REIMBURSEMENT	
Rates	Reimbursement is by a hourly units and based on the individual's care plan. For FY '01, the rate was $6.69 per hour.
Rate Setting Process	Medicaid maximum allowable rate is negotiated with the provider community.

SERVICES	
Transportation	Reimbursed at a separate, additonal rate through the Medicaid state plan. Some facilities may not provide this service however.
Case Management	Not provided by facility but provided by Elder Choices.
Plan of Care	Not provided by facility but provided by Elder Choices. Facilities may have own POC process.
Family Counseling	Reimbursed under the set rate.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed at a separate, additional rate.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not provided.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Reimbursed under the set rate.
Occupational Therapy	Reimbursed under the set rate.
Speech Therapy	Reimbursed under the set rate.
Other Services Provided under the Reimbursement Rate	Pharmaceutical supervision; diagnostic evaluation; nutritional intake and special diets, activities, health education and counseling; injections for insulin with prescription and by licensed staff only.
Other Services Provided Under an Additional Rate	None.

CALIFORNIA

Program Name: Adult Day Health Care

Program Description: Adult day health care in California is primarily offered through the Medicaid state plan, also known as Medi-Cal. Other adult day programs such as Adult Day Care and Adult Day Support Centers only offer social activities and services and can be accessed through the Multipurpose Senior Services Program (MSSP) and other funding streams but are not Medi-Cal reimbursable. The purpose of adult day health care, which combines social and health activities and services, is to maintain and restore the social, emotional and physical well-being of impaired individuals so that they can remain or return to the community.

Program Data

- For 2001 and 2002, the reported number of facilities statewide was 269. In 2003, the number of facilities was 304.
- For 2001 and 2002, the reported number of clients served was 22,000. In 2003, the reported number of clients served was 29,000.
- For 2001 and 2002, the expenditure for Adult Day Health Care was not reported.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults, individuals with disabilities, and specialized populations such as those with Alzheimer's.	
FACILITIES' LICENSURE STATUS	
Licensed by the Department of Health Services.	
FUNDING SOURCES	
Funding Sources	Medi-Cal, Veteran's Administration, and Long-Term Care Insurance.
PROGRAM CERTIFICATION OR APPROVAL	
Programs are certified for Medi-Cal reimbursement by the Department of Aging.	
MONITORING	
Program/Facility	Every ADHC center is inspected and evaluated for quality of care at least every two years by the California Department of Aging and the Department of Health (DOH). DOH monitors programs via Medi-Cal regulations. Medi-Cal may authorize services for up to six months for eligible beneficiaries. Centers must send monthly program data (e.g., number of admissions, number that did not come, number attending, etc.)

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• Medical condition that requires treatment or rehabilitative services. Medi-Cal consultants consider such medical factors as whether the applicant needs supervision in an on-going basis, needs to see a physician or psychiatrist no less than every 60 days, and needs medication monitoring or assistance. • Mental impairment that handicaps daily living. • Physical impairment that handicaps daily living, such as limitations in ADLs, incontinence, or other sensory loss. Determination of eligibility and need for ADHC is authorized by a Medi-Cal consultant. An initial request for ADHC may be made by a provider but it needs to be signed by a physician.
Funding Source Requirements	No funding source medical eligibility requirements reported that relates to adult day health care.
ASSESSMENT	
Adult Day Health Service Assessment	**Type of assessment:** Facility selected, not standardized. **Administered by:** A multidisciplinary team including a nurse, a physician, a social worker, an occupational therapist, and a physical therapist. **Frequency of assessment:** Prior to acceptance into program, bi-annual re-evaluation and quarterly progress notes. **Used for:** PAS, POC, and LOC.
REIMBURSEMENT	
Rates	Rates are per deim and a day equals to 4 or more hours. For 2001 and 2002, the reimbursement rate was $66.56 for a 4 hour day and in 2003, the rate was $68.57. A slightly higher rate is given for assessment days and this rate can only be applied for a maximum of 3 billable days within a 12 month period.
Rate Setting Process	Rates are set at 90% of the Intermediate Care Facility rate and they increase annually.

SERVICES	
Transportation	Reimbursed under the set rate.
Case Management	Not provided.
Plan of Care	Reimbursed under the set rate.
Family/Caregiver Counseling	Psychotherapy, assessment, and social work services for families and individual are provided.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Reimbursed under the set rate.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Reimbursed under the set rate.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Reimbursed under the set rate.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Reimbursed under the set rate.
Occupational Therapy	Reimbursed under the set rate.
Speech Therapy	Reimbursed under the set rate.
Other Services Provided under the Reimbursement Rate	Meals, psychological or psychiatric supervision of treatment by medical professionals, medical social services to participants and their families to help with adjustment, and planned recreational and social activities.
Other Services Provided Under an Additional Rate	Podiatric services, visual care screening and advice, dental screening.

COLORADO

Program Name: Adult Day Services

Program Description: Adult Day Services (ADS) in Colorado provides health and social service activities as well as therapeutic and psychological activities. As part of home and community based services, ADS is offered as an alternative to long-term care nursing home care at a regularly scheduled basis. Colorado has two types of adult day services, Basic and Specialized Adult Day Services. In specialized ADS, two-thirds of the population must be participants whose physician has verified one of the following diagnoses and recommended the appropriate specialized services: Alzheimer's and related disorders, multiple sclerosis, brain injury, chronic mental illness, developmental disability or post-stroke participants who require rehabilitative therapies.

Program Data

- For FY '01, the reported number of facilities statewide was 40, with 14 of them being medical-type facilities and 26 being social.
- For FY '01, the reported number of clients served was 867, with the majority participating in social adult day services.
- For FY '01, the total expenditure for Adult Day Services was $3,626,942.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Physically and developmentally disabled adults, adults, mentally ill adults, and persons living with AIDS.	
FACILITIES' LICENSURE STATUS	
None.	
FUNDING SOURCES	
Funding Sources	HCBS-Elderly, Blind, and Disabled Waiver; HCBS Waiver for persons living with AIDS, and HCBS Waiver for persons with mental illness.
PROGRAM CERTIFICATION OR APPROVAL	
Programs are certified by the Colorado Department of Health Care Policy and Financing.	
MONITORING	
Program/Facility	The ADH program is monitored by the Department of Health Care Policy and Financing, while facilities are monitored by the Department of Health and Environment. What the monitoring entails was not reported.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	Once the client is eligible for the Waiver, she/he may obtain adult day services.
Funding Source Requirements	HCBS-Elderly, Blind, and Disabled Waiver; HCBS Waiver for persons living with AIDS, and HCBS Waiver for persons with mental illness. • Medical condition as dictated by the Waiver the individual is under (e.g., mentally ill). • Nursing home level of care as determined by the assessment. • Assessments are scored by the Peer Review Organization of Colorado who certifies admission into the Waiver. • A physician's signature is required for payment of Medicaid long-term care services.
ASSESSMENT	
Uniform Long-Term Care Assessment Instrument (ULTC-100)	**Type of assessment:** Statewide comprehensive for the Waivers. **Administered by:** Case managers conduct the assessment face to face. Assessment is then scored by the Peer Review Organization (PRO). **Frequency of assessment:** Initially and then annually and whenever there is a change in the participant's condition. **Used for:** PAS, POC, nursing home LOC and to determine Waiver eligibility.
REIMBURSEMENT	
Rates	Rates are per diem or per half day. A ½ day is 3 to 5 hours and a full day is over 5 hours. For FY '01, the rates for a partial day (3 to 5 hours) are $21.05 for Basic Adult Day Care and $26.63 for Specialized Adult Day Care.
Rate Setting Process	Rates are set by the Department of Health Care Policy and Financing. For a new Adult Day Service center the Department will take into consideration the following criteria: anticipated costs reported by the provider, costs and rates of comparable ADS centers, any prior owner's reported costs, and proposed private pay charges to the general public for similar services. Cost reporting is done, so that the rate is either the maximum rate or if the private pay rate is lower, the rate is equal to the private pay rate. If the calculated rate is lower, then that's the rate.

SERVICES	
Transportation	Reimbursed at a separate, additional rate. In FY '01, mobility van was $12.84 per trip, taxi, up to $50.00 per trip, and a wheelchair van $15.99 per trip plus mileage ($.64 per mile).
Case Management	Not reimbursed under the set rate but offered through the Waivers.
Plan of Care	Not reimbursed under the set rate but offered through the Waivers.
Family Counseling	Not provided.
Medication Management	Medication supervision is reimbursed under the set rate.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the set rate, specifically for assistance with bathing in emergency situations, toileting, feeding, and mobility.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the set rate. In specialized adult day care only, nursing services is provided during all hours of operation.
Skilled Nursing Services	Not reported.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Reimbursed under the set rate for specialized adult day care but not basic adult day care.
Occupational Therapy	Reimbursed under the set rate for specialized adult day care but not basic adult day care.
Speech Therapy	Reimbursed under the set rate for specialized adult day care but not basic adult day care.
Other Services Provided under the Reimbursement Rate	Social and recreational services, social support services, self-care services such as personal hygiene.
Other Services Provided Under an Additional Rate	None.

CONNECTICUT

Program Name: Adult Day Health Services under the Connecticut Home Care Program for Elders

Program Description: Adult Day Health Services in Connecticut is primarily offered through the Home Care Program; however, clients in the National Caregivers Respite Program, Older Americans Act (OAA), and the Veteran Administration (VA) can also access ADHS. The Connecticut Home Care Program for Elders provides long-term care services for older persons who continue to live at home.

Program Data

- For FY '01, the reported number of facilities statewide was 66.
- For FY '01, the reported number of clients served was over 2,695. This includes clients under the Home Care Program as well as the Veteran's Administration, National Caregivers Respite Program, and Older Americans Act. For FY '01 and only under the Home Care Program, the reported number of clients served was 1155.
- For FY '01, the expenditure for Adult Day Health Services was not reported.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults, disabled adults, and special populations such as individuals with Alzheimer's and other dementias.	
FACILITIES' LICENSURE STATUS	
None.	
FUNDING SOURCES	
Funding Sources	HCBS Medicaid Waiver and State Funds, Older Americans Act (OAA), Title III-E (National Family Caregivers Support Program), and Veteran's Administration.
PROGRAM CERTIFICATION OR APPROVAL	
Programs are certified by the Connecticut Association of Adult Day Centers, Inc.	
MONITORING	
Program/Facility	Monitoring is performed through the certification process. The Connecticut Association of Adult Day Centers, Inc. is the entity that the State of Connecticut Department of Social Services has authorized to be the certifying body for the Adult Day Health Centers. The certification standards are established by the State of Connecticut Department of Social Services in collaboration with the Connecticut Association of Adult Day Centers, Inc. The certification is conducted by a "Peer Review Team" approach and it's based on a site visit which include but not limited to, a complete evaluation of the physical plant, case records, medical records, physician orders, participants polices, general record polices, staffing and participant ratio, essential components of care, plan of service, nutrition, transportation, safety and sanitation, emergency procedures, etc.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	No ADHS specific eligibility criteria were reported. Once individuals are found eligible for the Home Care Program, they have the option of receiving ADH Services.
Home Care Program Eligibility	Home Care Program for Elders (Home and Community Based Medicaid Waiver and State Funds) • A physician's assessment is required, which includes a medical examination, and must be signed and dated on or before the first day of admission. Medical examination reports must be updated annually; • A functional need is required. A functional need is a clinical determination by the Department about the applicant's critical need for assistance in the following areas: Bathing, Dressing, Toileting, Transferring, Eating/Feeding, Meal Preparation and Medication Assistance. Clients will be determined to meet service levels based on whether the functional need is determined Category 1: at risk of hospitalization or short term nursing home placement, Category 2: in need of short or long term nursing home care, or Category 3: in need of long term nursing care; and • A need for nursing home level of care. Medical eligibility requirements for other sources of funding were not reported.
ASSESSMENT	
Modified Community Care Assessment	**Type of assessment:** Statewide comprehensive. **Administered by:** Case managers from an access agency (any agency that has contact and makes referral) performs assessments face to face in the individual's home or nursing home. **Frequency of assessment:** Initially and access agencies review the care plan within 60 days. Reassessed annually. **Used for:** PAS, POC, and nursing home LOC.
Facility level assessment tool	**Type of assessment:** Facility level assessment. **Administered by:** ADHS facility staff with the inclusion of caregivers, if applicable. **Frequency of assessment:** Conducted upon admission to develop a care plan. Care plans are reviewed quarterly for compliance with certification. **Used for:** POC.

REIMBURSEMENT	
Rates	Rates are reimbursed per diem (4 or more hours) or per ½ day (less than 4 hours). For FY '01, the reimbursement rate for medical adult day health services under the Home Care Program for Elders was $53.59 for 4 or more hours. Half days (4 hours or less) were also reimbursed at $32.91. The rates for social adult day care are lower. In FY '01, the rate was $50.32 for 4 and more hours.
Rate Setting Process	Rates are set through legislative action.

SERVICES	
Transportation	Reimbursed under the set rate.
Case Management	Not reimbursed under the set rate but it is offered through the Home Care Program.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Reimbursed under the set rate.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the set rate. Medical model facilities also need to include bathing in addition to other ADLs.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the set rate. For medical model facilities a program nurse must be available 40% of the time.
Skilled Nursing Services	Not provided.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Not provided but can be arranged.
Occupational Therapy	Not provided but can be arranged.
Speech Therapy	Not provided but can be arranged.
Other Services Provided under the Reimbursement Rate	Recreation and social activities and meals.
Other Services Provided Under an Additional Rate	None.

DELAWARE

Program Name: Adult Day Care

Program Description: Adult Day Care centers that operate under a social model provide such services as recreational activities, nutrition services, meals and to some degree, distribution of medication by a qualified health care professional. The medical adult day care centers provide all of the above-mentioned services as well as health related services such as injections, dressing changes, and treatments by a licensed RN. Although at the time of the survey centers were not licensed, serious consideration is being given to improving the regulatory process.

Program Data

- For FY '01, the reported number of facilities statewide was 14.
- For FY '01, the reported number of clients served was 1108.
- For FY '01, the reported expenditure for Adult Day Care was $644,000.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults, disabled adults, and those with developmental disabilities.	
FACILITIES' LICENSURE STATUS	
None. At the time of the survey, Delaware was in the process of regulating ADCs and creating licensure.	
FUNDING SOURCES	
Funding Sources	Home and Community Based Service (HCBS)-Elderly and Disabled Waiver, Older Americans Act, and Social Security Block Grant.
PROGRAM CERTIFICATION OR APPROVAL	
Annual renewal of contracts by the Division of Services for Aging and Adults with Physical Disabilitites for up to five years.	
MONITORING	
Program/Facility	Department of Social Services and Medicaid monitor Waiver contracts annually. On-site monitoring by administrative staff at least annually.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	No ADC specific eligibility criteria were reported. Once individuals were found eligible for the Waiver, OAA, or SSBG, they were also found eligible to receive ADC services.
Funding Source Requirements	Elderly and Disabled Waiver • Physician authorization is needed to determine waiver eligibility; • In need of nursing home level of care and that is assessed using an internally developed tool; and • Functionally impaired. OAA • Must have 1 or more disability, disease or illness that restrict ability to perform activities of daily living (ADLs); and • Nursing home level of care. SSBG • Must have special needs (physical, emotional, or mental impairment).
ASSESSMENT	
Medicaid Waiver Assessment	**Type of assessment:** Statewide comprehensive for the Waiver. **Administered by:** Case managers. **Frequency of assessment:** Initially and then annually. **Used for:** PAS, LOC, nursing home LOC and to assess client's functional status and level of need as Low, Medium, or High based on physical & mental health, ADLs, IADLs, social background, financial resources, informal and formal supports and caregivers. This form is used only on HCBS Waiver clients.
ADC Center Specific Assessment	**Type of assessment:** Facility level assessment. **Administered by:** ADC staff. **Frequency of assessment:** Initially. **Used for:** PAS for non-Waiver clients.
REIMBURSEMENT	
Rates	Reimbursement rates are negotiated by each facility. An example would be $53 for a 4 to 5 hour day and $80 for a 6 or more hour day.
Rate Setting Process	Each facility negotiates its rate with the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD). Rates are based on the agency's legitimate costs.

SERVICES	
Transportation	Reimbursed under the negotiated rate.
Case Management	Not reimbursed under the negotiated rate but offered through the Waiver and the SSBG.
Plan of Care	Reimbursed under the negotiated rate.
Family Counseling	Not reimbursed under the negotiated rate but offered through the OAA.
Medication Management	Reimbursed under the negotiated rate.
Nutrition Consultation	Reimbursed under the negotiated rate, except for those under the SSBG.
ADL Services/Training	Reimbursed under the negotiated rate.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the negotiated rate, except for those under the SSBG.
Skilled Nursing Services	Not provided.
Health Monitoring	Reimbursed under the negotiated rate, except for those under the SSBG.
Physical Therapy	Reimbursed under the negotiated rate, except for those under the SSBG.
Occupational Therapy	Reimbursed under the negotiated rate, except for those under the SSBG.
Speech Therapy	Reimbursed under the negotiated rate, except for those under the SSBG.
Other Services Provided under the Reimbursement Rate	Meals and emergency services.
Other Services Provided Under an Additional Rate	None.

FLORIDA

Program Name: Adult Day Health Care

Program Description: Adult Day Health Care in Florida is an optional service under the Medicaid Waiver. Its focus is to provide both social and medical services to individuals in need. Although there are certain eligibility requirements specific to adult day health care, to attend adult day health care through a waiver, individuals must be eligible for the Waiver as well as be found in need of ADHC services by the case manager.

Program Data

- For FY '01, the reported number of facilities statewide was 165.
- For FY '01, the reported number of unduplicated clients served was 1162.
- For FY '01, the expenditure for Adult Day Health Care was not reported.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults and disabled adults.	
FACILITIES' LICENSURE STATUS	
Licensed by the Agency for Health Care Administration (AHCA).	
FUNDING SOURCES	
Funding Sources	Home and Community Based Service (HCBS)-Aged and Disabled Adult Waiver, Channeling Waiver, and Nursing home Diversion Waiver.
PROGRAM CERTIFICATION OR APPROVAL	
None.	
MONITORING	
Program/Facility	Upon review of the licensing application by the AHCA, a survey will be done by the agency field office. The survey will be done every 1 years when providers renew the license. Unless there is a complaint, the AHCA will not survey the program. Any reported abuse, neglect, or exploitation is handled by the Department of Child and Families. The Department of Elder Affairs monitors consumers in the Aged/Disabled Adult Waiver. Each month, 10 case files and 75 claims per PSA are randomly picked from the list of 34 services. This list of case files and claims is sent to the Medicaid Waiver Specialist for review. For the case file review, the Medicaid Waiver Specialist can either perform a desk review of the file or go to the case management agency to review the file. In order to review the claims, the Medicaid Waiver Specialist requests that the day receipts signed by the consumer be forwarded to her to substantiate the claim. For the physical facility, providers must have annual fire safety inspections and the Health Department does an annual food service inspection.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• Functionally impaired, which is defined as having a physical, mental, or social condition or cognitive deficit which restricts an individual's ability to perform the tasks and activities of daily living and which impedes the individual's capability for self-care and independent living without assistance or supervision from others on a recurring or continuous basis for extended periods of time; • In need of a protective environment and a program of therapeutic social and health activities and services; • Freedom of turberculosis in the communicable form and other communicable diseases; and • No participant who requires medication during the time spent at the center and who is incapable of self-administration of medications shall be admitted or retained unless there is a person licensed according to Florida law to administer medications who will provide this service.
Funding Source Requirements	Aged and Disabled Adult Waiver • Nursing home level of care which is determined by the Department of Elder Affairs, through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) 701B assessment tool. nursing home LOC definition includes at risk of nursing home placement within 3 days, need constant supervision or medical condition, requiring constant care, and/or medical conditions requiring nursing observations; and • Physician referral is necessary. Channeling Waiver • Nursing home level of care as determined by CARES; and • Having 2 or more unmet long-term care needs. Nursing Home Diversion Program • Nursing home level of care as determined by CARES; and • Must meet one or more established clinical criteria.

ASSESSMENT	
Comprehensive Assessment and Review for LTC Services (CARES) 701B	**Type of assessment:** Statewide comprehensive. **Administered by:** Waiver case managers. **Frequency of assessment:** Initially. **Used for:** PAS, POC, nursing home LOC and for Waiver eligibility.
REIMBURSEMENT	
Rates	Rates are reimbursed per unit, with a unit being 15 minutes. Rates vary, but in FY '01, the per unit, maximum statewide rate was $5.25. The actual rate is determined at the various Area Agencies on Aging.
Rate Setting Process	Rates are determined by the Area Agencies on Aging.
SERVICES	
Transportation	Reimbursed under the negotiated rate.
Case Management	Not reimbursed under the negotiated rate but offered through the Waiver.
Plan of Care	Reimbursed under the negotiated rate.
Family Counseling	Not reimbursed under the negotiated rate but offered through the Waiver.
Medication Management	Not reimbursed under the negotiated rate but offered through the Waiver.
Nutrition Consultation	Not reimbursed under the negotiated rate but offered through the Waiver.
ADL Services/Training	Reimbursed under the negotiated rate.
IADL Services/Training	Reimbursed under the negotiated rate.
Nursing Services	Reimbursed under the negotiated rate but services include health education and counseling.
Skilled Nursing Services	Not provided.
Health Monitoring	Reimbursed under the negotiated rate.
Physical Therapy	Not provided but can be arranged.
Occupational Therapy	Not provided but can be arranged.
Speech Therapy	Not provided but can be arranged.
Other Services Provided under the Reimbursement Rate	Meals/snacks, medical screening, and social services.
Other Services Provided Under an Additional Rate	Dental, ophthalmology, hearing aid or lab services are covered under the State Plan Medicaid.

GEORGIA

Program Name: Adult Day Health through the Community Care Services Program

Program Description: Adult Day Health (ADH) in Georgia is a service offered under the Community Care Service Program (CCSP). ADH is primarily a medical program that aims to promote medical stability**,** maintain optimal capacity for self-care and maximize functional ability in individuals. Individuals eligible to participate in ADH are assessed at two levels of care, depending on his or her functional, cognitive, and medical needs.

Program Data

- For FY '01, the reported number of facilities statewide was 28.
- For FY '01, the reported number of clients served was 554.
- For FY '01, the expenditure for Adult Day Health was not reported.

PROGRAM MODEL	
Medical.	
POPULATION TARGETED	
Adults, disabled adults, and individuals with developmental disabilities.	
FACILITIES' LICENSURE STATUS	
None.	
FUNDING SOURCES	
Funding Sources	Home and Community Based Service (HCBS), State legislature matches funds.
PROGRAM CERTIFICATION OR APPROVAL	
ADH for CCSP must be approved by the Division of Aging Services. The Department of Human Resources monitors the facilities, approves the daycare centers and recommends them for enrollment to the Department of Community Health and Medicaid.	
MONITORING	
Program/Facility	The Adult Day Service Provider Agency conducts an initial evaluation of the facility for approval for CCSP. The Department of Community Health and Medicaid conducts utilization reviews. Care Coordinators also visit ADH facilities and review clinical records quarterly.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• To be eligible for ADH through CCSP, the client must already meet the requirements of the CCSP eligibility. The CCSP care coordinator then determines (and a physician approves) the level of ADH service needed for the client. There are two: • Level 1 watchful oversight, medical monitoring on a weekly basis, minimal assistance with ADLs, verbal cues or assistance with self-care activities. • Level 2 requires watchful oversight, medical monitoring at least twice weekly, moderate assistance with personal care, specialized therapy or nursing services. Level 2 also requires a client to need assistance with ADLs such as transfers and ambulation, bathing, or eating.
Funding Source Requirements	HCBS-Community Care Service Program • Physician must certify that the person is functionally impaired and in need of nursing home services (usually the nurse does the assessment and submits a care plan to the physician for authorization); and • For nursing home level of care, the client must obtain a minimum score of at least 15 in column A (level of impairment) on the Determination of Need-Revised, along with one unmet need for care identified in Column B of the assessment.

ASSESSMENT	
Determination of Need - Revised (DON-R)	**Type of assessment:** Statewide comprehensive. **Administered by:** Case managers over the telephone. **Frequency of assessment:** Initially. **Used for:** PAS, nursing home LOC, and used as an initial screen for medical eligibility for CCSP and financial eligibility for Medicaid; used to test ADLs and IADLs.
Minimum Data Set - Home Care 2.0 (MDS-HC) and LOC page	**Type of assessment:** Statewide comprehensive. **Administered by:** RN conducts it initially, but reassessments by a social worker, unless an RN is needed to sign off on LOC. **Frequency of assessment:** Initially and annually or as needed due to change in the client's condition. **Used for:** POC, nursing home LOC, tiering for reimbursement purposes, and used to verify information obtained from the DON-R.
ADH facility level assessment	**Type of assessment:** Facility level assessment. **Administered by:** RN. **Frequency of assessment:** Not reported. **Used for:** Centers may conduct their own assessments for additional information.
REIMBURSEMENT	
Rates	A tiered system is used in Georgia. The rates reported for FY '01 were: Level 1: $50.45 for a full-day (5 to 8 hrs) Level 2: $63.07 for full-day (5 to 8 hrs)
Rate Setting Process	Department of Community Health sets the rates.

SERVICES	
Transportation	Not provided but can be arranged.
Case Management	Reimbursed under the set rate.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Not provided.
Medication Management	Reimbursed under the set rate. Level 2 requiring more complex medication management.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the set rate. Level 1 requiring minimal assistance and Level 2 requiring moderate assistance.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Reimbursed under the set rate only for Level 2. This would involve bowel and bladder re-training, catherter care etc.
Health Monitoring	Reimbursed under the set rate. Level 1 is on a weekly basis. Level 2 is twice per week.
Physical Therapy	Provided at a separate, additional rate. For FY '01, the additional rate was $42.45.
Occupational Therapy	Provided at a separate, additional rate. For FY '01, the additional rate was $42.45.
Speech Therapy	Provided at a separate, additional rate. For FY '01, the additional rate was $42.45.
Other Services Provided under the Reimbursement Rate	Meals; social and therapeutic activities such as reality orientation, field trips, group exercises, films/games, arts/crafts, music, pet therapy, reminiscence therapy, gardening; and nutrition education.
Other Services Provided Under an Additional Rate	None.

HAWAII

Program Name: Adult Day Health Care

Program Description: Hawaii has general adult day health care (ADHC), which provides medical type services, social adult day care, and adult day health care strictly for the developmentally disabled/mentally retarded populations. General ADHC in Hawaii provides support services for people of all ages with serious or chronic illnesses or disabilities living in the community.

Program Data

- For FY '01, the reported number of facilities statewide was 54. Eight of the facilities were ADH facilities, 26 were ADC facilities, and 20 were strictly DD/MR ADH facilities.
- For FY '01, the reported number of unduplicated clients served was 1,485. The majority of these clients were served in social adult day care.
- For FY '01, the expenditure for ADHC was $425,374; while ADC was $591,102. The expenditure for the DD/MR ADH was not reported.

PROGRAM MODEL	
Medical.	
POPULATION TARGETED	
Adults, disabled adults, and individuals with developmental disabilities.	
FACILITIES' LICENSURE STATUS	
Licensed by the Department of Health. Social ADC is licensed by the Department of Human Services.	
FUNDING SOURCES	
Funding Sources	Home and Community Based Service (HCBS)-Nursing Home Without Walls (NHWW), HIV/AIDS Community Care Program (HCCP), and Residential Alternatives Community Care Program (RACCP).
PROGRAM CERTIFICATION OR APPROVAL	
None.	
MONITORING	
Program/Facility	On-site visits and inspections at least annually conducted by the Office of Health Care Assurance, Medicare Section, Department of Health. DD/MR ADHC facilities are monitored by the Medicaid Waiver Services, Social Services Division, Department of Human Services.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• Physical or mental impairments or both that require nursing oversight or care for the purpose of restoring or maintaining, to the fullest extent possible, their capacity for remaining in the community.
Funding Source Requirements	HCBS Waivers-NHWW, RACCP, and HCCP • In need of intermediate or skilled nursing home care: 1) Intermediate Care Facility: Such persons are those who need twenty-four hour a day assistance with the normal activities of daily living; need care provided by licensed nursing personnel and paramedical personnel on a regular, long-term basis, and do not need skilled nursing or paramedical care twenty-four hours a day. 2) Skilled Nursing home: Patients' primary need is for twenty-four hours of skilled nursing care on an extended basis and regular rehabilitation services. • Medical condition as dictated by the type of Waiver.
ASSESSMENT	
DHS 1147 - State of Hawaii Subacute/Long-Term Care/Hospice Level of Care Evaluation	**Type of assessment:** Statewide comprehensive. **Administered by:** Center staff conducts assessments in person. **Frequency of assessment:** Initially and annually or earlier if the client's condition changes. **Used for:** PAS and nursing home LOC.
REIMBURSEMENT	
Rates	Rates vary by geographic location and types of services. A full day is 8 hours and a half day is 4 hours. For FY '01, the range for a full day rate was $35 to $70. For DD/MR ADHC, there were 5 service levels ranging from $58 to $110 per day.
Rate Setting Process	The reimbursement rate is influenced by geographic location and types of services provided.

SERVICES	
Transportation	Not reimbursed under the negotiated rate but offered through the Waiver. For DD/MR ADHC, this service is provided as part of the reimbursement rate.
Case Management	Not reimbursed under the negotiated rate but offered through the Waiver.
Plan of Care	Reimbursed under the negotiated rate.
Family Counseling	Reimbursed under the negotiated rate.
Medication Management	Reimbursed under the negotiated rate.
Nutrition Consultation	Reimbursed under the negotiated rate.
ADL Services/Training	Reimbursed under the negotiated rate.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the negotiated rate.
Skilled Nursing Services	Reimbursed under the negotiated rate.
Health Monitoring	Reimbursed under the negotiated rate.
Physical Therapy	Reimbursed at a separate, additional rate through the Medicaid State Plan. For DD/MR ADHC, this service is provided as part of the reimbursement rate.
Occupational Therapy	Reimbursed at a separate, additional rate through the Medicaid State Plan. For DD/MR ADHC, this service is provided as part of the reimbursement rate.
Speech Therapy	Reimbursed at a separate, additional rate through the Medicaid State Plan. For DD/MR ADHC, this service is provided as part of the reimbursement rate.
Other Services Provided under the Reimbursement Rate	Meals and recreation.
Other Services Provided Under an Additional Rate	None.

IDAHO

Program Name: Adult Day Care

Program Description: Idaho reported that their adult day care program is primarily social, with very few centers providing any health related services.

Program Data

- For FY ’00, the reported number of facilities statewide was 23, with all facilities being social.
- For FY ’00, the reported number of unduplicated clients served was 104.
- For FY ’00, the total expenditure for ADC was $11,618.

PROGRAM MODEL	
Social.	
POPULATION TARGETED	
Adults and disabled adults.	
FACILITIES’ LICENSURE STATUS	
None.	
FUNDING SOURCES	
Funding Sources	HCBS-Elderly and Disabled Waiver, OAA, Idaho Community Foundation (private funds), Title V (Private industry Counsel Funding pays for part-time aid), and VA.
PROGRAM CERTIFICATION OR APPROVAL	
Provider agreement which outlines staff ratio, building and policy requirements is done with facilities serving Waiver clients.	
MONITORING	
Program/Facility	Region Medicaid Units (RMU) provide quality assurance for all providers signed up for the Waiver. The provider agreement signed at the beginning of delivery of services outlines requirements. A formal records review will occur on-site at the end of the first year for the provider. Subsequent review will occur at least bi-annually. The RMU staff will conduct announced Quality Assurance visits to examine the agency records. The RMU staff will review provider files and participant files to check for deficiencies.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• Client must have physical or cognitive disabilities affecting ADL or IADL functioning; must be capable of being transported, self-care, and must benefit from socialization and structured supervised group oriented programs.
Funding Source Requirements	HCBS – Aged and Disabled Waiver • NH level of care required. NH LOC is determined by a score of 12 or higher on the Universal Assessment Instrument (UAI). • No participant shall be enrolled who has pressure ulcers or open wounds that are not healing; requires continuous nursing assessment and intervention; has draining wounds for which the drainage cannot be contained; needs care beyond the level of fire safety provided by the facility; or physical, emotional, or social needs are not compatible with the other participants in the facility. Medical eligibility criteria for other funding sources were not reported.
ASSESSMENT	
Universal Assessment Instrument	**Type of assessment:** Statewide comprehensive. **Administered by:** Not reported. **Frequency of assessment:** Initially and then annually. **Used for:** PAS. Conducted on every applicant for the Waiver.
REIMBURSEMENT	
Rates	Rates are per unit. A unit is one hour. In FY '01, the rate was $6.00 per hour for ADC under the Waiver.
Rate Setting Process	For the Waiver ADC rates, were negotiated between the facility and regional Medicaid units. For ADS under OAA and other funding sources, the center will determine what their costs are and cover costs through client fees or negotiate a contract for public funding.

SERVICES	
Transportation	Not provided but can be arranged. Reimbursement is possible for transportation under the OAA and other funding sources.
Case Management	Reimbursed under the set rate for certain funding sources but not the Waiver.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Reimbursed under the set rate for certain funding sources but not the Waiver.
Medication Management	Reimbursed under the set rate but only for cueing and reminding but not administering.
Nutrition Consultation	Reimbursed under the set rate for certain funding sources but not the Waiver.
ADL Services/Training	Reimbursed under the set rate. Includes assistance with transferring, walking, eating, and toileting.
IADL Services/Training	Not provided.
Nursing Services	Not provided.
Skilled Nursing Services	Not provided. Only some centers may offer it.
Health Monitoring	Not provided.
Physical Therapy	Not provided but can be arranged.
Occupational Therapy	Not provided but can be arranged.
Speech Therapy	Not provided but can be arranged.
Other Services Provided under the Reimbursement Rate	Recreation, meals, and exercise.
Other Services Provided Under an Additional Rate	None.

ILLINOIS

Program Name: Adult Day Care Services as a part of the Community Care Program (CCP).

Program Description: Adult Day Care Services in Illinois are offered through several funding streams. The most common way to receive this service, however, is through the Community Care Program which is funded by state general funds and the Medicaid Waiver. Adult day care services provide health support, socialization opportunities, and occasionally respite for family caregivers.

Program Data

- For FY '01, the total number of facilities statewide was not reported; however, 97 adult day care facilities were contracted with the Community Care Program (CCP).
- For FY '01, the number of unduplicated clients served in adult day care within the Community Care Program was 3,195.
- For FY '01, the expenditure for Adult Day Care within CCP was $11,000,000.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults, disabled adults, and individuals with developmental disabilities.	
FACILITIES' LICENSURE STATUS	
None.	
FUNDING SOURCES	
Funding Sources	State General Revenue Funds and HCBS for Elderly Medicaid Waiver fund CCP. Additional sources of funding for non-CCP participants include: MR/DD Waiver, OAA, VA, and cost share.
PROGRAM CERTIFICATION OR APPROVAL	
Agreement through contracts with the Illinois Department on Aging.	
MONITORING	
Program/Facility	Quality reviews for new and existing CCP ADS programs are conducted by the Illinois Department on Aging (IDoA). The IDoA performs inspections for facilities that relocate, and in response to any complaints received through the IDoA's Senior HelpLine. Facilities that serve clients under the Illinois Office of Rehabilitation Services, the Veterans Administration and other bodies are also monitored by those respective entities.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	No ADC specific eligibility was reported. Once clients are eligible to receive particular funding (e.g., enter the CCP), they are eligible to receive ADC services.
Funding Source Requirements	Community Care Program • The applicant's physician, nurse practitioner, RN, or Christian Science Practitioner must sign a statement that he/she has reviewed the applicant's Plan of Care and Client Agreement and agrees that home and community based services are appropriate; and • Must need nursing home level of care, defined as a score of at least 29 on the Determination of Need assessment. Medical eligibility requirements for other sources of funding were not reported.
ASSESSMENT	
Determination of Need (DON, includes Mini-Mental Status Exam (MMSE) & Plan of Care)	**Type of assessment:** Statewide comprehensive. **Administered by:** Case managers employed by the Case Coordination Units (CCUs) who are under contract with the IDoA. **Frequency of assessment:** Initially, annually, and when there is a change in client's need or upon the request of a caregiver or client. **Used for:** PAS, POC, and nursing home LOC.
Adult Day Services Individualized Plan of Care	**Type of assessment:** Facility level assessment. **Administered by:** ADC staff. **Frequency of assessment:** As needed basis, at least semi-annually. **Used for:** POC.
REIMBURSEMENT	
Rates	Rates are per hour. For FY '01, the rate was $5.52 per hour. For FY '02, it was raised to $6.02 per hour. The number of hours per day/week is related to the client's level of unmet need, which is related to the client's DON score in relation to 8 service level maximum ranges. The score ranges are: 29-32 ($313); 33-36 ($778); 37-45($933); 46-56 ($1091); 57-67($1244); 68-78($1326); 79-87($1805); 88-100 ($2105).
Rate Setting Process	Not reported.

SERVICES	
Transportation	Reimbursed at a separate, additional rate. For FY '01, the rate was $4.15 one way with a maximum of 2 trips per day.
Case Management	Not provided.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Reimbursed under the set rate.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Assistance with shopping is provided at a separate, additional rate.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Reimbursed at a separate, additional rate.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Reimbursed at a separate, additional rate.
Occupational Therapy	Reimbursed at a separate, additional rate.
Speech Therapy	Reimbursed at a separate, additional rate.
Other Services Provided under the Reimbursement Rate	Coordination of health services, social activities, meals, and snacks.
Other Services Provided Under an Additional Rate	None.

INDIANA

Program Name: Adult Day Services

Program Description: Adult day services (ADS) in Indiana are community-based programs that provide a variety of health, social, recreational, and therapeutic activities and occasionally personal care services. ADS are funded primarily through the Home and Community Based Service (HCBS) Waiver and the Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Program.

Program Data

- For FY '01, the number of facilities statewide was not reported; however, 50 facilities were under the HCBS-Aged and Disabled Waiver.
- For FY '01, the total number of clients served was unreported; however, 200 were served in adult day care under the HCBS-Aged and Disabled Waiver.
- For FY '01, the total expenditure for Adult Day Care was not reported; however, the expenditure for those served under the Waiver was $162,557.93.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Physically and developmentally disabled adults, adults, mentally ill adults, and persons living with AIDS.	
FACILITIES' LICENSURE STATUS	
None.	
FUNDING SOURCES	
Funding Sources	HCBS-Aged and Disabled Waiver; State funds for the Community and Home Options to Institutional Care for the Elderly and Disabled (CHOICE) Program.
PROGRAM CERTIFICATION OR APPROVAL	
Certification to provide services under the Waiver is given by the Bureau of Aging and In-Home Services.	
MONITORING	
Program/Facility	State (Waiver and CHOICE) does initial (no repeat) inspections of facilities using the ADS Survey Tool prior to facilities becoming approved to provide services under the Waiver and CHOICE programs. Typically, if a facility has been inspected initially and approved under the Waiver, it's automatically accepted ("grandfathered in") under the CHOICE program and vice versa.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	Once the client is eligible for the Waiver and/or CHOICE, she/he may obtain adult day services.
Funding Source Requirements	HCBS-Aged and Disabled Waiver • Need for nursing home level of care. Applicant has one or more severe medical conditions (includes: medical conditions that fluctuate or deteriorate rapidly, one or more treatments are administered from 3 times per week to more than once daily, and response to treatment requires frequent monitoring/assessment by licensed nursing personnel); or applicant has 3 or more substantial medical conditions including ADLs (includes: being impaired to the extent requiring 24 hr per day assistance and supervision of ADL on an ongoing but not permanent basis or a significant change/deterioration in health such as deterioration in two or more ADLs or two or more ADLs and cognitive abilities and communication). • Physician must certify the need for long-term care. In the case of developmentally disabled individuals, physician must conduct a physical examination (using PASRR Level II, State Form 45278) and include this in the level of care determination packet. CHOICE • Applicant must have an impairment that places the individual at risk of losing his/her independence. An individual is at risk of losing independence if he/she is unable to perform 2 or more ADLs as determined through the use of the Long-Term Care Services Eligibility Screen.

ASSESSMENT	
Adult Day Services Level of Service Assessment	**Type of assessment:** Statewide program specific. **Administered by:** Case managers conduct initial assessment; Division of Family and Children case workers reassess annually. **Frequency of assessment:** Initially and then annually. Sometimes monthly reassessment are done for clients scoring above 36 points. **Used for:** PAS, assessing tiers for reimbursement and in determining level of services such as basic, enhanced, or intensive.
State Form 38143 - Long-Term Care Services Eligibility Screen	**Type of assessment:** Statewide comprehensive. **Administered by:** Case manager conducts assessment, but physician certification is necessary. **Frequency of assessment:** Initially for long-term care eligibility. **Used for:** PAS and LOC.
State Form 45528 for Waiver Service Eligibility	**Type of assessment:** Statewide comprehensive. **Administered by:** Case manager conducts assessment, but physician certification is necessary. **Frequency of assessment:** Initially for waiver eligibility. **Used for:** PAS and nursing home LOC.
REIMBURSEMENT	
Rates	Rates are tiered based on assessed need. Three levels exist: Basic (Level 1), Enhanced (Level 2), and Intensive (Level 3). For FY '01, the rates for a half day (3 to 6 hours) were: • Basic (Level 1): $20.00 • Enhanced (Level 2): $26.25 • Intensive (Level 3): $31.25 Facilities can also be reimbursed in 15 minute intervals.
Rate Setting Process	Not reported.

SERVICES	
Transportation	Reimbursed at a separate, additional rate. For FY '01, the rate was $16.25 each way.
Case Management	Not reimbursed under the set rate but offered through the Waiver.
Plan of Care	Not reimbursed under the set rate but offered through the Waiver.
Family Counseling	Reimbursed under the set rate.
Medication Management	Reimbursed under the set rate. It ranges from monitoring of self-administered medication in Level 1 to dispensing of medication under Level 2 and 3.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the set rate. It ranges from monitoring of ADLs in Level 1 to hands on assistance with 2 or more ADLs in Level 2 and hands on assistance with all ADLs in Level 3.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not provided.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Reimbursed under the set rate only for Level 3.
Occupational Therapy	Reimbursed under the set rate only for Level 3.
Speech Therapy	Reimbursed under the set rate only for Level 3.
Other Services Provided under the Reimbursement Rate	Meals, comprehensive therapeutic activities, therapeutic intervention for those with moderate to severe cognitive impairment, one or more direct health interventions.
Other Services Provided Under an Additional Rate	None.

IOWA

Program Name: Adult Day Services

Program Description: From 2001 to 2003, Iowa had no certification or licensing process for adult day service programs and no system of oversight. In 2004, legislation was considered and passed to establish some degree of regulations and restructuring of adult day services. This new legislation states that the purpose of adult day services in Iowa is to promote a maximum level of independence to functionally impaired adults living in the community.

Program Data

- For FY '01, the reported number of facilities statewide was 83.
- For FY '01, the reported number of clients served was estimated to be 1200.
- For FY '01, the expenditure for Adult Day Services was unreported.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults, disabled adults, and special populations such as individuals with Alzheimer's and other dementias.	
FACILITIES' LICENSURE STATUS	
At the time of reporting (i.e., 2001-2002), there was no licensure process; however, legislation was being introduced to license facilities with 5 or more participants.	
FUNDING SOURCES	
Funding Sources	Home and Community Based Services Waiver-For the Frail and Elderly, Veteran's Administration, Iowa Senior Living Trust Program, Child and Adult Food Program, Title III-B, Long-term care insurance.
PROGRAM CERTIFICATION OR APPROVAL	
Facilities are run at a county level.	
MONITORING	
Program/Facility	There is currently no system of oversight. House File 655, passed in 2001, authorizes the Iowa Department of Elder Affairs to establish a system of oversight and consumer complaint investigation. An appropriations bill will be sought in the 2003 session of Iowa's General Assembly.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	It is only required that the client have a psychological, cognitive, or physical impairment that create the inability to perform personal and instrumental activities of daily living and that the client require supervision, assistance, or both. There is no mandated minimum number of activities of daily living (ADLs) for which assistance is needed.
Funding Source Eligibility	Elderly and Disabled Waiver • Intermediate Care Facility level of care is required. Medical eligibility requirements for other sources of funding were not reported.
ASSESSMENT	
OASIS	**Type of assessment:** Statewide comprehensive. **Administered by:** Program case managers from the Medicaid Waiver agency. **Frequency of assessment:** Initially. **Used for:** PAS for Waiver and LOC.
Facility level assessment (some facilities use the Functional Assessment II)	**Type of assessment:** Facility level assessment. **Administered by:** Multidisciplinary team. **Frequency of assessment:** Initially and every 6 months. **Used for:** PAS, POC, level of staffing needed, and level of client needs.
REIMBURSEMENT	
Rates	Waiver rates are set by length of stay. For FY '01, $20 for half day (up to 4 hours), $40 full day (5 to 8 hours) and $60 extended day (above 8 hours). The Waiver's maximum allowable rate for an 8 hour day was $41.09 in FY '01.
Rate Setting Process	Rate setting is done by the Bureau of Long-Term Care. Rates have increased less than 2% in the last decade.

SERVICES	
Transportation	Some providers roll transportation into their rate and others charge extra as permitted.
Case Management	Reimbursed under the set rate.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Not provided.
Medication Management	Not provided.
Nutrition Consultation	Reimbursed under the set rate.
ADL Services/Training	Reimbursed under the set rate for walking, eating, toileting, grooming and bathing.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not provided.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Not provided.
Occupational Therapy	Not provided.
Speech Therapy	Not provided.
Other Services Provided under the Reimbursement Rate	Meals; social services; therapeutic activities; and social work services.
Other Services Provided Under an Additional Rate	None.

KANSAS

Program Name: Adult Day Care

Program Description: Each adult day care facility determines whether it will offer a medical program or a social program based on the target population it wishes to serve and the services it offers. The overall goal of adult day care is to provide support for individuals living in the community so that they may maintain optimal physical and social functioning.

Program Data

- For FY '01, the reported number of facilities statewide was 27.
- For FY '01, the reported number of clients served was estimated to be 169.
- For FY '01, the expenditure for Adult Day Services was $503,067.

PROGRAM MODEL	
Social and medical.	
POPULATION TARGETED	
Adults and disabled adults.	
FACILITIES' LICENSURE STATUS	
Facilities are licensed by the Kansas Department of Health and Environment.	
FUNDING SOURCES	
Funding Sources	Home and Community Based Services Waiver-For the Frail and Elderly, Senior Care Act (SCA), and Older Americans Act (OAA).
PROGRAM CERTIFICATION OR APPROVAL	
None.	
MONITORING	
Program/Facility	Kansas Department of Health and Environment licenses and monitors facilities. The HCBS/FE case manager monitors the services being provided to the client.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	Each facility determines medical eligibility requirements by defining the target population it wishes to serve, but shall not admit anyone who: • Is incontinent and will not participate in management of their incontinence, • Is immobile, • Has any condition requiring two-person transfer, or • Has any behavior symptom that exceeds manageability.
Funding Source Eligibility	HCBS-Frail and Elderly Waiver • Nursing home level of care. Client must meet the Long-Term Care Threshold Score based on the UAI: client has impairment in 2 ADLs with a minimum weight of 6, and 3 IADLs with a minimum weight of 9, and a total minimum level of care weight of 26; OR client has total minimum weight of 26, with at least 12 points being IADL points and the remaining 14 being any combination of ADLs, IADLs, and/or risk factor points. • Intermediate Care Facility level of care is required. Medical eligibility was not reported by the other funding sources.
ASSESSMENT	
Uniform Assessment Instrument (UAI)	**Type of assessment:** Statewide comprehensive. **Administered by:** Case managers. **Frequency of assessment:** Initially and then annually. **Used for:** PAS, POC, LOC, nursing home LOC for Waiver clients.
Facility specific assessment (some facilities use sections of the UAI)	**Type of assessment:** Facility level assessment. **Administered by:** Licensed nurse. **Frequency of assessment:** Initially and annually. **Used for:** PAS and POC. Each facility must obtain identifying information, ADL/IADL, health and medication information from every participant.
REIMBURSEMENT	
Rates	Rates are per unit. A unit is 1 to 4 hours. In FY '01, the per unit rate was $13.78.
Rate Setting Process	State looks at what facilities average on private pay basis and come up with something that is fair.

SERVICES	
Transportation	Reimbursed at a separate, additional rate by the Medicaid State Plan only if medication is monitored at the center.
Case Management	Reimbursed at a separate, additional rate through the Waiver but others (private and other funding sources) can request case management services.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Not provided.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the set rate for eating and mobility.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not provided.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Not provided.
Occupational Therapy	Not provided.
Speech Therapy	Not provided.
Other Services Provided under the Reimbursement Rate	Meals; social services; therapeutic activities; and social work services.
Other Services Provided Under an Additional Rate	None.

KENTUCKY

Program Name: Adult Day Health Care

Program Description: Adult Day Health Care services in Kentucky are primarily covered under the Home and Community Based Program and is given to individuals determined eligible to receive this service by a physician and Peer Review Organization. The main goal of Adult Day Health Care is to provide the necessary treatments and services to individuals living in the community.

Program Data

- For FY '01, the reported number of facilities statewide was 131, with 1 facility being a pediatric day health care facility.
- For FY '01, the reported number of clients served was estimated to be 2930.
- For FY '01, the expenditure for Adult Day Health Care was $12,400,000.

PROGRAM MODEL	
Medical.	
POPULATION TARGETED	
Adults, disabled adults, individuals with developmental disabilities, and children.	
FACILITIES' LICENSURE STATUS	
Facilities are licensed as health care facilities by the Office of Inspector General, Division of Long-Term Care.	
FUNDING SOURCES	
Funding Sources	Home and Community Based Services Aged and Disabled Waiver, Medicaid State Plan only for certain services.
PROGRAM CERTIFICATION OR APPROVAL	
None.	
MONITORING	
Program/Facility	The Department for Medicaid Services employs a Nurse Consultant Inspector that conducts all first line monitoring. This annual on-site review includes billing review, record reviews and client interviews.
MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	No ADHC specific eligibility criteria were reported.
Funding Source Eligibility	HCBS-Aged and Disabled Waiver • Determined medically eligible by the Peer Review Organization through a pre-admission screen called the MAP-351A. • Certification by the attending physician that if Waiver services were not available, nursing home placement shall be appropriate for this individual in the near future. • Need for nursing home level of care, meaning the need for skilled nursing and/or skilled rehabilitation services on a daily and inpatient basis, ordered by and provided under the direction of a physician.

ASSESSMENT	
MAP-351A (HCB Waiver Client Assessment)	**Type of assessment:** Statewide comprehensive. **Administered by:** An assessment team comprising of a qualified social worker and RNs conduct the assessment the PRO reviews and determines eligibility. **Frequency of assessment:** Initially and annually. **Used for:** PAS, POC, and nursing home LOC for Waiver.
REIMBURSEMENT	
Rates	Rates are tiered into two levels. For FY '01, Level 1 was $28.00 for 1 unit of service (3 hours) and Level 2 was $34.00. Services for the two levels are the same. For an ADHC to receive a Level 2 reimbursement rate, the center shall have an average daily census of at least 20 individuals of which a minimum of 80% shall have a disability such as mental retardation, a neurological condition, or an adaptive behavior limitation.
Rate Setting Process	Rates are set at 37.5% of the average nursing home reimbursement rate for routine services as set on July 1 for each year (Department For Medicaid Services, HCBS Waiver-Adult Day Health Reimbursement Manual, Part II, Section 202, 07/97).
SERVICES	
Transportation	Not provided but can be accessed through the Medicaid State Plan.
Case Management	Reimbursed at a separate, additional rate through the Waiver.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Reimbursed at a separate, additional rate through the Waiver.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Reimbursed under the set rate.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Reimbursed at a separate, additional rate. In 2001 and 2002, the rate was $75 per patient encounter.
Occupational Therapy	Reimbursed at a separate, additional rate. In 2001 and 2002, the rate was $75 per patient encounter.
Speech Therapy	Reimbursed at a separate, additional rate. In 2001 and 2002, the rate was $75 per patient encounter.
Other Services Provided under the Reimbursement Rate	1 meal and snack and regularly scheduled activities appropriate for age and diagnosis.
Other Services Provided Under an Additional Rate	None.

LOUISIANA

Program Name: Adult Day Health Care

Program Description: Adult Day Health Care services are offered to adults as an alternative to residential nursing home care. Louisiana is unique in its funding for ADHC because they have a Waiver specific to ADHC. Originally, individuals interested in entering adult day health care were given a Level I screen which included obtaining information on the individual's level of care, medical condition and so forth. If eligible, individuals were then certified as an ADHC Waiver participant and provided with ADHC services. Currently, since the conversion to a case mix methodology, all individuals interested in any of the nursing home Waivers (5 of them, including the ADHC Waiver) would be screened (and re-assessed) using the MDS-HC.

Program Data

- For FY '01, the reported number of facilities statewide was 27.
- For FY '01, the reported number of clients served was estimated to be 1100; 500 were through the HCBS, 500 were private pay, and 100 were through the Veteran's Administration.
- For FY '01, the expenditure for Adult Day Services was $2,550,576.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Older and disabled adults.	
FACILITIES' LICENSURE STATUS	
Facilities are licensed through the State of Louisiana Requirements for Licensures.	
FUNDING SOURCES	
Funding Sources	Medicaid Adult Day Health Care Waiver, Veteran's Administration, Long-Term Care Insurance.
PROGRAM CERTIFICATION OR APPROVAL	
Programs are certified through the Bureau of Health Services Financing.	
MONITORING	
Program/Facility	The State of Louisiana Licensing Requirements require annual on-site review. The Department of Health & Hospitals, Bureau of Community Supports and Services monitors the program. The Bureau of Health Service Financing requires annual utilization review in order to determine if the recipients meet the criteria for continued medical certification.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	See below.
Funding Source Eligibility	Medicaid Adult Day Health Care Waiver • The Bureau of Community Supports and Services certifies medical eligibility, with information obtained by a physician. • Nursing home level of care, which is defined as a need for health monitoring at a light or moderate intensity by a skilled nurse. Veteran's Administration • No medical requirements reported.
ASSESSMENT	
MDS-HC 2.0	**Type of assessment:** Statewide comprehensive for the Waivers. **Administered by:** ADH center staff and possibly others. **Frequency of assessment:** Initially and then re-assessed as needed. **Used for:** All Waiver requestors (5 of them, including the ADHC Waiver) and waiver recipients will be assessed using the MDS-HC.
REIMBURSEMENT	
Rates	For the Waiver, rates are per deim, with a day being 5 hours. For FY '01, the rate was $60.00 per day. For VA, long-term care insurance, and private pay, the rates vary.
Rate Setting Process	ADHC reimbursement rate is 80% of nursing home IC-II or IC-I rate (which are the same in Louisiana).

SERVICES	
Transportation	Reimbursed under the set rate.
Case Management	Reimbursed under the set rate.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Reimbursed under the set rate.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Reimbursed under the set rate.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Reimbursed under the set rate.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not reported.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Not provided. Participants can be transported to appointments.
Occupational Therapy	Not provided. Participants can be transported to appointments.
Speech Therapy	Not provided. Participants can be transported to appointments.
Other Services Provided under the Reimbursement Rate	Meals; therapy visits; recreation; and field trips.
Other Services Provided Under an Additional Rate	None.

MAINE

Program Name: Medicaid Day Health

Program Description: Medicaid Day Health provides primarily health services to individuals to insure optimal functioning. In addition to Medicaid Day Health, Maine also offers adult day services (ADS)[2], which are either combined programs providing social and health related services or strictly social programs. ADS is offered through the MaineCare Home and Community Benefits for Adults with Disabilities, MaineCare Home and Community Benefits for the Elder, the State-Funded Long-Term Care Home Based Care Program, the Adult Day Service Program through General Revenue funds, and the Alzheimer's respite program.

Program Data

- For FY '01, the reported number of facilities statewide was 67, with 48 being medical facilities, 9 being social, and 10 primarily targeting Alzheimer's and Dementia individuals.
- For FY '01, the reported number of clients served was over 473, with about 173 being in Medicaid Day Health.
- For FY '01, the expenditure for Medicaid Day Health was $787,015. For Adult Day Services, the estimated amount was not reported.

PROGRAM MODEL	
Medical.	
POPULATION TARGETED	
Adults.	
FACILITIES' LICENSURE STATUS	
Facilities are licensed by the Bureau of Elder and Adult Services.	
FUNDING SOURCES	
Funding Sources	MaineCare State Plan.
PROGRAM CERTIFICATION OR APPROVAL	
Programs are certified by the Bureau of Elder and Adult Services.	
MONITORING	
Program/Facility	Licensed social workers from the Division of Assisted Living Licensing Staff conduct annual on-site visits. They review the physical plant, interview participants, interview staff, review records, and observe a medication pass.
MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	Daily cueing (7 days per week) in bathing, eating, toileting and dressing.
Funding Source Eligibility	Not reported.

[2] Information on Maine's combined and social ADS programs are not displayed here since the focus of this profile is medical adult day services. However, please contact the authors if you would like information on these programs.

ASSESSMENT	
Medical Eligibility Determination Form	**Type of assessment:** Statewide comprehensive. **Administered by:** The Day Health provider or the statewide Assessing Services Agency conducts assessment in person. **Frequency of assessment:** Initially; Medical and financial reassessment annually; POC is reviewed every 6 months. **Used for:** PAS, POC, LOC, nursing home LOC and to determine the number of hours of day care needed.
REIMBURSEMENT	
Rates	Rates are per unit; a unit is 1 hour. In FY '01, the rate for Medicaid Day Health was $7.20 per hour with an average of 631.8 hours per consumer.
Rate Setting Process	Not reported.
SERVICES	
Transportation	Reimbursed under the set rate.
Case Management	Not provided.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Not provided.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the set rate for assistance with transfer, locomotion, eating, toilet use, bathing, and dressing.
IADL Services/Training	Reimbursed under the set rate for assistance with budgeting, money management, reading/writing, and telphone use.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not reported.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Not provided. Offered through home health services.
Occupational Therapy	Not provided. Offered through home health services.
Speech Therapy	Not provided. Offered through home health services.
Other Services Provided under the Reimbursement Rate	Meals; health promotion activities; exercise groups; social; leisure; physical; therapeutic/education activities; and snacks.
Other Services Provided Under an Additional Rate	Not reported.

MARYLAND

Program Name: Adult Day Services

Program Description: Maryland is one of a few states that has adult day services funded through the Medicaid State Plan instead of a Medicaid Waiver. This service targets a variety of populations including the aged, disabled, and special populations such as those with cerebral palsy or traumatic brain injury. The purpose of adult day services in Maryland is to mainly provide individuals with the opportunity to obtain community based care as opposed to institutional care.

Program Data

- For FY '01, the reported number of facilities statewide was 128.
- For FY '01, the reported number of unduplicated clients served was 4,768.
- For FY '01, the reported expenditure for Adult Day Services was $55,700,000.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Older and disabled adults, individuals with developmental disabilities and special populations such as individuals with cerebral palsy, behavioral health problems, and traumatic brain injury.	
FACILITIES' LICENSURE STATUS	
Facilities are licensed by the Department of Health and Mental Hygiene (DHMH). Developmental Disability Administration (DDA) licenses developmental disability facilities**.**	
FUNDING SOURCES	
Funding Sources	Medicaid State Plan, Veteran's Administration, State General Funds, Senior Care Program, Federal Transit Administration, OHS State Grant Program, Local Government support, United Charities, Long-Term Care Insurance, Title III-Nutrition, USDA Child and Adult Food Care Program.
PROGRAM CERTIFICATION OR APPROVAL	
Not reported.	
MONITORING	
Program/Facility	Office of Health Care Quality (under the Dept. of Health and Mental Hygiene) monitors facility on site every two years. All centers receive a licensing survey, at minimum, every two years. Centers receiving state funding or Medicaid are monitored every one to two years on-site. Delmarva Foundation (utilization agency) monitors the program via annual review of documentation and makes sure it is according to regulations.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• Doctor's authorization: Participant needs an order for adult day services from their physician, including an assessment of the applicant's general medical condition that is based on a medical evaluation performed within 3 months before enrollment. Private pay participants need the completion of the DHMH form 3871 for LOC. • Nursing home level of care: Medicaid requires that the recipient require nursing home level of services in order to be medically eligible for Medicaid coverage of this service. The State's peer review organization is responsible for reviewing medical information from the recipient's physician and determining if the recipient is in need of nursing home services. Nursing home level of care is defined as recipients in need of medical and nursing care, rehabilitation services, or on a regular basis, health-related care and services to individuals who, because of their mental or physical condition, require care and services (above the level of room and board) which can be made available to them only through institutional facilities. • Each participant shall have a physician or a regular source of health care. • Participants shall be certified as free from tuberculosis in a communicable stage as required by the local health department.
Funding Source Requirements	Not reported.
ASSESSMENT	
DHMH 3871 - Medical Eligibility Review Form	**Type of assessment:** Statewide comprehensive. **Administered by:** Peer review organization. **Frequency of assessment:** Initially for Medicaid services eligibility. **Used for:** PAS, LOC, and nursing home LOC.
Adult Day Care Assessment and Planning System (ADCAPS) or other state approved tool	**Type of assessment:** Statewide program specific. **Administered by:** Multidisciplinary ADC team. **Frequency of assessment:** Comprehensive assessment within 30 days following enrollment; Assessments completed monthly, POC updated every 90 days for Medicaid patients and every 6 months for others. **Used for:** POC and ensure recipient's medical and social needs are met.
Initial Assessment	**Type of assessment:** Facility level assessment. **Administered by:** ADC staff. **Frequency of assessment:** Initially. **Used for:** PAS for non-Medicaid individuals.

REIMBURSEMENT	
Rates	Rates are per deim. A day is 4 hours. In 2001 for Medicaid State Plan, the rate for a 4 hour day was $62.03 and for 2002, it went up to $63.27. The rates for other funding sources vary.
Rate Setting Process	Rates are indexed to the CPI-U, the medical care component, Washington-Baltimore every July 1st.
SERVICES	
Transportation	Reimbursed under the set rate.
Case Management	Reimbursed under the set rate.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Reimbursed under the set rate.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Reimbursed under the set rate.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Reimbursed under the set rate.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not provided.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Reimbursed under the set rate if the doctor orders it.
Occupational Therapy	Reimbursed under the set rate if the doctor orders it.
Speech Therapy	Reimbursed under the set rate if the doctor orders it.
Other Services Provided under the Reimbursement Rate	Planned activities and social work services.
Other Services Provided Under an Additional Rate	Before and after hours care; podiatry services; geriatric psychologist; dentists; flu vaccinations; shopping; and beauty room.

MASSACHUSETTS

Program Name: Adult Day Health

Program Description: Adult day health services in Massachusetts are entirely medical, although they do offer a social program that is not funded by the Medicaid State Plan and not regulated by the Division of Medical Assistance. Massachusetts defines Adult Day Health as an alternative to 24-hour long-term institutional care and focuses on providing health care, supervision, and restorative services for individuals in need. Although at the time of reporting Massachusetts used a per diem reimbursement rate, they are currently implementing a three level tiered system of reimbursement based on the assessed need of individuals.

Program Data

- For FY '01, the reported number of facilities statewide was 155.
- For FY '01, the number of clients served was not reported; however, the total capacity is 5600.
- For FY '01, the reported expenditure for Adult Day Health was not reported.

PROGRAM MODEL	
Medical.	
POPULATION TARGETED	
Older and disabled adults. Special populations such as those with Alzheimer's and other dementia attend adult day service (primarily social) and are funded through the HCBS Waiver.	
FACILITIES' LICENSURE STATUS	
None.	
FUNDING SOURCES	
Funding Sources	Medicaid State Plan (MassHealth).
PROGRAM CERTIFICATION OR APPROVAL	
Programs are approved by the Division of Medical Assistance.	
MONITORING	
Program/Facility	Audits are performed by nurses, whom are employed by the Division of Medical Assistance, throughout the state. The nurses then report their findings to the Program Manager. Also, the program manager conducts audits on providers who may have been found deficient in following the regulations. The program manager also determines the recommendations to be followed in response to the deficiencies, (i.e., fines, corrective action, recommendations, etc.)

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• Must have a medical or mental dysfunction that involves one or more physiological systems and requires nursing care; • Must require skilled services (as determined by a screening conducted by the Executive Office of Elder Affairs) to achieve maximum use of their physical and mental capabilities to prevent physical or mental deterioration or to maintain optimal level of functioning or with assistance with their ADLs; • Must attend the program a minimum of two full six-hour days per week, unless written justification is provided by a physician that this is not needed; and • Physician's documentation, including a medical exam, list of medications, dietary restrictions, limitations to an individual's participation in program activities and recommendations for therapy.
Funding Source Requirements	Not reported.
ASSESSMENT	
MDS - HC 2.0	**Type of assessment:** Statewide comprehensive. **Administered by:** RN, employed by a local Aging Services Access Point (ASAP) through an Interagency Service Agreement (ISA) with the Executive Office of Elder Affairs (EOEA). **Frequency of assessment:** PAS/RAS, varies - usually annually; ADH Provider must reassess annually and with significant changes. **Used for:** PAS and reassessment screenings to determine clinical eligibility for MassHealth reimbursed services (e.g., nursing home & community long-term care services such as ADH).
Massachusetts Long-Term Care Needs Assessment (an EOEA form)	**Type of assessment:** Statewide comprehensive. **Administered by:** EOEA nurse in person. **Frequency of assessment:** Initially and then reassessment screening annually. **Used for:** PAS, POC, and clinical and financial eligibility, level of services.
REIMBURSEMENT	
Rates	In 2001, the rates were per deim flat rates, with a rate of $37.88 for a 6 or more hour day. In 2002, the rate structure changed to a three tier rate system Complex- $50.59, Basic - $41.42 (replaces the old rate of 37.88) and health promotion and prevention - $26.10.
Rate Setting Process	Regulatory change.

SERVICES[a]	
Transportation	Centers are required to arrange for transportation, but transportation costs are reimbursed by the Division of Medical Assistance as a separate expense.
Case Management	Reimbursed under the set rate.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Reimbursed under the set rate.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Reimbursed under the set rate.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Reimbursed under the set rate.
Health Monitoring	Not reported.
Physical Therapy	Not provided but can be arranged.
Occupational Therapy	Not provided but can be arranged.
Speech Therapy	Not provided but can be arranged.
Other Services Provided under the Reimbursement Rate	Meals.
Other Services Provided Under an Additional Rate	Individual and group activities that offer social, recreational, and educational events.

[a] Services listed are for the 2001 reimbursement rate.

MICHIGAN

Program Name: Adult Day Services

Program Description: Michigan has adult day service programs that provide both health and social type services or only social services. It's a structured program that focuses on supporting individuals during the day. At the time of reporting, facilities were not licensed but most needed to follow the operating standards issued by the Office of Services on Aging (OSA). Additionally, although adult day services can be accessed through numerous funding streams, the primary source is the Home and Community Based Elderly and Disabled Waiver.

Program Data

- For FY '01, the reported number of facilities statewide was 137.
- For FY '01, the reported number of clients served was 1275.
- For FY '01, the total expenditure reported for Adult Day Services was $3,713,074.

PROGRAM MODEL	
Social and combined.	
POPULATION TARGETED	
Adults and individuals with developmental disabilities.	
FACILITIES' LICENSURE STATUS	
None.	
FUNDING SOURCES	
Funding Sources	Home and Community Based Care - Elderly and Disabled Waiver (MI Choice Waiver), Personal Care State Plan, Medicaid Targeted Care Management (This is for the care managed population targeted because of income level. Those receiving Medicaid TCM are eligible for HCBS Waiver, but no slots were available), 100% Medicaid State Waiver, AAA Purchase of Service, County Government Sources, Fundraising, State Government resources, and Tobacco Settlement Funds.
PROGRAM CERTIFICATION OR APPROVAL	
Facilities are required to follow Office of Services on Aging (OSA) Operating Standards.	
MONITORING	
Program/Facility	The AAA or waiver agent utilizes state standards issued by state office to determine quality. AAAs monitor annually. Waiver agents monitor vendors on a rotating schedule of ten per year.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• Must have difficulty or be unable to perform ADLs without assistance. Functionally impaired adults must require regular supervision in order to remain in their own homes. • An assessment is required; Must be capable of leaving residence (with assistance); Must require a substitute caregiver while regular caregiver is at work, in need of respite, or otherwise unavailable.
Funding Source Requirements	HCBS-ED/MI Choice Waiver • Requires physicians' signature; and • Need of nursing services. Medical eligibility requirements for other sources of funding were not reported.
ASSESSMENT	
Direct Referral Assessment	**Type of assessment:** Statewide comprehensive. **Administered by:** Staff member who is a program case manager conducts assessment in person. **Frequency of assessment:** Initially for eligibility when there is a direct referral from ADC. **Used for:** PAS, and to gather information on functional status, supporting resources and identifying needs.
MI - Choice Care Management Assessment	**Type of assessment:** Statewide comprehensive. **Administered by:** Care manager or Medicaid Waiver assessment; referred to ADS program as a purchase of service arrangement. **Frequency of assessment:** Initially only. **Used for:** PAS for managed care and Waiver.
REIMBURSEMENT	
Rates	Rates are per unit, with a unit being 1 hour. For FY '01, the average rate for a 1 hour unit of service was $9.50. Daytime care is provided for any part of the day, but less than 24 hours.
Rate Setting Process	The rate is negotiated between providers and state agents to establish an appropriate rate. A variety of factors including services provided and whether the facility is in an urban or rural location may influence the rate. The rate is a combination of per hour and per diem rate.

SERVICES	
Transportation	Reimbursed under the negotiated rate. Providers have the option of offering transportation (within a 30 mile radius) at no additional cost.
Case Management	Reimbursed under the negotiated rate.
Plan of Care	Not reported.
Family Counseling	Not provided.
Medication Management	Reimbursed under the negotiated rate.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the negotiated rate.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed at a separate, additional rate.
Skilled Nursing Services	Not provided.
Health Monitoring	Not reported.
Physical Therapy	Reimbursed at a separate, additional rate.
Occupational Therapy	Reimbursed at a separate, additional rate.
Speech Therapy	Reimbursed at a separate, additional rate.
Other Services Provided under the Reimbursement Rate	Meals (including modified diet); recreation.
Other Services Provided Under an Additional Rate	Showers.

MINNESOTA

Program Name Adult Day Care

Program Description: Minnesota's adult day care program is funded primarily by a Medicaid Waiver, although facilities may accept other funding. Most programs provide health related services as well as social activities, with some facilities offering the added service of bathing. The goal of adult day care in Minnesota is to provide recipients with care, assistance, and training so they may achieve the specific outcomes outlined in their care plan.

Program Data

- For FY '01, the reported number of facilities statewide was 93, for FY '02, the number was 96.
- For FY '01, the reported number of clients served was 2,248, for FY '02, the number of clients was 2,321.
- For FY '01, the expenditure for Adult Day Care was $5,184,116; however, this only represents the Elderly Waiver and Alternative Care Program funding streams.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults, disabled adults, special populations such as those with Mental Retardation & Related Conditions (MR/RC) and Traumatic Brain Injury (TBI).	
FACILITIES' LICENSURE STATUS	
Facilities are licensed by the Department of Human Services, Division of Licensing.	
FUNDING SOURCES	
Funding Sources	Home and Community Based Service (HCBS)-Elderly Waiver, HCBS-Alternative Care Program, HCBS for Persons with Mental Retardation or Related Conditions (MR/RC Waiver), Community Alternatives for Disabled Individuals (CADI), Traumatic Brain Injury Waiver (TBIW).
PROGRAM CERTIFICATION OR APPROVAL	
None.	
MONITORING	
Program/Facility	Department of Human Services, Division of Licensing monitors facilities at the time of license renewal.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	No ADC specific eligibility criteria were reported. Once an individual is eligible for one of the Waivers (EW, CADI, MR/RC, TBIW), they are eligible for ADC.
Funding Source Requirements	HCBS-MR/RC ▪ Having mental retardation or a related condition; and ▪ Needing 24-hour plan of care. HCBS-Elderly Waiver • Information from a physician is requested (i.e. medical history); and • Nursing home Level of Care. Long-Term Care consultations Services (LTCCS) will perform a screen on individuals. Nursing home level of care shall be made according to criteria developed by the commissioner. HCBS-CADI ▪ Having a disability; and ▪ Nursing home level of care as established by the LTCCS. HCBS-TBIW • Having a disability, particularly being diagnosed with a traumatic or acquired brain injury that is not degenerative or congenital; • Demonstrate significant cognitive and behavioral needs related to the brain injury. • Nursing home level of care as established by the LTCCS. HCBS-Alternative Care Program • Nursing home level of care as established by the LTCCS.
ASSESSMENT	
Long-Term Care Consultations Services	**Type of assessment:** Statewide comprehensive. **Administered by:** Interdisciplinary team including social worker and public health nurse, conducted face-to-face. **Frequency of assessment:** Initially. **Used for:** PAS, LOC, nursing home LOC, and Waiver eligibility.
Facility Needs Assessment	**Type of assessment:** Facility level assessment. **Administered by:** Facility staff conducts face-to-face evaluation through observations and review of other sources such as the statewide comprehensive assessment. **Frequency of assessment:** Not reported. **Used for:** POC and needs assessment for participant.

REIMBURSEMENT	
Rates	Rates are per deim or per unit (30 minutes). A day is 6 or more hours. In 2001 and 2002, the rates were: HCBS-MR/RC: ▪ $66.36 for a 6-hour day ▪ $5.60 for 30 minutes HCBS-Elderly Waiver • $39.41 for a 6-hour day • $5.81 for 30 minutes HCBS-CADI ▪ $59.90 for a 6-hour day ▪ $6.06 for 30 minutes HCBS-TBIW ▪ $59.90 for a 6-hour day ▪ $6.06 for 30 minutes HCBS-Alternative Care Program • $39.41 for a 6-hour day • $5.81 for 30 minutes
Rate Setting Process	Rates are negotiated by the lead agency that is administrating the program. The state sets the state maximum, and depending on how the budgets are distributed for the programs, the people that run those budgets provide access to services, e.g., EW has slots that are distributed as the screening document comes into the computer. Alternative Care is an allocation process where a budget is given to a particular county who then has to manage the access of the population in their county under their budget. Most programs negotiate contract with vendor and set the rate.

SERVICES	
Transportation	Reimbursed at a separate, additional rate through the Waiver.
Case Management	Reimbursed at a separate, additional rate through the Waiver.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Consultations with family and caregivers are reimbursed under the set rate.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not provided but offered through Medicaid.
Health Monitoring	Reimbursed under the set rate and provided by an RN.
Physical Therapy	Not provided but offered through Medicaid.
Occupational Therapy	Not provided but offered through Medicaid.
Speech Therapy	Not provided but offered through Medicaid.
Other Services Provided under the Reimbursement Rate	Meals only if participants are at the center for more than 4 and 1/2 hours; health education and counseling by RN; socialization activities, structured exercise program.
Other Services Provided Under an Additional Rate	Both.

MISSISSIPPI

Program Name: Home and Community Based Adult Day Care

Program Description: Adult day care in Mississippi primarily provides social activities, but some centers do provide assistance with functional needs, and medication management. The main funding for adult day care is the Elderly and Disabled Waiver, but it also draws funding from the Social Security Block Grant, Title III (Older American's Act), and Alzheimer's grant money.

Program Data

- For FY '01, the reported number of facilities statewide was 13.
- For FY '01, the reported number of clients served in ADC through the HCBS waiver was 85.
- For FY '01, the total expenditure reported for Adult Day Care was $265,278.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults and disabled.	
FACILITIES' LICENSURE STATUS	
None.	
FUNDING SOURCES	
Funding Sources	HCBS-Elderly and Disabled Waiver, SSBG, Title III, Alzheimer's grant money through Mental Health.
PROGRAM CERTIFICATION OR APPROVAL	
Program is certified by the Long-Term Care Division based on Waiver standards.	
MONITORING	
Program/Facility	There is an annual on-site review of physical plant and file review by the Division of Long Term Care. The case management team monitors the number of days for beneficiaries using a copy of the sign in logs and activity sheets monthly.
MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	No ADC program specific eligibility criteria were reported.
Funding Source Requirements	HCBS-Elderly and Disabled Waiver • An individual needs to be medically stable to enter Adult Day Care Programs-as determined by a physician certification, which is conducted by using the DOM HCBS 260. • The individual needs to be deficient in 3 ADLs and have nursing home level of care based on this assessment (i.e., HCBS 305). Medical eligibility requirements for other sources of funding were not reported.

ASSESSMENT	
HCBS 305 Assessment	**Type of assessment:** Statewide comprehensive. **Administered by:** Case Management Provider employee, RN or Licensed Social Worker conducts the assessment through a home visit and though a self-report method. **Frequency of assessment:** Initially and then annually. **Used for:** PAS, POC, and for eligibility for all Waiver programs.
DOM HCBS 260 - Physician's Certification	**Type of assessment:** Statewide comprehensive. **Administered by:** Physician. **Frequency of assessment:** Initially and then annually. **Used for:** PAS and determination of medical necessity.
REIMBURSEMENT	
Rates	A flat, per diem rate is used. For FY '01, the rate was $35.18 for a 4 hour day.
Rate Setting Process	There is usually an annual 5% increase if the funds allow. However, at the time of reporting (i.e.,2001-2002), because there was a lack of funds for ADC, a 5% decrease was being considered.
SERVICES	
Transportation	Reimbursed under the set rate.
Case Management	Not provided but offered under the Waiver.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Not provided.
Medication Management	Reimbursed under the set rate. Half of the centers have nurses that can provide medication management. The other centers can only use verbal cueing.
Nutrition Consultation	Not reported.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Not provided.
Nursing Services	Not provided.
Skilled Nursing Services	Not reported.
Health Monitoring	Not reported.
Physical Therapy	Not provided.
Occupational Therapy	Not provided.
Speech Therapy	Not provided.
Other Services Provided under the Reimbursement Rate	Meals.
Other Services Provided Under an Additional Rate	None.

MISSOURI

Program Name: Adult Day Health Care

Program Description: Adult day health care in Missouri is focused on keeping individuals in the community and out of nursing homes. Adult day health care centers provide health maintenance, health referral, socialization, and caregiver support. In terms of expenditure, the Medicaid State Plan is the primary source but ADHC can also be accessed through the Social Security Block Grant and less often, through the Aged and Disabled HCBS Waiver; however the Waiver only funds for basic services that does not include nursing services and medication management.

Program Data

- For FY '01, the reported number of facilities statewide was 62.
- For FY '01, the reported unduplicated number of clients served was 1,034.
- For FY '01, the total expenditure reported for Adult Day Care was $5,786,181.34.

PROGRAM MODEL	
Medical.	
POPULATION TARGETED	
Adults and disabled adults.	
FACILITIES' LICENSURE STATUS	
Licensed by the Department of Health and Senior Services, Division of Health Standards and Licensing.	
FUNDING SOURCES	
Funding Sources	Medicaid State Plan. Some funding from the SSBG and the Aged and Disabled HCBS Waiver, but only for adult day care basic services (no nursing/medication management).
PROGRAM CERTIFICATION OR APPROVAL	
None.	
MONITORING	
Facilities	The Department of Social Services, Division of Medical Services monitors the program. Monitoring of facilities occurs through the licensing process from the Department of Health and Senior Services, Division of Health Standards and Licensing. In order to be an ADH provider, they must be licensed. Providers must submit a contract annually and the DHSS makes sure the ADH facility is in compliance with the regulations.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• Requires functional impairment. A functional impairment is defined as a deficit in the ADLs and IADLs of individuals. • Requires nursing home level of care, which is a score of 18 on the DA-2. • The provision of ADHS services must preclude or delay the necessity of institutional nursing care.
Funding Source Requirements	Not reported.
ASSESSMENT	
Client Assessment (DA-2)	**Type of assessment:** Statewide comprehensive. **Administered by:** Division of Senior Services' case managers conduct in person interviews. **Frequency of assessment:** Initially and then annually. **Used for:** PAS, POC, LOC, and nursing home LOC.
REIMBURSEMENT	
Rates	Rates are per unit. In FY '01, the rate for a full unit (6-10 hours) was $43.70. In FY '02, the rate increased to $46.20.
Rate Setting Process	The reimbursement rate is set by the legislature every year based on units of service.

SERVICES	
Transportation	Reimbursed under the set rate.
Case Management	Not provided by ADH but offered through DSS.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Reimbursed under the set rate. However, if the client needs professional counseling, psycho-therapeutic services, or both the ADH is to refer accordingly.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not provided.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Reimbursed under the set rate.
Occupational Therapy	Reimbursed under the set rate.
Speech Therapy	Reimbursed under the set rate.
Other Services Provided under the Reimbursement Rate	Meals; emergency services; planned recreational and social activities suited to the needs of the recipient; leisure-time activities; exercise; and rest.
Other Services Provided Under an Additional Rate	None.

MONTANA

Program Name: Adult Day Health Services

Program Description: Adult day health service programs in Montana provide some health related support to clients but it is mainly a social program. It aims to help elderly and disabled adults to live with their families by providing a daily program of stimulating activities, social interaction with peers, and physical or speech therapy. Adult day health care is mainly accessed through the home and community based waiver, specifically the Elderly and Disabled Waiver and the DD Waiver. For an individual to participate in ADHC, they must be admitted to the waiver or pay privately.

Program Data

- For FY '01, the number of facilities statewide was not reported. However, in 2002, the number was reported to be 65.
- For FY '01, the number of clients served was not reported. However, in 2002, the number of clients served through the HCBS Waiver only was 36. There are others from other funding sources (i.e., DD Waiver) and private pay clients.
- For FY '01, the total expenditure was not reported. However, in 2002, the reported expenditure was $1,058,987 for ADHS only under all funding sources.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults, individuals with developmental disabilities, and special populations.	
FACILITIES' LICENSURE STATUS	
Facilities are licensed by the Department of Public Health and Human Services.	
FUNDING SOURCES	
Funding Sources	HCBS -Physically Disabled and Elderly Waiver and HCBS-Developmentally Disabled Waiver.
PROGRAM CERTIFICATION OR APPROVAL	
None.	

MONITORING	
Program/Facility	Programs are given up to a 3-year review. The initial review is always one year. If services are offered by a center, an on-site unannounced visit is done, interviews with residents, and file review are also conducted. These are done by the Department of Public Health, Division of Quality Assurance. Licensing state surveyors conduct the monitoring process. Case managers are responsible for the monitoring of beneficiaries. They conduct annual in-home interviews with the beneficiaries in order to determine the need for and appropriateness of ADH services. There is also a licensing survey of a stand-alone ADHC facility that includes a physical plant review, observations and interviews with staff and clients, and a file review. A facility is licensed for 1 to 3 years depending on previous history of compliance or complaints. For those centers that are situated within other facilities (e.g., a nursing home or a personal care facility), the survey is combined with the survey of the larger facility because the two entities share many of the same common areas, such as the kitchen and medication storage areas.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	For an individual to participate in ADHC, they must be admitted to the waiver or pay privately.
Funding Source Requirements	HCBS--Physically Disabled and Elderly Waiver • Nursing home level of care entails the individual meeting one of the following criteria that require intensive supervision, such as ventilator dependency; respiratory problems requiring consistent treatments; diagnosis of an unstable medical condition that requires 24-hour availability of services; requiring nasopharyngeal aspiration; cognitive impairment that needs a structured environment; requires administration of tube feedings; requires maintenance of tracheostomy, gastrostomy, colostomy, etc. or two of the following criteria that includes, requiring constant supervision for two or more ADLs; requiring daily administration of medication; exhibiting physical, mental or medical needs that will continue to deteriorate without regular monitoring or supervision, requiring restorative nursing or therapy treatments. • Must have a disability determination by Social Security Administration. • A plan of care (including ADHS) must be approved by a physician or nurse practitioner. HCBS-DD Waiver • Same as above.
ASSESSMENT	
Level of Care Determination	**Type of assessment:** Statewide comprehensive. **Administered by:** State contracted Peer Review Organization and HCBS case managers, usually social workers or nurses, administer the assessment in person. **Frequency of assessment:** Initially and then semi-annually. **Used for:** PAS for medical eligibility for HCBS waiver, POC, LOC, and nursing home LOC.
REIMBURSEMENT	
Rates	Rates are per unit and a unit is 1 hour. In FY '02, the per unit rate was $7.50.
Rate Setting Process	Rates are negotiated between the State and providers.

SERVICES	
Transportation	Reimbursed at a separate, additional rate through the Waiver.
Case Management	Reimbursed at a separate, additional rate through the Waiver.
Plan of Care	Reimbursed at a separate, additional rate through the Waiver.
Family Counseling	Reimbursed at a separate, additional rate through an extended state plan counseling.
Medication Management	Reimbursed under the set rate, however clients must be able to take medications with minimum assistance by the staff.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Not provided.
Nursing Services	Not provided.
Skilled Nursing Services	Not provided.
Health Monitoring	Not provided.
Physical Therapy	Not provided. It's arranged by the case managers.
Occupational Therapy	Not provided. It's arranged by the case managers.
Speech Therapy	Not provided. It's arranged by the case managers.
Other Services Provided under the Reimbursement Rate	Meals; recreational; and social activities.
Other Services Provided Under an Additional Rate	None.

NEBRASKA

Program Name: Adult Day Health Services

Program Description: Nebraska has adult day health services, which combine health and social activities, and adult day services, which is entirely social. Both accept individuals through several funding sources, with the HCBS Aged and Disabled Waiver funding individuals who mainly need health services.

Program Data

- For FY '01, the reported number of facilities statewide was 71, 44 are social facilities (adult day service programs) and 27 are medical (adult day health services).
- For FY '01, the reported unduplicated number of clients served was 575, 500 are adult day service clients and 75 are adult day health service clients.
- For FY '01, the total expenditure was not reported.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults and disabled adults.	
FACILITIES' LICENSURE STATUS	
Licensed by the Department of Health & Human Services, Regulation & Licensure.	
FUNDING SOURCES	
Funding Sources	HCBS-Aged and Disabled Waiver, SSBG, VA, and funding for disabled persons and family support programs.
PROGRAM CERTIFICATION OR APPROVAL	
Department of Health and Human Services contracts with providers.	
MONITORING	
Program/Facility	Providers are evaluated every 12 months by the Health and Human Services System staff for renewal of provider agreements.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	As long as they are eligible for the Waiver and ADHS is listed in the POC, they are eligible for ADHS. Regarding other funding sources, it's not known what the eligibility criteria are.
Funding Source Requirements	HCBS-Aged and Disabled Waiver • Requires functional impairment. Functional impairment is defined as limitations in 3 or more ADLs and medical treatment or observation; limitations in 3 or more ADLs and 1 or more risk factors (behavior, frailty, safety); limitations in 3 or more ADLs and one or more cognition factors; limitations in 1 or more ADLs and 1 or more cognition factors and one or more risk factors. • Nursing home level of care. Medical eligibility requirements for other sources of funding were not reported.
ASSESSMENT	
Functional Criteria - Aged & Disabled Medicaid Waiver	**Type of assessment:** Statewide comprehensive. **Administered by:** Service coordinators contracted through the Area Agencies on Aging for the Elderly and the Centers for Independent Living for Adult with Disability administer this assessment in person. **Frequency of assessment:** Initially and then annually. **Used for:** PAS, nursing home LOC, and level of need.
Aged and Disabled Medicaid Waiver Adult Assessment	**Type of assessment:** Statewide comprehensive. **Administered by:** Service coordinators contracted through the Area Agencies on Aging for the Elderly and the Centers for Independent Living for Adult with Disability administer this assessment in person. **Frequency of assessment:** Annually and whenever there is a change in the individual's condition. POC is reviewed monthly with the patient. **Used for:** POC.
REIMBURSEMENT	
Rates	Rates are per deim. A day is 4 or more hours, with an average length of stay of 6 to 9 hours. In FY '01, the rate for ADHS under the Waiver was $32.00.
Rate Setting Process	Rates are set by the central office based on usual/customary costs and the cap on Waiver funds.

SERVICES	
Transportation	Reimbursed at a separate, additional rate through the Waiver.
Case Management	Reimbursed at a separate, additional rate through the Waiver.
Plan of Care	Reimbursed at a separate, additional rate through the Waiver.
Family Counseling	Reimbursed under the set rate.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the set rate. Specifically, transferring, dressing, eating, toileting, and bladder and bowel continence.
IADL Services/Training	If it's in the Waiver POC, it's provided either at ADHS or somewhere else.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Reimbursed under the set rate.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Not Provided.
Occupational Therapy	Not Provided.
Speech Therapy	Not Provided.
Other Services Provided under the Reimbursement Rate	Health education and counseling; meals; recreational therapy; and other activities meeting the client's needs.
Other Services Provided Under an Additional Rate	None.

NEVADA

Program Name: Adult Day Health Care

Program Description: Adult day health care in Nevada is fairly small, with only 6 licensed facilities present at the time of reporting. The program aims to restore individuals to his or her optimal functional level by providing them with therapeutic, social, and health activities. The primary funding source for adult day health care is the Medicaid state plan; however, Nevada does have a CHIP Waiver that mainly funds social programs entitled "Facilities for Care of Adults During the Day." Although at the time of reporting only select facilities were required to obtain prior authorization for potential clients, in 2003, all facilities needed to do so.

Program Data

- For FY '01, the reported number of facilities statewide was 6.
- For FY '01, the reported unduplicated number of clients served was 141.
- For FY '01, the total annual expenditure reported was $566,372.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults, individuals with disabilities, and specialized populations such as those with mental illness.	
FACILITIES' LICENSURE STATUS	
Licensed by the Bureau of Licensure and Certification, Nevada State Health Division.	
FUNDING SOURCES	
Funding Sources	Medicaid State Plan, and the CHIP Waiver, which mostly funds social programs entitled "Facilities for Care of Adults During the Day."
PROGRAM CERTIFICATION OR APPROVAL	
Certified by the Nevada Medicaid Office.	
MONITORING	
Program/Facility	A Medical Review team (composed at least of a RN and a social worker) conducts annual formal reviews of each ADHC facility to monitor the appropriateness and adequacy of client care and to assist in correction of problem areas.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• The client has a medical condition that requires treatment or rehabilitative services prescribed by a physician. • Physician must provide written certification of the need for ADHC on or before the date for which the facility submits for payment. Physician's certification and orders must be reviewed and renewed at least every twelve months or when there is a significant change in abilities or disabilities. • The client has mental and/or physical impairment(s) which limit performance of daily living activities. • Without ADHC services, Medicaid anticipates that the client will meet nursing home level admission criteria within a year, and could require placement in a nursing home within a year. Nursing home level of care is defined as a deficit in at least 3 functional domains that include: administration of medications, treatments and needs, ADLs, need for supervision, and IADLs. • There is a reasonable expectation that ADHC will maintain or improve the client's level of functioning.
Funding Source Requirements	Not reported.
ASSESSMENT	
Level of Care and Service Placement Assessment	**Type of assessment:** Statewide comprehensive. **Administered by:** A professional review staff from the screening office completes this assessment using a combination of current medical record information, physician's plan of care, interviews with individuals, family members, current staff or caregivers and possibly on-site observation of the individual. **Frequency of assessment:** Initially, when LOC requested by facility or providers and with significant changes in the client's functional status. **Used for:** PAS, POC, LOC, nursing home LOC, for ongoing quality assurance for reimbursement purpose, for the possibility of qualifying for other less restrictive services, which may be community-based or to qualify for waiver services.
ADHC Facility Level Assessment	**Type of assessment:** Facility level assessment. **Administered by:** Social worker or RN. **Frequency of assessment:** Initially (prior to the first reimbursement request) and then annually. **Used for:** POC.

REIMBURSEMENT	
Rates	Rates are per deim (6 or more hours) and per one hour units for less than 6 hours. In 2001 and 2002, the rate was $40.00 for 6 or more hours and $6.50 per hour for less than 6 hours.
Rate Setting Process	These rates are set based on the lower of a facility's billed charges or a general rate negotiated, based on facility costs. Both are subject to Medicaid budgetary constraints and it is negotiated between facilities and NV Medicaid.
SERVICES	
Transportation	Reimbursed under the set rate.
Case Management	Reimbursed under the set rate.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Not provided.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not reported.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Not provided but can be arranged.
Occupational Therapy	Not provided but can be arranged.
Speech Therapy	Not provided but can be arranged.
Other Services Provided under the Reimbursement Rate	Meals; reminiscence therapy; recreational and social activities; medical services ordered by a physician; andmedical social services.
Other Services Provided Under an Additional Rate	None.

NEW HAMPSHIRE

Program Name: Adult Medical Day Care

Program Description: Adult Medical Day Care (AMDC) in New Hampshire is paid primarily through two sources of funding, Medicaid State Plan and the HCBS-Elderly and Chronically Ill Waiver. In addition to AMDC, New Hampshire also has Adult Group Day Care (AGDC) which is paid through contracts with the Social Security Block Grant and the OAA. In 2001, AGDC served 496 clients in 7 providers and spent $382,770. However, while AGDC is social in its focus, AMDC aims to provide health services to consumers while residing in the community.

Program Data

- For FY '01, the reported number of facilities statewide was 15.
- For FY '01, the reported unduplicated number of clients served in Adult Medical Day Care was 298.
- For FY '01, the total annual expenditure reported for Adult Medical Day Care was $1,175,765.

PROGRAM MODEL	
Medical.	
POPULATION TARGETED	
Adults and disabled adults.	
FACILITIES' LICENSURE STATUS	
Licensed by the Bureau of Health Facilities Administration.	
FUNDING SOURCES	
Funding Sources	Medicaid State Plan and HCBS-Elderly and Chronically Ill Waiver.
PROGRAM CERTIFICATION OR APPROVAL	
Certified by the Bureau of Health Facilities Administration.	
MONITORING	
Program/Facility	Facilities are inspected and licensed in accordance with the related licensing rule. Every client undergoes an annual on-site utilization review by the Division of Elderly & Adult Services to determine appropriateness of HCB services.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• Diagnosed with a subacute or chronic illness; and • Prior authorization is no longer needed, but previously, the client's personal physician needed to complete a pre-admission physical exam and provide a referral within the last 60 days of the request for adult medical care services.
Funding Source Requirements	HCBS-Elderly and Chronically Ill • Must be medically frail and/or elderly and meet nursing home level of care; and • Is living in his/her home or in a relative or friend's home and is at risk for immediate institutionalization if AMDC services are not provided. Medical eligibility requirements for other sources of funding were not reported.
ASSESSMENT	
Form 937: Adult Medical Day Care Preadmission Referral Form[a]	**Type of assessment:** Statewide program specific. **Administered by:** AMDC staff complete the form and send it to the medical services consultant in the Office of Long-Term Care. **Frequency of assessment:** Initially. **Used for:** PAS, POC, LOC, and nursing home LOC.
Form 938 - Reassessment Form	**Type of assessment:** Statewide program specific. **Administered by:** AMDC staff complete the form and send it to the Office of Long-Term Care to document the continued need for service. **Frequency of assessment:** Every 90 days. **Used for:** Reassessment for continued need for services.
Assessment to determine continued need	**Type of assessment:** Statewide comprehensive. **Administered by:** Nurse or case manager. **Frequency of assessment:** Initially & then annually. **Used for:** PAS, POC & Waiver eligibility if applicable.
REIMBURSEMENT	
Rates	Rates are per diem, with a day being 5 or more hours. In FY '01, the rate was $45.00 per day. For the Medicaid State Plan, there is a required minimum of 2 days per week of services.
Rate Setting Process	Not reported.

SERVICES	
Transportation	Reimbursed at a separate, additonal rate through Medicaid State Plan.
Case Management	Not provided but offered through the Waiver.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Not provided.
Medication Management	Reimbursed under the set rate. Specifically, assistance with medication.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Reimbursed under the set rate.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not reported.
Health Monitoring	Not reported.
Physical Therapy	Reimbursed under the set rate.
Occupational Therapy	Reimbursed under the set rate.
Speech Therapy	Reimbursed under the set rate.
Other Services Provided under the Reimbursement Rate	Medical supplies; meals and snacks; laundry services; therapeutic services; social services.
Other Services Provided Under an Additional Rate	None.

[a] This form is no longer used in New Hampshire.

NEW JERSEY

Program Name: Medical Day Care

Program Description: The intention of New Jersey's Medical Day Care Program is to provide health related services in an ambulatory care setting to persons who are non-residents of the facility, and who, due to their physical and/or mental impairment, need health maintenance and restorative services. In 2001, there were major concerns due to the excessive Medicaid spending towards this program, with cost increasing dramatically from 2001 to 2003. Since then, changes have been proposed to regulations (including the eligibility) as well as the assessment process. Although NJ has a variety of funding sources for Medical Day Care, the primary focus here is Medical Day Care funded through the Medicaid State Plan.

Program Data

- For FY '01, the reported number of facilities statewide was 104, with 8 facilities targeting those with Developmental Disabilities and 1 targeting those with HIV/AIDS. In 2004, the number of providers increased to 138.
- For FY '01, the reported unduplicated number of clients served was 9,149. In 2004, the number decreased slightly to approximately 8500 clients.
- For FY '01, the total annual expenditure reported was $46,000,000. In 2002, it was $62,000,000 and in 2003-2004, the cost increased to $116,000,000.

PROGRAM MODEL	
Medical and combined.	
POPULATION TARGETED	
Adults, individuals with developmental and physical disabilities, medically unstable children, and specialized populations such as those with HIV/AIDS and Alzheimer's.	
FACILITIES' LICENSURE STATUS	
Licensed by the NJ Department of Health and Senior Services.	
FUNDING SOURCES	
Funding Sources	Medicaid State Plan, Community Care for the Elderly and Disabled (CCPED), Adult Family Care, Caregiver Assistance Program through the Enhanced Community Options (ECO) Waiver, Jersey Assistance for Community Caregiving (JACC), Home Care Expansion Program, Model Waiver, DDD Waiver, TBI Waiver, ABC DYFS, Hospice enrollees, aliens and assets, Older Americans Act (OAA), Social Security Block Grant (SSBG), Alzheimer's Day Services Program (ADSP), and the Statewide Respite Care Program (SRCP).
PROGRAM CERTIFICATION OR APPROVAL	
Approved as Medicaid providers by DHSS.	

MONITORING	
Program/Facility	On-site visits and evaluations are performed by the DHSS. The DHSS informs the center, in writing, of the results of the on-site evaluation.
MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• Physician identifies and diagnoses medical condition; • 1 ADL; • Individual lacks sufficient social support which impacts negatively on the assessed medical condition, and whose assessed physical and psychosocial needs by staff at the MDC center: – Does not require services for 24 hours a day; – Cannot be met totally in any other ambulatory care setting; – Require and can be met satisfactorily by a 7 hour, including transport time, day long active medical day care program, not to exceed 5 days per week; – Are such that current health status would deteriorate without the direct services and health monitoring available at the center; and – Cannot be met while a resident of a residential care facility (RHCF) setting.
Funding Source Requirements	Not reported.
ASSESSMENT	
New Jersey Ease Comprehensive Assessment Tool (CAT)	**Type of assessment:** Statewide comprehensive. **Administered by:** County case managers (usually RNs). **Frequency of assessment:** Initially, and then annually, or with significant changes in the client's condition. **Used for:** PAS, POC, and only for Waiver participants.
MDC Facility Level Assessment	**Type of assessment:** Facility level assessment. **Administered by:** Facility staff. **Frequency of assessment:** Initially and then it varies on the re-assessment. **Used for:** POC and LOC.

REIMBURSEMENT	
Rates	Reimbursement is facility based. In 2001 and 2002, facilities that were nursing home based could range from $58.79 to $71.15 per day (a day is 7 hours) including 2 hours of transportation time. Hospital based facilities were typically $67.03 per day, and free-standing facilities were typically $63.43 per day. For pediatric facilities the length of stay is 8 hours per day and it includes 2 hours of transport time. Pediatric facilities also have a higher reimbursement rate than adult, special populations, and DD facilities.
Rate Setting Process	Nursing home based facilities get reimbursed 45% of nursing home per diem rate and this depends on which facilities are included, e.g., County facilities. Hospital based facilities cannot exceed the nursing home based MDC facilities' maximum rate, and free standing facilities' rate is based on the average rate paid to nursing home's medical day care centers.
SERVICES	
Transportation	Reimbursed under the set rate.
Case Management	Not provided.
Plan of Care	Not provided.
Family Counseling	Reimbursed under the set rate.
Medication Management	Reimbursed under the set rate. Specifically, providers ensure that medications are administered in accordance with physician orders.
Nutrition Consultation	Reimbursed under the set rate.
ADL Services/Training	Reimbursed under the set rate. Specifically, providers ensure that recipients are maintaining personal hygiene and educating and assisting them with walking, eating, toileting, and grooming.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not reported.
Health Monitoring	Not reported.
Physical Therapy	Not provided.
Occupational Therapy	Reimbursed under the set rate.
Speech Therapy	Not provided.
Other Services Provided under the Reimbursement Rate	Consultative services; meals; medical services; pharmaceutical services; social services; and therapeutic activities.
Other Services Provided Under an Additional Rate	None.

NEW MEXICO

Program Name: Adult Day Health Services

Program Description: Adult day health service in New Mexico is fairly small program, with the majority of clients being served through the pre-PACE program, which is a Program of All-Inclusive Care for the Elderly pilot project. ADHS is also offered through the HCBS-Disabled and Elderly Waiver, although the number of clients served in 2001 was reported to be only 8. The types of services offered in ADHS mainly focus on ensuring an individual's optimal functioning level while living in the community. Under the Waiver, there are two levels of care, with clients with higher care needs falling in the upper tier.

Program Data

- For FY '01, the reported number of facilities statewide was 4, with one facility being a pre-Pace provider.
- For FY '01, the reported number of clients served was 193, with 185 of them being served through the pre-Pace provider.
- For FY '01, the total expenditure for Adult Day Health Services was reported to be $29,370, excluding the pre-PACE provider.

PROGRAM MODEL	
Medical.	
POPULATION TARGETED	
Individuals with disabilities, elderly, and special populations.	
FACILITIES' LICENSURE STATUS	
Facilities are licensed by the Department of Health, Division of Health Improvement, Health Facility Licensing & Certification Bureau. The pre-Pace provider is licensed as a Diagnostic and Treatment Center.	
FUNDING SOURCES	
Funding Sources	HCBS Disabled and Elderly Waiver. Pre-PACE funding is copiloted and is funded by the Medicaid State Plan.
PROGRAM CERTIFICATION OR APPROVAL	
The program is certified by the Department of Health, Division of Health Improvement, Health Facility Licensing & Certification Bureau.	

MONITORING	
Program/Facility	For the Adult Day Health Care beneficiaries, the state-contracted case managers to conduct an initial and then annual review, and an interdisciplinary team meets quarterly to review ongoing progress and adjust the individual's plan of care, if necessary. There is an annual on-site review by the Division of Health Improvement under the DOH with follow-up home visits of the selected beneficiaries from each site. For the pre-PACE beneficiaries, there is also an initial and annual review of beneficiaries via a medical utilization review procedure conducted by the State through a utilization Review Contractor. Additionally, the DOH Licensing and Certification is responsible for re-certifying the program's physical plant.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	No specific ADHC eligibility criteria were reported. Individuals who were eligible for the HCBS- D&E Waiver or the pre-PACE program had the option to obtain ADHC services.
Funding Source Requirements	HCBS-- Disabled and Elderly Waiver • Nursing home level of care is defined as a deficiency in at least 2 ADLs; • Functional impairment: If they have a deficit of less than two (2) ADLs, the individual is considered to have a Level I need. If they have a deficit of more than 3 ADLs, the individual qualifies for level II care. Individuals with a Level II care need are also determined to require more in-depth therapeutic care, as defined by the need for nursing services and skilled maintenance therapies (physical, occupational and speech therapies). These nursing services must be provided by a LPN or an RN and the skilled maintenance therapies must be provided by a licensed speech therapist (LSP), a licensed occupational therapist (OT), or a licensed physical therapist (PT); • Utilization review contractor who reviews the completed comprehensive individual assessment (CIA) authorizes waiver services; and • The individual must require services for at least two hours, at least one day a week to attend the ADHC, unless waived by the Division. Pre-PACE • A long-term care assessment abstract is completed by the participant's primary physician indicating the need for services. • Nursing home level of care is defined as a deficiency in at least 2 ADLs.
ASSESSMENT[a]	
Comprehensive Individual Assessment (CIA)	**Type of assessment:** Statewide comprehensive. **Administered by:** State contracted case management agency; primary physician, physician assistant, or nurse practitioner contribute medical history and current physical. **Frequency of assessment:** Initially and then annually. **Used for:** PAS, POC, nursing home LOC, and level of need.

REIMBURSEMENT	
Rates	Rates are at two levels. The Level I rate is per hour and the Level II rate is per deim. In 2001, the Level I rate was $8.00 per hour and the Level II rate was $50.00 per deim. For pre-PACE, there is a capitated reimbursement; in 2001, the amount was $2562 per month per enrollee.
Rate Setting Process	Not reported.
SERVICES	
Transportation	Reimbursed under the set rate.
Case Management	Reimbursed at a separate, additional rate through the Waiver and/or pre-PACE.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Not provided but offered under pre-PACE.
Medication Management	Reimbursed under the set rate. For Level II clients, supervision of self-administered medication is given.
Nutrition Consultation	Not provided but offered under pre-PACE.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Not provided but offered under pre-PACE.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not provided but offered under pre-PACE.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Reimbursed under the set rate only for Level II.
Occupational Therapy	Reimbursed under the set rate only for Level II.
Speech Therapy	Reimbursed under the set rate only for Level II.
Other Services Provided under the Reimbursement Rate	Meals; individual and socialization activities (as a spectator or participant); provision of quiet or rest areas; intergenerational experiences; providing access to community resources; involvement in the community.
Other Services Provided Under an Additional Rate	None.

[a] The pre-PACE program may use either a different assessment form/tool or the Comprehensive Individual Assessment (CIA) for eligibility and functional status.

NEW YORK

Program Name: Adult Day Health Care

Program Description: New York's ADHC program is larger than most states in terms of numbers of clients served and expenditure, with only California, New Jersey, and Texas surpassing the number of clients served annually. New York's program is also medically focused and does not require licensing of facilities. The goal of ADHC in New York is to provide health care services to individuals who are functionally (or physically) impaired so that they may maintain their health and stay in the community.

Program Data

- For FY '01, the reported number of facilities statewide was 166.
- For FY '01, the estimated unduplicated number of clients served was 7000.
- For FY '01, the total expenditure was approximately $250,000,000.

PROGRAM MODEL	
Medical.	
POPULATION TARGETED	
Adults, individuals with disabilities, and specialized populations such as those with HIV/AIDS.	
FACILITIES' LICENSURE STATUS	
None.	
FUNDING SOURCES	
Funding Sources	Medicaid State Plan and Long-Term Care Insurance.
PROGRAM CERTIFICATION OR APPROVAL	
Full certificate of need approved by State Hospital Review and Planning Council. Approval for operation is obtained from the Department of Health.	
MONITORING	
Program/Facility	Medicaid rates paid to ADHC are reviewed annually. The DOH does a pre-opening site visit and also approves architectural plans in advance of construction as part of the certification of need (CON) process. The DOH may and sometimes does, visit an ADHC program during the periodic survey of the sponsoring facility.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• A physician prescription is required. Regulations state: "register applicant only upon appropriate recommendation from the applicant's physician and after completion of a personal interview by qualified personnel with the applicant, next of kin or sponsor"; • Needs a medical diagnosis; • Has a functional impairment that requires 5 hours and at least one visit per week, but must not require continuous 24-hour inpatient care; • The participant's assessed need must be able to be satisfactorily met in whole or in part by the delivery of appropriate services in the community setting; • Register applicant only after determining that the applicant is not receiving the same services from another other facility or agency; and • Applicant has no communicable diseases.
Funding Source Requirements	Not reported.
ASSESSMENT	
Registrant Assessment Instrument (RAI)	**Type of assessment:** Statewide program specific. **Administered by:** RN who is employed by ADHC program (not facility) conducts the assessment. An interdisciplinary team from the center develops a care plan. **Frequency of assessment:** At admission and every 6 months. **Used for:** PAS, POC, and to establish functional need.
REIMBURSEMENT	
Rates	Rates are per deim but it varies because it's capped at 65% of the sponsoring nursing home rate. For FY '01, the average rate per day was $133.33 (a day was 5 to 6 hours).
Rate Setting Process	The reimbursement rate is based on the cost of services and is capped at 65% of the sponsoring nursing home's rate. However, at the time of reporting this information, the percentage was expected to decrease.

SERVICES	
Transportation	It's part of the reimbursement rate for only 2/3 of the ADHC programs. Programs need approval from Medicaid ahead of time.
Case Management	Reimbursed under the set rate.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Not provided.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Reimbursed under the set rate.
ADL Services/Training	Reimbursed under the set rate. Specifically, assistance with bathing and other personal hygiene.
IADL Services/Training	Reimbursed under the set rate.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not reported.
Health Monitoring	Not reported.
Physical Therapy	Reimbursed under the set rate.
Occupational Therapy	Reimbursed under the set rate.
Speech Therapy	Reimbursed under the set rate.
Other Services Provided under the Reimbursement Rate	Meals with modified diets; social services; age appropriate therapeutic or recreational therapies; referrals for necessary dental services and sub-specialty care.
Other Services Provided Under an Additional Rate	Some facilities also offer specialized services for HIV/AIDS; religious services; and counseling Lab services may be arranged.

NORTH CAROLINA

Program Name: Adult Day Health Care

Program Description: North Carolina's adult day health care facilities vary in their service orientations, from social to medical, to combined social and medical centers. Unlike other states, the primary funding for adult day health services in North Carolina is the State Adult Day Care Funds and Home and Community Care Block Grants. Generally, the purpose of adult day health services is to support individuals in terms of their personal independence, and promote social, physical, and emotional well-being.

Program Data

- For FY '01, the reported number of facilities statewide was 114, with 55 of them being social oriented programs.
- For FY '01, the unduplicated number of clients served was unreported; however the facilities have a total capacity of 3200.
- For FY '01, the total expenditure was $1,287,909, and this includes the social orientated programs (*n*=55).

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults, individuals with disabilities, and specialized populations such as those with Alzheimer's or other related dementia.	
FACILITIES' LICENSURE STATUS	
None.	
FUNDING SOURCES	
Funding Sources	State Adult Day Care Fund, Home and Community Care Block Grants, HCBS-Aged and Disabled Waiver via the Community Alternatives Program (CAP/DA).
PROGRAM CERTIFICATION OR APPROVAL	
Programs are certified through the North Carolina Division of Aging.	
MONITORING	
Program/Facility	The local Department of Social Services monitors the social oriented adult day facilities (about 55 in 2001) monthly; while the local Department of Health monitors those facilities that have a health care component quarterly. The monitoring process for both departments includes a site visit, interviews with participants, and a file review. CAP/DA Case Managers monitors the provision of Adult Day Health to eligible CAP/DA clients on a monthly basis.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• Must have a medical condition, especially to enter medical oriented centers. A medical condition was defined very broadly, for example, high blood pressure; • Physician authorization--Medical examinations are required for individual participants for admission to a program and periodically thereafter. This examination must be signed by a licensed physician or physician's assistant prior to enrollment into the program; and • The individual must need ADHC (including combination programs) in order to support their independence through: -Monitoring of a medical condition; -Assistance or supervision with ADLs; and -Administration of medication, special feeding, or provision of other services related to health care needs.
Funding Source Requirements	HCBS Waiver through CAP/DA • Elderly and Disabled Services approves the physician's recommendation given via the FL-2 assessment of nursing home level of care. • The completed care plan must be approved by someone in the CAP/DA Lead Agency who has been delegated this authority and who is not the case manager for the POC being approved. Medical eligibility requirements for other sources of funding were not reported.

ASSESSMENT	
FL-2	**Type of assessment:** Physician's form. **Administered by:** The personal physician completes the form and provides recommendation. The EDS reviews the form and provides approval. **Frequency of assessment:** Initially and then annually for re-assessment. **Used for:** Nursing NF-LOC.
Community Alternatives Program for Disabled Adults (CAP/DA) Assessment	**Type of assessment:** Statewide program specific. **Administered by:** Assessment team including a RN and a SW. **Frequency of assessment:** Initially only. Another assessment is used for annual reassessments called the Continued Need Review and is used to develop a new POC. **Used for:** PAS, POC, and LOC.
ADHS facility level assessments	**Type of assessment:** Facility level assessment. **Administered by:** Health care coordinator or RN. **Frequency of assessment:** Initially. **Used for:** PAS and POC.
REIMBURSEMENT	
Rates	Rates are per deim. A day is 6 hours. For FY '01, the rate was $30.00 per day for non-CAP/DA ADHS and $36.51 per day for CAP/DA ADHS. Reimbursement amount for adults cannot exceed $650 per month.
Rate Setting Process	Rates for non-CAP/DA ADHS are set by the Department of Social Services. Rate setting information for CAP/DA ADHS was not reported.

SERVICES	
Transportation	Reimbursed at a separate, additional rate. In 2001 and 2002, the maximum rate was $3 per day round trip not to exceed $65 per month.
Case Management	Not provided but offered through the Waiver (CAP/DA).
Plan of Care	Reimbursed under the set rate.
Family Counseling	Reimbursed at a separate, additional rate.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Reimbursed under the set rate.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Reimbursed under the set rate.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not reported.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Not provided but can be arranged.
Occupational Therapy	Not provided but can be arranged.
Speech Therapy	Not provided but can be arranged.
Other Services Provided under the Reimbursement Rate	Meals, including special diets; program activities; health education; and counseling.
Other Services Provided Under an Additional Rate	None.

NORTH DAKOTA

Program Name: Adult Day Care

Program Description: North Dakota's adult day care program is not only small but primarily social, although some facilities do focus on providing health related services. The main funding source for adult day care is the Home and Community Based Aged and Disabled Waiver, with additional sources of funding being non-public funds such as Long-Term Care Insurance.

Program Data

- For FY '01, the reported number of facilities statewide was 25, with the majority of them (n=20) being social oriented programs.
- For FY '01, the estimated unduplicated number of clients served under the HCBS-Aged and Disabled Waiver was 6.
- For FY '01, the total expenditure was approximately $8,493.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults and individuals with disabilities.	
FACILITIES' LICENSURE STATUS	
Licensed by the Department of Health as nursing homes, basic care facilities, or hospitals.	
FUNDING SOURCES	
Funding Sources	HCBS-Aged and Disabled Waiver and Long-Term Care Insurance.
PROGRAM CERTIFICATION OR APPROVAL	
None.	
MONITORING	
Program/Facility	Medical model facilities are monitored by the Department of Health because they do the licensing for hospitals, nursing home, and basic care facilities that allow these agencies to meet the standards for an adult day care facility. Home and Community Based Case managers still monitor the client's care and appropriateness of the service.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• No prior physician authorization is required. • The client's primary caregiver must be likely to benefit from temporary relief. • Clients must be able to function in an ambulatory setting and participate in group activities.
Funding Source Requirements	HCBS-Aged & Disabled Waiver • Client must screen at a NH level of care; and • Must have a functional impairment. There are 2 service levels tied to functional impairment: Service Payments for the Elderly and Disabled (SPED) and Expanded Service Payments for the Elderly and Disabled (ESPED). – For SPED: clients must need assistance in four ADLs and five IADLs. The impairments must have lasted or can be expected to last three (3) months or more, in the HCBS case manager's judgment. – For ESPED: clients must have no impairment in toileting, transferring, and eating, and must be in need of a structured supervised environment or be impaired in three of the following: meal preparation, housework, laundry, or taking medications.
ASSESSMENT	
Adult Service Intake Form	**Type of assessment:** Statewide comprehensive. **Administered by:** HCBS case managers who must be licensed social workers. **Frequency of assessment:** Initially and then annually. **Used for:** PAS, POC, LOC, NH-LOC, assessing tiers for reimbursement and to determine the number of days ADC is needed per week and most appropriate service based on needs of client.
REIMBURSEMENT	
Rates	Rates vary by providers' actual cost and hours of operation. In FY '01 rates ranged from $6.50 to $26.03 per half day. Half day is defined as half the number of hours the ADC is in operation, with a maximum of 6 hours.
Rate Setting Process	Reimbursement rates are set for each facility based on their actual operating costs.

SERVICES	
Transportation	Reimbursed under the negotiated rate.
Case Management	Not reported.
Plan of Care	Not reported.
Family Counseling	Not provided.
Medication Management	Reimbursed under the negotiated rate.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the negotiated rate. It includes assisstance with bathing, dressing, eating, toileting, transferring and mobility.
IADL Services/Training	Reimbursed under the negotiated rate.
Nursing Services	Reimbursed under the negotiated rate.
Skilled Nursing Services	Not reported.
Health Monitoring	Reimbursed under the negotiated rate.
Physical Therapy	Reimbursed under the negotiated rate.
Occupational Therapy	Reimbursed under the negotiated rate.
Speech Therapy	Reimbursed under the negotiated rate.
Other Services Provided under the Reimbursement Rate	Meals.
Other Services Provided Under an Additional Rate	None.

OHIO

Program Name: Adult Day Services/Care through PASSPORT

Program Description: Adult day services in Ohio can be accessed through a number of funding sources, one being the Pre-Admission Screening System Providing Options and Resources Today (PASSPORT) waiver. Other sources include OAA, SSBG, VA, and much more; however, in terms of expenditure, ADS through PASSPORT is the highest. Ohio has a unique system of reimbursement for adult day services through PASSPORT. They utilize a tiered system, where individuals can be assessed for Enhanced or Intensive services. Enhanced services are less expensive and include supervision of all ADLs and supervision of medication administration, and /or hands-on assistance with one ADL (except bathing) and mediation administration; comprehensive therapeutic activities; and health assessment and intermittent monitoring of health status. Intensive ADS includes all of the above plus hands on assistance with two or more ADLs and hands on assistance with bathing, as well as skilled nursing services and rehabilitative and restorative services.

Program Data

- For FY '01, the number of facilities statewide was unreported; however, 127 ADS providers were certified to serve PASSPORT clients. All are certified for the Enhanced level. Approximately 41 are also certified to provide Intensive ADS.
- For FY '01, the total number of clients served in ADS/ADC was unreported; however, 2,067 PASSPORT consumers attend ADS.
- For FY '01, the total expenditure was unreported; however, approximately $9,524,205 was spent for ADS through PASSPORT.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults, individuals with disabilities, and specialized populations such as those with Alzheimers or other dementia.	
FACILITIES' LICENSURE STATUS	
None.	
FUNDING SOURCES	
Funding Sources	HCBS Waiver- Pre-Admission Screening System Providing Options and Resources Today (PASSPORT), Local/county tax levies, Title III (OAA), Alzheimer's Respite (Title IIIE), Senior Community Services Block Grant, Title XX (SSBG), and the VA.
PROGRAM CERTIFICATION OR APPROVAL	
Providers are certified through PASSPORT Area Agency and the Ohio Department of Aging. Non-PASSPORT related ADS providers contract with the AAA.	

MONITORING	
Program/Facility	Each ADS provider serving PASSPORT consumers receives an annual monitoring visit from the PASSPORT Area Agency (PAA) they have contracted with to provide ADS. This is an on site facility visit including record reviews. Additional information may be obtained through the ongoing case management activities of each PASSPORT consumer attending ADS. Other funding sources may also do a review. For example, OAA funding, the AAA monitors and approves. Those counties that provide "levy" funding also monitor. In some areas one agency does the monitoring for those facilities that have multiple funding sources.
MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	No ADS specific eligibility was reported.
Funding Source Requirements	HCBS—PASSPORT • Nursing home level of care. Nursing home LOC is defined as a need for at least one skilled service or assistance with at least two Activities of Daily Living (ADL) and/or at risk of immediate institutionalization if ADS or other community service is not provided. • Physician consents that the individual can remain safely at home. He or she must also authorize the level of care and service plan verbally at the time of enrollment and submit written approval within thirty days of implementation. • All persons who receive public funding go through case management and have a plan of care. Service (e.g., ADS) must be in POC for payment. Medical eligibility requirements for other sources of funding were not reported.
ASSESSMENT	
Comprehensive assessment for PASSPORT	**Type of assessment:** Statewide comprehensive. **Administered by:** Case manager. **Frequency of assessment:** Initially and possibly more often. **Used for:** PAS, POC, nursing home LOC and Waiver eligibility.
ADS facility assessment process	**Type of assessment:** Facility level assessment. **Administered by:** ADS staff. **Frequency of assessment:** Within 30 days of enrollment in the facility. **Used for:** POC.

REIMBURSEMENT	
Rates	Rates for PASSPORT ADS are based on a tiered system. Tiers include Enhanced Adult Day Services and Intensive Adult Day Services. In FY '01, Enhanced Services were $40.00 for a unit of 5 to 8 hours and Intensive services were $52.50 for the same unit. Rates can also be charged by 1/2 units and time above the 8 hours can be accumulated at 15 minute intervals which in FY '01 equaled to $1.25 per 15 minutes for Enhanced and $1.64 per 15 minutes for Intensive. For other sources of funding, rates vary by region and in 2001 & 2002, rates ranged from $45 to $65 per unit (5 or more hours), depending on whether transportation was included.
Rate Setting Process	Tiered rates are set by the state. The case manager and facility generally negotiate which tier an individual is assigned. For other sources of funding, rates are negotiated with their local AAA.
SERVICES	
Transportation	Reimbursed at a separate, additionl rate. In FY '01, the rate was $15.80 for round trip, $12.87 for one way and $1.38 per mile.
Case Management	Not reported.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Not reported.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Not reported.
ADL Services/Training	Reimbursed under the set rate. However, enhanced services includes supervision for all ADLs and assistance with one ADL except for bathing. Intensive services includes hands on assitance with two or more ADLs and hands on assistance with bathing.
IADL Services/Training	Not reported.
Nursing Services	Not reported.
Skilled Nursing Services	Reimbursed under set rate. It includes dressing changes and other treatments.
Health Monitoring	Not reported.
Physical Therapy	Reimbursed under the set rate only for Intensive services.
Occupational Therapy	Reimbursed under the set rate only for Intensive services.
Speech Therapy	Reimbursed under the set rate only for Intensive services.
Other Services Provided under the Reimbursement Rate	Comprehensive therapeutic activities; health assessment and monitoring of health status on a regular basis; social work services.
Other Services Provided Under an Additional Rate	None.

OKLAHOMA

Program Name: ADvantage Adult Day Health

Program Description: Adult Day Health in Oklahoma is accessed primarily though the Aged and Disabled Waiver called the ADvantage Waiver. Oklahoma also has a social oriented adult day care service that accepts SSBG funding and people can also access it through a co-payment, sliding fee, system. The social oriented adult day is larger, serving close to one thousand clients per year. However, while social adult day is mainly for respite, adult day health emphasizes health related services that maximizes the individual's independence.

Program Data

- For FY '01, the number of facilities statewide was 33.
- For FY '01, the number of clients served was 132 through the ADvantage Adult Day Health and 924 in social adult day services.
- For FY '01, the total expenditure for ADH through ADvantage was approximately $360,000.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults and individuals with disabilities.	
FACILITIES' LICENSURE STATUS	
Facilities are licensed by the Oklahoma State Department of Health.	
FUNDING SOURCES	
Funding Sources	HCBS-Aged and Disabled Medicaid Waiver called ADvantage Waiver.
PROGRAM CERTIFICATION OR APPROVAL	
None.	
MONITORING	
Program/Facility	Monthly file reviews and annual physical site reviews are conducted by the Oklahoma Department of Human Services (OKDHS).
MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	Only ADH specific requirement: • A current medical report and a medical assessment by the participant's physician, which includes the participant's medical condition (including activity and restrictions), dietary modifications, indicated therapies and medications, is required upon admission or within 5 days of participant's entry into the ADH program.
Funding Source Requirements	HCBS-Aged and Disabled Medicaid Waiver (ADvantage Waiver) • Nursing home level of care. • Prior authorization for ADH by the case manager is required as well as an assessed need for ADH.

ASSESSMENT	
Uniform Comprehensive Assessment Tool (UCAT)-for ADvantage Waiver	**Type of assessment:** Statewide comprehensive. **Administered by:** Initially by nurses from the Department of Human Service; and the ADvantage case managers update. **Frequency of assessment:** Initially and possibly more often. **Used for:** PAS, POC, nursing home LOC and Waiver eligibility.
ADS facility level assessment	**Type of assessment:** Facility level assessment. **Administered by:** ADS staff. **Frequency of assessment:** Within 30 days of enrollment in the facility. **Used for:** POC.
REIMBURSEMENT	
Rates	Rates for ADH through the ADvantage Waiver are per diem, with a day equaling to 6 or more hours. In FY '01, the rate was $35.00 per day. The same amount is for social adult day through the SSBG.
Rate Setting Process	The rate is set by the Department of Human Services and is the same rate that the SSBG uses. The rate was based in part on cost reporting.
SERVICES	
Transportation	Reimbursed under the set rate.
Case Management	Not reported.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Reimbursed under the set rate.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Reimbursed under the set rate.
ADL Services/Training	Reimbursed under the set rate. It includes walking, feeding, toileting, and personal care.
IADL Services/Training	Reimbursed under the set rate.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not reported.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Reimbursed at a separate, additional rate.
Occupational Therapy	Reimbursed at a separate, additional rate.
Speech Therapy	Reimbursed at a separate, additional rate.
Other Services Provided under the Reimbursement Rate	Meals.
Other Services Provided Under an Additional Rate	Bathing and/or hair washing are billed separately through the Waiver.

OREGON

Program Name: Adult Day Services

Program Description: Adult Day Services in Oregon is fairly small, with only 12 facilities statewide. At the time of reporting, ADS was neither certified, nor were facilities licensed. A few of the facilities were moving toward accreditation, however. The program is structured and comprehensive, providing not only a variety of health services to address individuals' needs but it also provides social and support services to assist families and caregivers.

Program Data

- For FY '01, the reported number of facilities statewide was 12.
- For FY '01, the total unduplicated number of clients served was not reported; however approximately 203 were served under the Waiver.
- For FY '01, the total expenditure was not reported.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults, disabled adults, and special populations such as those with Alzheimer's or other dementia.	
FACILITIES' LICENSURE STATUS	
None.	
FUNDING SOURCES	
Funding Sources	Home and Community Based Service-Aged and Disabled Waiver, OAA, Oregon Project Independence, and General Assistance Funds.
PROGRAM CERTIFICATION OR APPROVAL	
None. Contracts for reimbursement rates are negotiated between the Department of Human Services and providers.	
MONITORING	
Program/Facility	There is a statewide case management system and contract administration that oversees the monitoring of Adult Day Services Programs. Case managers conduct client interviews and can review the client's case files. There is no physical plant review beyond the initial look at the facility.
MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• A local case manager from the Division of Seniors and People with Disabilities or the Area Agency on Aging gives prior authorization for ADS. Persons must meet a priority level, which is defined by having a deficiency in or need supervision for at least 1 ADL or other medical difficulty. • Additional eligibility criteria are through the specific funding source.
Funding Source Requirements	Not reported.

ASSESSMENT	
Client Assessment and Planning System (CA/PS)	**Type of assessment:** Statewide comprehensive-for the Waiver. **Administered by:** Case managers from the Division of Seniors and People with Disabilities. **Frequency of assessment:** Initially and then annually. **Used for:** PAS, POC, and LOC.
REIMBURSEMENT	
Rates	Rates are negotiated by providers with the Department of Human Services (DHS). In FY '02, rates ranged from $50 to $60 per day (4 hrs.).
Rate Setting Process	The rates are negotiated by the ADC center based on the services provided. Usually if a facility provides transportation for clients it renders a higher rate. There is no set rate structure. The facilities respond to a request for qualifications (RFQ) put out by the DHS. Rates are then set based on what they can provide. Any provider that meets the minimum qualifications is eligible to receive a contract. Centers are required to provide financial statements to justify their requested rates.
SERVICES	
Transportation	Reimbursed only if it's negotiated in the rates.
Case Management	Reimbursed under the negotiated rate.
Plan of Care	Reimbursed under the negotiated rate.
Family Counseling	Reimbursed under the negotiated rate but provided minimally and informally.
Medication Management	Reimbursed under the negotiated rate.
Nutrition Consultation	Reimbursed under the negotiated rate.
ADL Services/Training	Reimbursed under the negotiated rate. It includes assistance and supervision with ADLs such as eating, bathing, mobility, feeding, grooming/hygiene, dressing, cognition.
IADL Services/Training	Reimbursed under the negotiated rate. It includes assistance with medication management, transportation, and meal preparation.
Nursing Services	Reimbursed under the negotiated rate.
Skilled Nursing Services	Not reported.
Health Monitoring	Reimbursed under the negotiated rate.
Physical Therapy	Not provided.
Occupational Therapy	Not provided.
Speech Therapy	Not provided.
Other Services Provided under the Reimbursement Rate	Meals; health assessment; social services; therapeutic activities; education.
Other Services Provided Under an Additional Rate	None.

PENNSYLVANIA

Program Name: Older Adult Daily Living Centers

Program Description: Pennsylvania's Older Adult Daily Living Centers are similar to adult day health and adult day care centers. They provide both health related and social oriented services with a reimbursement rate that is negotiated by the providers and that is based on the services the centers wish to perform and the location of the centers.

Program Data

- In 2001 and 2002, the number of facilities statewide was 245.
- In 2001 and 2002, the estimated number of clients served was 5,264.
- For FY '01, the total expenditure was $16,492,466.77, with $3,477,970.77 from the Waiver, $11,509,091 from the PDA Block Grant, and $1,505,405 from other sources.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults and individuals with disabilities.	
FACILITIES' LICENSURE STATUS	
Licensed by the Department of Aging.	
FUNDING SOURCES	
Funding Sources	Home and Community Based Service Waiver, Area on Aging Block Grant.
PROGRAM CERTIFICATION OR APPROVAL	
None. Some facilities may be accredited by the Commission on Accreditation of Rehabilitation Facilities	
MONITORING	
Program/Facility	Annual inspections are conducted by the Division of Adult Day Care Licensing (PA Dept. of Aging).
MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• Individuals must be in need of services, as determined by an intake screening process; • Be capable of being transported to and from the service site; and • Be in need of a structured program of activities or services. • Applicants who meet criteria for admission are required to have a physical examination and medical report signed by a physician prior to admission and annually thereafter. • For those in the Waiver, prior authorization for ADC/OADLC is given by the case manager after assessment is conducted.

Funding Source Requirements	HCBS Waiver • Nursing home level of care as determined by the Comprehensive Options Assessment Form. The score for overall functional need is 0 – 5, with 0 being the highest level of physical functioning. A client with a score of 5 would definitely be considered nursing home eligible, while a client with a score of 3 would probably be considered, but would be dependent on other factors measured in the assessment tool with the case manager making the decision about eligibility. Cognitive functioning is given a score of 0 to 10, with 0 being fully cognitive. With a score of 7 it would be rare to find someone who was not eligible and with a score of 4 the individual may be considered eligible taking in to account other items that the assessment measures. Medical eligibility requirements for other sources of funding were not reports..
ASSESSMENT	
Comprehensive Option Assessment Form (COAF)	**Type of assessment:** Statewide comprehensive for the Waiver. **Administered by:** AAA caseworkers. **Frequency of assessment:** Initially; POC updated every 6 months; Annual medical report is required. **Used for:** PAS, POC, LOC, nursing home LOC and Waiver eligibility.

REIMBURSEMENT	
Rates	Rates are negotiated and they are based on the region and services provided. For FY ’01, they ranged from $18 (for fewer hours) to $80 per day (8 hours), with a statewide average of $40.84.
Rate Setting Process	Area Agencies on Aging set rates in negotiation with each facility. Negotiations also include services and transportation. Rates vary widely depending upon whether the facility is located within a rural, urban, or metropolitan area. The negotiated rate does not impact the types of programs and services. The regulations mandate minimum staffing and services needed for the operation of a center.

SERVICES	
Transportation	Reimbursed only if it's negotiated in the rate. Some but not all facilities offer transportation.
Case Management	Not provided.
Plan of Care	Reimbursed under the negotiated rate.
Family Counseling	Reimbursed under the negotiated rate.
Medication Management	Reimbursed under the negotiated rate.
Nutrition Consultation	Reimbursed under the negotiated rate.
ADL Services/Training	Reimbursed under the negotiated rate. These include bathing, dressing, eating, toileting, transferring toileting, bladder management and bowel management.
IADL Services/Training	Reimbursed under the negotiated rate.
Nursing Services	Reimbursed under the negotiated rate.
Skilled Nursing Services	Not reported.
Health Monitoring	Reimbursed under the negotiated rate.
Physical Therapy	Some but not all facilities offer this. In the traditional centers it is not offered. If so, they are billed separately to Medicaid.
Occupational Therapy	Some but not all facilities offer this. In the traditional centers it is not offered. If so, they are billed separately to Medicaid.
Speech Therapy	Some but not all facilities offer this. In the traditional centers it is not offered. If so, they are billed separately to Medicaid.
Other Services Provided under the Reimbursement Rate	None.
Other Services Provided Under an Additional Rate	Meals are required but paid separately. Dentistry; laboratory; radiological and diagnostic services; pharmacy; psychiatric/psychological services; podiatry; ophthalmology/optometry; and audiology are arranged for.

RHODE ISLAND

Program Name: Adult Day Care

Program Description: Although small, the adult day care program in Rhode Island serves a variety of individuals including adults with disabilities and specialized populations such as those with mental illness. The purpose of adult day care in Rhode Island is to provide health services, social activities, and support to families through a community based, non-residential program.

Program Data

- For FY '01, the reported number of facilities statewide was 19.
- For FY '01, the reported unduplicated number of clients served was 1071, with 4% being from the HCBS Waiver and 23% being from the Medicaid State Plan.
- For FY '01, the total annual expenditure was not reported.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults, individuals with disabilities, and specialized populations such as those who are blind or mentally ill.	
FACILITIES' LICENSURE STATUS	
Licensed by the Department of Elderly Affairs.	
FUNDING SOURCES	
Funding Sources	Medicaid State Plan, HCBS Waiver, State funded co-pay.
PROGRAM CERTIFICATION OR APPROVAL	
None.	
MONITORING	
Program/Facility	Annual inspections, conducted by a representative of the Department of Elderly Affairs, are made prior to renewal of facility's license. This investigation can include interviews of staff and clients.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• Each participant shall have a physical/ mental condition which indicates a need for nursing care, supervision, therapeutic services, support services, and/or socialization, in addition to non-medical criteria. • The facility shall obtain a written report from the client's doctor documenting current medications/treatments, immunizations, special dietary requirements, recommendations for therapy, and limitations to participation in ADC program activities. • Prior authorization by the case manager is required for publicly funded individuals.
Funding Source Requirements	HCBS Waiver • Nursing home LOC is required only to be eligible for the Waiver (no other funding source) and that's established by a medical review team who follow a pre-established criteria. State-funded co-pay • Individuals must need personal care services and must be homebound and be able to leave with assistance.
ASSESSMENT	
MDS-HC 2.0	**Type of assessment:** Statewide program specific. **Administered by:** Social service or medical member of the ADS staff (SW or RN) conducts assessment in person. **Frequency of assessment:** Initially and entire form is reviewed every 6 months. **Used for:** PAS, POC, and level of need.
REIMBURSEMENT	
Rates	Rates are per deim (6 or more hours). In FY '01, the rate was $36.04 per day.
Rate Setting Process	The State sets the rate.

SERVICES	
Transportation	Reimbursed under the set rate.
Case Management	Not reimbursed under the set rate but offered to all participants through the Department of Elder Affairs.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Reimbursed under the set rate.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Reimbursed under the set rate.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not reported.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Not provided but can be arranged. This is usually funded through private insurance.
Occupational Therapy	Not provided but can be arranged. This is usually funded through private insurance.
Speech Therapy	Not provided but can be arranged. This is usually funded through private insurance.
Other Services Provided under the Reimbursement Rate	Meals and social recreational and educational activities.
Other Services Provided Under an Additional Rate	None.

SOUTH CAROLINA

Program Name: Adult Day Health Care

Program Description: Adult Day Health Care in South Carolina is accessed mainly through the Community Long-Term Care Program, a program funded by the HCBS-Elderly and Disabled Waiver. ADHC's goal is to offer adults health services that are based on their assessed need and designed to enable them to sustain or regain functional independence. Depending on their need, individuals can enter an adult day health care center that either offers a skilled nursing component or one that does not.

Program Data

- For FY '01, the reported number of facilities statewide was 178.
- For FY '01, the estimated unduplicated number of clients served was 2580.
- For FY '01, the total expenditure was approximately $12,348,767.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults, individuals with disabilities and specialized populations.	
FACILITIES' LICENSURE STATUS	
Licensed by the Department of Health and Environmental Control.	
FUNDING SOURCES	
Funding Sources	HCBS-Elderly and Disabled Waiver through the Community Long-Term Care (CLTC) Program.
PROGRAM CERTIFICATION OR APPROVAL	
None.	
MONITORING	
Program/Facility	All licensed facilities are subject to inspection at any time, but at least annually by authorized representatives of the Department of Health and Environmental Control. Compliance survey reviews are conducted by the Department of Health and Human Services on community long-term care participants' records and staff records.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	No specific ADHC eligibility criteria reported. The only criterion is: • The physical and mental condition of a participant must not confine him/her to bed.
Funding Source Requirements	HCBS-Elderly & Disabled Waiver (Community Long-Term Care Program) • Client must screen at a nursing home level of care. Level of care is determined by nurse consultant assessment. Nursing home level of care requires that an individual needs direct, "hands-on" assistance. • Physician's authorization is required in order to participate in ADHC. A physical examination is required within 60 days prior to enrollment of any participant. The physician's report shall include recommendations regarding limitations of activities, special diet, medications (name, type, dosage and whether the individual is capable of self-administering), and other considerations to determine whether appropriate services are available. Dietary and other health needs must be provided. Physician's orders for skilled nursing service is also required before ADHC can perform nursing services.
ASSESSMENT	
South Carolina Long-Term Care Assessment Form (Form 1718) for CLTC	**Type of assessment:** Statewide comprehensive. **Administered by:** Community Long-Term Care Program (CLTC) field staff. First a Waiver nurse assesses for eligibility and then a case manager assesses for needed services. **Frequency of assessment:** Initially. Physical exam conducted every 2 years; Progress notes are reentered quarterly. **Used for:** PAS, POC, LOC, nursing home LOC, and Waiver eligibility.
ADHC facility level assessment	**Type of assessment:** Facility level assessment. **Administered by:** ADHC facility staff, usually a nurse. **Frequency of assessment:** POC within 30 days of enrollment; progress notes quarterly; annual review of signed agreements. **Used for:** POC.

REIMBURSEMENT	
Rates	Rates are per diem (a day is 5 to 8 hours). An additional cost is added if skilled nursing is provided. In FY '01, the per diem rate was $38.00, with an additional $15 per day if a nursing component was included.
Rate Setting Process	Not reported.
SERVICES	
Transportation	Reimbursed under the set rate only if participant lives 15 miles from the facility; otherwise, Medicaid is billed.
Case Management	Not provided but offered through the Waiver.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Not provided.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Not reported.
Nursing Services	Not reported.
Skilled Nursing Services	Some facilities provide this at a separate, additional rate.
Health Monitoring	Not reported.
Physical Therapy	Not provided.
Occupational Therapy	Not provided.
Speech Therapy	Not provided.
Other Services Provided under the Reimbursement Rate	Meals, including special meals.
Other Services Provided Under an Additional Rate	None.

SOUTH DAKOTA

Program Name: Adult Day Care

Program Description: South Dakota's adult day care program is fairly small and mainly social. ADC funded through the OAA has a unique reimbursement system that combines both assessed need and reimbursement source. There are two levels in this system. Individuals in level 1 get reimbursed a lower amount but obtain their reimbursement entirely through the Administration on Aging-Older Americans Act (AoA-OAA). Those in level 2 get reimbursed a higher amount; however, OAA still contributes the same amount as in level 1 but seeks other sources of funding such as general/state funds to compensate for the extra monies that make up the level 2 rate. The largest funding for ADC in terms of number of individuals served comes from OAA, followed by general/state funds, and HCBS-Elderly Waiver.

Program Data

- For FY '01, the reported number of facilities statewide was 13.
- For FY '01, the estimated unduplicated number of clients served was 200, with 7 being in the Elderly Waiver, 25 in the General/state funds, and 168 were Administration on Aging (AoA-OAA) Adult Day Care participants.
- For FY '01, the total expenditure was approximately $344,246.

PROGRAM MODEL	
Social and combined.	
POPULATION TARGETED	
Adults.	
FACILITIES' LICENSURE STATUS	
None.	
FUNDING SOURCES	
Funding Sources	HCBS - Elderly Waiver, OAA, State General Funds.
PROGRAM CERTIFICATION OR APPROVAL	
Certification given to facilities by the Department of Social Services, Office of Adult Services.	
MONITORING	
Program/Facility	Annual site visits by a local Field Program Specialist, a Nurse Consultant employed by the Department of Social Services, or a State level employee, to maintain their certificate of operation. These visits entail a visit with the Center Coordinator, a walk through tour of the program facility, observation of the program operation, a review of their files, and a visit with several participants.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• A pre-admission assessment, the Adult Day Care Assessment tool, is required where the individual's level of need (either Level 1 or 2) is determined and from which an individualized plan of care is created. However, for OAA individuals, all that is required is the assessment, there are no criteria that need to be met in terms of level of need. One exception is that the individual cannot have behavioral or emotional disorders that are destructive to self or others or disruptive in a group setting, unless the adult day care has the capacity, including qualified staff, to manage these difficulties; and • A medical report that reflects the current health status of the participant needs to be obtained from a physician.
Funding Source Requirements	HCBS-Elderly Waiver • Nursing home level of care is assigned if an individual requires any of the following services: – Continuing direct care services, which have been ordered by a physician and can only be provided by or under the supervision of a professional nurse. These services include daily management, direct observation, monitoring, or performance of complex nursing procedures. For purposes of this rule, continuing care is repeated at least once every 24 hours, frequent monitoring, and documentation of the individual's condition and response to the procedure or services; – The assistance or presence of another person for the performance of any activity of daily living according to an assessment of the individual's needs; – Skilled mental health services or skilled therapeutic services, including physical therapy, occupational therapy, or speech/language therapy in any combination that is provided at least once a week. • Prior authorization for Adult Day Care is required by the case manager. Medical eligibility requirements for other sources of funding were not reported.

ASSESSMENT	
Adult Day Care Assessment (for all sources of funding)	**Type of assessment:** Statewide program specific. **Administered by:** ADS program manager or coordinator. **Frequency of assessment:** Initially (at pre-admission) and reviewed annually. **Used for:** PAS, and to establish level of need. OAA uses the levels to establish how much money should come from them and how much should come from other sources of funding.
Adult Services & Aging Assessment (for HCBS-Elderly Waiver & State General Funds)	**Type of assessment:** Statewide comprehensive. **Administered by:** State social worker who is the case manager. **Frequency of assessment:** Initially and abbreviated version is completed every 6 months, unless there is a major change, in which case the entire assessment is completed. **Used for:** PAS, POC, and to establish level of need.
Nursing home Level of Care Assessment (for HCBS-Elderly Waiver)	**Type of assessment:** Statewide comprehensive. **Administered by:** Adult Services and Aging Nurse Consultant and Social Worker. **Frequency of assessment:** Within 3 months of request for the HCBS - Elderly Waiver. **Used for:** LOC & nursing home LOC.
Determination of the Medical Review Team (for HCBS-Elderly Waiver)	**Type of assessment:** Statewide comprehensive. **Administered by:** Medical Review Team which includes a social worker and a RN. **Frequency of assessment:** Initially and then annually. **Used for:** LOC, nursing home LOC, and Medicaid eligibility.
Nursing Care Report (for HCBS-Elderly Waiver)	**Type of assessment:** Statewide comprehensive. **Administered by:** RN or LPN. **Frequency of assessment:** Initially and then annually. **Used for:** Serves as additional information to determine Medicaid eligibility
Initial and Continuing Need for Care Report (for HCBS-Elderly Waiver)	**Type of assessment:** Statewide comprehensive. **Administered by:** Person who knows the client best – either family member or facility staff. **Frequency of assessment:** Initially. **Used for:** This form gives social information and is sometimes used in the absence of a history and physical.

REIMBURSEMENT	
Rates	For the HCBS-EW, the rate is per unit hour. In 2001, the rate was $4.07 per hour, while in 2002-2003, the rate went up to $4.16 per hour. For OAA, the rate is reimbursed by levels. Clients funded through OAA are categorized into two reimbursement levels, Level 1 and Level 2 , that are based on the number of funding sources for which the client is entitled, which is in turn based on the level of need established by the Adult Day Care Assessment. Those in Level 1 are funded through OAA and additional funds, such as State General Funds. Level 2 clients are funded solely through the OAA.
Rate Setting Process	Not reported.
SERVICES	
Transportation	Reimbursed under the set rate.
Case Management	Not reported.
Plan of Care	Not reported.
Family Counseling	Not reported.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Reimbursed under the set rate.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Reimbursed under the set rate.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not reported.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Not reported.
Occupational Therapy	Not reported.
Speech Therapy	Not reported.
Other Services Provided under the Reimbursement Rate	Social services; food service; group and individual activities; emergency care; education; socialization; recreation; exercise; art; and pet therapy.
Other Services Provided Under an Additional Rate	None.

TENNESSEE

Program Name: Adult Day Care

Program Description: Tennessee's program is mainly social but has one medical facility that is accessed through their PACE program, which is funded by the 1115c Demonstration Medicaid Waiver. At the time of reporting, most individuals in adult day care were private pay but some accessed it through the SSBG and the VA; however, only 6 facilities accepted SSBG and 2 had VA contracts.

Program Data

- In 2001 and 2002, the reported number of facilities statewide was 24.
- In 2001 and 2002, the reported number of clients served was 918.
- In 2001 and 2002, the total annual expenditure for ADC was not reported; however, $753,133 was spent by the SSBG.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults and special populations.	
FACILITIES' LICENSURE STATUS	
Facilities with 10 or more clients are licensed by the Department of Human Services.	
FUNDING SOURCES	
Funding Sources	SSBG, VA, 1115c Demonstration Medicaid Waiver (for PACE, which includes ADC), and Foundations.
PROGRAM CERTIFICATION OR APPROVAL	
Programs receive approval from the Department of Health.	
MONITORING	
Program/Facility	Each facility must undergo annual inspections and approval by the Department of Health.
MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• Each facility determines medical eligibility criteria based on a defined target population delineated by age group, type of impairment, or medical handicap. • Persons deemed not appropriate for ADC are those who present a significant threat to themselves or others or whose intellectual, emotional or behavioral level prevent them from benefiting from the center's plan of care, and those who only need leisure time activities, respite care, or sitter services.

Funding Source Requirements	1115c Medicaid Waiver-PACE • Must have a pre admission evaluation completed by an RN which requires a physician's signature. The evaluation is sent to Bureau of TennCare Long-Term Care. Bureau of TennCare will determine if the participant meets the TennCare's nursing home care criteria using a multi-disciplinary team approach. The multi-disciplinary team will also determine whether the participant is eligible for ADC. Medical eligibility requirements for other sources of funding were not reported.
ASSESSMENT	
Facility level assessment	**Type of assessment:** Facility level assessment. **Administered by:** Designated personnel within the facility. **Frequency of assessment:** Initially and every 3 months. **Used for:** POC .
Pre-admission evaluation for Nursing home Care (for PACE)	**Type of assessment:** PACE program assessment. **Administered by:** RN, but needs a physician's signature. **Frequency of assessment:** Initially (Pre-admission). **Used for:** PAS.
REIMBURSEMENT	
Rates	Rates vary by facility. For PACE, it's all inclusive.
Rate Setting Process	Not reported.

SERVICES	
Transportation	Not reported.
Case Management	Reimbursed under the negotiated rate.
Plan of Care	Reimbursed under the negotiated rate.
Family Counseling	Not reported.
Medication Management	Reimbursed under the negotiated rate.
Nutrition Consultation	Not reported.
ADL Services/Training	Reimbursed under the negotiated rate.
IADL Services/Training	Not reported.
Nursing Services	Not reported.
Skilled Nursing Services	Not reported.
Health Monitoring	Not reported.
Physical Therapy	Not reported.
Occupational Therapy	Not reported.
Speech Therapy	Not reported.
Other Services Provided under the Reimbursement Rate	Physical exercise; rest; social interaction; learning opportunities; mental stimulation; meals.
Other Services Provided Under an Additional Rate	None.

TEXAS

Program Name: Day Activities and Health Services

Program Description: Texas' adult day health service is referred to as Day Activities and Health Services (DAHS). It's one of the largest programs in the U.S., serving over 14,000 clients annually under Medicaid and operating approximately 370 facilities. Reimbursement for DAHS is based on staffing and/or attendant services, with more attendant services needed yielding a slightly higher reimbursement rate. The general aim of DAHS is to provide clients with rehabilitative nursing, health and social services while they reside in the community.

Program Data

- For FY '01, the reported number of facilities statewide was 372.
- For FY '01, the estimated unduplicated number of clients served was 14,747.
- For FY '01, the total expenditure was approximately $75,234,498.

PROGRAM MODEL	
Medical and combined.	
POPULATION TARGETED	
Adults, individuals with developmental and physical disabilities, and needy children.	
FACILITIES' LICENSURE STATUS	
Licensed by the Department of Human Services.	
FUNDING SOURCES	
Funding Sources	Medicaid State Plan, SSBG.
PROGRAM CERTIFICATION OR APPROVAL	
None.	
MONITORING	
Program/Facility	The Department of Human Services (DHS) Contact Management staff conducts fiscal and compliance monitoring. DHS staff also conduct complaint investigations.
MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• Doctor's authorization and approval by a RN (i.e., a TX Department of Human Services regional nurse) *prior* to entering ADH. • Functional impairment in one or more personal care or restorative needs (such as bathing/dressing/grooming, transfer/ ambulation, toileting, feeding, fluid intake, nutrition, medication, treatments, restorative nursing procedures, behavior problems).
Funding Source Requirements	Not reported.

ASSESSMENT	
Health Assessment/Individual Service Plan-Form 3050	**Type of assessment:** Statewide program specific. **Administered by:** Licensed Nurse at DAHS. **Frequency of assessment:** Initially and then as needed due to change in the client's condition as noted by a licensed nurse. **Used for:** PAS & POC.
Physician's Order for DAHS - Form 3055	**Type of assessment:** Statewide program comprehensive. **Administered by:** The provider agency completes the identifying information on the form and then the physician completes the remainder of the form to authorize DAHS. **Frequency of assessment:** Initially. **Used for:** Initial request for DAHS.
Summary of Client's Need for Services-Form 2059	**Type of assessment:** Used for a number of LTC programs-one of them being DAHS. **Administered by:** A caseworker who is a DHS employee. **Frequency of assessment:** Initially and annual reassessments. Interim reassessments are made when there is a change in client coordination. **Used for:** POC & LOC.
REIMBURSEMENT	
Rates	Per unit rate. A unit is 3 to 6 hours but not including 6 hours. Six or more hours are 2 units. Amounts vary depending on rate schedule used. For FY '01, the non-participant rate was $13.03. The participant rates ranged from $13.08 to $13.78. See below for description of non-participant and participant rates.
Rate Setting Process	There are two difference rate schedules - Enhanced Attendant Reimbursement Participation (which requires the contractor to pay the attendant an increased rate of pay in exchange for a higher reimbursement rate) and Non-Participant. There are 15 levels of reimbursement on the Participant level. In FY '01, the rate started at $13.08 and with each level, it increased by $.05. These rates are set by a cost reimbursement determination. An attendant is an unlicensed caregiver providing direct assistance to the clients with ADLs & IADLs. They must perform attendant duties at least 80% of their paid hours worked. Attendants do not include facility administrators, assistant facility administrators, clerical and secretarial staff, professional staff, licensed staff, attendant supervisors, cooks and kitchen staff, activity directors, maintenance and ground keeping staff, laundry and housekeeping staff. Attendants do include drivers in the DAHS program.

SERVICES	
Transportation	Reimbursed under the set rate.
Case Management	Reimbursed under the set rate.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Not provided.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Reimbursed under the set rate.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Reimbursed under the set rate.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Reimbursed under the set rate. Also includes follow-up to physical rehabilitative services such as restorative nursing and group and individual exercises.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Not provided.
Occupational Therapy	Not provided.
Speech Therapy	Not provided.
Other Services Provided under the Reimbursement Rate	Meals and social activities.
Other Services Provided Under an Additional Rate	None.

UTAH

Program Name: Adult Day Care

Program Description: Utah reported that their adult day care program is primarily social. They mentioned that there are only two uses of ADC in Utah, for socialization and for respite.

Program Data

- For 2001 and 2002, the reported number of facilities statewide was 11.
- For 2001 and 2002, the reported number of clients served annually was 2206, but these are not unduplicated number of clients.
- For 2001 and 2002, the total expenditure for ADC was not reported.

PROGRAM MODEL	
Social.	
POPULATION TARGETED	
Adults and special populations such as those with Alzheimer's.	
FACILITIES' LICENSURE STATUS	
Facilities with 3 or more adults are licensed by the Department of Human Services, Office of Licensing.	
FUNDING SOURCES	
Funding Sources	HCBS-Medicaid Aging Waiver, National Caregiver Support Program (Title III-E), OAA, Alternatives Program, and trials given by associations.
PROGRAM CERTIFICATION OR APPROVAL	
None.	
MONITORING	
Program/Facility	No program specific monitoring occurs. Division of Aging and Adult Services certifies case managers as waiver providers and monitors case management agency waiver contracts for compliance with state and federal regulations.
MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	Each facility can determine the eligibility requirements for the population it wishes to serve. There is an array of functional impairment but the type and degree varies at each facility. For example, one facility will measure ADL/IADL impairment, while others will ask general questions such as what he can and cannot do. All facilities will NOT take: • Incontinent persons or • Persons who require extensive assistance such as in feeding. These individuals are typically placed in nursing homes or not placed in ADC.
Funding Source Requirements	Not reported.

ASSESSMENT	
Medicaid Aging Waiver/Alternatives Assessment	**Type of assessment:** Statewide comprehensive for the Waiver & Alternatives Program. **Administered by:** Medicaid Aging Waiver staff and Alternatives staff case managers. **Frequency of assessment:** Initially and then annually. **Used for:** PAS, POC, nursing home LOC, and to establish level of need.
MDS - HC	**Type of assessment:** Statewide comprehensive. **Administered by:** RN and a Social Worker. **Frequency of assessment:** Initially and then annually. **Used for:** POC, LOC, and nursing home LOC.
Facility level assessment	**Type of assessment:** Facility level assessment. .**Administered by:** ADC staff. **Frequency of assessment:** Varies by facility. **Used for:** Varies by facility, no standardization.
REIMBURSEMENT	
Rates	Rates are per diem. In 2001 and 2002, the rate was $35.00 for a 4 to 8 hour day.
Rate Setting Process	Not reported.
SERVICES	
Transportation	Reimbursed at a separate, additional rate through the Medicaid state plan. In 2001 and 2002, the most Medicaid would pay was $5.90 per client.
Case Management	Not provided but offered through the Waiver, Alternatives, and Caregiver Support programs.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Not provided.
Medication Management	Not provided. Only medication monitoring is provided and reimbursed under the rate.
Nutrition Consultation	Not provided.
ADL Services/Training	Not provided.
IADL Services/Training	Not provided.
Nursing Services	Not provided.
Skilled Nursing Services	Not provided.
Health Monitoring	Not provided.
Physical Therapy	Not provided.
Occupational Therapy	Not provided.
Speech Therapy	Not provided.
Other Services Provided under the Reimbursement Rate	Meals; community living skills; work activity; recreation; nutrition; personal hygiene; and social appropriateness skills.
Other Services Provided Under an Additional Rate	None.

VERMONT

Program Name: Adult Day Services and Day Health Rehabilitation Services

Program Description: Vermont has 12 State Grantee Adult Day Programs that operate 15 Adult day services (ADS) sites. These sites may provide Day Health Rehabilitation Services (DHRS), which are intended to provide individuals with rehabilitative and health services, or they may not. An additional two sites are certified to provide both DHRS and HCBS Waiver services. Although facilities are not licensed, the certification process in Vermont is quite inclusive and ensures that facilities comply with the standards for adult day services.

Program Data

- In 2001 and 2002, the reported number of facilities statewide was 17.
- In 2001, the reported unduplicated number of clients served was 883. In FY '02, there were 938 served. These numbers however do not reflect all funding streams.
- In 2001 and 2002, the total annual expenditure was not reported; however, the annual expenditure from the state general funds and the HCBS-Medicaid Waiver for ADS was $1,923,728.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults, individuals with disabilities, and special populations.	
FACILITIES' LICENSURE STATUS	
None.	
FUNDING SOURCES	
Funding Sources	State General Fund dollars (ADS), HCBS Medicaid Waiver (ADS), Day Health Rehabilitation Services (DHRS), Veteran Administration (ADS & DHRS), Developmental Services Medicaid Waiver (ADS), and Developmental and Mental Health Services Community Rehabilitation and Treatment Medicaid Services (ADS).
PROGRAM CERTIFICATION OR APPROVAL	
Programs are certified by the Department of Aging and Disabilities, Division of Advocacy and Independent Living.	
MONITORING	
Program/Facility	Staff from the Division of Advocacy and Independent Living perform an annual site certification visit to Adult Day Programs to ensure they are in compliance with the Standards for Adult Day Services in Vermont. The visit is summarized on an assessment form, which indicates whether or not the standards are met or unmet in various areas. The assessment is sent to the programs. The program is then responsible for providing an acceptable plan of action to bring the unmet standards to compliance. When the plan of action is complete and accepted, the Adult Day Program is certified for up to one year from the effective date on the certificate or until the time of the next state certification review.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	Adult Day Services • Have a physical, emotional, or cognitive impairment; • Require ADL assistance (two or more ADLs each with a numerical response on the Independent Living Assessment (ILA) section 4 between 1-4 indicated need); • Must need: health monitoring, help overcoming functional limitations; need restorative or rehabilitation services; • Be recently discharged from hospitals; and • At risk of deteriorating without program intervention. DHRS Potential participants must be determined eligible by the Department of Aging and Disabilities prior to entering DHRS by completing the Vermont Day Health Rehabilitation Services Prior Authorization Referral Form. Potential participants must require services in at least 2 out of these 5 broad service areas: • Personal care (ADL services); • Nursing services; • Special therapies (PT, OT, and SP as established by a treatment plan by licensed professional); • Social work services; and • Nutrition counseling (as established by a registered dietician). These services must be needed at least weekly and at least one of them on a day when attending DHRS.
Funding Source Requirements	Home and Community Based Service Medicaid Waiver • Individuals must need the level of care given in a nursing home. Medical eligibility requirements for other sources of funding were not reported.

ASSESSMENT	
Vermont Independent Living Assessment (ILA)	**Type of assessment:** Used for all ADH programs and certain programs funded through the Waiver. ILA is closely linked to the ADS Eligibility Determination Form & the DHRS Prior Authorization Referral Form. **Administered by:** Social service or medical member of the ADS staff (SW or RN) conducts assessment in person. **Frequency of assessment:** Within 30 days of enrollment. **Used for:** Plan of services for all ADH programs and certain programs funded through the Waiver.
Vermont Adult Day Services Eligibility Determination Form	**Type of assessment:** Statewide program specific. This form is completed in conjunction with the ILA. **Administered by:** ADS Staff. **Frequency of assessment:** Within 30 days of enrollment and then annually or when there is a change in the client's status. **Used for:** Used to determine if someone is eligible for ADS.
Vermont Day Health Rehabilitation Services Prior Authorization Referral Form	**Type of assessment:** Statewide program specific. This form is completed in conjunction with the ILA. **Administered by:** Department of Aging and Disabilities. **Frequency of assessment:** Initially and every 6 months. **Used for:** PAS and used to determine the number of hours of DHRS services authorized.
REIMBURSEMENT	
Rates	Rates are per unit, with a unit equaling to 1 hour. In 2002, the per unit rate was $10.20 for ADS and $10.80 for DHRS. Amount may vary under the various funding streams.
Rate Setting Process	For DHRS, reimbursement is set by the Department of Aging and Disabilities. It varies slightly month to month as the unit rate is the appropriated dollars divided by the number of units actually provided. Rate setting process for ADS was not reported.

SERVICES	
Transportation	Reimbursed under the set rate.
Case Management	Not provided but offered through the Waiver.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Not reported.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Reimbursed under the set rate.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not reported.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Reimbursed under the set rate.
Occupational Therapy	Reimbursed under the set rate.
Speech Therapy	Reimbursed under the set rate.
Other Services Provided under the Reimbursement Rate	Health education; meals; social activities; emergency services.
Other Services Provided Under an Additional Rate	None.

VIRGINIA

Program Name: Adult Day Health Care

Program Description: Based on the reported number of clients in 2001, Virginia doesn't seem to have many public funded individuals in ADHC compared to the number of available facilities. Funding sources include the Medicaid Community Based Care-Elderly and Disabled Waiver, the Veteran Administration (VA), and interestingly grant funding. Facilities need to be licensed in order to receive Medicaid reimbursement and many become licensed in order to obtain this. ADHC eligibility and reimbursement rates vary by facility.

Program Data

- For FY '01, the reported number of facilities statewide was 60, for FY '02, the number increased to 70.
- For FY '01, the estimated unduplicated number of clients served was 1950, with 473 being waiver participants attending ADHC.
- For FY '01, the total expenditure was approximately $1,877,623.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults and individuals with disabilities.	
FACILITIES' LICENSURE STATUS	
Licensed by the Virginia Department of Social Services.	
FUNDING SOURCES	
Funding Sources	Medicaid Community Based Care (CBC) Elderly and Disabled Waiver, VA, grant funding.
PROGRAM CERTIFICATION OR APPROVAL	
None.	
MONITORING	
Program/Facility	Regional Department of Social Services offices do licensing inspections and keep individual facility reports on file. Adult day care centers are required to be monitored at least twice each year with at least one inspection being unannounced. Annual fire and health inspections are conducted by local regional fire and health authorities. Virginia Department of Medical Assistance Services conducts utilization reviews on services provided to Medicaid recipients and the staff.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• Each ADHC center has its own policies regarding admission, therefore medical eligibility requirements, including prior authorization and functional requirements, vary by facility. A functional need and a medical nursing care plan are required, and it must be updated semi-annually. • For some, a pre-admission medical examination is required, which must include a physician's signature.
Funding Source Requirements	CBS-Elderly & Disabled Waiver • Nursing home level of care. This criterion is made up of two components: functional; and medical needs. Specifically, individuals need to have: 1) both limited functional capacity and requires medical or nursing management; or 2) the individual is rated dependent in some functional limitations, but does not meet the functional capacity requirements, and the individual requires the daily direct services or supervision of a licensed nurse that cannot be managed on an outpatient basis. • Prior authorization from the Department of Medical Assistance is needed to enter the Waiver. Medical eligibility requirements for other sources of funding were not reported.
ASSESSMENT	
DMAS-97 Screening Team Plan of Care for Medicaid-Funded Long-Term Care	**Type of assessment:** Statewide comprehensive for the Waiver. **Administered by:** Department of Social Services and Health Department. **Frequency of assessment:** Initially. **Used for:** PAS & POC for the Waiver.
ADHC facility level assessment	**Type of assessment:** Facility level assessment. **Administered by:** ADHC staff. **Frequency of assessment:** Initially and semi-annually. **Used for:** Use of the assessment varies by facility but mainly used for PAS and POC.
REIMBURSEMENT	
Rates	Rates are set by region with urbanized areas having higher rates. In FY '01, Medicaid rates ranged from $41 to $45 per diem (a day is 6 or more hours).
Rate Setting Process	Medicaid rates are set by region. The northern area is urbanized and gets a slightly higher rate. Other rates (fee for service, etc.) are facility specific, but are generally in line with Medicaid rates.

SERVICES	
Transportation	Reimbursed at a separate, additional rate through the Medicaid state plan. In 2001 and 2002, the rate was $2.00 per trip.
Case Management	Not provided.
Plan of Care	Reimbursed under the negotiated rate.
Family Counseling	Reimbursed under the negotiated rate.
Medication Management	Reimbursed under the negotiated rate.
Nutrition Consultation	Reimbursed under the negotiated rate.
ADL Services/Training	Reimbursed under the negotiated rate.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the negotiated rate and it includes blood pressure, weight hydration, circulation, repiration, positioning, skin integrity, nutritional status, elimination, and sensory capabilities.
Skilled Nursing Services	Reimbursed under the negotiated rate.
Health Monitoring	Reimbursed under the negotiated rate.
Physical Therapy	Reimbursed under the negotiated rate.
Occupational Therapy	Reimbursed under the negotiated rate.
Speech Therapy	Reimbursed under the negotiated rate.
Other Services Provided under the Reimbursement Rate	Meals.
Other Services Provided Under an Additional Rate	None.

WASHINGTON

Program Name: Adult Day Health Care

Program Description: Washington has an adult day care, a social oriented program that may include health monitoring by a nurse although minimal, and an adult day health care, which is entirely medically oriented providing rehabilitative and skilled nursing services to individuals. Adult day care is primarily accessed through the HCBS Waiver, while adult day health care is mainly funded through the Medicaid State Plan. Although ADHC facilities are not licensed, monitoring of facilities is thorough, including both program monitoring and facility site monitoring by the Area Agencies on Aging. The following is information on the adult day health care program.

Program Data

- For FY '01, the reported number of facilities statewide was 37, with 22 being medical facilities.
- For FY '01, the estimated number of clients served per month was 1,815, with 1,700 of them being in ADHC.
- For FY '01, the total expenditure was approximately $8,263,825.

PROGRAM MODEL	
Medical.	
POPULATION TARGETED	
Adults, disabled adults, and individuals with developmental disabilities.	
FACILITIES' LICENSURE STATUS	
None.	
FUNDING SOURCES	
Funding Sources	Medicaid State Plan, Respite program, OAA, VA (or Veteran's Service Contract).
PROGRAM CERTIFICATION OR APPROVAL	
Certified by the Medicaid Assistance Administration, Department of Social and Health Services.	
MONITORING	
Program/Facility	The Areas Agencies on Aging, contracted by the Department of Social and Health Services (DSHS) conduct an ongoing monitoring of facilities through record reviews, documentation reviews, services provided, staffing requirements, and facility meeting specific safety and space requirements. The DSHS also conducts program management at state headquarters through an ongoing monitoring of programs including budgeting and utilization policy reviews.
MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	• Be in need of skilled nursing services (including management of activities of daily living (ADLs) or medications) and/or rehabilitative therapies (including OT, PT, or speech); and • Written authorization from the client's doctor of a medical need for ADHC services.
Funding Source Requirements	Not reported.

ASSESSMENT	
Comprehensive Assessment (CA)	**Type of assessment:** Statewide comprehensive. **Administered by:** RN. Therapy assessments are completed by qualified therapists. **Frequency of assessment:** Initially. **Used for:** PAS, POC, and used to establish needs-based categories or case-mix, but not for the purpose of reimbursement.
Older Adult Resource Survey (OARS) Revised (rarely used)	**Type of assessment:** Statewide program specific. **Administered by:** Facility personnel. **Frequency of assessment:** Initially and then quarterly. **Used for:** PAS, POC, and level of need.
REIMBURSEMENT	
Rates	Rates are set by region and are per deim. For FY '01, the reimbursement rate was $46.78 for King county for a 4 hour day; $42.41 for Metropolitan counties and $40.08 for non-metropolitan counties.
Rate Setting Process	Rates are set by location, based on the cost of operating in each area (such as rent).

SERVICES	
Transportation	Reimbursed at a separate, additional rate through the Medical Assistance Program.
Case Management	Reimbursed under the negotiated rate. DSHS also provides case management to those receiving services under the Waiver.
Plan of Care	Reimbursed under the negotiated rate.
Family Counseling	Not reported.
Medication Management	Reimbursed under the negotiated rate.
Nutrition Consultation	Not provided.
ADL Services/Training	Reimbursed under the negotiated rate.
IADL Services/Training	Reimbursed under the negotiated rate.
Nursing Services	Reimbursed under the negotiated rate.
Skilled Nursing Services	Reimbursed under the negotiated rate.
Health Monitoring	Reimbursed under the negotiated rate.
Physical Therapy	Reimbursed under the negotiated rate.
Occupational Therapy	Reimbursed under the negotiated rate.
Speech Therapy	Reimbursed under the negotiated rate.
Other Services Provided under the Reimbursement Rate	Meals, and services for hearing impaired.
Other Services Provided Under an Additional Rate	Foot care for diabetics.

WEST VIRGINIA

Program Name: Medical Adult Day Care

Program Description: West Virginia has Medical Adult Day Care which is accessed mainly through the Medicaid Waiver, and a social program called Adult Day Care, which is funded primarily through the Older Americans Act (OAA) and the Legislative Initiatives for the Elderly (LIFE). Medical Adult Day Care centers aim to provide therapeutic, social, and health maintenance and restorative services to individuals living in the community.

Program Data

- For 2001 and 2002, the reported number of facilities statewide was 9, with only 2 being medical.
- For 2001 and 2002, the estimated number of clients served was 267, with 50 being in the medical program.
- For FY '01, the total expenditure was approximately $20,594.

PROGRAM MODEL	
Medical.	
POPULATION TARGETED	
Adults and individuals with disabilities.	
FACILITIES' LICENSURE STATUS	
Licensed by the Department of Health & Human Resources, Office of Health Facility Licensure & Certification.	
FUNDING SOURCES	
Funding Sources	HCBS Medicaid Waiver for the Aged and Disabled.
PROGRAM CERTIFICATION OR APPROVAL	
Certified by the Department. of Health & Human Resources, Office of Health Facility Licensure & Certification. Additionally, the Bureau of Medical Services certifies Waiver providers.	
MONITORING	
Program/Facility	Annual inspections are performed by the Department of Health and Human Resources.
MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	No specific MADC eligibility criteria were reported.
Funding Source Requirements	HCBS-Aged and Disabled Waiver • Nursing home level of care, which is defined as needing assistance with 5 ADLs and being certified for nursing home placement; • A physician must also provide a list of current medications and treatments, any special dietary requirements, a statement indicating any contraindications or limitations to the individual's participation in program activities, orders for therapy, when applicable, and other information as required for the participant's care; and • Only those individuals who can benefit from the MADC program shall be admitted.

ASSESSMENT	
Pre-admission screening and plan of care	**Type of assessment:** Facility level assessment. **Administered by:** Medical adult day care facility staff: Center director, nursing staff, or social worker. **Frequency of assessment:** Initially, POC within 6 days of admission and reviewed quarterly. **Used for:** PAS & POC.
Comprehensive assessment	**Type of assessment:** Statewide comprehensive. **Administered by:** Not reported. **Frequency of assessment:** Initially. **Used for:** Waiver eligibility.
REIMBURSEMENT	
Rates	Rates are per diem. In 2001 and 2002, the rate was $38.93 for a 7 hour day. For a half day (approximately 4 hours) the rate was $19.46.
Rate Setting Process	The rate was established by the Medicaid department and is based on cost reporting.
SERVICES	
Transportation	Reimbursed as a separate, additonal rate through other sources of funding such as the Medicaid State Plan.
Case Management	Reimbursed under the set rate.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Not provided.
Medication Management	Reimbursed under the set rate.
Nutrition Consultation	Reimbursed under the set rate.
ADL Services/Training	Reimbursed under the set rate.
IADL Services/Training	Not provided.
Nursing Services	Reimbursed under the set rate.
Skilled Nursing Services	Not reported.
Health Monitoring	Reimbursed under the set rate.
Physical Therapy	Reimbursed under the set rate if prescribed by a physician.
Occupational Therapy	Reimbursed under the set rate if prescribed by a physician.
Speech Therapy	Reimbursed under the set rate if prescribed by a physician.
Other Services Provided under the Reimbursement Rate	Meals.
Other Services Provided Under an Additional Rate	None.

WISCONSIN

Program Name: Adult Day Care under the Community Option Program Waiver (COP-W) Community Integration Program II (CIP II) and Adult Day Care under the Community Option Program (COP)

Program Description: ADC in Wisconsin is offered through three programs, the Community Options Program (COP), the Community Option Program-Waiver (COP-W), and the Community Integration Program II (CIP II). COP, which is funded completely with state general purpose revenue dollars, is administered by the Department of Health and Family Services and is managed by local county agencies to deliver community-based services to Wisconsin citizens in need of long-term assistance. Any person, regardless of age, with nursing home level of care is eligible for COP. COP delivers mostly services which are not Waiver allowable, and therefore does not serve a large ADC program. COP-W and CIP-II receive 60% of their funding through the Home and Community Based Services Waiver for people who are elderly or have a physical disability, and the remaining 40% through state general purpose revenue. These programs provide community services to the elderly and persons with physical disabilities who have long-term needs and who would otherwise be eligible for Medicaid reimbursement in a nursing home. The main difference between COP-W and CIP II is that CIP II clients are eligible for the Waiver service *after* a nursing home bed is not available. Placement of COP or COP-W/CIP II clients in ADC depends on the needs of each client.

Program Data

- For FY '01, the reported number of facilities statewide was 101. As of 2003, there were 98 facilities.
- The number of adult day care participants are not tracked.
- For FY '01, the total expenditure for ADC was not reported.

PROGRAM MODEL	
Combined.	
POPULATION TARGETED	
Adults, individuals with physical and developmental disabilities and special populations such as those with mental illness.	
FACILITIES' LICENSURE STATUS	
None.	
FUNDING SOURCES	
Funding Sources	State General Purpose Revenue Funds, VA and HCBS Waivers (includes elderly and the physically disabled waivers).
PROGRAM CERTIFICATION OR APPROVAL	
Certified by the Bureau of Quality Assurance under the Department of Health and Family Services.	
MONITORING	
Program/Facility	Both the ADH program and facility are monitored. Facilities shall develop and implement an annual plan to evaluate and improve effectiveness of their program. Facilities need to complete an individual service plan at least semi-annually for each client and have a written service agreement with the county long-term support agency. Services for each client are monitored by a case manager. Biannual visits of the facilities to make sure they meet the certification standards for resident care and facility issues are unannounced.

MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	No specific ADC medical eligibility criteria were reported.
Funding Source Requirements	If clients have a severe medical condition or a substantial medical and social/behavior needs; or substantial medical and social/behavior needs with developmental disabilities, they may be eligible for both COP and COP-W/CIP-II. Community Option Program Waiver (COP-W) and Community Integration Program II (CIP II) • Must be nursing home level of care—either skilled or intermediate level of care—as measured by the Functional Screen assessment tool. Community Option Program (COP) • Must be nursing home level of care—either skilled or intermediate level of care—as measured by the Functional Screen assessment tool. • Alzheimer's Disease or related condition or other special eligibility such as chronic mental illness.
ASSESSMENT	
Comprehensive assessment process (including the Functional Screen)	**Type of assessment:** A non-standardized tool, but required for all waiver participants and anyone in LTC with public funding. **Administered by:** Social worker, nurse, or case manager. **Frequency of assessment:** Initially and then annually. **Used for:** PAS, POC, nursing home LOC, and LOC. A section of the assessment process, the Functional Screen, is used to place clients in levels to determine funding eligibility.
REIMBURSEMENT	
Rates	Rates are negotiated based on the cost of services. They are per diem. For FY '01, the approximate rate was $41/day. Case managers decide on the appropriate length of stay. Since rates are negotiated based on services, ADC clients can receive any individualized combination of services based on person's abilities, preferences, interests, medical condition, etc. There is no limit to the social and medical services a particular facility may offer to particular individuals as long as training requirements and certain standards are met.
Rate Setting Process	Set by the county and the facility and it's based on the facility's cost of service.

SERVICES	
Transportation	Reimbursed under the negotiated rate.
Case Management	Reimbursed under the negotiated rate.
Plan of Care	Reimbursed under the negotiated rate.
Family Counseling	Reimbursed under the negotiated rate.
Medication Management	Reimbursed under the negotiated rate.
Nutrition Consultation	Reimbursed under the negotiated rate.
ADL Services/Training	Reimbursed under the negotiated rate.
IADL Services/Training	Reimbursed under the negotiated rate.
Nursing Services	Reimbursed under the negotiated rate.
Skilled Nursing Services	Not reported.
Health Monitoring	Reimbursed under the negotiated rate.
Physical Therapy	Reimbursed under the negotiated rate.
Occupational Therapy	Reimbursed under the negotiated rate.
Speech Therapy	Reimbursed under the negotiated rate.
Other Services Provided under the Reimbursement Rate	Meals; activity programming; exercise; and rest.
Other Services Provided Under an Additional Rate	None.

WYOMING

Program Name: Adult Day Care

Program Description: Wyoming reported that their adult day care program is primarily social, with only a few facilities offering minimal health related services. The ADC program in Wyoming is accessed through the HCBS Medicaid Waiver and the DD Waiver as well as private pay.

Program Data

- For 2001 and 2002, the reported number of facilities statewide was 11, with 9 of them serving DD clients as respite providers.
- For 2001 and 2002, the number of clients served annually was not reported; however, 66 clients were served in ADC through the Waiver in FY '01.
- For 2001 and 2002, the total expenditure for ADC was not reported; however, $116,199.75 was spent on ADC through the HCBS Waiver in FY '01.

PROGRAM MODEL	
Social.	
POPULATION TARGETED	
Adults and individuals with developmental disabilities.	
FACILITIES' LICENSURE STATUS	
Facilities are licensed by the Department of Health.	
FUNDING SOURCES	
Funding Sources	HCBS-Medicaid Waiver and the DD Waiver.
PROGRAM CERTIFICATION OR APPROVAL	
Programs are certified through the Department of Health.	
MONITORING	
Program/Facility	Surveys of facilities are performed annually by the Aging Division. Renewal of their licensure is based on the survey and the plan of correction. Copies of the survey results are sent to the Wyoming Long-Term Care Ombudsman.
MEDICAL ELIGIBILITY CRITERIA	
Program-Specific Eligibility	No ADC specific medical eligibility was reported.
Funding Source Requirements	HCBS Medicaid Waiver • Nursing home level of care which is established by completing the LT101 assessment instrument. A score of 13 or more on this assessment establishes the medical necessity for long-term care. Medical eligibility requirements for other sources of funding were not reported.

ASSESSMENT	
LT101	**Type of assessment:** Statewide comprehensive for the HCBS Medicaid Waiver. **Administered by:** Local public health nurses under contract with the Department of Health, Aging Division. **Frequency of assessment:** Initially and every 6 months or when there is a change in the client's condition. **Used for:** PAS, LOC, and nursing home LOC.
Facility level assessment	**Type of assessment:** Facility level assessment. **Administered by:** ADC staff. **Frequency of assessment:** Within 30 days of entering ADC. **Used for:** POC.
REIMBURSEMENT	
Rates	Rates are per unit. A unit is one hour. In 2001 and 2002, the rate was $5.00 per unit.
Rate Setting Process	Not reported.
SERVICES	
Transportation	Not provided but can be arranged.
Case Management	Not provided but can be arranged if a Waiver client.
Plan of Care	Reimbursed under the set rate.
Family Counseling	Not provided.
Medication Management	Reimbursed under the set rate ONLY for medication assistance.
Nutrition Consultation	Not reported.
ADL Services/Training	Reimbursed under the set rate for assistance with ADLs.
IADL Services/Training	Not provided.
Nursing Services	Not reported.
Skilled Nursing Services	Not reported.
Health Monitoring	Not provided.
Physical Therapy	Not provided.
Occupational Therapy	Not provided.
Speech Therapy	Not provided.
Other Services Provided under the Reimbursement Rate	Meals and social activities.
Other Services Provided Under an Additional Rate	None.

Appendix A

List of State Contacts

Alabama

Director
Dept. of Senior Services
770 Washington Ave., Ste. 470
Montgomery, AL 36130-1851
Phone: 334-242-5743

Supervisor
HCBS Alabama Cares
770 Washington Ave., Ste. 470
Montgomery, AL 36130-1851
Phone: 334-242-5743

Program Administrator
Medicaid Agency
PO Box 5624
Montgomery, AL 36103-5624
Phone: 334-242-5601

Deputy
Department of Public Health
RSA Tower
PO Box 303017
Montgomery, AL 36130
Phone: 334-206-5734

Case Management Consultant
Elderly & Disabled Waiver Program
PO Box 5624
Montgomery, AL 36130
Phone: 334-206-5703

Program Administrator
Medicaid Agency
Policy & Development-LTC Division
PO Box 5624
Montgomery, AL 36130
Phone: 334-242-5584

Alaska

Assistant to Deputy Director
Dept. of Senior Services
3601 C St., Ste. 310
Anchorage, AK 99503-5984
Phone: 907-269-3657

Assistant Director
Dept. of Senior Services
3601 C St., Ste. 310
Anchorage, AK 99503-5984
Phone: 907-269-3681

Arizona

AZ Long Term Care System (ALTCS) Manager
AZ Health Care Cost Containment System
Office of Managed Care
701 E. Jefferson St., MD 6100
Phoenix, AZ 85034
Phone: 602-417-4614

Program Administrator
Dept. of Economic Security
Aging & Adult Administration
1789 W. Jefferson St.
Phoenix, AZ 85007
Phone: 602-542-6579

Arkansas

Elder Choices Support Specialist
ADHS, Aging & Adult Services
1417 Donaghey Plaza So.
PO Box 1437, Slot S530
Little Rock, AR 72203-1437
Phone: 501-682-8506

Program Officer
ADHS, Div. of Medical Services
Office of Long Term Care, S408
PO Box 8059
Little Rock, AR 72203-8059
Phone: 501-682-8487

California

Program Manager
Department of Aging
Adult Day Health Section
2014 Capital Ave., Rm. 203
Sacramento, CA 95814
Phone: 917-322–8737

Division Head
Department of Aging
Adult Day Health Section
1600 K St.
Sacramento, CA 95814
Phone: 916-322-5290

Colorado

Program Administrator
Dept. of Health Care Policy & Financing
1575 Sherman St., 5th Fl.
Denver, CO 80203
Phone: 303-866-5908

Connecticut

Public Assistance Consultant
Dept. of Social Services, Elderly Services Division
25 Sigourney St.
Hartford, CT 06106-5033
Phone: 860-424-5185

Director
Dept. of Social Services, Elderly Services Division
25 Sigourney St.
Hartford, CT 06106-5033
Phone: 860-424-5185

Delaware

Planning Supervisor
Health & Social Services
Div. of Srvs. for Aging & Adults w/Physical Disabilities
1901 N. DuPont Hwy.
New Castle, DE 19720
Phone: 302-557-4791

Florida

Government and Operations Consultant II
Dept. of Elder Affairs
440 Esplanade Way, Ste. 335V
Tallahassee, FL 32399-0700
Phone: 850-414-2343

Georgia

Community Care Service Program Specialist
Dept. of Human Resources
Division of Aging Services
2 Peachtree St.
Atlanta, GA 30303
Phone: 404-657-5306

Hawaii

Program Specialist
Dept. of Human Services
Social Services Division
1390 Miller St.
Honolulu, HI 96813
Phone: 808-586-7754

Idaho

Alternative Care Coordinator
Division of Medicaid
Americana Terrace
PO Box 83720
Boise, ID 83720-0036
Phone: 208-364-1891

Manager
Commission on Aging
Program Operations Unit
PO Box 83720
Boise, ID 83720-0007
Phone: 208-334-3833

Illinois

Bureau Chief
Dept. on Aging
Division of Long Term Care
421 E. Capitol Ave., # 100
Springfield, IL 62701-1789
Phone: 217-785-3356

Program Analyst
Dept. on Aging
Division of Long Term Care
421 E. Capitol Ave., # 100
Springfield, IL 62701-1789
Phone: 217-785-3356

Indiana

Program Officer
Bureau of Aging & In-Home Services
402 W. Washington St.,
PO Box 7083
Indianapolis, IN 46207-7083
Phone: 317-232-5110

Iowa

Legislative Liaison/Executive Officer
Dept. of Elder Affairs
200-10th St., 3rd Fl.
Clemens Bldg.
Des Moines, IA 50309-3609
Phone: 515-242-3333

Kansas

Program Officer
Dept. of Aging
New England Bldg.
503 S. Kansas Ave.
Topeka, KS 66603-3404
Phone: 785-296-3591

Program Evaluation Specialist
Dept. of Aging
New England Bldg.
503 S. Kansas Ave.
Topeka, KS 66603-3404
Phone: 785-296-3591

Kentucky

Medicaid Services Specialist
Dept. of Medicaid Services
275 E. Main St., 6th Fl. W.
Frankfort, KY 40621
Phone: 502-564-5560

Louisiana

Program Manager
Dept. of Health & Hospitals
Bureau of Community Supports & Services
446 North 12th St.
Baton Rouge, LA 70802-4613
Phone: 225-219-0210

Maine

Licensing Manager
Health and Human Services
Bureau of Elder & Adult Services
Div. of Assisted Living Licensing Services
State House Station 11
Augusta, ME 04333
Phone: 207-287-3707

Manager
Health and Human Services
Bureau of Elder & Adult Services
Div. of Assisted Living Licensing Services
State House Station 11
Augusta, ME 04333
Phone: 207-287-9200

Director of Policy and Programs
Bureau of Medical Services
State House Station 11
442 Civic Center Drive
Augusta, ME 04333-0011
Phone: 207-287-3707

Maryland

Chief
Dept. of Health & Mental Hygiene
Div. of Community Long Term Care Services
201 W. Preston St., 5th Fl. Rm. 120
Baltimore, MD 21201
Phone: 410-767-1444

Massachusetts

Program Manager
Health & Human Services Executice Office
ADHS, Div. of Medical Assistance
600 Washington St., 5th Fl.
Boston, MA 02111
Phone: 617-210-5000

Assistant Commissioner
Health & Human Services Executice Office
ADHS, Div. of Medical Assistance
Boston, MA 02111
Phone: 617-210-5000

Michigan

Field Services Supervisor
Office of Services to the Aging
Community Services
PO Box 30676
Lancing, MI 48909
Phone: 517-373-9360

Minnesota

Administrator
Dept. of Human Services
Alternative Care Program Aging & Adult Srvs. Div.
444 Lafayette Rd.
St. Paul, MN 55155-3843
Phone: 651-296-2213

Missouri

Manager
Dept. of Health & Senior Services
Division of Senior Services
PO Box 570
615 Howerton Court
Jefferson City, MO 65102-0570
Phone: 573-526-7867

Manager
Dept. of Social Services
Division of Medical Services
PO Box 570
615 Howerton Court
Jefferson City, MO 65102-1337

Montana

Program Manager
Public Health & Human Services
Senior & Long Term Care Division
PO Box 4210
Helena, MT 59604
Phone: 406-444-4150

Division Head
Public Health & Human Services
Senior & Long Term Care Division
PO Box 4210
Helena, MT 59604
Phone: 406-444-4209

Nebraska

Program Specialist
Dept. of Services
Health & Human Services System
PO Box 95044
Lincoln, NE 68509-5044
Phone: 402-471-9282

Nevada

Program Officer
Dept. of Human Resources
Div. of Health Care Financing & Policy
1100 E. William St., Ste. 102
Carson City, NV 89701
Phone: 775-684-3757

Chief of Continuum of Care
Div. of Health Care Financing & Policy
1100 E. William St., Ste. 102
Carson City, NV 89701
Phone: 775-684-3757

New Hampshire

Long Term Care Nursing Facility Supervisor
Health & Human Services Executice Office
Division of Elderly & Adult Services
129 Pleasant St.
Concord, NH 03301-3857
Phone: 603-271-4685

New Jersey

Supervisor of Medical Day Care & Regulatory Affairs
NJ Department of Health and Senior Services
Office of Waiver & Program Administration
PO Box 807
Trenton, NJ 08625-0807
Phone: 609-588-2903

Regulations Officer
NJ Department of Health and Senior Services
Office of Waiver & Program Administration
PO Box 807
Trenton, NJ 08625-0807
Phone: 609-588-2903

New Mexico

Bureau Director for Planning & Program Operations
Human Services, Medical Assistance
2025 S. Pacheco
PO Box 2348
Santa Fe, NM 87504-2348
Phone: 505-827-3164

New York

Council Director
Adult Day Health Care Council
150 State St., Ste. 301
Albany, NY 12201
Phone: 518-449-2707

Director of Bureau of Home Care /Hospice Surveillance
Department of Health
Corning Tower, Empire State Plaza
Albany, NY 12237

Associate Division Director
Division of Home & Community Based Care
Corning Tower, Empire State Plaza
Albany, NY 12237

Health Program Administrator III
Bureau of Licensing & Certification
Division of Home & Community Based Care
Corning Tower, Empire State Plaza
Albany, NY 12237

North Carolina

Adult Day Care Consultant
Division of Aging
2101 Mail Service Center
Raleigh, NC 27699-2101

Community Alternatives Program Manager
Dept. of Social Services
Division of Medical Assistance
2502 Mail Service Center
Raleigh, NC 27699-2502

North Dakota

Adult Day Care Program Administrator
Dept. of Human Services
Aging Services Division
600 S. Second St., Ste. 1C
Bismarck, ND 58504-5729
Phone: 701-328-8911

Ohio

Quality Management Specialist
Ohio Dept. of Aging
Quality Support Division
50 W. Broad St., 9th Fl.
Columbus, OH 43215-3363
Phone: 614-466-2121

Planner
Ohio Dept. of Aging
50 W. Broad St., 9th Fl.
Columbus, OH 43215-3363
Phone: 614-645-7704

Oklahoma

Programs Administrator
Oklahoma Dept. of Human Services
312 NE 28th St., Ste. 102
Oklahoma City, OK 73105-2804
Phone: 405-521-4214 or 800 498-7995

Oregon

Administrator
Dept. of Human Services
Adult Day Service Program
500 Summer St., NE
Salem, OR 97310-1015
Phone: 503-945-5990

In-Home Supports Program Representative
Seniors and People with Disabilities (SPD)
Department of Human Services
500 Summer St., NE E10
Salem, OR 97301
Telephone: 503-947-5162

In-Home Program Coordinator
Seniors and People with Disabilities (SPD)
Department of Human Services
500 Summer St., NE E10
Salem, OR 97301
Telephone: 503-947-55799

Pennsylvania

Chief
Dept. of Aging
Division of Adult Day Care Licensing
555 Walnut St., 5th Fl.
Harrisburg, PA 17101-1919
Phone: 717-783-6207

Acting Secretary for Aging
Dept. of Aging
Division of Adult Day Care Licensing
555 Walnut St., 5th Fl.
Harrisburg, PA 17101-1919
Phone: 717-783-6207

Rhode Island

Home and Community Coordinator
Dept. of Elderly Affairs
160 Pine St.
Providence, RI 02903
Phone: 401-462-0570

South Carolina

Program Manager
Bureau of Community & Long Term Care
PO Box 8206
Columbia, SC 29202
Phone: 803- 898-2590

Program Coordinator II
Bureau of Community & Long Term Care
PO Box 8206
Columbia, SC 29202
Phone: 803-898-2705

South Dakota

Program Manager
Dept. of Social Services
700 Governors Dr.
Pierre, SD 57501
Phone: 605-773-3656

Tennessee

Program Coordinator
Dept. of Human Services
Adult Day Care Licensing Ctr.
Citizens Plaza Bldg, 14th Fl.
400 Deaderick St.
Nashville, TN 37248-9700
Phone: 615-313-4763

Program Director
Dept. of Human Services
Adult Day Care Licensing Ctr.
Citizens Plaza Bldg, 14th Fl.
400 Deaderick St.
Nashville, TN 37248-9700
Phone: 615-313-4779

Administrator
Alexian Brothers Comm. Svcs.
425 Cumberland St.
Chatanooga, TN 03704
Phone: 423-622-6048

Texas

Community Care Policy Specialist
Dept. of Human Services
Division of Long Term Care Services
PO Box 149030
Austin, TX 78714
Phone: 512-438-2578

Utah

Long Term Care Coordinator
Dept. of Human Services
Division of Aging & Adult Services
PO Box 45500
Salt Lake City, UT 84145-0500
Phone: 801-538-3923

Vermont

Advocacy Program and Policies Consultant
Dept. of Aging and Disabilities
Division of Advocacy & Independent Living
103 So. Main St.
Waterbury, VT 05671
Phone: 802-241-1480

Virginia

Dept. for the Aging
1600 Forest Ave., Ste. 102
Richmond, VA 23229
Phone: 804-662-9341

Program Development Consultant
Dept. of Social Services
Div of Licensing, Theater Row Building
730 E. Broad St., 7th Fl.
Richmond, VA 23219
Phone: 804-692-1793

Supervisor
Waiver Services Unit, LTC & Quality Assurance
Div. of the Dept. of Medical Assist. Srvcs.
600 E. Broad St., Ste. 1300
Richmond, VA 23219
Phone: 804-786-1465

Washington

Program Manager
Dept. of Social and Health Services
Aging & Adult Services Administration
PO Box 45600
Olympia, WA 98504-5600
Phone: 360-725-2553

West Virginia

Director of Community and Alternative Services
Bureau for Medical Services
350 Capital St., Rm. 251
Charleston, WV 25301-3707
Phone: 304-558-6002

Older Americans Act Program Manager
Bureau of Senior Services
1900 Kanawha Blvd., E. Bldg. #10
Charleston, WV 25305-0160
Phone: 304-558-3317

Deputy Commissioner
Bureau of Senior Services
State Capitol Complex
1900 Kanawha Blvd., E. Bldg. 10
Charleston, WV 25305
Phone: 304-558-3317

Wisconsin

Community Options Program Manager
Dept. of Health & Family Services
Div. of Supportive Living
Bureau of Aging & LTC Res.
1 W. Wilson Rm. 450
PO Box 7851
Madison, WI 53707-7851
Phone: 608-267-9719

Wyoming

Home Care Services Program Manager
Dept. of Health, Aging Division
117 Hathaway Bldg.
2300 Capitol Ave.
Cheyenne, WY 82002
Phone: 307-777-7366

Appendix B

Glossary of Terms

Acronyms/Abbreviations
AAA – Area agency on aging
AoA – Agency on aging
AD - Aged and disabled
ADC – Adult day care
ADH –Adult day health
ADHC –Adult day health care
ADHS – Adult day health services
ADL – Activities of daily living
ADRC – Alzheimer's disease and related conditions
ADS – Adult day services
CM – Case manager
DX - Diagnosis
EBD - Elderly, blind, disabled
ED - Elderly and disabled
EW - Elderly Waiver
FE - Frail and elderly
FY –Fiscal year
HCBS – Home and community based services
HX - History
IADL – Instrumental activities of daily living
ICF - Intermediate care facility
LOC – Level of care
LON – Level of need
LOS – Level of service
LTC – Long term care
MD – Medical doctor or doctor of medicine
MDC – Medical day care
MR/RC – Mental retardation and related conditions
NFCSP – National Family Caregiver Support Program
NF-LOC - Nursing facility level of care
NH-LOC – Nursing home level of care
OAA – Older Americans Act
OT –Occupational therapy
PACE – Program of All-inclusive Care for the Elderly
PAS – Pre-admission screen
POC – Plan of care
PT – Physical therapy
RAS – Readmission screen
RN – Registered nurse
RX - Prescription
SNF - Skilled nursing facility
SP – Speech and language pathology
SSBG – Social Security Block Grant
TBI – Traumatic brain injury

Definitions

Adult Day Health Care/Services – A structured, community-based program designed to meet the needs of individuals with functional impairments and other health conditions by providing health, emotional, psychosocial, and other support services (Abraham, 2000; Weaver, 1996). States surveyed referred to adult day health care/services in a variety of ways, including adult day care, adult day services, medical day care, and Medicaid day health. To make the distinction that adult day health services/care is more medical in its service orientation than adult day services would be inaccurate. Some states, as well as the National Adult Day Services Association (NADSA) define adult day services similarly to adult day health care/services (see below for definition).

Adult day services (ADS) - are "community-based group programs designed to meet the needs of functionally and/or cognitively impaired adults through an individual plan of care" (National Adult Day Services Association [NADSA], 2002). These programs provide a variety of health, social, and personal services in a protective setting. Most programs provide activities, meals, social services, personal assistance, and health services; others include nursing and medical services, rehabilitation therapies, counseling, and transportation. ADS vary greatly depending on whether they follow a medical, social or combination model; whether they are dedicated to special populations (e.g., aged, disabled, Alzheimer's care, and developmentally disabled); or whether they are for persons of all ages.

Assessment – We categorized the types of client assessments used by a particular state that relate to adult day health care in the following way:

- **Facility-specific or facility level assessment-** an assessment that is not mandated by the state, but chosen or developed by the facility.
- **Statewide program-specific assessmen**t-an ADHS-specific assessment that the state requires for all ADHS programs/providers to use.
- **Statewide comprehensive assessment** -any assessment used by more than just the ADHS program (i.e., multiple long term care programs) and required to use by the state.

Facility licensure status – The status of an adult day health care center of either being licensed or not by the designated government agency to operate as an ADHS center. Licensure is defined by Weissert and colleagues (1990) as the center meeting the minimum standards put forth by state and local governments.

Funding sources – the sources of funding for adult day health care. For example, this can include funding sources such as the Social Security Block Grant that funds individuals to attend adult day health care or funding sources that fund specific services within ADHC such as the USDA funding meals.

Medical eligibility criteria – medical problems, physical, emotional, or functional impairments and documentation required as criteria to enter an adult day health care center.

Monitoring- One way states provide quality assurance. An evaluation/ assessment/ survey/ observation of the physical facility and/or ADHS program conducted by a State department or an affiliated agency. For example, on-site observations or inspections of the physical facility and/or programmatic monitoring through reviews of client records, eligibility re-assessment, and staffing.

Population targeted–This refers to the population that attends adult day health care in a particular state.

Program certification or approval - This refers to whether an adult day health care program has been certified or has obtained an approval or a contractual agreement from a State Department or Division. Certification usually means a facility voluntarily shows compliance with accepted standards of practice set by professional/service group that exceed minimum standards. Approval means facility is reviewed according to a specific agency's program requirements and standards (eg, space, safety, staffing) and is granted approval to participate in their program and receive funding.

Program model – This refers to the type of model (i.e. medical, social, or combined) centers predominantly operate under in a particular state. The seminal work by Weissert (1976; 1977) that surveyed 10 adult day programs resulted in conceptualizing the programs into the "medical" model (provides rehabilitative therapies) and "social" model (stresses social activities, client function, nutrition and recreation). Conrad and associates (1993) expanded this to include "special purpose" centers (i.e., serve single type of clientele). The present study defined three program models in the following way:

- **Combined model** – This refers to programs that offer both social and health services.
- **Medical model –** This refers to programs that offer primarily health and medical services.
- **Social model** – This refers to programs that offer primarily social and recreational services.

Reimbursement – Fees/funds paid to an adult day health care center by a state agency or Department for services given to eligible recipients.

Services – This refers to the type of services provided within an adult day health care center and may or may not be reimbursed by public funding. The categories used in the present study for service status include:

- **Services "Not provided"** – services that are not provided by an adult day facility and not reimbursed by any of the public funding mentioned in the program profile
- **Reimbursed under the set/negotiated rate** – Services are provided by the center/facility and they are reimbursed under the set/negotiated reimbursement rate.
- **Services "Not provided but can be arranged**"– Centers/facilities don't provide that service but may arrange it for an individual and it is reimbursed.
- **Reimbursed but at an additional/separate rate** – Centers provide the service but it is not reimbursed under the set or negotiated rate, but rather it's reimbursed at an additional rate under another source of funding that may or may not be mentioned.