

Adult Day Service Health & Safety Policy and Adult Day Services Integrated Plan of Care Policy

WELCOME & INTRODUCTION

- Arlene Herron, Office of Community Care Services
- Chrystal Wofford, Office of Planning, Research and Development

ADULT DAY SERVICES INTEGRATED PLAN OF CARE POLICY

- The Centers for Medicare and Medicaid Services (CMS) regulations require that a day center must support "full access" by program participants to the greater community. (42 C.F.R. § 441.301(c)(4)(i))
- CMS has set mandatory requirements regarding person-centered plans of care. ALL waiver services and supports
 must be incorporated into one integrated Plan of Care (POC).
- All ADS providers will collaborate with Care Coordination Units (CCU) and Managed Care Organizations
 (MCO) in developing an integrated person-centered plan care for all Community Care Participants (CCP) by
 utilizing the ADS Addendum template.

THE ROLE OF THE CARE COORDINATION UNIT

- Once the Person-Centered Planning process has been completed by the CCU/MCO and the participant has selected the ADS provider the CCU/MCO will contact the ADS via secure email, fax or phone.
- The CCU will send the ADS Provider the following documentation via secure email or fax within 15 calendar days of the Eligibility Determination Date (Statewide Comprehensive Needs Assessment Form pages pgs. 2&3 Client Demographics, pgs.4&5 Physical Health History and Assessment, pg.8 Behavioral Health: Mini-Mental State Examination & pg.10 Medications, the Plan of Care Notification Form (POCNF) (IL 402-1251 (01/09) and the Participant Agreement (IL 402-1253 (Rev. 05/18)).
- 3. The MCO will send the ADS Provider the following relevant documentation via secure email or fax within 15 calendar days of the Eligibility Determination Date Needs Assessment, Client Demographics, Physical Health History, Behavioral Health (MMSE), Current Medications, Plan of Care and Signed Participant Agreement.
- 4. After the Person-Centered ADS Plan of Care Addendum is completed and signed by the participant, ADS Program Nurse and Program Coordinator/Director, the addendum will be submitted to the CCU/MCO via secure email or fax from the ADS Provider.
- 5. The CCU/MCO will acknowledge receipt of the Person-Centered ADS Plan of Care Addendum with a signature on the designated area located on the bottom of the form.
- 6. The CCU/MCO will return the signed copy of the Person-Centered ADS Plan of Care Addendum to the ADS Provider within **2 business days** via secure email or fax.
- 7. The CCU/MCO will be responsible for ensuring the POCNF and the Person-Centered ADS Plan of Care Addendum is included and located securely in the participant's file.

THE ROLE OF THE ADULT DAY CENTER

- Once the CCU/MCO transmits the above listed documentation (see #2), the ADS staff will review the relevant pages of the POCNF prior to development of the ADS Plan of Care Addendum with the participant. ADS Providers are required to utilize the Person-Centered ADS Plan of Care Addendum to complete the participant's POCNF. No other forms are acceptable.
- 2. The Person-Centered ADS Plan of Care Addendum must be completed **no later than the 4th week** of the participant initiating ADS services.
- 3. Once the Person-Centered ADS Plan of Care Addendum is developed and signed by all parties, the ADS Provider will submit it to the CCU/MCO via secure email or fax within 2 business days.
- 4. The ADS will be responsible for ensuring the copies of the POCNF and the Person-Centered ADS Plan of Care Addendum are located securely in the participant's file.
- 5. The ADS will ensure the participant receives a copy of the completed Person-Centered ADS Plan of Care Addendum.

ADS PLAN OF CARE ADDENDUM

Illinois Department on Aging	reison-centered ADS Flair of Care Addendam	_ never	
Participant Name:	CCP Participant ID#	DOB:	
Existing Health Conditions:			
Participant's Expressed Long-Term Goals:			

Person-Centered ADS Plan of Care Addendum

Date	Domain	Risk/Barrier	Strengths	Goal	Intervention	Outcome Score
	Nutrition e.g. diet, adaptive equipment, grocery shopping					
	Personal Care e.g. grooming, dressing, bathing, incontinence					
	Health e.g. vital monitoring,blood sugar checks, medication administration, breathing treatments					
	Socialization/Activities/ Communication e.g. isolation, cultural considerations, telephoning, translation services, community integration					

Outcome Scores: 1=Goal met. No further intervention needed. Remove from plan.

2=Goal met. Maintain goal until next review.

3=Goal not met. Maintain goal until next review.

4=Goal not met. Remove and/or revise goal.

ADS PLAN OF CARE ADDENDUM (CONT'D)

Date	Domain	Risk/Barrier	Strengths	Goal	Intervention	Outcome Score
	Mobility e.g. lifts, fall risk, ambulation, therapies, assistive devices					
	Cognition/Behavior Health e.g. depressive symptoms, dementia, anxiety, agitation, cognitive simulating activities					
	Safety e.g. wandering, sensory impairments					
	Transportation/Special Needs/Other					
Outcome Sco 1=Goal met. N	ores: o further intervention needed. Remove	from plan. 2=Goal met. Maintain goa	l until next review. 3=Goal not me	et. Maintain goal until next review.	1=Goal not met. Remove and/or revise go	oal.
Participant's	Signature (or Authorized Rep)	Date	Staff Nurs	se Signature	Date	_
CCU/MCO S	ignature (Acknowledgment Only)	Date	ADS Staff	f Signature & Title	Date	IL 402-1197



Adult Day Service Health & Safety Policy

REASON FOR THE ADS HEALTH & SAFETY POLICY

- Result of the 2018 Federal Audit
- ADS policy becomes effective May 1, 2019
- All ADS reviews will be unannounced
- All Administrative Rules can be found here:
 - http://www.ilga.gov/commission/jcar/admincode/089/08900240sections.html
 - SUBPART O: Providers
 - Section 240.1550 Standard Requirements for Adult Day Service Providers
 - Section 240.1555 General Adult Day Service Staffing Requirements
 - Section 240.1560 Adult Day Service Staff
 - Section 240.1565 Adult Day Service Satellite Sites
 - Section 240.1570 Service Availability Expansion
 - Section 240.1575 Adult Day Service Site Relocation

I) STAFFING REQUIREMENTS

ADMINISTRATIVE CODE SECTION 240.1560

a) The ADS must have an individual fulfilling the role of Administrator (as defined in rule) on premises at all times participants are present. This Administrator must be either the Coordinator/Director or a qualified substitute.

Qualified substitute must meet the following requirements:

- i. have a bachelor's degree in health or human services, social or health sciences, physical education, or related field;
- ii. be a Registered Nurse; or
- iii. demonstrate 2 years of progressively responsible supervisory experience in a program serving the elderly for each year of education being replaced (up to 4) in the disciplines defined in subsection (a)(2)(A)(i) which are health or human services, social or health sciences, physical education, or related field.

I) STAFFING REQUIREMENTS CONTINUED

ADMINISTRATIVE CODE SECTION 240.1560

- b) The ADS shall ensure that at least one person on site has access to participant and employee files at all times.
- c) The ADS shall have a program nurse that is a Registered Nurse (RN) licensed by the State of Illinois or Licensed Practical Nurse (LPN) licensed by the State of Illinois under the supervision of an RN and maintain documentation of monthly meetings w/LPN and RN supervisor.
 - 1. The program nurse shall be on duty at least one-half of a full-time (FTE) work period each day when participants are in attendance, either as staff or on a contractual basis; and
 - 2. Shall be full-time, if also serving as the Program Administrator or Program Coordinator/Director and shall meet the qualifications for a program nurse and fulfill responsibilities for all assigned positions.

2) QUALITY OF ADULT DAY SERVICE ENVIRONMENT ADMINISTRATIVE CODE SECTION 240.1550

a) The indoor space of the ADS shall be maintained in good repair and shall provide a safe, comfortable environment for CCP participants.

- I. All walls and surfaces shall be maintained free from lead-based paint and chipped or peeling paint.
- 2. Furniture, equipment, bathroom facilities, and fixtures should not present a hazard to participants and shall be kept in working order.
- 3. The ADS shall be clean and kept in sanitary condition and free from clutter at all times.

2) QUALITY OF ADS ENVIRONMENT CONTINUED

ADMINISTRATIVE CODE SECTION 240.1550

- 4. Medication, supplies, cleaning materials, poisons, sharp scissors, sharp knives, cigarettes, matches, lighters, flammable liquids, and other hazardous materials must be stored in a locked place and shall not be in an area that is accessible to CCP participants
- 5. Exits shall be kept clear of equipment and debris at all times and must be equipped with a functioning monitoring or signaling devices to alert staff to participants leaving the facility unattended.
- 6. There shall be a minimum of 40 square feet of activity area per participant.
- 7. One landline telephone capable of accessing and being located by a 911 emergency response system, if available in the area, shall be immediately available within the participant activity area. A list of emergency numbers shall be posted by the telephone.





2) QUALITY OF ADS ENVIRONMENT CONTINUED ADMINISTRATIVE CODE SECTION 240.1550

- b) The ADS will have an easily identifiable first-aid kit which shall be maintained in an activity area and readily available for use.
 - 1. The supplies for each first-aid kit shall be stored in a closed container that is clearly labeled as first-aid supplies and stored in a place that is accessible to staff at all times.
 - 2. At a minimum, the first aid kit shall contain the following supplies: scissors, adhesive bandages, non-permeable gloves, antiseptic wash, thermometer, sterile gauze pads, adhesive tape, tweezers, and antibiotic cream.
 - 3. First-aid kits shall be restocked after use and an inventory shall be taken at least annually to ensure nothing is expired.
 - 4. This inventory shall be kept on file at the ADS and available for review by IDoA.

2) QUALITY OF ADS ENVIRONMENT CONTINUED

ADMINISTRATIVE CODE SECTION 240.1550

- c) Each ADS shall have a diagram of emergency evacuations routes posted in at least all corridors and common areas and all personnel counted in the staffing ratio on the premises shall be aware of the route.
- d) Effective 5/1/2019, each ADS shall have posted their capacity load in all common areas in the facility.
- e) The ADS shall notify IDoA within 2 business days if the ADS does not have a valid (no findings/violations) State Fire Marshall inspection, if certificate is expired, or changes are made to the facility. IDoA can also request an inspection by the Office of the State Fire Marshall or the local fire department authorized by the State Fire Marshall if IDoA has reason to believe that conditions at the ADS or its premises pose potential health or safety hazards to CCP participants.
- f) Unsupervised participants shall not be allowed in the kitchen if water temperatures are not controlled.
- g) The ADS shall ensure that employees having direct contact with participants are annually educated about: the significant risks (including death) frail older adults face when exposed to the influenza virus; the steps ADS staff can take to minimize the risks of exposure, including immunizations; and the locations of resources within the provider's service area where immunizations are available, highlighting those that offer the vaccination for free or nominal costs. The ADS shall maintain records of employees with direct participant contact who have received or declined influenza vaccine by January 31 of each calendar year.

h) ALL OF THE FOLLOWING MUST BE IMMEDIATELY AVAILABLE UPON REQUEST FROM REVIEWERS: ADMINISTRATIVE CODE SECTION 240.1550

- I. Quarterly log of fire drills.
- 2. Weekly log for the last 3 months of water temperature to ensure that it does not exceed I 19 degrees but not less than 100 degrees Fahrenheit in participant areas and bathroom facilities.

h) ALL OF THE FOLLOWING MUST BE IMMEDIATELY AVAILABLE UPON REQUEST FROM REVIEWERS:

3. IDoA administrative record templates. One for employee records and the other for participant records.



ADS Participant File Requirements

Participant Name:

A) ADS Participant File

Administrative Participant Template (a copy of the template is to be completed and maintained)
Participant agreement

Plan of Care Notification Form (POCNF)

Case notes (previous 12 months)

All correspondence with care coordination unit (previous 12 months)

All correspondence with participant (previous 12 months)

Annually updated participant emergency record

Health monitoring documentation

Updated participant photograph (updated annually from initial photograph)

Person Centered Plan of Care Addendum

Hours of service calendar for adult day service (ADS) times and transportation times

Individualized Back-Up Plan

ADS Participant File Requirements Revised 3/28/2019

h) ALL OF THE FOLLOWING MUST BE IMMEDIATELY AVAILABLE UPON REQUEST FROM REVIEWERS:

- 4. Participant's photo and emergency contact information which must be updated at least annually and dated.
- 5. The signed and dated Person-Centered ADS Plan of Care Addendum established by the Program Coordinator/Director and Program Nurse and may include other staff at the option of the program Coordinator/Director
- 6. The ADS must have on file the first Person-Centered ADS POC Addendum which is to be completed within 4 weeks of participant starting at ADS and their most recent Person-Centered ADS POC Addendum.
- 7. Hours of Service Calendar (HOSC) properly signed and dated by participant or authorized representative.

Acme Home Care Services

Annual Influenza Immunization Information



As an employee of Acme Home Care Services, I have been informed about

Risks

- People over 65 are at high risk of serious flu-related complications because the immune system weakens with age.
- The flu can make long-term health problems worse, even if they are well managed. So, those
 with diabetes, asthma, chronic heart disease, etc., are at higher risk for flu-related
 complications.
- Severe flu disease is typically experienced by people 65 and older, with most flu-related deaths (75-80%) occurring in this age range.

Prevention

- · Wash your hands frequently (soap and water or alcohol-based rub) to protects from germs
- Clean and disinfect often touched surfaces at home and work, especially when someone is ill
- Avoid touching your eyes, nose or mouth
- Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, eat nutritious food
- The single best way to prevent seasonal flu is to get vaccinated each year

and		

h) ALL OF THE FOLLOWING MUST BE IMMEDIATELY AVAILABLE UPON REQUEST FROM REVIEWERS:

8. Documentation supporting that employees are being annually educated about influenza and annual records of employees who received or declined the influenza vaccine.

2) QUALITY OF ADS ENVIRONMENT CONTINUED

ADMINISTRATIVE CODE SECTION 240.1550

- i) The ADS must develop an all hazards disaster operations plan to respond to emergency situations, including, but not limited to, medical emergencies, home or site-related emergencies, participant-related emergencies related to the participant, weather-related emergencies, and vehicle/transportation emergencies.
- j) The ADS is required to report to the Care Coordination Unit (CCU) through the Critical Events Reporting Application (CERA) system any change in the participant's physical/mental/environmental needs that the provider, through the direct service worker/supervisor, has observed, when the change would affect the participant's eligibility or service or would necessitate a change in the person-centered plan of care.
- k) The ADS is required to immediately contact IDoA in all emergencies that directly affect the health, safety and welfare of CCP participants.
- I) Current safety stickers must be displayed on all transportation that is required by Illinois Vehicle Code [625 ILCS 5].

Adult Day Service Integrated Plan of Care/Health & Safety Policy

Questions?

For Integrated Plan of Care: Chrystal.D.Alexander@Illinois.gov

For Health & Safety Policy: aging.occs@Illinois.gov