



29 Washington St
Monroe, MI 48161

734.240.7363
Fax: 734.240.7360
Toll Free
888.354.5500
ext: 7363
mcco@monroemi.org

Jeffrey J. McBee
Director

In-Home Service: Comprehensive Dementia Adult Day Service

Service Name: Adult Day Service

Service Definition: Daytime care for a period of 12 hours or less for a functionally or cognitively impaired older individual conducted in a structured manner providing social, rehabilitative and/or maintenance of care services in a supported group setting outside of the client's home.

Unit of Service: One hour of care provided to a client 60 or older. Units over/under an hour are to be reported in 15-minute increments.

Contract Type: Fee-for-Service

Minimum Requirements:

1. Funded agency must offer Comprehensive Care (Dementia) Adult Day Service (ADS) programs and have the capacity to provide the following services:
 - ❖ Personal care
 - ❖ Specialized transportation: minimally AM/PM service
 - ❖ Dementia specific client centered programming
 - ❖ Staff to client ratio of at least 1:4
 - ❖ Hours of operation/availability:
 - ❖ Monday – Friday (minimally 12 hours per day)
 - ❖ Saturday (Optional)
2. Each program shall establish written eligibility criteria, which will include at a minimum:
 - ❖ Participants must require continual supervision in order to live in their own homes or the home of a primary caregiver.





29 Washington St
Monroe, MI 48161

734.240.7363
Fax: 734.240.7360
Toll Free
888.354.5500
ext: 7363
mcco@monroemi.org

Jeffrey J. McBee
Director

- ❖ Participants must require a substitute caregiver while their primary caregiver is in need of relief, or otherwise unavailable.
- ❖ Participants may have difficulty or be unable to perform activities of daily living (ADLs) without assistance.
- ❖ Participants shall be capable of leaving their residence, with assistance, in order to receive service.
- ❖ Participants would benefit from intervention in the form of enrichment and opportunities for social activities in order to prevent and/or postpone deterioration that would likely lead to institutionalization.

3. Records for each potential client shall include at a minimum:

- ❖ The individual's name, address and telephone number.
- ❖ The individual's age or birth date.
- ❖ Physician's name, address and telephone number.
- ❖ The name, address, and telephone number of the person to contact in case of emergency.
- ❖ Handicaps, as defined by Section 504 of the Rehabilitation Act of 1973, or other diagnosed medical problems.
- ❖ Perceived supportive service needs as expressed by the individual or caregiver.

4. If preliminary screening indicates an individual may be eligible for Adult Day Service, a comprehensive individual assessment of need shall be performed before admission to the program. All assessments shall be conducted in person with caregiver or prospective client.

5. Assessors must attempt to acquire each item of information listed below, but must accept the participants/caregivers right to refuse to provide requested items.

A. Basic Information

- ❖ Sex
- ❖ Marital status
- ❖ Race and/or ethnicity





29 Washington St
Monroe, MI 48161

734.240.7363
Fax: 734.240.7360
Toll Free
888.354.5500
ext: 7363
mcco@monroemi.org

Jeffrey J. McBee
Director

- ❖ Living arrangements
- ❖ Condition of environment
- ❖ Income and other financial resources, by source
- ❖ Expenses
- ❖ Previous occupation(s), special interests and hobbies
- ❖ Religious affiliation

B. Functional Status

- ❖ Vision
- ❖ Hearing
- ❖ Speech
- ❖ Oral status (condition of teeth, gums, mouth and tongue)
- ❖ Protheses
- ❖ Psychosocial functioning
- ❖ Cognitive functioning
- ❖ Difficulties in activities of daily living
- ❖ History of chronic and acute illnesses
- ❖ Medication regimen (RX, OTC, supplements, herbal remedies), and other physician orders
- ❖ Nutrition Risk Assessment, including eating pattern (diet history) and special dietary needs

C. Supporting Resources

- ❖ Physician's name, address and telephone number
- ❖ Pharmacist's name, address and telephone number
- ❖ Services currently receiving or received in the past
- ❖ Extent of family and/or informal support network
- ❖ Hospitalization history
- ❖ Medical/health insurance information
- ❖ Long term care insurance
- ❖ Clergy name, address and telephone number





29 Washington St
Monroe, MI 48161

734.240.7363
Fax: 734.240.7360
Toll Free
888.354.5500
ext: 7363
mcco@monroemi.org

Jeffrey J. McBee
Director

- ❖ Emergency contact information (DNR if applicable)

This information must accompany participants transported to and from the day care for field trips. This emergency information must include the person(s) to be contacted in case of an emergency; the clients' hospital affiliation; and any medical data that should be available (e.g., diabetic, epileptic)

6. A service plan shall be developed for each individual admitted to an Adult Day Service program. The service plan must be developed in cooperation with and be approved by the client, the client's guardian, or any other designated representative. The service plan shall contain at a minimum:
 - ❖ A statement of the participant's problems, needs, strengths, and resources.
 - ❖ A statement of the goals and objectives for meeting identified needs.
 - ❖ A description of methods and/or approaches to be used in addressing needs.
 - ❖ Identification of basic and optional program services to be provided.
 - ❖ Treatment orders of qualified health professionals, when applicable.
 - ❖ A statement of medications being taken while in the program.
 - ❖ A photograph of the client should be attached to the medication schedule
7. Each program shall have a written policy/procedure to govern the development; implementation and management of service care plans. Each participant is to be reassessed every three months to determine the results of implementation of the service plan. If observation indicates a change in client status, a reassessment may be necessary before three months have passed.
8. Written service plans for each ADS participant must be in place within ten (10) working days after the participant's admission.





29 Washington St
Monroe, MI 48161

734.240.7363
Fax: 734.240.7360
Toll Free
888.354.5500
ext: 7363
mcco@monroemi.org

Jeffrey J. McBee
Director

9. Three (3) month reassessments must be documented with date and signature of reviewer on the care plan.
10. Each program shall maintain comprehensive and complete client files, which include at a minimum:
 - ❖ Details of participant's referral to adult day service program.
 - ❖ Intake-records.
 - ❖ Daily charting of activity
 - ❖ Assessment of individual need or copy of assessment (and reassessments) from referring program.
 - ❖ Service plan (with notation of any revisions).
 - ❖ Listing of participant contacts and attendance.
 - ❖ Progress notes in response to observations (at least monthly).
11. Progress notes shall be written regularly in order to reflect changes in the participants' status and progress made toward the goals established by the care plan.
12. Treatment notes and records of significant events must be written daily in compliance with professional standards.
13. An interdisciplinary progress note must be written at the time of care conference. This note(s) must reflect the client's progress towards goals from the perspectives of all disciplines.
14. Progress notes should be signed and dated by the caregiver daily.
15. Notation of all medications taken on premises including: 1) the medication; 2) the dosage; 3) the date and time; 4) initials of staff person who assisted; and 5) comments.
16. Notation of basic and optional services provided to the client.
17. Notation of any and all release of information about the client, signed release of information form, and all client files shall be kept confidential





29 Washington St
Monroe, MI 48161

734.240.7363
Fax: 734.240.7360
Toll Free
888.354.5500
ext: 7363
mcco@monroemi.org

Jeffrey J. McBee
Director

in controlled access files. Each program shall use a standard release of information form, which is time-limited and specific as to the information being released.

18. A description of accidents or illnesses occurring while the individual is at the ADS facility, or participating in an off-site, sponsored activity. The record should state the date, time and condition under which the incident occurred, and the action taken.
19. Each adult day service program shall provide directly or make arrangements for the provision of the following services. If arrangements are made for provision of any service at a place other than program operated facilities, a written agreement specifying supervision requirements and responsibilities shall be in place.
 - ❖ Transportation
 - ❖ Personal care
 - ❖ Nutrition: one hot meal per eight-hour day, which provides one-third of recommended daily allowances and follows the meal pattern of the general requirements for nutrition programs. Participants in attendance from eight to twelve hours shall receive an additional meal to meet combined two thirds of the recommended daily allowances. Modified diet menus should be provided, where feasible and appropriate, which take into consideration client choice, health, religious, and ethnic diet preferences. Meals shall be acquired from a congregate meal provider where possible and feasible.
 - ❖ The ADS provider is required to assess and document the nutritional needs of the participant and provide this information to the nutrition contractor as requested.
 - ❖ Recreation: consisting of planned activities suited to the needs of the client and designed to encourage physical exercise, to maintain or restore abilities and skill, to prevent deterioration, and to stimulate social interaction.
20. Each adult day service program may provide directly or make arrangements for the provision of the following optional services. If arrangements are made for provision of any service at a place other than





29 Washington St
Monroe, MI 48161

734.240.7363
Fax: 734.240.7360
Toll Free
888.354.5500
ext: 7363
mcco@monroemi.org

Jeffrey J. McBee
Director

program-operated facilities, a written agreement specifying supervision requirements and responsibilities shall be in place.

- ❖ Rehabilitative: physical, occupational, speech and hearing therapies provided under order from a physician by licensed practitioners.
- ❖ Medical support: laboratory, x-ray, pharmaceutical services provided under order from a physician by licensed professionals.
- ❖ Services within the scope of the Nursing Practice Act (P.A. 368 of 1978).
- ❖ Dental: under the direction of a dentist.
- ❖ Podiatric: provided or arranged for under the direction of a physician.
- ❖ Ophthalmologic: provided or arranged for under the direction of an Ophthalmologist.
- ❖ Health counseling.

21. Each program shall establish written policies and procedures to govern the assistance to be given participants in taking medications while participating in the program, the policies and procedures must address:

- ❖ Written physician orders
- ❖ Verification of medication regimen including prescriptions and dosages.
- ❖ Training and authority of staff to assist clients in taking medications.
- ❖ Procedures for medication set up.
- ❖ Secure storage of medications belonging to and brought in by participants.
- ❖ Disposal of unused medications
- ❖ Instructions for entering medication information in client files, use of client photo on chart and times and frequency of assistance.





29 Washington St
Monroe, MI 48161

734.240.7363
Fax: 734.240.7360
Toll Free
888.354.5500
ext: 7363
mcco@monroemi.org

Jeffrey J. McBee
Director

22. Each provider shall establish a written policy/procedure for discharging individuals from the program, which includes, at a minimum, one or more of the following:

- ❖ The participant's desire to discontinue attendance.
- ❖ Improvement in the participant's status so that they no longer meet eligibility requirements.
- ❖ An increase in the availability of caregiver support from family and/or friends.
- ❖ Client becomes unsuitable for the program
- ❖ Permanent institutionalization of client.
- ❖ When the program becomes unable to continue to serve the client and referral to another provider is not possible.

23. Staffing

- ❖ Each ADS program shall employ a full-time program director with a minimum of a bachelor's degree in a health or human services field or be a qualified health professional. The program shall continually provide support staff at a ratio of no less than one staff person for each four (4) participants. Health support services may be provided only under the supervision of a registered nurse. If the program acquires either required or optional services from other individuals or organizations, it shall be accomplished through a written agreement, which clearly specifies the terms of the arrangement.
- ❖ It is strongly recommended that personal care staff and volunteers have annual two-step mantoux TB test and/or chest x-ray results documented in the employee file.
- ❖ Program staff shall be provided with an orientation training, which includes, in addition to the topics specified in the general requirements for all service programs, assessment/observation skills, and basic first aid.
- ❖ Programs transporting clients riding in wheelchairs must ensure the wheelchair is belted into the van/bus and the





29 Washington St
Monroe, MI 48161

734.240.7363
Fax: 734.240.7360
Toll Free
888.354.5500
ext: 7363
mcco@monroemi.org

Jeffrey J. McBee
Director

client is belted into the chair. Both types of restraints are required.

24. Each ADS program shall have first-aid supplies available at the ADS center. A staff person certified in first-aid procedures, including CPR and AED must be present at all times participants are in the ADS center. AED machine must be present on site at all times and programs must provide training and annual refresher to certified staff on use of AED equipment.
25. Procedures to be followed in emergency situations (e.g., fire, severe weather) shall be posted in each room of the ADS center. Practice drills of emergency procedures shall be conducted once every six (6) months. The program shall maintain a record of all practice drills.
26. Each ADS day care center shall have the following furnishings:
 - ❖ At least one straight back chair for each participant and staff person.
 - ❖ Lounge chairs and/or day beds as needed for naps and rest periods.
 - ❖ Storage space for participants' personal belongings.
 - ❖ Tables for both ambulatory and non-ambulatory participants.
 - ❖ A telephone, which is accessible to all participants.
 - ❖ Special equipment as needed to assist persons with disabilities.
 - ❖ All equipment and furnishings in use shall be maintained in safe and functional condition.
27. Each day care center shall demonstrate that it is in compliance with fire safety standards and the Michigan food code.
28. Programs must service the Monroe county area.
29. Programs must serve residents age 60 and older.

