

173-3-06.1

**Adult day service.****(A) Definitions:**

- (1) "Adult day service" ("ADS") means a non-residential, community-based service ordered through an individualized care plan to encourage optimal capacity for self-care or maximizes functional abilities by meeting the needs of a consumer who has functional or cognitive impairments.
- (2) "Direct-care staff" means an employee of an ADS facility who has direct, face-to-face contact with a consumer.

**(B) Minimum requirements for an ADS:****(1) In general:**

(a) Levels of ADS: A provider shall only provide an ADS at a level that the AAA authorizes and that is agreeable to the provider. The required components of the three levels of ADS are presented below and in "Table 1" to this rule:

(i) Basic ADS shall include structured activity programming, health assessments, and the supervision of one or more ADL.

(ii) Enhanced ADS shall include the components of basic ADL, plus hands-on assistance with one or more ADL (bathing excluded), supervision of medication administration, hands-on assistance with medication administration, comprehensive therapeutic activities, intermittent monitoring of health status, hands-on assistance with personal hygiene activities (bathing excluded), and skilled nursing services (e.g., dressing changes).

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

**Table 1: LEVELS AND COMPONENTS OF ADS**

	<u>BASIC ADS</u>	<u>ENHANCED ADS</u>	<u>INTENSIVE ADS</u>
<u>Structured activity programming</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
<u>Health assessments</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>

<u>Supervision of ADLs</u>	<u>One or more ADL</u>	<u>One or more ADL</u>	<u>All ADLs</u>
<u>Hands-on assistance with ADLs</u>	<u>No</u>	<u>Yes, one or more ADL (bathing excluded)</u>	<u>Yes, minimum of two ADLs (bathing included)</u>
<u>Hands-on assistance with medication administration</u>	<u>No</u>	<u>Yes</u>	<u>Yes</u>
<u>Comprehensive therapeutic activities</u>	<u>No</u>	<u>Yes</u>	<u>Yes</u>
<u>Monitoring of health status</u>	<u>No</u>	<u>Intermittent</u>	<u>Regular</u>
<u>Hands-on assistance with personal hygiene activities</u>	<u>No</u>	<u>Yes (bathing excluded)</u>	<u>Yes (bathing included, as needed)</u>
<u>Social work services</u>	<u>No</u>	<u>No</u>	<u>Yes</u>
<u>Skilled nursing services</u>	<u>No</u>	<u>Yes</u>	<u>Yes</u>
<u>Rehabilitative services</u>	<u>No</u>	<u>No</u>	<u>Yes</u>

(b) Transportation: The provider shall transport each consumer to and from the ADS facility by performing a transportation service that complies with rule 173-3-06.6 of the Administrative Code, unless the provider enters into a contract with another provider who complies with rule 173-3-06.6 of the Administrative Code, or unless the family caregiver provides or designates another person or non-provider to transport the consumer to the ADS facility.

(c) Initial assessment: The provider shall conduct an initial assessment of each consumer. The provider shall do so no later than the end of each consumer's second day of attendance, unless the consumer is enrolled in care coordination and was assessed by the AAA no more than thirty days before the first day of ADS at the provider's facility. The initial assessment shall contain the consumer's:

(i) Functional and cognitive profile, which includes identification of the consumer's ADLs and IADLs that require attention or assistance by the provider; and,

- (ii) Social profile (e.g., the consumer's social activity patterns, major life events, community services, family caregiver data, formal and informal support systems, and behavior patterns).
- (d) Health assessment: A physician, RN, or LPN under the direction of an RN shall perform a health assessment of each consumer no later than thirty days after the consumer's initial attendance at the ADS facility or before the consumer receives the first ten units of service at the ADS facility, whichever comes first. In the health assessment, the physician, RN, or LPN under the direction of an RN shall, at a minimum, include the consumer's psychosocial profile and identification of the consumer's risk factors, diet, and medications. If the health assessment is performed by a physician, the provider shall document the physician's name and phone number.
- (e) Individualized care plan: A physician, RN, or LPN under the direction of an RN shall draft an individualized care plan for each consumer no later than thirty days after the initial attendance at the ADS facility or before the consumer receives the first ten units of service at the ADS facility, whichever comes first. The care plan shall describe the consumer's:
  - (i) Interests, preferences, and social rehabilitative needs;
  - (ii) Health needs;
  - (iii) Specific goals and how ADS should help meet those goals; and,
  - (iv) Level of involvement in the drafting of the care plan, and, if the consumer has a family caregiver, the family caregiver's level of involvement in the drafting of the care plan.
- (f) Physician authorizations: Before administering any medications to the consumer or before providing nursing services, therapeutic meals, nutrition consultations, or therapeutic services to the consumer in the ADS facility, the provider shall obtain an authorization from a physician. The provider shall obtain a new physician authorization at least every ninety days.
- (g) Interdisciplinary care conference: For each consumer, the provider shall conduct an interdisciplinary care conference between ADS staff members at least every six months. The provider shall invite the consumer to the conference. If the consumer has a family caregiver, the provider shall invite the family caregiver to the conference. If the AAA is providing care coordination services to the consumer, the provider shall also invite a representative from the AAA to participate in the conference. The provider shall document the decisions of the

conference.

(h) Activities: The provider shall post daily and monthly planned activities in prominent locations throughout the facility.

(i) Lunch and snacks:

(i) The provider shall provide lunch and snacks to each consumer who is present during mealtime or snacktime.

(ii) The provision of lunch and snacks shall comply with the meal service requirements of rule 173-4-05 of the Administrative Code.

(j) Records: For each service performed, the provider shall document the consumer's name; service date, arrival time, and departure time; consumer's mode of transportation to and from the ADS facility; service description, including the level of ADS authorized, the level of ADS performed, and if the two are different, the reason why they are different; service units; name of direct-care staff in contact with the consumer; the provider's signature; and the consumer's signature.

(2) Physical facility: The provider shall only perform an ADS in a facility that:

(a) Has a separate, identifiable space for ADS staff and ADS activities available during all hours in which an ADS activities are performed in that facility, if the facility in which ADS is performed also houses programs for services other than ADS;

(b) Complies with the accessibility guidelines of the "Americans with Disabilities Act," 45 C.F.R., Part 36;

(c) Has at least sixty square feet per consumer, excluding hallways, offices, rest rooms, and storage areas;

(d) Has a locked area in which the provider stores consumers' medications that the provider administers at a temperature that meets the storage requirements of the medications;

(e) Has an area that is inaccessible to consumers in which the provider shall keep any toxic substances present in the facility;

(f) Has at least one toilet for every ten ADS consumers present and at least one wheelchair-accessible toilet; and,

(g) Has bathing facilities suitable to the needs of individual consumers, if the provider provides intensive ADS.

(3) Emergency safety plan: The provider shall:

(a) Have an emergency safety plan and shall review it annually.

(b) Post evacuation procedures in prominent locations throughout the facility.

(4) Evacuation drills: The provider shall conduct an evacuation drill from the facility at least quarterly while consumers are present and shall document the completion of each drill.

(5) Fire extinguishers and smoke alarms:

(a) The provider shall have fire extinguishers and smoke alarms in the ADS facility and shall provide routine maintenance to them.

(b) At least annually, the provider shall conduct an inspection of the fire extinguishers and smoke alarms and shall document the completion of each inspection.

(6) Staffing levels:

(a) The provider shall have two staff members present whenever more than one consumer is present, including one who is a paid direct-care staff member and one who is certified in CPR;

(b) If the provider offers basic ADS, the provider shall have one RN or LPN under the direction of an RN present for a minimum of eight hours a month; and,

(c) If the provider offers enhanced or intensive ADS, the provider shall have one RN or LPN under the direction of an RN present when consumers are in attendance for a minimum of eight hours per month plus any additional time required for a consumer who requires the services of an RN or LPN under the direction of an RN for a service that is under the scope of practice for the RN or LPN under the direction of an RN.

(d) Activities staff:

(i) The provider shall employ at least one staff person who meets the qualifications of paragraph (B)(7)(b) of this rule to direct consumer activities.

(ii) If the provider employs a second activity staff person to lead or assist consumer activities, the second person shall meet the qualifications of paragraph (B)(7)(c) of this rule.

(7) Staff qualifications: The provider shall only permit a person to be an ADS staff member if:

(a) Every RN, LPN under the direction of an RN, social worker, physical therapist, physical therapy assistant, speech therapist, dietician, occupational therapist, or occupational therapy assistant planning to practice as a direct-care staff member possesses a current, and valid license to practice in their profession;

(b) The activity staff person who directs consumer activities has one of the following:

(i) Meets the qualifications required to direct consumer activities in a nursing home under paragraph (G) of rule 3701-17-07 of the Administrative Code;

(ii) Possesses a baccalaureate or associate degree in recreational therapy or a related degree;

(iii) Has at least two years of experience as an activity director or activity coordinator in a related position.

(c) The activity staff person who leads or assists consumer activities:

(i) Possesses a high school diploma or GED; or,

(ii) Has at least one year of experience providing personal care activities or recreational services under the direction of a licensed or certified health care professional.

(d) Each direct-care staff member not otherwise mentioned in paragraphs (B)(7)(a) to (B)(7)(c) of this rule possesses a high school diploma or GED; a certification of completion of a vocational program in a health and human services field; or a minimum of two years of employment experience in providing or assisting with personal care services or social activities; and,

(e) Each transportation staff member meets the qualifications under rule 173-3-06.6 of the Administrative Code.

(8) Initial training: Before each new direct-care staff member provides an ADS, the provider shall provide the following training and document the staff member's completion of:

(a) Orientation training on the expectation of employees, the employee code of conduct, an overview of personnel policies, incident reporting

procedures, agency organization and lines of communication; and emergency procedures;

(b) Task-based instruction. In the documentation of a staff member's completion of this training, the provider shall include the instructor's title, qualifications, and signature; the date and time of instruction; the content of the instruction; and the name and signature of the direct-care staff member completing the instruction; and,

(c) Training in universal precautions for infection control procedures.

(9) Continuing education: Each direct-care staff person shall complete at least eight hours of in-service or continuing education on appropriate topics each calendar year, unless the staff person holds a professional certification that requires at least the same number of hours in order to maintain the certification. The provider shall document the staff member's completion of the continuing education by documenting the instructor's title, qualifications, and signature; the date and time of instruction; the content of the instruction; and the direct-care staff member's name and signature.

(10) Performance reviews: The provider shall complete a performance review of each staff member in relation to the job description for the staff member. The provider shall document the job description and the performance review.

(C) Units of service:

(1) Units of ADS are calculated as follows:

(a) Less than four hours of ADS per day is a half-unit of ADS.

(b) Four to eight hours of ADS per day is one unit of ADS.

(c) Every fifteen minutes of ADS provided beyond eight hours in one day is a fifteen-minute unit.

(2) A provider shall not bill the AAA for more than twelve hours of ADS per day per consumer.

(3) A unit of ADS does not include a transportation service, as defined by rule 173-3-06.6 of the Administrative Code, even if the transportation service is provided to transport the consumer to or from the ADS facility.

Effective:

R.C. 119.032 review dates:

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Certification

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Date

Promulgated Under:  
Statutory Authority:

119.03  
173.02; 173.04; 173.392; Section 305 (a)(1)(C) of the  
Older Americans Act of 1965, 79 Stat. 210, 42 U.S.C.  
3001, as amended in 2006; 45 C.F.R. 1321.11

Rule Amplifies:

173.04; 173.392, ; Section 321 of the Older Americans  
Act of 1965, 79 Stat. 210, 42 U.S.C. 3001, as amended  
in 2006