

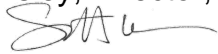


STATE OF MICHIGAN

GRETCHEN WHITMER  
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
LANSING

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DIRECTOR

**DATE:** October 10, 2023  
**TO:** Area Agencies on Aging (AAA) Directors  
**FROM:** Scott Wamsley, Director, Bureau of Aging, Community Living, and Supports   
**SUBJECT:** Approved C-1 Adult Day Services (ADS)

### **TRANSMITTAL LETTER #2023-505**

The Behavioral and Physical Health and Aging Services Administration, Bureau of Aging, Community Living, and Supports (ACLS Bureau), is issuing this Transmittal Letter (TL) to provide guidance regarding the updated C-1 Adult Day Services Standard for Service Programs and the removal of Standard C-2 Dementia Adult Day Care. The Commission on Services to the Aging approved these updates on May 19, 2023, and took effect on October 1, 2023. A copy of the updated standard is attached.

#### **Approved Operating Standard for Service Programs**

##### **C-1 Adult Day Services**

The revised standard, hereafter referred to as C-1 ADS Operating Standard for Service Programs, is an updated and combination of the previous C-1 and C-2 Operating Standards for Service Programs, encompassing dementia into the adult day service to ensure all providers are dementia-capable. All existing ADS providers should carefully review the revised standard to ensure the ability to adhere to the requirements, including the new staffing ratio.

Key updates include:

- A minimum staffing ratio of one staff to every five participants, with a requirement for two or more staff when two or more participants are in the facility.
- Training requirements around a variety of topics, including training on dementia and Alzheimer's disease, diversity, equity, and inclusion, first aid/CPR, and record keeping.
- Requiring providers to develop and maintain a medication management policy.
- Guidance around programs and activities for participants.
- Flexibility to allow some hybrid services or activities.
- Requiring programs to complete a baseline Modified Caregiver Strain Index (MCSI) for caregivers.

AAAs should work with existing providers to ensure the providers understand and can comply with the standard. AAAs may allow the provider to submit a plan to comply within an agreed upon time, not to exceed six months. Additionally, a transition plan may be

created and implemented to allow time for a request for proposal cycle if the existing provider is unable to meet the new requirements.

Questions should be directed to Lacey Charboneau, Caregiver Specialist, at [charboneaul2@michigan.gov](mailto:charboneaul2@michigan.gov).

Attachment

SW:lc

c: Meghan Groen, Senior Deputy Director, Behavioral and Physical Health and Aging Services  
Operations & Aging Network Support Division  
Kristina Leonardi, Director, Aging & Community Services Division  
Health Promotion & Active Aging Section

## VIII. COMMUNITY

<b>Service Name</b>	Adult Day Services
<b>Service Number</b>	C-1
<b>Service Category</b>	Community
<b>Service Definition</b>	<p>Daytime care of any part of a day but less than 24-hour care for adults with functional and/or cognitive impairment, including dementia provided through a structured program of social and rehabilitative and/or maintenance services in a supportive group setting other than the participant's and/or caregiver's home.</p> <p>Adult Day Services (ADS) provide meaningful activity, socialization, and enrichment opportunities for eligible participants to help; maximize optimal functioning, promote community living for as long as possible and delay placement into nursing home or other institutional settings.</p> <p>Adult Day Services provide respite to caregivers.</p>
<b>Unit of Service</b>	15 minutes of care provided per participant

### Minimum Standards

1. Each program shall establish written eligibility criteria, which will include at a minimum that participants:
  - a) May require ongoing supervision in order to live in their own homes or the home of a primary caregiver
  - b) May require a substitute caregiver while their primary caregiver needs relief, or is otherwise unavailable
  - c) May have difficulty or be unable to perform activities of daily living (ADLs) without assistance
  - d) May be socially isolated, lonely and/or distressed as the result of declining social activity
  - e) May have frequent hospitalizations or emergency room visits
  - f) May be at risk of placement into an institutional setting due to functional level and/or caregiver stress/burnout
  - g) May have a dementia related diagnosis, display symptoms of a dementia, or are living with a chronic health condition. A physician's diagnosis is recommended
  - h) Must be capable of leaving their residence, with assistance, in order to receive Adult Day Services
  - i) May 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

2. Each program shall have uniform preliminary screening procedures and maintain consistent records. Such screening may be conducted over the telephone or virtually. Records for each potential participant shall include at a minimum:
  - a) The individual's name, address, and telephone number
  - b) The individual's age or birth date
  - c) The name, address, and telephone number of the emergency contact.
  - d) Disabilities, or other diagnosed medical conditions
  - e) Perceived supportive service needs as expressed by the participant and/or caregiver
  - f) Race, gender identity (optional at preliminary screen)
  
3. If preliminary screening indicates an individual may be eligible for Adult Day Services, a comprehensive individual assessment of need shall be performed before or at the time of admission to the program. All assessments shall be conducted face to face. Assessors must attempt to acquire and/or verify each item of information listed below, but must also recognize, and accept the participant's right to refuse to provide requested items.
  - a) Basic Information
    1. Individual's name, address, and telephone number
    2. Date of birth
    3. Sexual orientation, gender identity
    4. Marital status
    5. Race and/or ethnicity
    6. Living arrangements
    7. Condition of home environment, if known
    8. Income and expenses, by source
    9. Previous occupation(s), special interests, and hobbies
    10. Religious affiliation (optional)
    11. Emergency contact(s)
    12. Medical/health insurance and long-term care insurance information
    13. Guardianship documents, if applicable
  
  - b) Functional Status
    1. Vision
    2. Hearing
    3. Speech
    4. Oral status (condition of teeth, gums, mouth, and tongue)
    5. Prostheses
    6. Psychosocial functioning
    7. Cognitive functioning
    8. Difficulties with activities of daily living (ADLs) and instrumental activities of daily living (IADLs)
    9. History of chronic and acute illnesses
    10. List of medications (prescription, over the counter, supplements, herbal remedies)
    11. Physician orders, if applicable
    12. Eating patterns (diet history) and special dietary needs

c) Supporting Resources

1. Physician's name, address, and telephone number
2. Preferred pharmacy name, address, and telephone number
3. Services currently receiving
4. Extent of family and/or informal support network
5. Hospitalization history
6. Preferred hospital
7. Faith-based support contact name and telephone number

d) Need Identification

1. Participant perceived
2. Caregiver perceived
3. Assessor perceived

e) Admission to the program may be determined through assessment, a trial visit, or recommendation/referral.

f) Caregiver Information and Assessment

Each program shall complete a baseline Modified Caregiver Strain Index (MCSI) and NAPIS form. The MCSI and NAPIS information shall be updated on a yearly basis.

4. 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 participant, the participant's guardian, or designated representative. The service plan shall contain at a minimum:

- a) A statement of the participant's needs, strengths, and resources
- b) A statement of the goals and objectives for meeting identified needs
- c) A description of methods and/or approaches to be used in addressing needs
- d) Identification of standard and optional program services to be provided
- e) Treatment orders of qualified health professionals, when applicable
- f) A statement of medications being administered to participant or that the participant is reminded to take while in the program
- g) Persons demonstrating significant impairments in cognition, communication and personal care activities of daily living may require one of more of the following:
  1. Modifications in environmental cues, communication approach, and task breakdown to enhance comprehension and participation in identified activities
  2. Supervision to maintain personal safety
  3. Hands-on assistance to perform activities of toileting, grooming, and hygiene

Each program shall have a written policy/procedure to govern the development, implementation, and management of service plans. Each participant is to be reassessed every six months to determine the results of implementation of the service plan. If observation indicates a change in participant status, a reassessment may be necessary before six months have passed.

5. Each program shall maintain comprehensive and complete participant files, to be kept confidential and in controlled access storage, which include at a minimum:
  - a) Details of participant's referral to Adult Day Services
  - b) Emergency contact
  - c) Recent photograph of participant
  - d) Information gathered from preliminary screening
  - e) Assessment of participant's need or copy of assessment (and reassessments) from the referring program, if applicable
  - f) Service plan with notation and date of any revisions
  - g) Record of participant attendance
  - h) Monthly progress notes of participant status indicating maintenance, decline, or improvement
  - i) Documentation of all medications taken on premises, including:
    1. The name of each medication
    2. The dosage, frequency, and time each medication is to be taken
    3. Actual time each medication dosage is taken and initials of staff person administering or reminding
    4. Reason given by the participant if refused
    5. Reason for each administration of prescribed PRN medication
    6. Medications must be administered from original pharmacy labeled package
  - j) Documentation of standard and optional services provided to the participant
  - k) Each program shall have a signed release of information form that is time-limited and specific to the information being released
  
6. Each Adult Day Service shall provide directly or arrange for the provision of the following standard services for the participant.
  - a) Transportation
  - b) Personal care: consisting of assistance with ADLs as specified in the participant service plan
  - c) Program/Activities: An array of planned activities suited to the needs and preferences of the participants designed to encourage physical exercise, maintain, or restore abilities, prevent deterioration, and offer social interaction. Activity choices should be person-centered and allow for each individual to decide whether or not to participate. If a participant declines an activity, an alternative should be offered.
  - d) 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*. Snacks will be made available. Participants in attendance from eight to 14 hours shall receive an additional meal or snacks that meet required nutrition standards. Modified diet menus should be provided, where feasible and appropriate, which take into consideration participant choice, health, religious and ethnic diet preferences. Meals may be acquired from a congregate meal provider where possible and feasible.
    1. For meal provision within the Adult Day Services setting, Title III-C-1 (OAA congregate meal funding) and state congregate meal funding may only be used as specified in the ACLS Bureau Operating Standards for Services Programs General Requirements for Nutrition Service Programs and C-3 Congregate Meals Service Standard

- e) The program shall demonstrate awareness of and offer referrals to other caregiver supports and services as needed.
7. Each Adult Day Service may provide directly or arrange for the provision of the following optional services for the participant. 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.
- a) Rehabilitative: physical, occupational, speech and hearing therapies provided under order from a physician by licensed practitioners
  - b) Medical support: laboratory, x-ray, pharmaceutical services provided under order from a licensed professional
  - c) Nursing services: provided by a licensed R.N. or by a licensed L.P.N. under R.N. supervision, or by another staff person under R.N. direction and supervision
  - d) Dental: under the direction of a dentist
  - e) Podiatric: provided or arranged for under the direction of a physician
  - f) Ophthalmologic: provided or arranged for under the direction of an ophthalmologist
8. Each ADS program shall establish a written policy for medication management and must designate which staff are trained and authorized to administer medications. The medication management policy, which must include a medication training program, must be approved by a registered nurse, physician, or pharmacist. Licensed nurses are required to oversee medication administration but administering medications can be a delegated task performed by trained staff. The written policy shall also contain the following:
- a) Written consent from the participant, or participant's guardian, or designated representative, for assistance when taking medications
  - b) Verification of medication regimen, including prescriptions and dosages
  - c) Training and authority of staff to assist participants in taking medications
  - d) Procedures for medication set up
  - e) Secure storage of medications belonging to and brought in by participants.
  - f) Proper disposal of unused medications
  - g) Instructions for entering medication information in participant files, including times and frequency of assistance
9. Each provider shall establish a written policy/procedure for discharging individuals from the program that includes, at a minimum, one or more of the following:
- a) The participant's desire to discontinue attendance
  - b) Improvement in the participant's status so that they no longer meet eligibility requirements
  - c) An increase in the availability of caregiver support from family and/or friends.
  - d) Permanent institutionalization of participant
  - e) When the program becomes unable to continue to serve the participant

10. Each program shall employ a program director/manager with a minimum of a bachelor's degree or applicable knowledge and experience.
11. At least two staff members must be present on the premises whenever two or more participants are in the ADS facility. Volunteers may be counted towards the staffing minimums if they have received the same level of training as paid staff. The program shall continually provide support staff at a minimum of one staff person for each five participants.
12. Program staff shall be provided with an orientation training that includes topics specified in the *General Requirements for All Service Programs*, and the following:
  - a) Introduction to the program
  - b) The Aging Network
  - c) Maintenance of records and files (as appropriate)
  - d) The aging process
  - e) Ethics
  - f) Emergency procedures
  - g) Diversity, equity, and inclusion
  - h) Normal aging vs. disease symptoms
  - i) Techniques for effective communication with program participants
  - j) Adult Protective Services law and mandated employee reporting requirements
  - k) Participant rights and responsibilities
  - l) Assessment and management of responsive behavior
  - m) Blood Borne Pathogens and Universal Precautions
  - n) Confidentiality/HIPAA
  - o) First Aid and CPR/AED
  - p) Training to understand, respond to, and address the needs of participants with Alzheimer's disease and other dementias. Including but not limited to:
    1. Explanation of Alzheimer's disease and other dementias and their progression
    2. Assessing and managing responsive behavior
    3. Communication approaches and techniques
    4. Effect of environmental factors on the participant
    5. Impact of the disease on family caregivers

It is recommended that Initial training programs include the following:

- a) Impact of caregiver stress
- b) Regional caregiver supportive services
- c) Therapeutic 1:1 and small group engagement
- d) Physical care techniques related to activities of daily living
- e) Food Safety
- f) Information and referral resources in the event of a crisis situation such as:
  1. Illness or death of the primary caregiver
  2. Suicidal ideation of the caregiver or participant
  3. Adverse incident during the delivery of service

Program staff shall be provided in-service training at least twice each year. One training per year shall be focused on caregiving for persons with dementia. Additional trainings may include



updates, and refresher trainings on any of the above listed orientation training topics, or other pertinent topics related to Adult Day Services which increase staff knowledge and understanding while incorporating new developments and advancements in geriatric and dementia care. Records shall be maintained which identify the dates of training, topics covered and persons attending.

13. If the program operates its own vehicles for transporting participants to and from the service center the following transportation minimum standards shall be met:
  - a) All drivers and vehicles shall be appropriately licensed, and all vehicles used shall be appropriately insured.
  - b) Each program shall develop standards regarding criteria for safe driving records of persons responsible for providing transportation
  - c) The program will ensure there is a written plan for safe transport that is part of the participant's service plan. This may include any level of assistance: on and off the vehicle, curb to curb, door to door, or door to in-home
14. A monthly calendar of activities must be prepared and posted in a visible place.
15. Each program shall have written policies and procedures that address medical emergencies. Each program shall have first aid supplies available at the service center. A staff person certified in first aid procedures, including CPR, shall be present at all times participants are in the service center. It is recommended that programs have an AED present and in good working condition.
16. Each program shall have written policies and procedures that address emergency situations. Procedures for evacuation shall be posted in each room of the service center. Practice evacuation and tornado drills shall be conducted at least once every six months. The program shall maintain a record of all practice drills.
17. Each service center shall have the following furnishings:
  - a) At least one straight back or sturdy non-folding chair for each participant and staff person.
  - b) Lounge chairs and/or day beds as needed for naps and rest periods
  - c) Storage space for participants' personal belongings
  - d) Locked storage space is to be made available at the request of a participant or the participant's guardian or designated representative
  - e) Tables for both ambulatory and non-ambulatory participants
  - f) A telephone that is accessible to all participants
  - g) Special equipment as needed to assist persons with disabilities
  - h) Bathroom facilities to accommodate persons with disabilities. A minimum of one toilet per ten participants is recommended
  - i) Adequate space available for safe arrival and departure

All equipment and furnishings in use shall be maintained in safe and functional condition.

18. Each service center shall demonstrate that it is in compliance with fire safety standards and the Michigan Food Code.

19. Participants receiving approved days of Adult Day Services are at times unable to attend in person due to various uncontrollable reasons. These reasons may include closure of the service provider, medical, personal, weather, or family related. The provider and/or the agency authorizing services will assess and document the need for provision of short-term intermittent hybrid Adult Day Services to ensure continuity of care. Offering hybrid Adult Day Services is optional and at the discretion of the agency authorizing services and the ADS service provider.

Hybrid Services/Activities may include, but are not limited to:

- a) Phone calls with family caregivers and participants
- b) Weekly “support group” phone calls with family caregivers and participants
- c) Activity packet development and dissemination to participants
- d) Use of Adult Day Services staff to deliver participants’ food and other essential items
- e) Monthly participant assessments
- f) Any other creative activity that helps to engage the participant and relieve the caregiver in a safe and effective manner