



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Care Facility Licensure and
Certification
99 Chauncy Street, Boston, MA 02111

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor


MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Tel: 617-753-8000
www.mass.gov/dph

Circular Letter: DHCQ 15-4-634

TO: Adult Day Health Program Directors and Applicants for Licensure

FROM: Sherman Lohnes, Director 

DATE: April 16, 2015

RE: Adult Day Health Clinical and Programmatic Guidelines

On January 2, 2015, the Massachusetts Department of Public Health's (the Department) licensure regulations at 105 CMR 158.000 became effective for Adult Day Health Programs ("Programs") operating or seeking to operate in Massachusetts. These regulations require all Programs to be in compliance with the regulations for licensure, and guidelines established by the Department under the regulations. The following guidance is provided at this time.

Nutrition Guidelines:

The regulations regarding dietary services at 105 CMR 158.038(H)(4)(a) for nutrition indicate that Programs shall provide for at least one third of the daily nutritional and the dietary needs of each participant as specified in guidelines of the Department. Programs should work with their Registered Dietitian consultants to ensure participant appropriate menus and dietary needs are met in accordance with the U.S. Department of Agriculture and U.S. Department of Health and Human Services: *Dietary Guidelines for Americans, 2010, 7th Edition*, available at: www.dietaryguidelines.gov

Assessment Guidelines:

Programs are required to complete an accurate quality comprehensive assessment revised periodically in accordance with guidelines of the Department. The Department does not require the use of a specific assessment form. The Program is responsible to ensure its policies and procedures define the assessment content areas required to address the needs of the participants.

The regulations at 105 CMR 158.037(A) indicate the timelines and frequency for completion of assessments and the minimum content areas each assessment must address.

A Program may develop its own assessment forms or adopt an existing tool (for example, a product available on the market such as the InterRAI MDS-HC assessment as required by MassHealth found at <http://www.interrai.org/instruments.html>) which meet the minimum content area requirements at 105 CMR 158.037(A).

Existing Programs will be expected to have completed and documented in the medical record an interdisciplinary accurate comprehensive assessment for each participant currently enrolled by November 1, 2015.

All Programs will be expected to comply with the timeliness and frequency requirements (that is, completed within 14 days of enrollment) for each new participant enrolling in the Program May 1, 2015 and beyond.

Destruction of Medications:

The Program shall ensure policies and procedures have been developed in accordance with local, state and federal requirements, (for example, local boards of public health, Department of Environmental Affairs, the Department's Drug Control Program, and Drug Enforcement Administration) to ensure secure and safe destruction of medications when the Program is unable to return medications to a participant and it is necessary to destroy unused, discontinued, or outdated medications as referenced at 105 CMR 158.039(M). The Program is required to consult with a pharmacist consultant in the development of these medication management policies (see 105 CMR 158.039(A)). The policies for wasting medications shall at a minimum address the number of licensed nurses/staff required to dispose of controlled drugs, substance, and chemicals (federal schedules II-V; state schedule VI); how medications are to be rendered unusable or non-retrievable; and the documentation logs and signatures required.

Physical Plant (Handrails):

The physical plant requirement for handrails at 105 CMR 158.045(Q) reference the guidelines of the Facilities Guideline Institute (FGI). The full title of the FGI guidelines is "Guidelines for Design and Construction of Residential Health, Care and Support Facilities". Chapter 5.2, subsection 2.4-2.2.10 of FGI guidelines describes the requirements for handrails. That subsection provides:

- Handrails shall comply with the 2010 ADA Standards for Accessible Design. Use of alternative handrail cross-sections and configurations that support senior mobility shall be permitted. (2.4-2.2.10.1)
- All stairways and ramps shall have handrails. (2.4-2.2.10.2)
- Where corridors are defined by walls, handrails or lean rails shall be provided on both sides of all corridors used by residents, participants, and outpatients. (2.4-2.2.10.3)

- A handrail shall be provided for each clear corridor wall length exceeding 12 inches (30.48 centimeters). (2.4-2.2.10.4)
- A minimum clearance of 1.5 inches (3.81 centimeters) shall be provided between the handrail and the wall. (2.4-2.2.10.5)
- Handrails or lean rails shall return to the wall or floor. (2.4-2.2.10.6)
- Handrails, lean rails, and fasteners shall have a smooth surface that is free of rough edges. (2.4-2.2.10.7)
- Handrails or lean rails shall have eased edges or corners. (2.4-2.2.10.8)

Section 105 CMR 158.045(Q) on handrails also references the Americans with Disability Act 2010 ADA Standards for Accessible Design. See section 505 for information regarding the requirements for handrails: (<http://www.ada-compliance.com/ada-compliance/505-handrails.html>).

Service Coordinators:

As indicated in 105 CMR 158.033(G), a program must have staff responsible for the duties listed in subsection (G)(1)(a-h). The Department will consider an individual with at least one year of relevant and recent experience working with adults in a professional capacity, who meets one of the following requirements, to be a qualified provider of service coordination:

- A licensed independent clinical social worker (LICSW).
- A licensed clinical social worker (LCSW) supervised by a LICSW; a licensed social worker (LSW) supervised by a LCSW or LICSW; or a person with a bachelor's degree in social work (BSW) who has applied for licensure and is supervised by a LCSW or LICSW.
- A licensed professional such as a Licensed Mental Health Professional, working within the scope of practice of his or her profession.
- An individual with a minimum of a bachelor's degree in human services or a related field, other than social work, from an accredited college or university supervised by a LCSW or LICSW.

Diagnostic Services:

The Adult Day Health regulation 105 CMR 158.036 permits Programs to perform CLIA-waived urine tests, glucose testing, and PT/INR tests when ordered by a primary care provider. Programs seeking such approval must submit a completed CMS-116 form and an attestation of compliance with their licensing application.¹

Directions for submitting the required applications may be found at the website:

<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/healthcare-quality/health-care-facilities/adult-day-health/>

¹ CLIA refers to the Clinical Laboratory Improvement Amendments of 1988 (CLIA) 42 CFR Part 493.

Questions regarding registration may be directed to the Clinical Laboratory Program at 617-753-8438.

Tuberculosis (TB) Risk Assessment and Screening:

The ADH regulations at 105 CMR 158.030(H) (4) (J)-(k) and 158.034(D) (4) require a risk assessment for employees within three months of employment and annually thereafter, and, no more than three months prior to enrollment, and annually thereafter for participants. If the result of the TB risk assessment reflects an increased risk for TB, the individual would be referred to their primary care provider for further screening and clinical follow-up as indicated. For information regarding guidelines for TB testing and reporting please visit the Bureau of Infectious Disease website at <http://www.mass.gov/eohhs/gov/departments/dph/programs/id/tb/testing-screening/>. Questions regarding TB guidelines may be directed to the Bureau at (617) 983-6550.

For additional information regarding the clinical and programmatic requirements applicable to programs, please contact Paul DiNatale at 617-753-8222, Patrice Faysal at 617-753-8224 or Deidre Hanniffy at 617-753-8202