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PI-09-13

PROGRAM INSTRUCTION

TO: ASAP Executive Directors

CC: ASAP Program Managers
ASAP Nurse Managers
ASAP Contracts Managers

FROM: Ann L. Hartstein

DATE: August 21, 2009

RE: Home Care Program Service Definitions

Purpose:

This Program Instruction (PI) issues updated service definitions for the Home Care Program, including the 1915(c) Home and Community Based Services Waiver (Waiver). This PI supersedes any previously issued service descriptions.

Background and Program Implications:

The Executive Office of Elder Affairs (EOEA) is responsible for identifying and describing the in-home support services offered through its Home Care Program. The service definitions contained in this Program Instruction have been revised in accordance with the renewed Waiver with additional input from Aging Services Access Points and providers.

Required Actions:

ASAPs must use the service definitions contained in this PI as "Attachment A"s for EOEA's standard Provider Agreements.

Effective Date:

The revised service definitions are effective October 1, 2009, the date that ASAPs are required to initiate new contracts with all Home Care Program service providers.

Contact:

If you have questions about this PI, please contact Brenda Correia, Coordinator for Elder Community Support Programs at Brenda.Correia@MassMail.State.MA.US

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Supportive Day Programs provide support services in a group setting to help participants recover and rehabilitate from an acute illness or injury, or to manage a chronic illness, or for participants who have an assessed need for increased social integration and/or structured day activities. The services include assessments and care planning, health-related services, social services, therapeutic activities, nutrition, and transportation. These services focus on the participant's strengths and abilities, while maintaining their connection to the community and helping them to retain their daily skills.

The interactions of the physical and human environment combine to create the milieu of each center. The physical environment and the program design provide safety and structure for participants. The center staff builds relationships and creates a culture that supports, involves, and validates the participant. This milieu then forms the framework in which therapeutic activities, health monitoring, and all the services offered by the center occur. All therapeutic components of adult day services (meals, activities, interactions with staff and other participants and health services) are reinforced by the warm, caring, affective tone of the center's milieu.

Adult day services shall be culturally responsive and respectful. No individual shall be excluded from participation in or be denied the benefits of or be otherwise subjected to discrimination in the adult day services program on the grounds of race, sex, religion, national origin, sexual orientation, or disability.

I. Program Goals

- Maximize the functional level of the participant and encourage independence to the greatest degree possible;
- Build on the participants' strengths, while recognizing their limitations and impairments;
- Establish for the participant a sense of control and self-determination, regardless of his/her level of functioning; and
- Assist in maintaining the physical and emotional health of the participant.
- Provide respite to caregivers providing care that helps elders remain in their homes and communities.

II. Essential Components of Day Care Centers:

- An interdisciplinary approach to meeting program goals;
- A variety of services offered to meet the needs of participants;
- A regular daily schedule to provide structure for the participants;
- Sufficient flexibility to accommodate unanticipated needs and events;
- Verbal and non-verbal communication between staff and participants to create a caring environment; and
- Sensitivity to various personalities and health conditions to form supportive and therapeutic relationships.

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III. Admission and Assessment

Supportive Day programs serve individuals who are in need of supervision, supportive services, socialization and minimal assistance with ADLs. This person may have multiple physical problems but is stable and does not need nursing observation or intervention while attending the program. There may be some cognitive impairment, but resulting behavior can be handled with redirection and reassurance. The participant must be able to communicate personal needs.

The center's assessment process shall identify the individual's strengths and needs, what services are required, and who is responsible for providing those services. The assessment shall be conducted by professional staff such as the social worker, paraprofessionals, consultants, health providers, or a combination of the above.

The assessment must include the following: health and cognitive status, personality, psychosocial background, level of interest in other people and things, mood, cognitive status/judgment, attention span, task focus, energy level, responsiveness to stimulation in the environment, distractibility, communication, sensory capacity, motor coordination, and spatial relationships.

Special consideration should also be given for all participants in areas including ambulation, physical and functional capacity, physical and functional ADLs. If no diagnostic evaluation has been done, the participant and family/caregiver should be referred to their physician for evaluation.

Assessment Procedures:

- An intake/screening shall be completed in order to gain an initial sense of the appropriateness of the program for the individual.
- Each participant shall designate a health provider to contact in the event of an emergency and for ongoing care. A report from the physician that reflects the current health status of the participant shall be obtained.
- Centers shall conduct an assessment and develop an individual written plan of care for each participant within the first two weeks of attendance.
- The participant and caregiver shall have the opportunity to contribute to the development, implementation, evaluation and reassessment of the care plan including schedules, care plan goals and conditions of participation. The care plan shall be developed in conjunction with the services provided by that agency.
- An enrollment agreement shall be completed and shall include: identification of services to be provided, agreed upon by the participant and/or caregiver and/or payer; a disclosure statement that describes the center's range of care and services; admission and discharge criteria; fees and arrangements for reimbursement and payment; and

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identification of and authorization for third party payers.

- Reassessment of the participant's needs and appropriateness of the care plan shall be done as needed but at least semi-annually.
- The center shall develop a discharge policy that includes criteria and notification procedures. Each participant and caregiver shall receive written information regarding this policy.
- Each participant and family/caregiver shall receive notice if the participant is to be discharged from the program.

IV. Program Policies and Procedures

- The center shall have procedures for orientation of the participant and/or family/caregiver to policies, programs, and facilities.
- A confidential record shall be maintained for each participant. Progress notes shall be written as indicated, at least quarterly, and maintained as part of each participant's record.
- The center shall comply with the state mandatory reporting procedures for reporting suspected abuse or neglect to the adult protective services agency. Staff will be trained in signs and indicators of potential abuse.

V. Quality Assurance

- Each program shall develop a written continuous quality improvement plan that is updated annually.
- A grievance procedure shall be established to enable participants and their families/caregivers to have their concerns addressed without fear of recrimination.
- A participant bill of rights and responsibilities shall be developed, posted, distributed and explained to all participants or their representatives, families, staff and volunteers in a language understood by the individual.

VI. Program Services:

1. Activities. Activities shall be designed to promote personal growth and enhance the self-image and/or to improve or maintain the functional capacity of participants. The activity plan shall be an integral part of the total plan of care for the individual based on the interest, needs, and abilities of the participant (social, intellectual, cultural, economic, emotional, physical, and spiritual).

Participants shall be encouraged to take part in activities, but may choose not to do so or may

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choose another activity. Participants shall be allowed time for rest and relaxation and to attend to personal and health care needs.

2. Health Services. The program shall refer to and assist with the coordination of health services as needed. The center shall have a written procedure for handling medical emergencies. Emergency first aid and emergency response procedures shall be provided as needed. Each participant shall have a physician responsible for his or her care. The physician of record shall be clearly identified in the participant's chart.

3. Activities of Daily Living (ADLs). Assistance with and/or supervision of ADLs shall be provided in a safe and hygienic manner that recognizes an individual's dignity and right to privacy.

Assistance with ADLs may be provided by staff or trained volunteers and is limited to providing a verbal or visual prompt to initiate the ADL in a manner that encourages the maximum level of independence. The participant must be able to physically complete the ADL.

4. Social Services: Education and support shall be provided to participants and their families/caregivers on issues jointly agreed upon. Staff shall assess the families' needs and assist them in gaining access to additional services as needed.

5. Nutrition: Programs must provide at least one meal per day that is of suitable quantity and quality and supplies at least one-third of the daily nutritional requirements. Morning and afternoon snacks must also be available. Programs must be able to accommodate special diets when indicated by a physician or in the participant's care plan.

Nutrition services may be provided as a direct service by the provider; through a Title III Nutrition Program; or by purchase through an ASAP home care program home delivered meals service with the meals being delivered to the supportive day program instead of the participant's home.

6. Transportation: The center shall arrange or contract for transportation to enable persons, including persons with disabilities, to attend the center and to participate in center-sponsored outings.

VII. Staffing Policies:

- The organization shall provide an adequate number of staff whose qualifications are commensurate with defined job responsibilities to provide essential program functions.
- Processes shall be designed to ensure that the competence of all staff members is regularly assessed, maintained, demonstrated, and improved.
- Orientation, in-service training, and evaluations shall be provided to all employees and volunteers, including the use of standard protocols for communicable diseases

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and infection control;

- There shall be at least two responsible persons (one a paid staff member) at the center at all times when there are two or more participants present.

VIII. Staffing Pattern

- The staff-participant ratio must be a minimum of one to eight (1:8)
- The Administrator is responsible for the development, coordination, supervision, fiscal management, and evaluation of services provided through the Supportive Day Program.
- The Program Director shall organize, implement, and coordinate the daily operation of the program in accordance with participants' needs and any mandatory requirements. This individual may also have the responsibilities of the administrator.
- The Activities Coordinator shall have a high school diploma or the equivalent plus one year of experience in developing and conducting activities for the population to be served in the program.

IX. PROGRAM ADMINISTRATION

- Each program shall have a governing body with full legal authority and fiduciary responsibility for the overall operation of the program in accordance with applicable state and federal requirements. Each program shall have an advisory committee which is representative of the community and the participant population.
- Each program shall have a written plan of operation that is reviewed and updated annually. The program shall also have written emergency plans that include plans for evacuation and relocation of participants in the event of an emergency. These shall be easily accessible in the center.
- The program shall maintain an updated organizational chart. The administrator shall be responsible for the planning, staffing, direction, implementation, and evaluation of the program. The Administrator or his/her designee shall be onsite to provide the center's day-to-day management during hours of operation.
- Each program shall demonstrate fiscal responsibility and accountability. Fiscal policies, procedures, and records shall be developed to enable the administrator to meet the fiscal reporting needs of payers. A fee schedule shall be formally established and should include discounts, waivers, and deferral of payment.

X. PHYSICAL PLANT

- The physical plant must create an environment that supports the principles of

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supportive day services and promotes the safety of each participant and staff.

- Programs may be housed in hospitals, nursing facilities, senior centers, councils on aging, or other community centers.
- The facility shall be designed, constructed, and maintained in compliance with all applicable local, state, and federal health and safety regulations, codes or ordinances. The facility shall also comply with the requirements of the Americans with Disabilities Act of 1990.
- If a program is co-located in a facility housing other services, the program shall have its own separate identifiable space for main activity areas during operational hours.
- The facility shall provide at least 50 square feet of program space for multipurpose use for each participant.
- There shall be an identified separate space available for participants and/or family/caregivers to have private discussions with staff.
- There shall be storage space for program and operating supplies.
- The facility shall include at least one toilet for every ten (10) participants and shall be located as near the activity area as possible.
- The facility shall have a rest area for participants.
- Outside space that is used for outdoor activities shall be safe, accessible to indoor areas, and accessible to those with a disability.

XI. SAFETY AND SANITATION

- The facility and grounds shall be safe, secure, clean, and accessible to all participants.
- For programs that store medications, there shall be an area for locked medications, secured and stored apart from participant activity areas.
- Programs shall have a written infection control plan to prevent occupational exposure to blood-borne illnesses, including AIDS/HIV and Hepatitis B. The Center for Disease Control/OSHA guidelines for universal precautions shall be followed.
- Providers shall have policies to ensure annual tuberculosis screening and testing is performed for all provider staff who come into direct contact with clients.
- Safe and sanitary handling, storing, preparation, and serving of food shall be assured.
- An evacuation plan shall be posted in each room.

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- All stairs, ramps, and bathrooms accessible to those with a disability shall be equipped with properly anchored handrails and be free of hazards.
- Procedures for fire safety as approved by the state or local fire authority shall be adopted and posted.
- Emergency first aid kits shall be visible and accessible to staff.
- Insect infestation control shall be scheduled at a time when participants are not in the center.