# PART II – Chapter 1100

## POLICIES AND PROCEDURES
## for
## EDWP (CCSP and SOURCE)
## ADULT DAY HEALTH SERVICES



**GEORGIA DEPARTMENT OF COMMUNITY HEALTH**

DIVISION OF MEDICAID

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**PART II - POLICIES AND PROCEDURES**
**FOR**
**ADULT DAY HEALTH SERVICES**

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**PREFACE**
**ADULT DAY HEALTH SERVICES**

Policies and procedures in this Chapter apply to all Adult Day Health Services providers. This Chapter must be used in conjunction with the manuals listed below.

Part I - Policies and Procedures for Medicaid/PeachCare for Kids, Chapters 100 through 500

Part II- Chapters 600 – 1000, Policies and Procedures for EDWP (CCSP/SOURCE) and SOURCE General Services Manual

Chapter 111-8 Healthcare Facility Regulation, Chapter 111-8-1 Rules and Regulations for Adult Day Centers

## PART II - CHAPTER 1100

### 1100. General

Adult Day Health (ADH) is a community-based medically oriented day program that provides social, health and rehabilitative services to individuals who are functionally impaired. ADH services support individuals living with chronic illness and assist individuals to recover from acute illnesses or injuries. The ADH program provides services that promote medical stability, maintain optimal capacity for self-care and maximize the individual's highest level of functioning and independence as reflected on the individual's Comprehensive Care Plan.

### 1101. Description of Adult Day Health Services

ADH services increase opportunities for individuals to participate in multifaceted activities, including social and cultural activities. All ADH services reflect the individual's needs as indicated on the Comprehensive Care Plan developed by the care coordinator and approved by the individual's physician. ADH providers offer (or arrange when needed) all of the standard services listed below:

**A)** Health-Related Services, **including nursing, health monitoring and medication administration (Rev 4/2015)**

B) Skilled Therapies (Physical Therapy, Occupational Therapy, and Speech Therapy)

C) Assistance with Activities of Daily Living (ADLs)

D) Therapeutic Activities

E) Food Services, **including nutrition management (Rev 4/2015)**

F) Transportation

G) Education of Caregivers

H) Emergency Care

I) Preventive and Rehabilitative Services.

## 1101.1 Member Profile

ADH services target individuals who need physical assistance and a more structured environment and who could be at risk of institutional placement if appropriate intervention is not provided.

**NOTE**

**Elderly and Disabled Waiver members living in ALS facilities may receive services at an Adult Day Health Services facility for up to 2 full days per week. Rev 10/2013**

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| **LEVEL I MEMBER PROFILE** | Requires watchful oversight to ensure safety.<br><br>Requires medical monitoring on a weekly basis.<br><br>Requires minimal assistance with activities of daily living. (Refer to Section 1103.4C for a list of tasks).<br><br>May require assistance with self-care or verbal cues to perform self-care (e.g. safely entering and exiting a shower or assistance with toileting). |
| **LEVEL II MEMBER PROFILE** | Requires watchful oversight to ensure safety.<br><br>Requires medical monitoring at least twice a week.<br><br>Requires moderate assistance with personal care. Member requires assistance with activities of daily living such as transfers, ambulation, bathing, or eating. (Refer to Section 1103.4C for a list of tasks).<br><br>May require specialized therapy.<br><br>May require specialized nursing services such as bowel or bladder retraining, catheter care, dressing changes, or complex medication management. |

## 1102. Licensure

**Adult day health facilities must be licensed (permitted) by the Healthcare Facility Regulation Division of the GA Department of Community Health as an adult day center that is approved to provide adult day health services. Facility owners who wish to enroll as an EDWP (CCSP/SOURCE) /SOURCE adult day health provider must be permitted without restriction and be in full compliance with the Rules of the GA Department of Community Health,**

**Chapter 111-8-1, Rules and Regulations for Adult Day Centers. Revised 4/2016**

## 1103. Provider Requirements Related to Adult Day Health Services

### 1103.1 Physical Environment

An ADH center's physical environment is a therapeutic setting that has appropriate supports and functional design.

A) Building and Grounds Requirements

1) Accessibility - All centers are accessible to and usable by physically disabled individuals and must meet the minimum requirements of Section 504 of the Rehabilitation Act of 1973. Centers install required alterations or modifications in accordance with the 1984 Law of Georgia regarding Access to and Use of Public Facilities by Physically Handicapped Persons: O.C.G.A. Section 30-3-1 et. seq. This law includes the 1980 ANSI Specifications for Making Buildings and Facilities Accessible and Usable by Physically Handicapped People.

2) Building Code - Before the construction of a new center, renovation of or addition to an existing structure, the agency or organization must have plans approved by local building authorities. If no local building code exists, the Southern Standard Building Code applies to the construction or renovation. A center uses the following codes:

- If applicable, the local zoning authority approves the location of the facility.
- If local standards for fire and safety requirements conflict with EDWP (CCSP/SOURCE) policies and procedures, the center applies the more restrictive codes.

The provider may not use rooms lower than three feet below ground level on all sides. An ADH may be located in a facility that is partially beneath ground level as long as members:

- are not housed in areas that are more than 25 feet away from a full window
- have sufficient lighting and ventilation
- have access to dry exits

Floors, walls, and ceilings must meet the following criteria:

- easily cleaned
- kept in good repair
- walls are appropriately and attractively decorated
- ceilings are at least eight feet
- all flooring is slip-proof

3) Stairways, doors, corridors, and ramps must meet the following criteria:

- Stairways are at least forty-four inches in width. Stairways have handrails 32 inches high and that extend at least 18 inches beyond the top step and beyond the bottom step
- Every stairway provides a landing at the top and bottom. Doors swing with exit travel to provide safe exit
- Stairs and landings have a non-slippery finish
- Each floor occupied by the center has at least two approved means of egress. Exit access leads to at least two exits remote from each other so that no single fire can block the use of more than one means of egress.
- Bathroom and other inside door locks are designed to permit opening of the locked room from the outside of the room in an emergency, and the opening device is readily accessible to the staff.
- Doors to stair enclosures and doors from occupied spaces open in the direction of egress.
- Hallways are adequately lighted, provide a clear passage free from obstructions and terminate with approved exits. Handrails 32 inches high are placed in long hallways.
- Ramps are built according to specifications of Section 504 of the Rehabilitation Act of 1973. Ramps serving as a required means of egress are enclosed or protected.

4) Windows - The rooms have outside windows that equal not less than 10 percent of the floor area in each room. Windows are low enough for non-ambulatory members to see out. All windows that can be opened have screens.

5) Indoor Area - The indoor area has separate spaces for:

   - activities
   - personal care
   - nursing interventions
   - therapies
   - dining
   - rest area

   The indoor area meets or exceeds fifty square feet of usable space per the center's participant capacity. Space occupied by built-in storage cabinets, lockers, storage shelves, office space, bathrooms, kitchen and hallways are not included. The provider furnishes the center to ensure that the member is safe and comfortable. Members' chairs must:

   - have arms
   - be easily cleaned
   - be non-collapsible

6) Temperature - The center provides an evenly distributed temperature comfortable for members.

7) Light and Color - The center provides members with an adequate level of light, color, and contrast conducive to older adults with cognitive and physical impairments.

8) Odor and Noise - The center is free of offensive odor and noise.

9) Dining and Member Activities - The center has one or more clean, orderly, and appropriately furnished rooms of adequate size designated for member dining and activities. These areas are well lighted and well ventilated. If the provider uses a single room for dining and member activities, the center provides sufficient space to accommodate both activities without them interfering with each other.

   The facility provides a food and meal preparation area adequate to meet members' food and service needs. The provider posts the current food service permit and current food service inspection report. The center assures that the area is:

- properly ventilated
- arranged and equipped for sanitary refrigeration, storage, and preparation or serving of food
- arranged and equipped for sanitary dish and utensil cleaning
- facility has a contained area for refuse storage. The facility has a system for removal of refuse, trash, etc.

10) Equipment Maintenance - The provider has a written preventive maintenance program to ensure that equipment is operative. The center maintains all essential mechanical, electrical, and member care equipment in safe operating condition.

Rev.07/09

11) Drinking fountains - The Georgia Department of Community Health, Division of Public Health, must approve drinking fountains. If the center does not have drinking fountains, the provider furnishes access to single disposable cups to members. Members dispose of the used cups immediately after use.

12) Restrooms - The facility has a minimum of two toilets and lavatories available. For every 12 members, the facility provides one toilet and lavatory. The facility provides appropriate facilities for disabled individuals. The provider installs grab bars on each toilet. Lavatories must have hot and cold (or tempered) water.

The provider equips each facility with a tub or shower. The tub or shower area is equipped with grab bars. The provider assures that heated water provided for member use does not exceed 120 degrees F at the hot water fixture. The facility installs equipment to monitor the temperature of the hot water.

13) Medications - The center assures that medications are:

- stored under lock and key at all times if kept by the ADH staff. A member may keep medications needed for frequent or emergency use. The provider stores medications that require refrigeration in a locked container in the refrigerator.
- kept in original containers with original labels intact
- handled in accordance with current applicable laws and regulations.

The center maintains documentation of all medications, prescription and over-the-counter, that are administered or supervised by the center's staff. The documentation record must include the name of the medication, dosage, date, time and name of the staff person who assists the member or administers the medications to the member. Refer to Section 606.9 of Part II – Chapters 600 – 1000 CCSP/SOURCE General Manual.

Storage Space - The center provides space outside the program areas for storage of equipment and supplies:

Members have suitable space provided for outer garments and private possessions. Storage space used for outer garments is not visible to Alzheimer's participants.

14) Outdoor Area - The provider provides a safe outdoor area located adjacent to the center. The outdoor area must:

- be located on level ground with both sun protected and uncovered areas
- have space for several types of activities
- have seating arrangements available for conversation and relaxation
- have grounds clean and free from litter
- have safeguards in place for wandering members.

  The provider safeguards the members' health, welfare, and safety and establishes measures that allow the provider to know the whereabouts of members at all time.

15) Parking - The center provides sufficient parking areas adjacent to the center to permit safe delivery and pickup of members. The parking area must comply with ADA regulations regarding accessible parking.

16) Hazardous maintenance - Hazardous maintenance and construction work take place only during hours when members are not in the center.

17) Pest Control - The interior and exterior of the facility are kept clean and orderly and free of pests and rodents.

18) Washer and Dryer - The facility has an operational washer and dryer for standard precautions, including soiled/dirty items and infection control. (Rev 4/2015)

19) Adult Day Health facilities/Mobile ADH cannot be located on the grounds/roofline* of or adjacent to any ALS-F or ALS-G model homes. Members must have the freedom of choice when selecting services and providers. Members cannot be coerced or encouraged to select services from a provider that has the same ownership or other relationship to the ADH provider. (Rev.4/2022)

*Note- 'grounds' are defined as within the same parcel/lot or sharing of common address. 'Roofline' is defined as the same physical dwelling even if adjoined by a structural walkway connecting the two sites. No shared spaces for meals, activities etc permitted.

**NOTE:**
**Adult Day Health providers designate an area that can be used for private and confidential interviews with the member.**

B) Fire and Safety Requirements/Disaster Preparedness

1) Evacuation Plan - The center formulates a plan for evacuation of the building in case of fire or disaster. This plan is posted in a clearly visible place in each room. All employees are instructed and kept informed of their duties under the plan.

Rev. 04/10

Fire evacuation drills are held at least every other month. The provider maintains records of drills for review by Fire Safety Inspectors and DCH/DHS staff. The record includes the date and time of the drill and any problems encountered and action(s) taken to correct problems. The provider keeps the records at least two years.

2) Disaster Plan - Providers develop and maintain a written disaster plan with the assistance of qualified fire, safety, and other appropriate experts. At a minimum, the plan must address fire, explosion, unanticipated interruption of each utility used by the center, loss of air conditioning or heat, and damage to the physical plant. Refer to Rules and Regulations for Disaster Preparedness Plans, Chapter 290-5-45. The plan must also address triage levels. Refer to Section 608 of the EDWP (CCSP/SOURCE) General Manual. The plan includes, at a minimum:

- procedures for prompt transfer of casualties

- instructions regarding the location and use of alarm systems and signals and of firefighting equipment
- information regarding methods of containing fire
- procedures for notification of appropriate persons
- specification of evacuation routes and procedures
- a list of each member's current medications and known allergies
- a list of each member's emergency contacts

3) Inspections - A trained member of the ADH staff conducts monthly fire prevention inspections. A copy of the latest inspection form is posted in a conspicuous place in the center.

4) Combustible Material - The center is kept free of unnecessary combustible materials and fire hazards.

   Wastebaskets and other waste containers are of metal or non-combustible material approved by the State Fire Marshall's Office.

5) Heating Systems - Heating systems have adequate protective coverings or guards to ensure that members coming into contact with them are not burned. All fuel-fired heating equipment is properly vented to the outside area. Gas-fired heating equipment is in a room segregated from occupied spaces by one-hour fire rated construction. The provider maintains records of annual certification that fuel-fired heating equipment is in a safe condition and that adequate combustion air is provided.

6) Portable Fire Extinguishers - Portable fire extinguishers are provided so that at least one 2/A rated fire extinguisher is provided for 3,000 square feet of floor space with at least one fire extinguisher per floor. In addition, at least one 10-pound $CO_2$ or five pound dry chemical extinguisher is provided for the kitchen.

**NOTE:**
**A multi-purpose ABC extinguisher per floor for each 3,000 square feet or a 2/A rating may be used in place of the extinguisher noted above.**

Extinguishers are readily accessible to the staff. Extinguishers are serviced annually in accordance with NFPA Standard 101. They are hydrostatically tested in accordance with the noted standard

every five years. All staff members are trained to use portable fire extinguishers

7) Use of Upstairs Space - Use of upstairs areas are approved by the Fire Safety Inspector.

8) Bio-Medical and Hazardous Waste - The storage and disposal of bio-medical and hazardous wastes comply with applicable federal, state, and local rules and/or standards.

C) Adult Day /Health Services – Mobile

To allow caregivers in rural and/or underserved areas a respite from 24-hour-a-day care-giving responsibilities and to allow members the opportunity to participate in social, health and rehabilitative services, EDWP (CCSP/SOURCE) Adult Day Health Services providers may offer Adult Day Health Services-Mobile – (ADH-M) in these areas. The ADH-M site will be located no greater than 100 miles from the primary ADH facility. Members who attend the ADH-M receive the same services offered at the primary ADH facility.

The ADH-M shares staff and supplies with the primary Adult Day Health Services facility. Staff, along with supplies and materials needed for the day's activities, is mobile. From the primary location (the EDWP (CCSP/SOURCE) approved ADH facility), staff travels to the rural or underserved area, transporting needed program materials with them.

Depending on the needs of the area, each ADH-M site is open for five to six hours per day, one to three days per week. ADH-M services are provided in existing facilities (i.e., senior centers, churches) that are accessible to and usable by physically disabled individuals; therefore, they must meet the minimum requirements of Section 504 of the Rehabilitation Act of 1973. Facilities must be in good repair, have adequate lighting, sufficient bathroom facilities, and be in compliance with local fire/safety codes. DCH and care coordination staff will utilize the "EDWP (CCSP/SOURCE) Care Coordination ADH Checklist" (see Appendix E) when making site visits to ensure compliance with the physical environment standards that are outlined in Section 1103 of the Adult Day Health Services Manual.

Local resources, with a current Food Service Permit, are utilized to prepare and provide meals that are served during the hours of operation. Member records are maintained at the primary ADH location; copies of client's records will be transported to the ADH-M facility by the ADH staff for the day's activities.

To obtain approval for the ADH-M, current ADH providers will submit to the EDWP (CCSP/SOURCE) Unit the information and documents required in Appendices C and D of the Adult Day Health Services Manual.

**NOTE:** Mobile ADH sites are required to obtain and submit a permit from HFR (Healthcare Facility Regulation) with 'mobile' listed.

1103.2 Hours/Days of Operation

The ADH and ADH-M providers shall establish and post core hours and days of operation during which ADH services are available. The hours and days of operation reflect the needs of the community and member population.

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| **FULL-DAY SERVICE** | Member attends the center a minimum of five hours per day, excluding transportation time. |
| **PART-DAY SERVICE** | Member attends the center three to five hours per day, excluding transportation time. |

Any EDWP (CCSP/SOURCE) member who requires more than eight hours or less than three hours of ADH service per day must be approved by the EDWP (CCSP/SOURCE) Unit.

A) Time spent in transportation may not exceed one hour each way and is not used in determining the number of hours the member attends the ADH center each day.

B) ADH programs offer services a minimum of three days per week.

The EDWP (CCSP/SOURCE) Unit reviews and approves requests by providers to vary the required number of days per week and hours per day during which the ADH center provides services.

1103.3 Levels of Service

ADH Services are provided on two levels that indicate the intensity of care required by individual EDWP (CCSP/SOURCE) members (refer to Section 1101.1of the Adult Day Health Services Manual). During initial assessment or reassessment, the care coordinator determines the level of service required; the member's physician approves the level of service that will be provided to meet the specific needs of each member.

**ADH centers serve individuals with varying degrees of functional limitations and may not choose to serve only one level of ADH members**

The care coordinator and/or the ADH provider may request a reassessment of the level of service based upon changes in the member's condition or observation made during daily contact with the member.

1103.4 Components of Adult Day Health Services

A) Health-Related Services include but are not limited to:

1) The Registered Nurse (RN) on staff:

- assesses member's physical and mental health needs
- monitors and records member's vital signs **AND weight** as needed **(Rev 4/2011)**
- observes member's functional levels and notes any changes in the physical condition
- monitors medications brought into the ADH center and observes for effectiveness and possible side effects
- assists members with medications when indicated
- teaches member and encourages self-care
- coordinates members' care plans with the physician and other service delivery agencies
- initiates the development of and supervises the implementation of the member care plan
- reviews, initials and dates the member care plan at least once per month; revises the care plan as needed and communicates revisions to appropriate staff

2) The LPN on staff:

- monitors and records members' vital signs **AND weight** as needed **(Rev 4/2011)**
- observes members' functional level and reports to the RN any changes in the member's physical condition and needs
- assists members with medications, as needed, and observes for effectiveness and possible side effects. Reports any reactions to the RN.
- teaches self-care activities and encourages members' self-care

- assists with or provides personal care as needed
- documents member's status in member's record

**NOTE:**
**All RNs are required to have a current Georgia RN license and render services in accordance with the provisions of the Georgia Registered Professional Nurse Practice Act, O.C.G.A. 43-26-1 et seq.**

**All LPNs are required to have a current Georgia LPN license and render services in accordance with the provisions of the Georgia Practical Nurses Practice Act, O.C.G.A. 43-26-30 et seq.**

B) Skilled Therapies, (i.e., Physical Therapy, Occupational Therapy, Speech Therapy)

Specialized therapies are available to members in the center when indicated on the Comprehensive Care Plan. Therapies are provided in the center unless the member's condition requires short-term therapy in the home or the particular therapy ordered requires the use of highly specialized or immobile equipment available only in the therapist's office or clinic. Therapy services, which may be ordered in the ADH setting, include:

1) Occupational Therapy

2) Physical Therapy

3) Speech Therapy

Conditions under which the therapies are provided include:

1) The ADH center provides directly, or under subcontract, therapy services prescribed by the member's physician and indicated in the Comprehensive Care Plan. Special requirements related to subcontracting services are found in Section 601.1J of the EDWP (CCSP/SOURCE) General Manual.

2) All therapy services are performed by or under the supervision of the appropriate therapist currently licensed to practice in the State of Georgia.

3) Therapy services are coordinated by the RN as part of the overall Comprehensive Care Plan and member's care plan.

4) A copy of the therapist's initial evaluations, reevaluations and progress notes are retained in the clinical record.

C) Assistance with Activities of Daily Living (ADLs)

The center staff provides assistance with activities of daily living (ADL's) as needed and as indicated by the member's care plan.

The center has a private bathroom with a functional bathtub or shower for the delivery of appropriate personal care services. This area is equipped with appropriate safety features such as non-skid surfaces, grab bars, and lighting.

The RN supervises personal care services that are provided in the center. If an aide performs services, the RN's responsibilities include, but are not limited to:

1) listing the specific personal care services required by each member

2) teaching the aide to perform the needed tasks

3) teaching the aide to observe and recognize those physical conditions that must be reported immediately.

4) evaluating the aide's performance at periodic intervals to ensure the aide is performing tasks effectively and appropriately.

5) supervising all care provided to members

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| Common Activities of Daily Living tasks: | Bathing |
| | Personal Hygiene |
| | Grooming |
| | Dressing |
| | Toileting |
| | Ambulating |
| | Eating |

**NOTE:**

**The ADH provider does not provide full-day services to members receiving personal care assistance through Home Health Services or Personal Support Services unless both are required to maintain the member safely in the community. The care coordinator and the member's physician determine if the member needs both services; the care coordinator indicates this information on the Comprehensive Care Plan. Similarly, Home Health Services and ADH services may not be provided on the same day unless the care coordinator and physician have determined that the member is unable to attend the ADH center without assistance in dressing and grooming, and there is no other support system to assist the member with these tasks.**

D. Therapeutic Activities

The center provides an ongoing program of activities designed to meet, in accordance with the assessment or reassessment (Level of Care and Placement Instrument), the physical, mental and psychosocial wellbeing of each member. The activity program is multifaceted and reflects each individual's needs, abilities, and interests. The activities program:

- involves members to the maximum extent possible in planning and implementing activities
- includes individual and group activities that encourage creativity, social interaction and physical exercise
- provides stimulation or solace
- promotes physical, cognitive and/or emotional health
- enhances to the extent practicable each member's physical and mental status
- promotes each member's self-respect by providing activities that allow for self-expression, personal responsibility and choice

The provider posts a monthly schedule of planned activities for easy review in the center. The activity program reflects:

1) interests of the members
2) activities scheduled at appropriate and convenient times
3) cultural and ethnic interests of the members
4) appeal to both men and women of the age group attending
5) variety of locations (indoor/outdoor and community based activities)
6) seasonal and special events.

Examples of activities may include, but are not limited to:

- Group discussions
- Films and games
- Health and nutrition education

- Arts and crafts
- Reality orientation
- Music and pet therapy
- Field trips
- Gardening
- Group exercises
- Reminiscence therapy

The provider designates specific activities for individual members in the member's care plan. The ADH RN is responsible for assuring that the activity program is carried out as planned by staff qualified/trained to direct the activity.

The Activity Participation Record (Appendix B) is completed on each member and made a part of the member's service record. **At least once per month, the RN reviews and signs the Activity Participation Record.** If staff other than the center RN directs the activity program, the RN supervises these activities. The activity staff completes and signs the Activity Participation Record and gives it to the RN for review and signature.

| **NOTE:** |
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| The agency may develop its own activity participation record as long as it incorporates all elements listed on the suggested Activity Participation Record (Appendix B). |

The activities program is directed by a qualified person who meets one or more of the following criteria:

1) Registered Nurse

2) Registered Occupational Therapist

3) Certified Therapeutic Recreation Specialist or certified Activities Professional as recognized by an accrediting body on or after October 1, 1990 (see NOTE below)

4) has two years of experience in a social or recreational program within the last 5 years, 1 year of which was full-time in a patient activities program in a health care setting, or

5) has completed a training course approved by the state such as the Georgia Nursing Home Association's (GNHA) 36 hour Activity Director's course.

**NOTE:**
For information on the GNHA's Activity Director's course, contact the GNHA at 160 Country Club Drive, Stockbridge, GA. (678) 289-6555.

For information on the National Association of Activity Professionals, contact: The National Certification Council for Activity Professionals, 520 Stewart, Park Ridge, Illinois 60068; (708) 698-4263.

E) Food Services

1) The center will observe and comply with all of the *Rules of Department of Community Health, Public Health, Chapter 290-5-14, Food Service* and any local health ordinances when engaged in the storage, preparation, and distribution of food.

2) Meals and snacks are prepared either on site or under subcontract with an outside vendor who agrees to comply with the food and nutrition requirements and guidelines in Appendix O of the EDWP (CCSP/SOURCE) General Manual. **The ADH center must post its current Health Department Food Service Permit and inspection report *or* the subcontracted vendor's current Food Service Permit. If the ADH serves no more than 24 clients, a Health Department Food Service Permit is not required. If the ADH center serves no more than 24 clients without a Food Service Permit *or* subcontracts for food services, the center must display its ServSafe certificate, which can be obtained by taking an online course on safe food service practices at www.servsafe.com. Rev 1/2018, 4/2019**

3) Providers have a designated kitchen area for receiving food, facilities for warming or preparing, refrigeration of cold food, and clean-up facilities including hot and cold running water. The center provides palatable, nutritious and attractive meals and snacks that meet the nutritional requirements of each member. On-site meals include:

- Regular nutritious noon meals and snacks served to members who do not require a therapeutic, special, or modified diet

- Therapeutic or modified diets provided to members whose primary physician has prescribed them

- Special meals provided to members whose ethnic or cultural orientation requires them.

4) Requirements related to food served at the center include:

   - the special needs of each member must be considered in all menu planning, food selection, and meal preparation. Cultural, ethnic, or regional dietary requirements; or preferences should be reflected in the meals served.

   - The meal service and equipment is designed so that hot (150 degrees F) and cold (35-40 degrees F) foods maintain the appropriate temperatures for at least one half hour after serving time begins.

   - Members are provided with a noon meal that meets at least 1/3 of the recommended dietary allowances (RDA) as established by the Food and Nutrition Board of the National Academy of Science. Morning and/or afternoon snacks are provided as appropriate to the time in attendance.

   - Meals are served in an atmosphere which is comfortable and relaxed. There is adequate space for easy access by both ambulatory and non-ambulatory members and for all to be seated at the same time.

5) The clinical records for all members on a therapeutic diet have documentation of the following:

   - physician's orders

   - health problem necessitating the diet, diet to be provided, and the person or agency responsible for preparing or supervising the diet

   - adherence to the dietary requirements by the member and the agency responsible for preparing and supervising the meals. If requirements are not adhered to by either or both, the intervention measures to remedy the situation must be documented

   - any adverse reactions to the diet and actions taken by the staff after consultation with the physician

   - staff intervention directed toward educating the member, the member's representative and service providers to understand and meet the member's dietary requirements

- registered dietitian's supervision of planned therapeutic diets.

F) Transportation

The member's representative may choose to transport the member to the center.

The provider may utilize Medicaid's NET program in arranging transportation to and from the center and for medically related trips. Local county DFCS offices maintain a list of approved NET Brokers. Refer to Appendix T in the EDWP (CCSP/SOURCE) General Manual for NET information.

Additional requirements related to transportation are found in Section 606.11 Non-emergency Transportation Services (NET) of the EDWP (CCSP/SOURCE) General Manual.

G) Preventive and Rehabilitative Services

Examples of preventive and rehabilitative nursing procedures include, but are not limited to:

- Insertion and irrigation of Foley catheters
- Medication administration and management (p.o. and I.M.)
- Wound care, including dressing changes; skin care
- Glucose testing (urine or finger stick)
- Hypertension screening/monitoring
- Monitoring vital signs
- Monitoring individuals who are using oxygen.

H) Emergency Care/Information

The provider maintains emergency care procedures and information in a central location in the facility and for each vehicle used to transport members.

The provider maintains arrangements with a nearby hospital, clinic and ambulance service to meet member needs in case of an emergency.

The provider maintains an emergency first aid kit equipped, at a minimum, with an antiseptic cleanser, bandages, sterile gauze squares,

adhesive tape, thermometer, and tweezers in the facility and on each vehicle used to transport members.

The provider maintains written emergency information on each member. The emergency information is easily accessible in the member's record. (Refer to Section 606.12 and Appendix U of the EDWP (CCSP/SOURCE) General Manual).

1103.5 Supervision of the Service

A) Nursing services are provided by or under the supervision of a Registered Nurse (RN) with a current license to practice in the State of Georgia. A Center may employ a Licensed Practical Nurse (LPN), under the direct supervision of the Registered Nurse. Refer to Section 606.17 of the EDWP (CCSP/SOURCE) General Manual for general policies and requirements pertaining to supervision of EDWP (CCSP/SOURCE) services.

Supervisory visits must be conducted at least monthly by either the registered nurse or licensed practical nurse. When the license practical nurse conducts supervisory visits, the registered nurse must conduct a supervisory visit at least every 62 days.

**The *Appendix DD – Nursing Visit Form* will be completed upon the request of Case Management for the determination of Enhanced Case Management. A copy of the completed form will be sent to the member's waiver case manager and the original maintained in the member's clinical record. See Part II Chapters 600-1000, Policies and Procedures for EDWP (CCSP and Source) General Services Manual, appendix dd. Rev 7/2018, 1/2021**

The LPN may conduct and document a face-to-face supervisory visit every other month under the supervision of the RN. The LPN is to note and immediately report any changes in the member's condition or concerns about care being rendered to the RN. The RN will follow up immediately on any concerns raised by the LPN. The RN **must** review, sign, and date the LPN's supervisory notes.

**At each supervisory visit, the RN must review and sign each member's Medication Administration Record (MAR) for the previous month. Any deficiencies on completion of the MAR must be noted in the supervisory review notes, including how these deficiencies have been addressed with the nurses and other staff members who supervise medication administration at the ADH center. Rev 4/2017**

**An electronic MAR can be printed or reviewed electronically as long as it records the nurse's signature and date at each supervisory visit. Rev 4/2018**

**NOTE:**

**Medical monitoring activities include, but are not limited to:**

- **monitoring vital signs AND weight (Rev 4/2011)**
- **oxygen use**
- **supervising medications**
- **glucose testing**
- **skin care**
- **supervising care**

1103.6 Clinical Records

Designated staff documents, in the member's clinical record, the member's progress toward attaining and maintaining goals that are reflected on the member's care plan and any changes in the member's condition/status.

In addition to the required information in Section 606.4 of the EDWP (CCSP/SOURCE) General Manual, the provider maintains the following member information:

A) Copies of therapist's evaluations, reevaluations and progress notes

B) Member's Service Record Form - Appendix A

C) Member's Activity Participation Record - Appendix B.

D) Current photograph of each member. The provider updates the member photograph every four years. The provider obtains consent from the member or member's representative before taking the photograph and documents in the clinical record. If the member or member's representative declines consent, the provider documents this information in the clinical record.

E) Each facility will prepare and maintain a current emergency packet for each member that contains a copy of pertinent medical records, medication list and other important information that can be sent with the member during transport by EMS if leaving the facility unaccompanied

1103.7 Infection Control

The center complies with infection control procedures as referenced in Section 607.5 and Appendix Q of the EDWP (CCSP/SOURCE) General Manual.

1103.8 Required Equipment and Supplies

The ADH maintains the equipment and supplies listed below in a safe, clean and usable condition.

| Medical Equipment and Supplies List: | General Equipment and Supplies List |
|---|---|
| Scales<br>Thermometer<br>Blood pressure equipment<br>Stethoscope<br>Tub-shower chair/bench<br>Wheelchair<br>Sterile dressing materials<br>Antiseptic (antibiotic) solution<br>Ointment or spray<br>First aid kit/Band aids, tape, gauze<br>**Rev 10/2022, 1/2023** | One bed/every ten members (based on average attendance)<br>Appropriately-sized tables, chairs and storage areas for ambulatory and wheelchair members<br>At least one non-pay telephone for local calls (must be accessible to members using a wheelchair for mobility)<br>Adequate furnishings and equipment to accommodate all ADH participants |

1103.9 Notification of Member Rights/Responsibilities

At the time of admission to the ADH, the provider reviews member rights and responsibilities with the member and/or member's representative. After the member and/or member's representative reads and signs a copy of the member's rights and responsibilities, the provider gives a copy of the rights and responsibilities to the member and/or member's representative. The provider places a copy in the member's record.

If the provider requires the member to sign a service agreement or contract, the provider uses the information in Section 601.1K of the EDWP (CCSP/SOURCE) General Manual for acceptable standards. The provider will make information about Advanced Directives available to the member.

1103.10 Program Evaluation and Member Satisfaction

Program evaluations are conducted at least annually by a designated staff position. Evidence is available to demonstrate that the results of the program evaluations are analyzed and used to improve the quality of

service. Refer to Section 609 of the EDWP (CCSP/SOURCE) General Manual.

At a minimum, program evaluation includes, but is not limited to:

A) Quality of Member Service as indicated by the measurement of:

1) appropriateness of service to the identified need and choice of the member

2) provision of service in a timely fashion

3) performance of activities

4) support of member dignity and self-respect

B) Member Satisfaction as indicated by the measurement of:

1) staff responsiveness to member needs

2) timeliness

3) sensitivity to culturally diverse populations

4) quality, variety, and temperature of meals (hot meals hot; cold meals cold)

5) staff respect for member's rights, choices, privacy, dignity, property and protection from harm and exploitation

6) staff attitude and courtesy

C) Review of ADH policies and procedures

The provider reviews agency policies and procedures at least annually and revises them as needed. The provider indicates in policy how changes in agency policies and procedures are communicated to all staff.

D) Review of Members' Clinical Records

The provider monitors and reviews clinical records to insure they contain current, required information

## 1104. Staffing Qualifications and Responsibilities

### 1104.1 Staffing and Staff Member Ratios

The ADH provider hires, trains, supervises, and monitors the performance of all staff that renders ADH services. The ADH Center Director develops a staffing pattern which meets the needs of the particular member population, determined by the size and the functional level of the member population and that meets state and federal labor laws. The RN, LPN, and any ADH staff providing direct member care are required to have current certifications in CPR and First Aid.

A) Staff/Member Ratio - A minimum ratio of staff to member is used to determine adequate staff coverage when members are in attendance. Staff ratio refers to the staff providing direct services to members and therefore excludes such employees as clerical or office workers and food service staff.

- Level I 1:8
- Level II 1:4

Any deviation from those ratios and the reason for the deviation is documented by the ADH Center Director.

B) Required Full-Time Staff Positions

1) Center Director
2) Registered Nurse
3) Aide(s)
4) Activity Professional
5) Occupational, Physical, Speech Therapists (by contract)

C) Suggested Staff Positions

1) Licensed Practical Nurse
2) Driver/Aide
3) Clerical Support
4) Maintenance Support
5) Registered Dietitian

**NOTE:**
**ADH staff may assume more than one job function. For example, the RN may serve as the Center Director; the Driver may serve as an aide or maintenance support worker, as long as labor laws are observed, staff meet the job qualifications, and EDWP (CCSP/SOURCE) members' health needs are met.**

1104.2 General Staffing Policies

In addition to meeting the requirements in Section 607 of the EDWP (CCSP/SOURCE) General Manual, providers adhere to the following policies:

A) A Registered Nurse currently licensed in Georgia is employed by the ADH center.

B) The provider may employ a Licensed Practical Nurse (LPN) under the direct supervision of the Registered Nurse.

C) If the center employs both a RN and LPN, at least one licensed nurse is on the premises of the ADH at all times when a member is present. If the LPN is on the premises, the RN must be available by pager or other means at all times when a member is present. If the center employs only a RN, the RN must be on the premises at all times when a member is present.

D) For monitoring purposes, the ADH center maintains a listing of staff positions, names of the specific staff person assigned to each position, the hours assigned for each position, and the duties to be performed.

1104.3 Qualifications and Duties of Staff

The provider incorporates the following basic staff qualifications listed below into a written criteria-based job description. All staff meets the minimum education/training/experience requirements. The provider may add any qualifications necessary to meet the specific needs of a given center in addition to the following minimum standards:

A) Center Director/Administrator qualifications include, but are not limited to:

1) demonstrated experience as an administrator or supervisor in adult day care or RN license

2) experience in a related health or social service field, preferably a community-based aging program

3) three years of experience in an administrative or supervisory capacity.

B) Registered Nurse qualifications include, but are not limited to:

1) a current Georgia license to practice as a Registered Nurse

2) at least one year experience in a health or social services field; preferably with work in aging and/or adults with chronic impairments

3) one year experience in an administrative or supervisory capacity

4) current certification in CPR

C) Registered Nurse duties include, but are not limited to:

1) initial assessment of member

2) periodic evaluation of member's nursing needs

3) implementation of the Comprehensive Care Plan and development of the member's care plan; reviewing and revising the member's care plan at least once per month; communicating all revisions to appropriate staff

4) preventive and rehabilitative nursing procedures

5) progress note preparation and review of staff entries at least once per month.

**NOTE:**
**More frequent documentation and follow-up are required when changes in the member's status or condition are noted.**

6) coordination with other service providers

7) notification to the physician and care coordinator of changes in the member's condition

8) health-related education to meet member needs

9) supervising and teaching other ADH personnel

10) coordination of all specialized therapies

D) Licensed Practical Nurse qualifications include, but are not limited to:

1) a current Georgia license to practice as a Licensed Practical Nurse

2) experience within the last five years in a health or social services field, preferably with one year recent (within 2 years) experience in health or social services field

3) current certification in CPR and First Aid.

Licensed Practical Nurse duties include, but are not limited to:

1) writing progress notes at least monthly, if not completed by the Registered Nurse

**NOTE:**
**More frequent documentation and follow-up are required when changes in the member's status or condition are noted.**

2) assistance to the member in learning self-care

3) member teaching

4) assistance with personal care/ADLs

5) range of motion exercises and ambulation assistance

6) administering and assisting with medications under the supervision of the RN

7) observing and reporting any member changes to the RN

8) assisting with therapeutic activities

9) documentation.

E) Activity Professional (Refer to Section 1103.4D) Qualifications include, but are not limited to:

1) creative arts therapists (professionals providing art, music, drama, and dance/movement therapy) who have completed appropriate college-level and clinical training and are certified by the appropriate national professional organization in their field. Volunteers may qualify to assist in providing creative arts therapies.

2) Registered Occupational Therapists or certified Therapeutic Recreation Specialists, or Activity Professionals who are high school graduates and have at least two years of experience, or an individual with a degree in a therapeutic music or dance

3) current certification in CPR and First Aid

F) Aide qualifications include, but are not limited to:

1) a high school diploma or the equivalent

2) one or more years of experience working with adults in a health care or social service setting

3) experience in working with older adults or conducting activities for the population served

4) current certification in CPR and First Aid.

5) Ability to safely transfer a member weighing 150 pounds

6) Any state requirements for certification, if applicable

G) Duties of the aide include, but are not limited to:

1) assisting members with personal care/ADL's

2) observing and reporting any changes in the member to the RN

3) assisting with activities

4) assisting with toileting

5) assisting with meals and snacks

6) assisting with ambulation

7) documenting as directed

H) Occupational, Physical, and Speech Therapists' qualifications include, but are not limited to:

1) currently licensed to practice in Georgia

2) current certification in CPR and First Aid.

I) Occupational, Physical, and Speech Therapists' duties include, but are not limited to:

1) assisting in evaluating the member's level of functioning

2) participating in the development and revision of the member care plan

3) providing therapy to members as ordered

4) preparing of clinical notes

5) consulting with and educating the member, member representative, and ADH personnel related to specific member needs

**NOTE:**
**The ADH provider locates appropriately licensed personnel and arranges for the provision of the ordered specialized therapy.**

1104.4 Staff Development and Annual In-Service Training

All ADH staff, subcontractors and volunteers who interact with members must complete orientation within the first two weeks of employment. Refer to Section 607.5 of the EDWP (CCSP/SOURCE) General Manual for the minimum topics that are offered during orientation. In addition, the ADH provider makes available annual in-service training to all staff on the following topics:

A) an overview of Alzheimer's disease

B) understanding communication techniques

C) understanding common behaviors and appropriate interventions of members with Alzheimer's disease (i.e., wandering, agitation, redirecting, cuing)

D) care and management skills

E) activities appropriate for aging or chronically ill participants

F) safety and accident prevention (Risk Management)

G) medications and side effects

H) elder abuse reporting

I) advance directives

J) nutrition care, food safety and safe feeding

K) interpreting emergency situations that will improve access to needed immediate 911 help or access to the RN on staff

All ADH staff, subcontractors and volunteers shall complete a minimum of 12 hours of continuing education annually on topics related to their job responsibilities and member population

The ADH provider shall document training to include the names of the persons attending, the date, time, topic, instructor and instructor's credentials. Documentation of training will be made a part of the staff files.

## 1105. Reimbursement Methodology

Refer to Section 1000 of the EDWP (CCSP/SOURCE) General Manual regarding the basis of reimbursement and Appendix S of the EDWP (CCSP/SOURCE) General Manual for specific reimbursement rates for ADH.

Rev. 07/09

# APPENDIX A
# GEORGIA DEPARTMENT OF HUMAN SERVICES
# ADULT DAY HEALTH SERVICES
# MEMBER SERVICE RECORD FORM

**Provider: _____ Month: _____ Year: _____**

**Member Name: _____ Medicaid: _____**

| **Day of Month** / Attendance | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** | **24** | **25** | **26** | **27** | **28** | **29** | **30** | **31** | **Monthly Total** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Full day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part Day | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Absent Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Therapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ST | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Personal Care | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eating | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Toileting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dressing/Grooming | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Meals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On site | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Snack | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Take Home | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Other Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Nursing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Social Services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

RN Signature: _____ Date: _____

**ADULT DAY HEALTH – Progress Notes**

**Member Name: _____**

| Date | | Initial |
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| | **SUPERVISORY VISIT NOTATIONS** | |
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**INSTRUCTIONS**
**GEORGIA DEPARTMENT OF HUMAN SERVICES**
**ADULT DAY HEALTH SERVICES**

**MEMBER SERVICE RECORD FORM**

Provider: Enter the name of the Adult Day Health Center where member attends.

Month: Enter the month in which ADH services are rendered.

Year: Enter the year in which ADH services are rendered.

Member Name: Enter the name of the EDWP (CCSP/SOURCE) member who is receiving ADH services.

Medicaid: Enter the EDWP (CCSP/SOURCE) member's Medicaid number.

Day of Month: Enter the calendar date (1 through 31) member receives services.

Monthly Total: Enter the total number of days attended and services rendered for the month.

Attendance:

**Full Day:** Check (x) each calendar day that member attends ADH center for a full day.

**Part Day:** Check (x) each calendar day that member attends ADH for a part day.

**Absent/Code:** Enter the appropriate code number below for each calendar day that member is absent from the center:

1. Hospitalized
2. Nursing Home
3. Medical Appointment
4. Discharged
5. Member out of town
6. Family / member representative visit
7. Member ill
8. Member refused services
9. Member died
10. Other (Specify)

Therapy:

**Physical Therapy:**

Check (x) each calendar day that member receives physical therapy in the ADH center or on contract outside the center.

**Speech Therapy:**

Check (x) each calendar day that member receives speech therapy in the ADH center or on contract outside the center.

**Occupational Therapy:**

Check (x) each calendar day that member receives occupational therapy in the ADH center or on contract outside the center.

Personal Care:

**Eating:**

Check (x) each calendar day that the member needs assistance with eating.

**Toileting:**

Check (x) each calendar day that the member needs assistance with toileting.

**Dressing/Grooming:**

Check (x) each calendar day that the member needs assistance with dressing/grooming.

**Bathing:**

Check (x) each calendar day that the member needs assistance with bathing.

Meals **On-Site:**

Check (x) each calendar day that member eats a meal at the ADH center.

**Snack:**

Enter "1" if member received one snack each calendar day and "2" if member receives a morning and afternoon snack.

Nursing Services:

Check (x) each calendar day that member receives nursing services in the ADH center.

The RN, Center Director, or Activity Director/Aide may sign and date the Member Service Record Form.

**Reverse Side of Member Service Record Form:**

Progress note entries are signed and dated by person writing the note. The RN initials all progress note entries by all other staff.

RN's monthly supervisory visit documentation is noted, signed and dated by the RN.

# APPENDIX B
# ADULT DAY HEALTH
# ACTIVITY PARTICIPATION RECORD

**Name _____ Month _____ Year _____ AGE _____ Precautions _____**

**A = Active P = Passive R = Refused U = Unable**

| DAILY ACTIVITIES | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Exercise/a.m. discussion | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Active Group Games | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cognitive Group Games | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bingo | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Individual/"Work Type"/Jobs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Small Group/Modified Activities | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discussion/Socialization Groups | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1-1 Visitation/Reminiscence | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Intergenerational | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Music/Dance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art/Drama | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Craft _____/_____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sewing/Needlework | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cooking Individual/Group | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Religious Activities/Speakers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pet Therapy | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Group Celebrations/Parties | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Special Program/Demonstration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health Promotion Speakers/Act | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Beauty/Barber Shop | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Field Trips | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Special Group Projects | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Project | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gardening/Horticultural | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staff Initials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Notable Activities/Date/Comment

Overall Level of Participation for current month (circle one): Maintained Improved Declined

Staff Signatures:

**RN** _____ Date: _____

_____ Date: _____

_____ Date: _____

## INSTRUCTIONS FOR COMPLETING ACTIVITY PARTICIPATION RECORD (ADULT DAY HEALTH)

1. On page 1, complete identifying information (i.e., name, age, month, year, precautions) at top of record.

2. Under the date of the month, indicate which activity the member participated in by writing the appropriate latter [A (active), P (passive), R (refused), U (unable)] by the specific activity.

3. Staff who assisted in the activity will write his/her initials in the appropriate space at the bottom of page 1.

4. On page 2, designated staff will write a brief narrative of any pertinent information, additional activities, or comments and the date on which the activity occurred.

5. Each entry must be initialed by the person making the notation.

6. Designated staff will circle the appropriate level of member participation for the current month.

7. The RN and all other staff completing the form will sign and date the form at the end of the current month.

8. The completed form will be maintained in the member's record/chart or designated file.

## APPENDIX C

**EDWP (CCSP/SOURCE) Services Program**
**Application for Adult Day Health-Mobile**

1. Name of currently enrolled Adult Day Health Services facility:

2. EDWP (CCSP/SOURCE) Medicaid Provider Number for ADH:

3. Mailing address:

4. Contact person and telephone number:

5. Street address for Adult Day Health Services-Mobile:

6. City, County:

7. Days and hours of operation for ADH-M:

8. Name of Supervising Registered Nurse for ADH-M:

9. Other staff and titles

10. Contact person and telephone number for ADH-M:

**INSTRUCTIONS FOR COMPLETING APPLICATION FOR ADULT DAY HEALTH SERVICES – MOBILE:**

1. Type or use a computer to complete the Application for Adult Day Health Services – Mobile (Appendix C)
2. Complete each item of the Application for Adult Day Health Services-Mobile.
3. Complete Appendix D, indicating the location of the Adult Day Health Services-Mobile facility.
4. Submit the following items to the email below-
    a. Current copy of the fire/safety inspection and/or certificate of occupancy for the Adult Day Health Services – Mobile. (Note: The fire/safety inspection and/or certificate of occupancy must be dated within one year from the date the application is submitted.)
    b. HFR permit that includes 'mobile' on the permit.
    c. Current business license for ADH site where original ADH permit is located.
    d. Liability Insurance
    e. RN license/GA
    f. Serve Safe certificate/applicable food permit
5. Submit the Application for Adult Day Health – Mobile (Appendix C/D) and items noted above to:

    Email documents to ccsp.messages@dch.ga.gov

    **Georgia Department of Community Health-Medical Assistance Plan**
    2 MLK Jr. Dr. SE
    Twin Towers East
    19th Floor
    Atlanta, Georgia 30334

## APPENDIX D

**INSTRUCTIONS:** Place a check (√) beside the county(ies) in which the EDWP (CCSP/SOURCE) service will be provided.

☐ Statewide

1 – Northwest

_____Bartow
_____Catoosa
_____Chattooga
_____Dade
_____Fannin
_____Floyd
_____Gilmer
_____Gordon
_____Haralson
_____Murray
_____Paulding
_____Pickens
_____Polk
_____Walker
_____Whitfield

**2 – Georgia Mountains**

_____Banks
_____Dawson
_____Forsyth
_____Franklin
_____Habersham
_____Hall
_____Hart
_____Lumpkin
_____Rabun
_____Stephens
_____Towns
_____Union
_____White

**3 – Atlanta Regional**

_____Cherokee
____ _Clayton
_____Cobb
_____DeKalb
_____Douglas
_____Fayette
_____Fulton
_____Gwinnett
_____Henry
_____Rockdale

4 – Three Rivers

____Butts
_____Carroll
_____Coweta
_____Heard
_____Lamar
_____Meriwether
_____Pike
_____Spalding
_____Troup
_____Upson

**5 – Northeast Georgia**

_____Barrow
_____Clarke
_____Elbert
_____Greene
_____Jackson
_____Jasper
_____Madison
_____Morgan
_____Newton
_____Oconee
_____Oglethorpe
_____Walton

**6 – River Valley**

_____Chattahoochee
_____Clay
_____Crisp
_____Dooly
_____Harris
_____Macon
_____Marion
_____Muscogee
_____Quitman
_____Randolph
_____Schley
_____Stewart
_____Sumter
_____Talbot
_____Taylor
_____Webster

7 – Middle Georgia

____ Baldwin
_____Bibb
_____Crawford
_____Houston
_____Jones
_____Monroe
_____Peach
_____Pulaski
_____Putnam
_____Twiggs
_____Wilkinson

**8 – Central Savannah River**

_____Burke
_____Columbia
_____Glascock
_____Hancock
_____Jefferson
_____Jenkins
_____Lincoln
_____McDuffie
_____Richmond
_____Screven
_____Taliaferro
_____Warren
_____Washington
_____Wilkes

**9 – Heart of GA/Altamaha**

_____Appling
_____Bleckley
_____Candler
_____Dodge
_____Emanuel
_____Evans
_____Jeff Davis
_____Johnson
_____Laurens
_____Montgomery
_____Tattnall
_____Telfair
_____Toombs
_____Treutlen
_____Wayne
_____Wheeler
_____Wilcox

10 – Southwest

____ Baker
_____Calhoun
_____Colquitt
_____Decatur
_____Dougherty
_____Early
_____Grady
_____Lee
_____Miller
_____Mitchell
_____Seminole
_____Terrell
_____Thomas
_____Worth

**11 – Southern Georgia**

_____Atkinson
_____Bacon
_____Ben Hill
_____Berrien
_____Brantley
_____Brooks
_____Charlton
_____Clinch
_____Coffee
_____Cook
_____Echols
_____Irwin
_____Lanier
_____Lowndes
_____Pierce
_____Tift
_____Turner
_____Ware

**12 - Coastal**

_____Bryan
_____Bulloch
_____Camden
_____Chatham
_____Effingham
_____Glynn
_____Liberty
_____Long
_____McIntosh

**REV. 1/06, 04/10, 4/23**

**APPENDIX E**

EDWP (CCSP/SOURCE) CARE COORDINATION ADH CHECKLIST

Client _____ Date _____ CC Coordinator _____

Name of ADH _____ ☐ Level I ☐ Level II

1. Physical Environment (1103.1)

a. ☐Yes ☐No Environment clean, odor free?
b. ☐Yes ☐No Lighting is adequate for client?
c. ☐Yes ☐No Temperature is comfortable for client?
d. ☐Yes ☐No Environment accessible to client?
e. ☐Yes ☐No System in place to monitor client's whereabouts?

f. Comments _____

2. Supervision of client care (1103.5)

a. ☐Yes ☐No RN supervisory visit completed monthly?
b. ☐Yes ☐No ☐N/A Client changes/problems documented with appropriate follow up?
c. ☐Yes ☐No ☐N/A Documentation of other services being rendered?
d. ☐Yes ☐No Documentation of client participation in therapeutic activities?
e. ☐Yes ☐No Client satisfied with services/activities provided?

f. Comments _____

3. Documentation of medications (1103.4)

a. ☐Yes ☐No Prescription label matches medication sheet
b. ☐Yes ☐No Med sheets signed by RN supervising medication administration?_____
c. ☐Yes ☐No ☐N/A Documentation of missed medications, reason and corrective action?
d. ☐Yes ☐No Client medications under lock and key?

e. Comments _____

4. Staffing (1104.2)

a. ☐Yes ☐No RN or LPN on site when CC visit made?
b. ☐Yes ☐No RN available if not present during visit?
c. ____ # staff present during visit d.__ # participants present during visit

e. Comments_____

5. Other Service Providers (1103.6)

a. ☐Yes ☐No Documentation of evaluation, re-evaluation and progress notes in client record?

**ADULT DAY HEALTH SERVICES**

b. Comments_____

6. Client Condition

a. ☐Yes ☐No Client and clothing clean?
b. ☐Yes ☐No Client condition matched documentation in RN supervisory note?

c. Comments_____