

ALASKA

Overview

Alaska has no licensure requirements for adult day services (ADS), but all providers must be certified by the Division of Senior and Disability Services (DSDS). ADS are provided under several Medicaid 1915(c) waiver programs. Residents of skilled nursing facilities or Pioneers' Homes (i.e., assisted living) are not eligible for ADS through a Medicaid waiver program. However, using other DSDS funding sources, individuals who are transitioning from a nursing facility or Pioneer Home to a home or community-based setting may receive ADS during the transition phase.

All provider agencies that furnish ADS using DSDS grant funds or under a Medicaid waiver must meet the minimum standards as stated in the ADS standards promulgated by DSDS and be certified as a Medicaid provider.

Definitions

Adult day services are defined as the provision of an organized program of services and activities during the day in a facility-based setting. The services and activities must be therapeutic and supportive for participants, and may include both individual and group activities. The program must provide supervision and a secure environment for participants to achieve goals identified in their individualized service plans.

ADS providers also furnish referrals to and assistance in using appropriate community resources. ADS help participants remain in their communities and allow families and other caregivers to continue caring for them at home. The program must operate for a minimum of 6 hours each day, not including transportation to and from the setting.

Medicaid defines ADS as health, social, and related support services, which are provided to older adults and adults with physical disabilities in a protective setting, other than a nursing facility, during any part of a day, but less than 24 hours per day. Recipients attend services on a planned basis during specified hours.

Parameters for Who Can Be Served

Individuals must be able to benefit from ADS. They may not be served if: (1) their medical condition is beyond the professional expertise of the staff; (2) they are bedfast or too weak to attend on a regular basis; (3) they are actively infected with a

communicable disease; (4) they have emotional or behavioral disorders that include a pattern of disruptive behaviors that pose a danger to others; (5) they abuse alcohol and/or drugs; or (6) they are too independent to benefit from adult day activities.

Eligibility for ADS varies by public funding source. Depending on the program, providers may serve individuals age 55 or older or age 60 or older, or persons of any age who have Alzheimer’s disease or another type of dementia.

Inspection and Monitoring

An on-site inspection is conducted as part of the initial certification process. Initial certification is for 1 year and renewal certification is for 2 years. An additional on-site visit is conducted during the certification period.

Required and Optional Services

All ADS programs furnish socialization, social activities, nutrition services, and supervision to ensure safety. They also monitor participants’ health and functioning at a basic level to determine if the program can continue to meet participants’ health and functional needs. The table below lists additional required and optional services.

Required and Optional Services	Adult Day Services	
	Required	Optional
ADL Assistance	X	
Health Education and Counseling		
Health Monitoring/Health-Related Services		
Medication Administration	X	
Nursing Services		X
Physical Therapy, Occupational Therapy, or Speech Therapy		
Skilled Nursing Services		X
Social Services	X	
Transportation	X	

Medication Provisions

ADS providers must offer medication administration as an integral part of their services. This means the providers must have someone who is trained to administer medications--for example, a registered nurse--unless some other arrangement is made, such as: (1) a participant administers his or her own medications; (2) someone designated by a participant or a participant’s representative comes to the facility to administer medications; or (3) a participant or participant’s representative delegates medication administration.

Providers must have medication administration policies and procedures, specifying that participants who are able to keep their medicines shall keep them safely and that the program will keep medicines of participants who are unable keep them safely.

Participants may bring and take their own medications. Staff may supervise participants' self-administration of medications by: (1) reminding them to take medication; (2) opening bottle caps; (3) opening pre-packaged medication; (4) reading the medication labels to participants; (5) observing participants while they take medication; (6) checking the self-administered dosage against the label of the container; (7) reassuring participants that they have obtained and are taking the dosage as prescribed; and (8) directing or guiding the hand of a legally competent participant who is administering his or her own medications.

Staffing Requirements

Type of Staff. The provider must designate an ADS *program administrator* who is responsible for day-to-day management of the program. The provider may use a term other than program administrator for this position, for example, program director, program manager, or program supervisor.

Providers who serve Medicaid waiver participants may employ an individual to serve as program administrator for more than one home and community-based service if: (1) necessitated by the location of an agency office; and (2) given the size of the participant population served and the number of direct care workers employed by the provider, the administrator is capable of being actively engaged in the day-to-day management of each service. Whatever term is used to describe this position, the individual filling it must meet the requirements for program administrator that are specified in the Conditions of Participation for the services the provider offers.

The provider must appoint an *activity coordinator* or *director* who is responsible for planning and supervising activities for recipients. *Direct care workers* must be qualified through education or experience, and possess, or develop before providing services, the skills necessary to meet the needs of the participant population.

Program assistants, including volunteers, must meet the same requirements that direct care workers must meet. Substitute or volunteer staff may be used to provide care in the absence of regular staff. Two staff, one of whom may be a volunteer, must be present at all times during operation of the program. At least one staff person certified in cardiovascular pulmonary resuscitation (CPR)/first-aid must be on duty at all times.

Staffing Ratios. ADS providers must meet a minimum staff-to-participant ratio of 1:8, unless some participants have a diagnosis of Alzheimer's disease or another type of dementia, in which case the required ratio is 1:4. The provider must include only the staff and volunteers providing direct care services to participants when determining

whether staffing ratio requirements are being met. If the provider bases the adequacy of the staff-to-participant ratio on volunteers, the volunteers must meet the same qualification and training requirements that direct care workers must meet.

Training Requirements

The provider must furnish an orientation for employees prior to service delivery, which transmits the agency's values, philosophy, and mission, and provides information about all laws, policies, procedures, and individual reporting responsibilities regarding participant abuse, neglect, and mistreatment. All paid and volunteer staff shall be provided general orientation to the facility (e.g., location, staff, and activities); information on fire and safety measures/codes; an overview of participants and activities; and information about other staff training opportunities. The agency shall periodically assess the need for specific staff training programs and shall comply with all mandatory personnel licensure and training schedules.

The provider must furnish training to direct care workers to ensure they are qualified to perform the services participants require, including the following topics, at a minimum:

- Safety in the workplace and proper use of tools and equipment.
- Maintenance of a clean, safe, and healthy workplace environment.
- Universal precautions and basic infection control procedures.
- CPR and first-aid.
- Fall prevention, assistance with mobility, and body mechanics relating to safe transferring.
- Understanding the needs of the population to be served, including the needs of individuals with dementia; nutrition, hydration, and special diet needs; and monitoring overall health and well-being.

Location of Licensing, Certification, or Other Requirements

Provider requirements and program standards are in the Home and Community-Based Waiver Services Certification Application Packet and in the chapter on Medical Assistance in the Alaska Administrative Code.

Alaska Administrative Code, Adult Day Services, Title 7, Health and Social Services. Rule 130.250. [July 1, 2013]

<http://www.legis.state.ak.us/basis/aac.asp#7.130.250>

Home and Community-Based Waiver Services Certification Application Packet, Division of Senior and Disabilities Services. [February 12, 2004]
[http://dhss.alaska.gov/dsds/Documents/pca/CertAppPkt2ndEd42106\(2\)RegThirdEdition12-10.pdf](http://dhss.alaska.gov/dsds/Documents/pca/CertAppPkt2ndEd42106(2)RegThirdEdition12-10.pdf)

Adult Day Services Standards, Division of Senior and Disabilities Services. [July 1, 2003]
http://dhss.alaska.gov/dsds/Documents/grantservices/PDFs/Adult_Day_Standards_2003%20%282%29.pdf

Adult Day Services, Conditions of Participation, Department of Health and Social Services, Division of Senior and Disabilities Services. [May 2, 2013]
<http://dhss.alaska.gov/dsds/Documents/regspackage/AdultDayServicesCOP.pdf>

Frequently Asked Questions, HCBW Regulations 7AAC 130. [July 1, 2013]
<http://dhss.alaska.gov/dsds/Documents/regspackage/HCBWregulationsFY2013-FAQs.pdf>

Information Sources

Angela Salerno
Manager, Policy Unit
Alaska Health and Human Services

REGULATORY REVIEW OF ADULT DAY SERVICES: FINAL REPORT, 2014 EDITION

Files Available for This Report

FULL REPORT

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/adultday14es.cfm>
HTML <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.cfm>
PDF <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.pdf>

SEPARATE STATE PROFILES

[**NOTE:** These profiles are available in the full HTML and PDF versions, as well as each state available as a separate PDF listed below.]

Alabama	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AL.pdf
Alaska	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AK.pdf
Arizona	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AZ.pdf
Arkansas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AR.pdf
California	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CA.pdf
Colorado	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CO.pdf
Connecticut	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CT.pdf
Delaware	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DE.pdf
District of Columbia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DC.pdf
Florida	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-FL.pdf
Georgia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-GA.pdf
Hawaii	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-HI.pdf
Idaho	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ID.pdf
Illinois	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IL.pdf
Indiana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IN.pdf
Iowa	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IA.pdf
Kansas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KS.pdf
Kentucky	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KY.pdf
Louisiana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-LA.pdf

Maine	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ME.pdf
Maryland	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MD.pdf
Massachusetts	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MA.pdf
Michigan	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MI.pdf
Minnesota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MN.pdf
Mississippi	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MS.pdf
Missouri	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MO.pdf
Montana	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MT.pdf
Nebraska	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NE.pdf
Nevada	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NV.pdf
New Hampshire	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NH.pdf
New Jersey	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NJ.pdf
New Mexico	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NM.pdf
New York	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NY.pdf
North Carolina	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NC.pdf
North Dakota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ND.pdf
Ohio	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OH.pdf
Oklahoma	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OK.pdf
Oregon	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OR.pdf
Pennsylvania	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-PA.pdf
Rhode Island	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-RI.pdf
South Carolina	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SC.pdf
South Dakota	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SD.pdf
Tennessee	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TN.pdf
Texas	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TX.pdf
Utah	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-UT.pdf
Vermont	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VT.pdf
Virginia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VA.pdf
Washington	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WA.pdf
West Virginia	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WV.pdf
Wisconsin	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WI.pdf
Wyoming	http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WY.pdf