

Adult Day License Stakeholder Group – Meeting Notes

January 15, 2020

Daily program activities & community engagement

Items for discussion and notes:

How can ADS settings develop activity programs that meet the various interests of the people in the program?

- Preferred preferences/interest inventory
- Upon admission complete leisure/interest survey- history (what did the person enjoy in the past?), present interests, future goals- use this to help inform monthly calendar. Review goals at quarterly care meetings that are built off of leisure/interest survey
- From Adult Day rule: “Program activities shall be designed to meet the needs and interests of the participants”—This is too vague. Why are we doing these activities? There needs to be more specificity/definition around socialization- Does this include things like building of relationships? Create a formula on how to design these activities- promote health, wellness/well-being, prevent social isolation.
- What is the purpose of socialization in Adult Day?
- Can use as an assessment of interest and to gauge ongoing participation.
- Document (from provider’s perspective) those who opt out instead of those who opt in (e.g. documenting every activity that people are participating in)
- Do not create additional paperwork/documentation that will create a lot of extra work
- Allow flexibility and creativity balance with what NEEDS to be documented

Who is responsible for developing an activity program? Should there be a designated role, training, expectation?

- Could be a designated role, but does not need to be depending on the size of the program.
- Should the person responsible for developing the activity programs demonstrate competence? Group response: this could be a person that is just passionate about developing activities, not someone with a specific degree/competency.

How should community integration be built into program activity requirements?

- Focus on development of community relationships
- Transportation/Staff limits community integration opportunities
- Person that creates the program activities- has a role that provides opportunities for community integration. Organization is responsible for planning, thinking, developing ideas to meet the need
- The rule could be specifically geared toward community integration (needs to be defined)- includes, but are not limited to events hosted by the agency that are available to the public (per HCBS settings rule, bringing the community in cannot be the sole form of community integration)
- If a person is so isolated that the adult day is their only socialization—the adult day program should support the person to build relationships that are not connected to a provider
- Define socialization vs. community integration

Structured exercise

Items for discussion and notes:

How does exercise programming fit with overall requirements for daily program activities?

How can an ADS setting develop exercise program options that are more person-centered and individualized to the person's needs?

Can exercise programming be integrated into the community?

What's the appropriate role for a physical therapist related to exercise programming?

- How can exercise be built into the overall "daily programming activity"--
 - Build in community relationships- YMCA
 - Walking clubs
- Does the exercise program need to be developed by a certified physical therapist? Does a physician need to be involved in this process? Group response- only if the physician specifically assesses risks a person would have with exercise.
- Most providers see a great benefit to the exercise program. The challenge finding a registered PT to review/approve the program. PT could take more of a roll to assess risks instead of the physician. The way the rule is written, the PT does not need to assess people, identify changes/modifications for a specific person, etc...
- Take into account access to PT—Per licensing the provider could get a variance to the PT requirement (per 245A) if it doesn't impact health, safety, rights.
- Adding more rigor (changing licensing requirements/provider expectations), we could be losing the spirit of the intent of the service.

Health services

Items for discussion and notes:

Should all ADS providers be required to offer health services? Or should providers be able to choose whether or not to offer health services?

What standards need to be in place for ADS providers to safely and appropriately provide medication assistance and medication administration?

What is the appropriate role for a registered nurse in ADS?

What is the capacity for ADS providers to serve persons with high medical needs?

Are there health related needs that cannot or should not be met in an ADS?

- Yes, ADS should offer health services--- many people have daily health service needs that do not warrant a medical professional intervention
- Medical vs. Health is different- Medical- physician, nurses, PAs, therapists
- Can't rely on the adult day provider to provide services to people with complex needs
- To what extent does the current rate take into account this requirement
- What are the barriers? Physician contact
- Whose role is it to manage health services?
- Can we have a rate framework that includes RN on staff all day/every day? Lack of access to getting daily health needs met is a huge barrier—e.g. insulin shots

- If rates were not an issue, what would the role of a nurse be (program and personal)—Case load of people, participate in care conferences, part of the team. Augustana 1 nurse per 55 people.
- We need more definition around roles and discussion around funding
- Direct care staff wages are low- delegated nursing functions would need to be accommodated for

Food service and nutrition

Items for discussion and notes:

Does the 4 ½ hour requirement seem appropriate?

How does the 4 ½ hour requirement play out for people served?

How does the 4 ½ hour requirement play out for ADS providers?

- AM/PM refreshment (change the snack term)
- Can a breakfast/refreshment be a component
- Federal program allows for breakfast and lunch—more \$\$
- Accommodate extended hour adult day programs (12 hour programs)
- Rule should be more culturally specific related to meals/food
- Have available instead of “serving” to accommodate people fasting. Per licensing, the Adult day provider could ask for a variance.
- Recommendation: Have meals/food available based on hours the center is open (if the center is open from 9-3= lunch, if the center is open from 7-2= breakfast and lunch, if the center is open from 10-6= lunch and dinner)