# Revision Table

<table>
<thead>
<tr>
<th>Revision Date</th>
<th>Sections Revised</th>
<th>Description</th>
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<tbody>
<tr>
<td>1/02/2014</td>
<td></td>
<td>Original - RFP HSS-14-022</td>
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<tr>
<td>2/26/2014</td>
<td>9.2</td>
<td>Deleted: The following information must be included on the invoice and in the DSAAPD Invoicing Workbook: Number of operating days eligible for payment for the billing period (i.e., total business days providing services for the billed month); Consumer’s legal name; Requested demographic information of the consumer; Service Units provided per consumer; Total Service Units provided; Service Unit Cost; Total DSAAPD funds earned; For services provided under Title III: The Unit Reimbursement Rate; Program Income Collected for services.</td>
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<tr>
<td>2/26/2014</td>
<td>9.1</td>
<td>Revised: The provider must invoice DSAAPD utilizing the following Invoicing Workbooks: IW-019 for Title III-B funded program participants &amp; IW-020 for Social Service Block Grant (SSBG) funded program participants, pursuant to the DSAAPD Policy Manual for Contracts, policy X-Q, Invoicing.</td>
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<tr>
<td>11/03/2014</td>
<td>7.2</td>
<td>Deleted: Consumer admission will be viewed as a 30-day trial basis for both parties, at which time a decision will be made about the consumer’s continued attendance;</td>
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<tr>
<td>7/3/2017</td>
<td>9.4</td>
<td>Added entire section</td>
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1.0 SERVICE DEFINITION
1.1 Services furnished in a non-institutional, community-based setting, encompassing both health and social services needed to ensure the optimal functioning of the participant. The service is designed for persons who cannot live independently and might otherwise be institutionalized.

2.0 SERVICE GOAL
2.1 Services must be designed to enable consumers to attain and maintain physical and mental well-being through programs such as, but not limited to, regular physical activity, exercise, music therapy, art therapy, or dance-movement therapy.
   2.1.1 The goal of the program under Title III-B funding is to provide health services, recreation and socialization in a safe and supportive community-based environment.
   2.1.2 The goal of the program under SSBG funding is to provide a therapeutic environment in which individuals with disabilities can maintain maximum functioning and independence, while preventing early or inappropriate institutionalization. To obtain this goal, the program must provide high quality programming for consumers as well as information and support for caregivers.

3.0 SERVICE UNIT
3.1 The unit of service for adult day services is one (1) day of service for one (1) program participant with scheduled attendance based on a full day of services.

4.0 SERVICE AREA
4.1 Services are available to all eligible residents of the State of Delaware.
4.2 Providers of Adult Day Services are permitted to apply for sub-areas of the state.

5.0 ELIGIBILITY
5.1 To be eligible for adult day services program, the program participant:
   5.1.1 Must be a resident of the State of Delaware;
   5.1.2 Must be able to benefit from the program;
   5.1.3 Must be unable to be left alone at home;
   5.1.4 Must live with a caregiver who either works outside the home or needs temporary relief from caregiving;
   5.1.5 Must provide documentation of a recent medical examination (within the last 6 months) certifying that the participant is free of contagious diseases;
   5.1.6 Must be assessed as requiring intermediate care (i.e., needing assistance with activities of daily living (ADL’s) and/or assistance with prescribed medications);
5.2 Participants receiving adult day services through Older Americans Act Title III-B funding must be sixty (60) years of age or older;
5.3 Participants receiving adult day services through SSBG funding:
   5.3.1 Must be eighteen (18) years of age or older;
5.3.2 Must be a U.S. Citizen or have lawful immigration status;
   5.3.2.1 Immigration status will be verified in accordance with the DSAAPD Policy Manual for Contracts, Section X-O.

5.3.3 Must be a resident of the State of Delaware;

5.3.4 Participant’s functional assessment score indicates that he/she is appropriate for day services (i.e., not capable of living independently);

5.4 Adult Day Services are not provided to participants who are:
   5.4.1 Assessed as requiring skilled nursing care (i.e. 24-hour nursing care);
   5.4.2 Assessed as capable of functioning in a less restrictive environment (i.e., senior center);
   5.4.3 Currently residing in a nursing home or who is publicly subsidized in an assisted living facility or publicly subsidized foster care home.

6.0 Priority

6.1 Priority will be given to those participants who are:
   6.1.1 At risk of institutionalization;
   6.1.2 On a waiting list for a bed in a nursing home;
   6.1.3 Referred by a hospital, doctor, or geriatric case manager;
   6.1.4 Low-income individuals, including low-income minority individuals.

6.2 For services provided through Title III-B, priority should be given to those participants who:
   6.2.1 Have limited English speaking proficiency;
   6.2.2 Reside in rural areas.

6.3 For services provided through SSBG, priority should be given to participants who are:
   6.3.1 Under fifty-nine (59) years of age;
   6.3.2 Referred from adult protective services.

7.0 SERVICE STANDARDS

7.1 Adult day services center must be licensed as an Adult Day Care facility in Delaware.

7.2 Adult day services must meet or exceed the standards listed below:
   7.2.1 Comply with all applicable federal, state, and local laws, rules, policies, regulations and standards;
   7.2.2 The facility must be open for operation at a minimum of eight (8) hours per day;
      7.2.2.1 If the program provides transportation, the adult day service begins when the participant is picked up at his/her home and ends when returned to his/her home. In order to maximize time in the center, transportation routes should be limited to one hour. If transportation is not provided, the day begins when the participant enters the facility and ends when he/she leaves.
   7.2.3 When a participant’s needs no longer require or can no longer be met by the program and staff, discharge will be discussed with the caregiver. A 30-day written notice must be provided to the Caregiver in the event of a discharge;
7.2.4 The provider must have written procedures for handling emergencies and participant/family preference regarding emergency care and ambulance transportation;

7.2.5 The provider must offer information and referral to other programs for which the participant might be eligible, including assistance to the access of public benefits;

7.2.6 The provider must notify the participant’s family and physician, if necessary, of changes observed in the health status of a participant.

7.3 **Allowable Services**

7.3.1 Services include, but are not limited to:

7.3.1.1 Health monitoring;

7.3.1.2 Daily nutritious meals and snacks;

7.3.1.2.1 Main meal should be balanced and comply with the most recent dietary guidelines for Americans, providing at least one-third of the **dietary reference intakes** established by the Food and Nutrition Board of the Institute of Medicine.

7.3.1.2.2 In addition to the main meal, breakfast may be provided.

7.3.1.3 Dietary supervision;

7.3.1.4 Provision of special diets, based on physician’s orders, prepared through consultation with a qualified dietitian or nutritionist, when possible;

7.3.1.5 Social, recreational, physical, rehabilitative, or other activities/therapies as part of the plan of care;

7.3.1.6 Opportunities for walking in a safe environment;

7.3.1.7 Continued contact with the community, through outings, when appropriate;

7.3.1.8 Assistance with activities of daily living (ADL), as needed;

7.3.1.9 Transportation coordination, when possible;

7.3.1.10 Caregiver support groups and opportunities for caregivers to improve their care-giving skills which may include meetings, counseling, information and education;

7.3.1.11 Social service referrals, as needed;

7.3.1.12 Social activities that include: art, music, fitness/exercise, gardening, mental stimulation, historic recall, cooking, games, outings, reminiscence activities, etc.;

7.3.1.12.1 Activities are provided on both a group and individual basis;

7.3.1.12.2 Activities are to be designed to give purpose and meaning to daily life.

7.3.1.13 Encouragement to make or keep appointments with health professionals such as speech, physical, or occupational therapists, if necessary.
7.4 **Prohibited Activities**
7.4.1 Provision of nursing care, unless by a RN or LPN;
7.4.2 Provision of care outside of the adult day services facility, other than outings;
7.4.3 Provision of medical services, unless provided by an MD;
7.4.4 Provision of services to a participant who is a resident of a nursing home, foster care home, or assisted living facility;
7.4.5 Provision of individual, group, or family counseling unless provided by a degreed professional with formal training in counseling;
7.4.6 Provision of services to out-of-state residents.

8.0 **WAITING LISTS**
8.1 When the demand for a service exceeds the ability to provide the service, a waiting list is required. Applicants will be placed on the waiting list until services can be provided or until the applicant no longer desires services. The waiting list must be managed in accordance with DSAAPD policy X-K, Participant Service Waiting Lists. In all cases, the reason for the selection of an individual ahead of others on the waiting list must be documented (e.g., in writing and available for review).

9.0 **INVOICING REQUIREMENTS**
9.1 The provider must invoice DSAAPD utilizing the appropriate Invoicing Workbooks, pursuant to the DSAAPD Policy Manual for Contracts, policy X-Q, Invoicing.
9.2 For Title III-B funded program participants, providers will utilize the Invoicing Workbook (IW)-Adult Day Services-Title III-B
9.2.1 Within this Title III-B Invoice Workbook, the provider must attempt to collect this information of the Demographics worksheet.
9.2.2 ALL Demographic information must be completed, utilizing the UNK option for missing or refusal to provide information.
9.2.3 When determining RURAL status, please refer to this link for guidance: [http://www.dhss.delaware.gov/dhss/dsaapd/files/urban_rural_designations.pdf](http://www.dhss.delaware.gov/dhss/dsaapd/files/urban_rural_designations.pdf)
9.2.4 When determining BELOW Poverty status, please refer to this link for guidance: [https://aspe.hhs.gov/poverty-guidelines](https://aspe.hhs.gov/poverty-guidelines)
9.2.5 All other Demographic information guidelines can be found on the Demographics worksheet. Please contact your DSAAPD Contract Manager for further assistance.
9.3 For Social Service Block Grant (SSBG) funded program participants, providers will utilize the Invoicing Workbook (IW)-Adult Day Services-SSBG
9.4 For the annual Invoice Review, the provider must provide the following information with the submitted invoice. All information must be provided in an email to DSAAPD through the use of Adobe or Microsoft office based software. All supporting documentation must be sent via secure email.
Service Units - Title III & SSBG

9.4.1 Service Units – The Provider must supply supporting documentation for the service units charged for the selected month of the Invoice Review. These records must indicate:

9.4.1.1 Participant served
9.4.1.2 Service Units provided including the dates of service.

Program Income – Title III

9.4.2 Program Income – The provider must supply supporting documentation for all Program Income collected for the invoice period in question. This supporting documentation must be provided in at least one of the following forms:

9.4.2.1 Copies of participant checks, or other proof of payment (with all bank account information redacted).
9.4.2.2 Copy of financial statement (proving the deposit of the program income total for the invoice period in question).
9.4.2.3 Copy of provider financial software (if applicable) printout showing the transaction of the program income total in question.

10.0 PROGRAM INCOME UNDER TITLE III-B

10.1 For services provided under Title III-B, participant s, family members, and/or caregivers must be informed of the cost of providing adult day services and be offered the opportunity to make voluntary contributions to help defray the cost, thereby making additional services available to others.

10.2 Providers must have procedures in place to:

10.2.1 Inform applicants, family members and/or caregivers of the cost of providing adult day services and offer them the opportunity to make a voluntary contribution/donation;
10.2.2 Protect their privacy with respect to the contribution/donation;
10.2.3 Safeguard and account for all contributions/donations;
10.2.4 Use the contributions/donations to expand services.

10.3 Programs that receive meals through a Title III-C Nutrition Program may use the collection box for Title III-C contributions/donations and collect contributions/donations for Title III-B funds separately.