

**Indiana Family and Social Services Administration  
Division of Aging  
Provider Approval Request For  
Agency Providers of Adult Day Services**

The Indiana Family and Social Services Administration Medicaid Waiver Program is responsible for approval of providers for Adult Day Services under Medicaid Home and Community-Based Services administered by the Division of Aging.

The attached Service Definition, Medicaid Waiver Standards and Guidelines, Level of Assessment/Evaluation, and the Indiana Adult Day Service Survey Tool are used in this process. To apply for approval, please complete the enclosed survey tool. Return the tool and all documentation requested to:

ATTN: Waiver/Provider Analyst  
Family and Social Services Administration  
Indiana Health Coverage Programs (IHCP)  
DA Home and Community-Based Services Waivers  
402 West Washington Street, Room W382, MS 07  
P.O. Box 7083  
Indianapolis, IN 46027-7083

When your facility is fully operational and is in compliance with all of the requirements in this survey, an on-site inspection will be scheduled to survey the adult day services facility, meal preparation area (if applicable), and the facility's records: personnel and participants.

Any approval granted by FSSA upon review of such application and inspection shall be for the purpose of enrollment in one or more of the home and community-based services programs administered by the Division of Aging. It shall be limited to the specific services for which approval is sought, and shall be subject to the provider's execution of a Provider Agreement with the Office of Medicaid Policy and Planning (for Medicaid waivers) or a contract with the appropriate Area Agency on Aging (for other funding programs). The facility will abide by all terms and conditions of such Provider Agreement and/or contract.

Provider Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Definition of Adult Day Services

Adult Day Services (ADS) are community based group programs designed to meet the needs of adults with impairments through individual plans of care. These structured, comprehensive, non-residential programs provide a variety of health, social, recreational and therapeutic activities, supervision, support services, and in some cases personal care. Meals and/or nutritious snacks are required. The meals cannot constitute the full daily nutritional regimen. Each meal must meet 1/3 of the Dietary Reference Intake. These services must be provided in a congregate, protective setting. By supporting families and other caregivers, adult day services enable participants to live in the community. Adult Day Services assess the needs of participants and offer services to meet those needs. Participants attend on a planned basis. A minimum of 3 hours per day to a maximum of 10 hours per day shall be allowable. There are three levels of adult day services: Basic, Enhanced, and Intensive.

### 1. **Basic Adult Day Service (Level 1) includes:**

- a. Monitor and/or supervise all Activities of Daily Living (ADL's are defined as dressing, bathing, grooming, eating, walking, and toileting) with hands on assistance provided as needed
- b. Comprehensive, therapeutic activities
- c. Assure health assessment and intermittent monitoring of health status
- d. Monitor medication / or medication administration
- e. Ability to provide appropriate structure and supervision for those with mild cognitive impairment.
- f. Staff to Participant ratio not to exceed 1:8

### 2. **Enhanced Adult Day Service (Level 2) includes:**

Basic (Level 1) service requirements must be met.

Additionally:

- a. Provide hands-on assistance with 2 or more ADL's or hands-on assistance with bathing or other personal care
- b. Health assessment with regular monitoring or intervention with health status
- c. Dispense or supervise the dispensing of medications to participants
- d. Psychosocial needs assessed and addressed including counseling as needed for participants and caregivers
- e. Ability to provide therapeutic structure, supervision and intervention for those with mild to moderate cognitive impairments.
- f. Staff to Participant ratio not to exceed 1:6

### 3. **Intensive Adult Day Service (Level 3) includes:**

Basic (Level 1) and Enhanced (Level 2) service requirements must be met.

Additionally:

- a. Hands on assistance or supervision with all ADL's and personal care
- b. One or more direct health intervention(s) required
- c. Rehabilitation and restorative services including Physical Therapy, Speech Therapy, Occupational Therapies coordinated or available
- d. Ability to provide therapeutic intervention to address dynamic psychosocial needs such as depression or family issues effecting care
- e. Ability to provide therapeutic interventions for those with person with moderate to severe cognitive impairments
- e. Staff to Participant ratio not to exceed 1:4



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Adult Day Service Requirement	Met	Not Met	Planned Date of Compliance	Verified Compliance	Comments/Notes
<b>I. Provider Eligibility and Enrollment</b>					
<b>A.</b> Legal Entity- Is the ADS provider a recognized legal entity authorized to do business in the State of Indiana?					
<b>B.</b> Provider enrollment application is complete including documentation of:					
1. The maximum consumer capacity requested.					
2. The service level classification being requested					
3. A floor plan of the facility showing exits, wheelchair ramps if applicable, smoke detectors and extinguishers. The floor plan shall show exits and directions for vacating the premises.					
4. A written plan describing the Policies and Procedures including the planned operation of the ADS, use of direct care staff, indirect care staff, and the use of substitute staff (i.e. volunteers).					
<b>II. Certification of ADS Provider Facility</b>					
<b>A.</b> On-site provider files that document that all provider requirements are met (i.e.: liability insurance, current initial physical exam, etc.) are present, and available for review by inspector.					
<b>B.</b> All applicable local zoning, building codes and state and local fire and safety regulations for a public facility are met.					
<b>C.</b> The building and furnishings are clean and in good repair and grounds are well maintained.					
<b>D.</b> Physical Requirements:					

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1. Does the facility provide at least 40 square feet of indoor space per client, excluding hallways, offices, restrooms, and storage room?					
2. Is there appropriate space for rest, therapies, personal care and/or to isolate the ill?					
3. Is the furniture and equipment safe, comfortable and designed appropriately for use by persons with physical disabilities?					
4. Is there adequate illumination, sound transmission, heating, cooling, ventilation, and maintenance to facilitate comfortable and safe conditions?					
5. Does the facility have approval for use by the State Fire Marshal's office with the inspection by local fire department on file?					
6. Is the facility approved for use and inspected by the Indiana Department of Health or local health department for meal preparation area (if applicable)?					
7. Do the physical facilities conform with the American with Disabilities Act Accessibility Guidelines from the Americans with Disabilities Act of 1990, accommodating disabled individuals, And include the following:					
a. Is designated parking available and easily accessible, with marked parking areas?					
b. Do sidewalks consist of continuous,					

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uninterrupted surface made of firm, non-slip materials?					
c. Do ramps (exterior and interior) have a maximum gradient of 1 foot rise in 12 feet, with handrails 34-38” high and extending 12” beyond the ramp. All ramps have a non-slip surface?					
d. Does entrance have a level approach platform?					
e. Is entrance door is 32” wide?					
f. Is entrance threshold flush or bi-level with no more than 1” lip?					
g. Are floor materials non-slip?					
h. Do stairs have handrails 34-38” high?					
i. Is there at least 1 toilet for every 10 persons served?					
j. Are toilet facilities floor level with corridor, and at least one compartment has two (2) 36” high grab bars?					
k. Toilet compartment must have (36) inch wide out swinging door.					
8. If the adult day service program is co-located with other services in a facility, does the day center have its own separate identifiable space?					
9. There is no accumulation of garbage, debris, rubbish, or offensive odors.					
10. All passageways are unobstructed throughout the facility, and hallways are wide enough to accommodate a wheelchair or walker.					
<b>E. Safety Requirements:</b>					

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Adult Day Service Requirement	Met	Not Met	Planned Date of Compliance	Verified Compliance	Comments/Notes
1. At least one working fire extinguisher is in a visible and readily accessible location on each floor, including basements, and shall be inspected at least once a year.					
2. Fire extinguishers shall be tagged, with a signature and date of inspection.					
3. There are readily available basic first-aid supplies and a first-aid manual.					
4. Smoke detectors are installed in accordance with the manufacturer's listing in hallways or access areas where participants congregate, any interior Designated smoking area, in basements, and, in two-story facilities, smoke detectors are installed at the top of the stairway to the second floor.					
5. Detectors are equipped with a device that warns of low battery when battery operated or with a battery backup if hard wired					
6. Battery-operated smoke detectors are tested monthly and batteries changed at least once per year.					
7. All exit doors and interior doors have simple hardware that cannot be locked against exit without an obvious method of operation, and which does not require a key when locked against exit. (i.e. key pad lock)					
8. A public water supply is utilized if available. If a non-municipal water source is used, minimum water quality standards					

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<b>Adult Day Service Requirement</b>	<b>Met</b>	<b>Not Met</b>	<b>Planned Date of Compliance</b>	<b>Verified Compliance</b>	<b>Comments/Notes</b>
must be met.					
9. Septic tanks or other non-municipal sewage disposal system are in good working order.					
10. Incontinence garments are disposed of in closed containers, if applicable.					
11. Garbage and refuse are suitably stored in clean, rodent-proof, covered containers, pending weekly removal.					
12. Sanitation for pets and other domestic animals is adequate to prevent health hazards.					
13. Proof of rabies or other vaccinations required by a certified veterinarian are maintained on the premises for household pets.					
14. Pets not confined in enclosures are under control and do not present a danger to participants or guests.					
15. Flammable and combustible liquids and hazardous materials are safely and properly stored in original, properly labeled containers or safety containers and secured in areas to prevent tampering by consumers or vandals.					
16. Cleaning supplies, poisons and insecticides are properly stored in original, properly labeled containers in a safe area away from food preparation and storage areas, dining areas, and medications.					
17. Universal precautions for infection control					

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are followed in consumer care. Hands and other skin surfaces are washed immediately and thoroughly if contaminated with blood or other body fluids.					
<b>F. Bathroom specifications:</b>					
1. Consumer's bathroom provides individual privacy and has a finished interior, with a mirror; a functioning window or other means of ventilation; and a window covering.					
2. The room is clean and free of objectionable odors. There are toilets and sinks (and tubs and showers, if bathing offered) in good repair.					
3. Bathrooms have hot and cold water at each tub, shower, and sink in sufficient supply to meet the needs of the participants.					
4. Hot water temperature in bathing areas is supervised for persons unable to regulate water temperature.					
5. Shower curtains and doors are clean and in good condition.					
6. Non-slip floor surfaces shall be provided in tubs and showers.					
7. Safe and secure grab bars for toilets, tubs, and/or showers are installed for participant's safety.					
8. Adequate supplies of toilet paper and soap are available.					
<b>G. Meal Specifications:</b>					

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<b>Adult Day Service Requirement</b>	<b>Met</b>	<b>Not Met</b>	<b>Planned Date of Compliance</b>	<b>Verified Compliance</b>	<b>Comments/Notes</b>
1. Nutritious meals must be offered daily and equal 1/3 of the Dietary Reference Intake.					
2. Nutritious snacks and liquids are available and offered to fulfill each participant's nutritional requirements.					
3. Special consideration is given to participants with chewing difficulties and other eating limitations.					
4. Special diets are followed as prescribed in writing by the participant's physician/nurse practitioner.					
5. Food is stored and maintained at the correct temperature in a properly functioning refrigerator.					
6. Utensils, dishes and glassware are washed by dishwasher or by hand in hot soapy water, rinsed, and stored to prevent contamination.					
<b>H. Consumer Risk Contract:</b>					
1. The provider has initiated a Consumer Risk Management Contract for each consumer.					
<b>I. Fire and Emergency Evacuation Requirements:</b>					
1. An emergency evacuation plan has been developed, posted and rehearsed on a quarterly basis with participants and staff.					
2. All staff are required to demonstrate the ability to quickly evacuate all participants from the facility to the closest point of safety, which is exterior to, and away					

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from the structure.					
3. A floor plan containing fire exits, evacuation routes, smoke detectors and fire extinguishers is posted.					
4. There is a second safe means of egress.					
5. There is at least one flashlight available on each floor for emergency lighting that is checked on a monthly basis.					
6. Smoking policies					
a. Smoking is allowed only in designated areas.					
b. Smoking is prohibited in areas where oxygen is used.					
c. Ashtrays of noncombustible material and safe design are provided in areas where smoking is permitted.					
<b>III. Staff Requirements</b>					
<b>A.</b> If the ADS is housed in a building with other services or programs, or is part of a larger organization, there is a separate identifiable staff available during operational hours.					
<b>B.</b> Training Requirements for all Staff:					
1. At least 18 years of age.					
2. Had a physical exam and a TB test which have been signed by a physician or nurse practitioner and placed in employee personnel files?					
3. Passed a criminal record check.					
4. Are literate and can demonstrate the understanding of written and oral orders.					
5. Is there a staff person appointed by the Administrator or Program Director to					

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<b>Adult Day Service Requirement</b>	<b>Met</b>	<b>Not Met</b>	<b>Planned Date of Compliance</b>	<b>Verified Compliance</b>	<b>Comments/Notes</b>
supervise the ADS in the absence of the Director?					
6. Is there documentation that all staff received orientation prior to providing services, including policies and procedures, participants' rights, evacuation procedures, location of participants' records, emergency contact numbers, and location of medication cabinet and key.					
<b>C. Does Level One staff training and documentation include the following:</b>					
1. Basic first aid					
2. CPR certification					
3. Training on emergency procedures, implementation, and responsibilities including fire and safety procedures.					
4. Observation, documentation, and communication skills.					
5. Working with older persons and/or persons with disabilities.					
6. Aging process, including normal psychological, social, and physiological changes of aging.					
7. Basic information concerning medical treatments, age-related diseases, illnesses, drug interactions, medical terms, functional and behavioral issues, nutritional and end of life issues.					
8. Service plan development and implementation to maximize independence and prevent secondary					

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impairments.					
9. Regular (at least quarterly) in-service training which meets individual needs and enhances job performance.					
10. Training in recognizing abuse, neglect and exploitation and reporting procedures.					
11. Training on universal precautions.					
12. Training on cognitive impairments or special needs of populations served.					
13. Proper food handling and food safety training.					
<b>D. Does Level Two</b> staff training and documentation include the following:					
1. All of basic level one requirements.					
2. Are personal care services delivered by a certified program assistant, CNA, QMA, certified home health aide, LPN or RN?					
3. Are certification requirements maintained and documented?					
4. Is administrative staff used in participant/staff ratio? If so, do they meet same training requirements?					
<b>E. Does Level Three</b> staff training and documentation include the following:					
1. Does it include all the basic level I and enhanced level II requirements?					
2. Is there documentation of in-service for special needs of target populations?					
a. Are there procedures for 2 person transfer and personal care?					
b. Techniques to handle cognitive					

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impairments with high risk of elopement.					
c. Skills to assist with dining safety and choking prevention.					
d. Vital sign monitoring appropriate to disease diagnosis.					
<b>F. Level Specific Staffing Requirements:</b>					
<b>1. Basic (Level 1):</b>					
a. Is there a client/staff ratio no more than 8 clients per 1 staff ?					
b. Are volunteers included in the staff ratio? If so, are they professionally trained/certified/oriented as staff? (documentation available?)					
c. Is an RN or LPN available as a consultant for health needs, assessments, medications oversight or administration, health promotion, prevention of illness and health screening?					
d. Do staff that provide or assist with activities receive additional training in leading therapeutic group activities that meet the needs of the person served and maximize independence?					
<b>2. Enhanced (Level 2):</b>					
a. Is minimum staff/client ratio 1 to 6?					
b. Is there an LPN full-time with documented RN supervision or RN half-time?					
c. Do participants have a health					

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assessment on admission & at least every 6 months?					
d. Does LPN or RN dispense or supervise dispensing medication?					
e. Does LPN or RN administer or oversee treatments?					
f. Does LPN/RN have on file & updated yearly doctor's orders and information on participants? (diagnosis, history & physical, TB test/updated yearly)?					
g. Are there consistent nursing notes in the progress notes which indicate health status, medications, any unusual symptoms or actions, and medical contacts?					
h. Is personal care provided by appropriate staff (Certified Program Assistants, CNAs, LPNs, etc.)?					
i. Is there a degreed social worker, certified therapist, or related professional available on staff or as consultant?					
j. If providing care to participant with mild to moderate cognitive impairments or dementia, does staff have appropriate in-services and education?					
k. Is discharge or transition summary completed on all discharged participants?					

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<b>3. Intensive (Level 3):</b>					
a. Is minimum staff ratio 1 to 4?					
b. Is there an LPN full-time with RN documented oversight or RN half-time, but available for all hours of program?					
c. Does RN or LPN fulfill all duties level I and II as well as Level III?					
d. Does nursing staff provide more intensive nursing intervention (e.g. colostomy care, dressing change) as appropriate?					
e. Is there full-time, qualified staff available to attend to the psychosocial needs of participants with monthly documented supervision by a licensed professional?					
f. Does activities staff have training in modification of therapeutic activities to meet specialized needs of target population (higher physical acuity needs, dementia) served?					
<b>IV. Required Documentation for Provider Maintained Files:</b>					
<b>A. Must have documentation of:</b>					
1. Fire inspection.					
2. Emergency plans and contact numbers.					
3. Training certifications for all staff.					
4. Medicaid Provider Agreement.					
5. Insurance documentation.					

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6. Required health and safety records.					
<b>B.</b> Must have readily available a copy of address and phone number of local or state Ombudsman program and of the local Area Agency on Aging.					
<b>C.</b> Must have readily available or posted the Policies and Procedures, FSSA Waiver inspection form, and procedures for making complaints.					
<b>D.</b> Admission Requirements and Documentation:					
1. Provider must obtain from participant:					
a. General information such as full name, addresses, birth date, SSN or RID number, medical insurance numbers, hospital preference, phone numbers for family members, physicians, case manager, etc.					
b. Medical information including history of accidents, illnesses, impairments or mental status.					
c. Provider must ask for copies of the following and document whether participant has them: Advance Directive, Living Will, DNR order, Letters of Guardianship, Designated Power of Attorney, or Letters of Conservatorship.					
2. Prior to admission, the provider must complete a Consumer Contract with each participant including the following					

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information:					
a. Name, street, mailing address of facility, and term of contract.					
b. Description of services to be provided to participant					
c. Description of additional services provided outside of the waiver program.					
d. Description of the process through which the contract may be modified, amended, or terminated.					
e. Description of the complaint resolution process.					
f. Information on access to Policies and Procedures for participant.					
g. A statement of consumer rights to be signed by the provider and participant. The consumer and/or designated representative, if applicable, are provided copies of the signed contract					
<b>E. Comprehensive Participant Files: On-site personal files exist for each consumer including all prudent and obtainable personal information about consumer, including, but not limited to the following:</b>					
1. Name.					
2. Date of Birth.					
3. Social Security Number or RID number.					
4. Family Contact.					
5. Medical Information					
6. Current Plan of Care.					

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Adult Day Service Requirement	Met	Not Met	Planned Date of Compliance	Verified Compliance	Comments/Notes
7. Legal Documents if established:					
a. Guardianship					
b. Power of Attorney					
c. Healthcare Representative					
d. Living Will Documents					
8. Incident Reports involving health and safety.					
9. Provider is aware and understands all privacy and HIPAA regulations concerning participant's records and information					
<b>V. Care and Service Standards:</b>					
<b>A.</b> A calendar exists and is readily accessible for the participant and staff that includes scheduled activities with understanding that it is subject to change based on participant's choice.					
<b>B.</b> Medications, Treatments and Therapies: The provider and direct care staff should demonstrate an understanding of each participant's medication administration regimen, including the reason for the medication is used, medication actions, specific instructions and common side effects.					
1. Written, signed orders are in the participant's record for any medications prescribed by the physician/ nurse practitioner.					
2. Order changes obtained by telephone are documented by filing the pharmacy receipt					

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detailing specifics regarding the prescription.					
3. Over-the-counter medication requested by the participant is addressed in the plan of care, and is reviewed by the participant's physician, nurse practitioner, or pharmacist as part of developing the plan of care and at time of plan review.					
4. For "as needed" or "p.r.n.", orders must be followed exactly as they are written; specifically when, how much and how often it may be administered.					
5. Self-Medication: Participants have a physician/nurse practitioner's written order of approval to self-medicate.					
6. Each medication container is clearly labeled with the pharmacist's label or is in the original labeled container or bubble pack.					
7. All staff must have ready access to participant's medications and be able to access them per the participant's request.					
8. Participants must not have access to other participants' medications, and no medications will be allowed to be kept in participant's					

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<b>Adult Day Service Requirement</b>	<b>Met</b>	<b>Not Met</b>	<b>Planned Date of Compliance</b>	<b>Verified Compliance</b>	<b>Comments/Notes</b>
possession while in ADS facility.					
9. Provider Assisted Medication: For some participants, it will be necessary that the provider oversees the participant's medicine intake as follows:					
a. A current, written medication administration record is kept for each participant and identifies all of the medications administered by the staff to the participant, including over-the-counter medications and prescribed dietary supplements.					
b. Discontinued or changed medication orders are marked and dated on the medication administration record as discontinued.					
c. Missed or refused medication, treatment or therapy is documented the initials must be circled and a brief but complete explanation must be recorded on the back of the medication record.					

**Site visit Comments:**

**Please check the appropriate box below to indicate from which funding source(s) you are interested in obtaining an agreement to provide adult day care services.**

**Indicate Level(s) of Service:**

Basic (I)

Enhanced (II)

Intensive (III)

- MEDICAID HOME AND COMMUNITY-BASED SERVICES WAIVERS**
  
- CHOICE**
  
- TITLE III**
  
- SOCIAL SERVICES BLOCK GRANT (SSBG)**

Provider Name: \_\_\_\_\_

Administrator Title: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Inspection Documentation by FSSA Inspector or FSSA Designee

\_\_\_\_\_  
Assessor Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assessor Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assessor Name

\_\_\_\_\_  
Date