

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

POLICY AND PROCEDURE MANUAL

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Policy 190 – Adult Day Services

I. POLICY

The Adult Day Services (ADS) Program is composed of three distinctive services designed to address the skill training and skill maintenance needs of the Mentally Ill and/or Developmentally Delayed consumer. Depending on the individual needs of the consumer, as determined by the Interdisciplinary Team, focus is on functional activities of daily living, replacing maladaptive behaviors with adaptive behaviors, maintaining his/her present level of functioning and/or increasing job skills. It is our goal that by addressing these needs we can support the consumer in maintaining his/her residency in the community by providing the services necessary for the consumer to be as successful and satisfied as possible in his/her living, learning and/or work environments. Adult Day Services are provided to consumers accepted into the program following Interdisciplinary Treatment Team approval. Programming is based on assessed strengths and functional deficits of the individual consumer. Individualized plans are developed and implemented, with the consumer's progress being measured at specified intervals.

The Adult Day Services Program provides the following services. **Referral for this service must be made to the Program Director.**

- A. **Day Habilitation** – This service is available to Title XIX Waiver Recipients and is designed to assist the individual in increasing his/her level of independent functioning or maintaining his/her current skill level through a program of skill teaching, supervision and, if needed, behavioral interventions. The service must be provided away from the consumer's place of residence and takes place in natural community settings or at the Center. Ratios will be based on consumer need and fund source requirements.
- B. **Comprehensive Community Support Services** – This Medicaid service is available to individuals with a severe and persistent mental illness whose quality of life, level of functioning and the stability of their community placement would be negatively impacted without this structured program of ongoing activities and interventions. This is a long-term service, the goal of which is to maintain the consumer's level of functioning thereby preventing deterioration that could lead to institutionalization. It is a community-based service. Ratios will be based on fund source requirements and location of the service.

- C. Sheltered Employment** – This service is available at the Princeton Center only, to both I/DD and mentally ill adults. Consumers with assessed needs work with other disabled adults in a supervised, training environment. Wages are determined by semi-annual wage evaluations completed as required for sub-minimum, handicapped worker payments as required by The Department of Labor for Sheltered Workshop Licensure. The original assessment will be filed in the clinical record and a copy maintained within the program site. Consumers will be paid sub-minimum wages for productive work on a monthly basis and are covered by Workers' Compensation. Biannual application for Department of Labor Sheltered Workshop license is the responsibility of the Princeton Center Adult Day Supervisor.

II. DISCUSSION

In order to insure the delivery of quality services, the completion of all required documentation, the protection of consumer's rights and the minimization of safety risks, the program will adhere to all applicable State, Federal and agency policies, procedures and guidelines governing the services provided by this program.

III. PROCEDURES

- A. Protective Oversight** - Center employees in Adult Day Services have the duty and responsibility to insure that consumer's rights, safety and welfare are maintained during program participation.
- Our program often deals with people whose individual disabilities may be marked by behaviors that are sometimes unpredictable and symptoms that may result in a decreased awareness of safety issues in their environment. Therefore, in order to insure that protective oversight is maintained at all times and that risk factors are minimized, ADS staff are to maintain visual contact with all assigned consumers who are experiencing these problems.
 - Remember: Providing adequate protective oversight isn't always the same for all consumers. Some consumers may require much closer and hand on supervision in some or even all situations than other will. If you are unsure, always provide the highest level of protective oversight possible. Protective oversight must be discussed at all service planning sessions to received IDT approval.
 - Staff are also required to be constantly aware of the ADS environment as a whole in order to recognize potential problems in the early stages, thereby facilitating problem resolution through the least intrusive interventions possible.

- In order to maintain adequate protective oversight and minimize risk factors, consumers are to stay within the program area unless accompanied by a staff person. Exceptions to this may be obtained through a meeting with the Chief Executive Officer or his/her designee, the Program Director and the Program Coordinator. The written approval of exceptions must be obtained from the consumer's guardian.
 - We recognize and respect the consumer's right to refuse services. However, in the event a consumer leaves services without notification and prior planning, and staff feels the individual's actions have created a situation that, if not resolved, will place the consumer or others in the community at risk for injury or abuse, the following will occur: 1) Staff will notify co-workers of the situation so that assistance will be readily available. 2) Staff will minimize risk to the consumer by utilizing the least restrictive interventions possible to facilitate the consumer's return to the center.
 - In the event that we are unsuccessful in returning the consumer to the Center or we realize that the consumer has left unnoticed, parents, guardians and service providers will be notified at once. The authorities will also be notified, appraised of the risk involved, given a thorough description and asked to notify the appropriate people should the consumer be sighted.
 - All situations involving a consumer leaving without permission from the Center will be documented in accordance with agency policy governing Adverse Incident Reports immediately following the event.
 - There will be a sign out sheet posted in all ADS locations. ADS staff will insure that anyone from outside the program who picks up a consumer during program hours signs the consumer out and back in when the consumer is returned. This will assist in keeping track of all consumers and will also help insure accurate billing.
 - At least one fire drill per month will be conducted at each ADS site and documented according to State and agency regulations.
- B. **Treatment Planning** – The ADS Supervisor is responsible for completing the ADS component of the Master Treatment Plan within two weeks following the IDT Meeting. The ADS component will be forwarded to the Case Manager, who is responsible for blending the documents and placing them in the consumer's medical record within three weeks following the IDT meeting. The

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Supervisor is to have the Case Manager date and initial a copy of the ADS component of the treatment plan or electronically verify that they received the document. This will signify that the Case Manager received the plan as well as the date on which it was received. The Supervisor will develop and maintain a tracking system in order to insure that Master Treatment Plans and reviews occur on time. The next 90-day meeting should be scheduled at the end of each IDT meeting. The Supervisor or his/her designee is to attend each IDT meeting for CCSS consumers and each meeting for Day Habilitation consumers in which input is required regarding program resources for program implementation. All barriers the Supervisor encounters that may prevent the IDT meeting from being held on time are to be reported to the Program Director for resolution with the Case Management Program Director.

- C. **Visitors** - Adult Day Services welcomes custodial parents, guardians, service coordinator, family members of the consumers choosing, and residential providers to visit day programs in order to observe their participant's programming or check on progress. The following procedures pertaining to visitors will be followed.
- All individuals visiting or monitoring Adult Day Services will be greeted upon arrival. Day Habilitation staff will insure that the visitor has a legitimate purpose for being in the program area, will help minimize disruption to the program as a whole, and maintain demeanor that is conducive to enable consumer participation.
 - If a consumer has a guardian, the visitors must be approved to visit by guardian.
 - Staff will maintain consumer confidentiality while the visitor is present, especially in regard to other program participants.
 - All questions regarding the consumer are to be referred to the coordinator or consumer's case manager.
 - Program staff will conduct themselves in a manner that does not escalate inappropriate behaviors and serves as both a role model to consumers and visitors.
 - Visitors will not be permitted if the center is on lockdown, if a consumer is in an aggressive behavior, and / or during times of national emergency or pandemic.

C. Hours

- ADS will be held Monday – Friday during business hours. Transportation will be provided as needed.
- During inclement weather, the program will be closed based on the county school system. If the day program is closed, the day program staff will be assigned to the residential sites as needed.
- During state / federal emergencies or times of a pandemic, SHCMHC will follow guidance from the state on day program hours and services. Day Program staff will work in the residential homes at any time that day program is closed.

IV. ENTRANCE AND EXIT CRITERIA

A. Entrance Requirements for Adult Day Services

1. The Adult Day Services Referral Form, SH-716, (revised and attached) must be completed in its entirety and submitted to the Program Coordinator. The individuals that may be served in Day Treatment must meet diagnostic and fund source requirements as set forth by Title XIX I/DD Waiver, Medicaid and agency Policy. When unusual circumstances exist, requests for short term exemptions from fund source requirements may be presented by Program Director to Chief Executive Officer or designee for consideration.
2. The consumer / guardian must possess functional and/or adaptive deficits that substantiate the need for Adult Day Services.
3. The consumer / guardian must be willing to accept the service.
4. The consumer / guardian must be able to benefit from the service.
5. It must be possible to meet the consumer's service needs with existing resources or with resources that can be obtained in a cost effective manner. When unusual circumstances exist, service coordinator and ADS coordinators may request exceptions to this criteria by presenting their case in a meeting with the Program Director and approved by the Chief Executive Officer or designee.
6. Program Director will discuss with the Chief Executive Officer any consumer behavior that has resulted in serious injury to others within recent history (one month).

7. Within three workdays following receipt of the completed referral form, the Adult Day Habilitation Services Admission Committee, which is comprised of the Program Director, Behavior Support Professional, Service Coordinator Supervisor, and a RN, will make a decision, as to the status of the referral. The consumer, guardian, service coordinator and referral source will be informed of the decision within five workdays by the ADS Program Director. If the consumer has been accepted in the program the projected entry date will be included. Once a determination is made, the IDT must reconvene to discuss service limits and start date.
8. Approved applications must be scanned into the consumer's medical record. Application denials will be sent to the referring party and kept in the Program Director's office. All denials must be reviewed at each Committee meeting.

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C. Exit Requirements

1. Adult Day Services is voluntary and individuals may cease participation at any time.
2. Failure to attend services as outlined in the Individual Service Plan may result in an IDT review to discuss change in services. If the consumer has failed to attend the program without explanation for one calendar month at a frequency less than that set by the IDT, the decision may be made to discharge the consumer from the service. If this occurs, the coordinator will inform the affected individual, his/her guardian (if applicable) and Case Manager, in writing, that this action is imminent unless a solution can be achieved (SH-171-revised and attached). A copy of the letter must be placed in the record. Contact with the coordinator within one calendar week following the receipt of the written notice must be made for the purpose of convening the IDT to review consumer need and willingness to continue. If contact is not made, the Program Director will be notified and the recommended changes will be finalized. A request to return to Adult Day Services may be made at any time and will trigger an IDT meeting to determine the need for reentry into the program.
3. The consumer may be discharged from Adult Day Services once the desired outcomes specified by the IDT have been reached and it is determined by the IDT that the consumer no longer needs the service. A transition process, not to exceed one review period, will be determined by the IDT.

4. A consumer may be discharged from the program when it becomes apparent to the IDT that the consumer is either unwilling or unable to benefit from Adult Day Services. A transition plan of no greater than three months will be developed by the IDT.
5. The consumer will be discharged from Adult Day Services if he/she exhibits behavior that presents a clear and ongoing danger to other consumers and/or staff **AND** he/she fails to respond to individualized behavioral programming **OR** the behavior poses such a serious and immediate danger to the consumer or others when behavioral programming has not been successful.
6. Sustained disregard for the program's policies, rules and/or regulations will result in the consumer's discharge from the program.

SOUTHERN HIGHLANDS COMMUNITY MENTAL HEALTH CENTER

Adult Day Services Referral Form

Check the Service for which you are applying and submit this form to the Adult Day Services Coordinator upon completion.

Comprehensive Community Support Services Day Habilitation Services
 Day Treatment Services (I/DD) Day Treatment Services (MI)

Identifying Information

Consumer Name: _____ ID Number: _____

Birth Date: ____/____/____

Phone Number: (____) ____-____ Mailing Address: _____

Referral Source: _____

Phone Number: (____) ____-____

Physical address and directions to the home: _____

Fully explain the reason(s) for referral to our service: _____

Describe Strengths: _____

Legal Information

Legal Status: Responsible for Self Guardian Committee
 Representative Payee Medical Power Of Attorney

Guardian/Committee/Medical Power of Attorney Name: _____

Relationship: _____ Phone Number: (____) ____-____

Address: _____

Payee Name: _____

Relationship: _____ Phone Number: (____) ____-____

Address: _____

Medical Information:

Primary Insurance and Number: _____

Secondary Insurance and Number: _____

Primary Diagnosis: _____ Secondary Diagnosis: _____

If the consumer has a diagnosis of Mental Illness, describe symptoms: _____

Allergies: _____

Medical Conditions: _____

Medications and Dosages: _____

Miscellaneous Information

Describe barriers to communication: _____

Ambulation: Independent: Other (explain): _____

Is the consumer continent? If no, explain. _____

Has the consumer experienced one or more episodes of maladaptive behavior that resulted in serious injury to self /others or significant property damage in the last five years? If yes, explain being sure to include frequency, intensity and date of most recent episode. _____

Does the consumer have transportation to and/or from the program? _____

Describe residential/hospital settings the consumer has experienced over the last five years. _____

Signature / Title Date

For Adult Day Services Use Only

(Requires action within three work days following receipt)

Received By: _____ Date Received: _____

Referral Status: Approved Denied If denied, list reason: _____

Approval Status: Projected Admission Date: _____ Placed on Waiting List

Date Action Taken on Referral: _____ Referral Source Notification Date: _____

Date Referral Copy Sent To Director: _____

ADS Supervisor-Signature Date

(Please print on letterhead)

(Date)

Dear _____ :

You have not attended your Adult Day Services Program regularly for an extended period of time. Because you do not attend the program regularly, Southern Highlands Policy 190 requires a review for potential discontinuation of Adult Day Services.

If you do not want to stop attendance or at any time you wish to reapply for this service, contact your Case Manager so a team meeting can be scheduled.

Sincerely,

ADS Supervisor

cc ADS Director
Case Manager
Medical Records