

April 18, 1994

1. Transmitted is a new part to Department of Veterans Affairs, Veterans Health Administration Manual M-5, "Geriatrics and Extended Care," Part IX, "Adult Day Health Care," Chapters 1 through 7.

2. This new part contains:

a. Chapter 1: Defines the purpose of Adult day health care (ADHC), outlines the scope and identifies the target population best served.

b. Chapter 2: Defines local authority and responsibility; describes interaction among Extended Care services, and lists cost saving strategies.

c. Chapter 3: Defines operational procedures for the ADHC Program, outlines staffing criteria, and describes admission and discharge guidelines.

d. Chapter 4: Defines policies for a safe environment in the ADHC Program and in the patients' homes, and provides references for critical care planning.

e. Chapter 5: Discusses patient programing and services, outlines a marketing plan, and defines the role of transportation in ADHC.

f. Chapter 6: Defines the workload and reporting policies, and outlines quality improvement and utilization review activities.

g. Chapter 7: Defines standards for contract care, defines procedures for patient placement and follow-up, and outlines administrative procedures.

3. Filing Instructions

Remove pages

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3-i through 3-11  
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4. RESCISSION: VHA Circular 10-91-133 is rescinded.

Dennis Smith for  
John T. Farrar, M.D.  
Acting Under Secretary for Health

Distribution: RCP: 1157 is assigned  
FD

Printing Date: 4/94

**DEPARTMENT OF  
VETERANS AFFAIRS**

**GERIATRICS AND EXTENDED CARE**

**ADULT DAY HEALTH CARE**

**M-5, Part IX  
April 18, 1994**

**Veterans Health Administration  
Washington, DC 20420**

**M-5, Part IX**

**Department of Veterans Affairs  
Veterans Health Administration  
Washington, DC 20420**

**April 18, 1994**

This Department of Veterans Affairs, Veterans Health Administration manual M-5, "Geriatrics and Extended Care," Part IX, "Adult Day Health Care," is published for the compliance of all concerned.

John T. Farrar, M.D.  
Acting Under Secretary for Health

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**RESCISSIONS**

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## CHAPTER 1. GENERAL

### 1.01 PURPOSE

The Adult Day Health Care (ADHC) Program has five basic purposes:

- a. To enable functionally impaired veterans to reside in supportive home environments.
- b. To facilitate expeditious medical center discharge and to reduce risk of readmission or institutional placement, through improved provision and coordination of health care services and education of patients and caregivers about service options and their appropriate use.
- c. To maximize the veteran's physical and psychosocial functional level.
- d. To improve the quality of life for the participants by providing a rehabilitation program in the community among their peers.
- e. To provide support and respite for the family and other caregivers to enable them to maintain veterans in the community.

### 1.02 POLICY

- a. Department of Veterans Affairs (VA) operated ADHC Programs are conducted under the authority of 38 United State Code (U.S.C.) 1712, Eligibility for Outpatient Services.
- b. Contract ADHC Programs are conducted under 38 U.S.C. 1703, Contracts for Hospital Care and Medical Services in Non-Veterans Administration Facilities.
- c. Program eligibility is detailed in M-1, Part I, Chapters 16 and 17.

### 1.03 SCOPE

- a. ADHC is a therapeutically oriented outpatient day program which provides health maintenance and rehabilitative services to frail elderly persons in a congregate setting. ADHC is provided in a protective setting during part of a day but less than 24-hour care. Individualized programs of care are delivered by health professionals and support staff, with an emphasis on helping participants and their caregivers to develop the knowledge and skills necessary to manage care requirements in the home.
- b. The primary goal of ADHC is to maintain or improve the health and functional status of frail elderly individuals. In so doing, it assists participants to remain in the community, enabling families and other caregivers to continue home care for an impaired family member.

c. The ADHC predominant focus is a therapeutic one, directed at persons with disabling conditions and medical disorders, thus distinguishing ADHC from Social Day Care. The distinguishing features of the two models are further illustrated by the following:

<u>Care Component</u>	<u>Adult Day Health Care</u>	<u>Social Day Care</u>
Health	Complete medical and psychosocial	Not provided.
Evaluation	Evaluation conducted by or coordinated by ADHC staff; problems identified; goals established; treatment plan developed.	Referral may be made, if needed.
Therapeutic Intervention	Comprehensive treatment approach including: Rehabilitation (e.g., Physical (PT), Occupational Therapy (OT), Kiniseotherapy (KT), Speech Therapy (ST) medical care and/or supervision; nursing; care, counseling, psychosocial support, therapeutic recreation.	Facilitation of social interaction and mental stimulation through group activities
Medications	Drug history taken and pharmacotherapy monitored; ADHC physician may prescribe medication; nurses supervise and may administer medications when necessary.	Medication administration and supervision is not provided
Personal Care	Evaluation of Activities of Daily Living (ADL) needs with interventions(s) and treatment, as indicated.	Minimal
Nutrition	Special and regular diets, evaluation of nutritional status, counseling and and monitoring.	Usually midday meals and/or snacks.
Social Activities	Planned objectives, based on individual treatment goals. Resocialization through sensory stimulation, remotivation, reality orientation.	May vary by programs.

<u>Care Component</u>	<u>Adult Day Health Care</u>	<u>Social Day Care</u>
Case Management	ADHC takes primary role in coordinating services and with continuity of care once program participation is discontinued. Provides for coordination of VA and community based health and social services for post discharge care.	Provides information and may provide liaison for community resources.

d. ADHC also differs from other programs with similar names. EXAMPLE: Day Treatment and Day Hospital Programs provide outpatient treatment to acute and chronic psychiatric populations. ADHC is principally targeted for complex medical and/or functional needs of geriatric patients.

**1.04 SCOPE**

a. ADHC is part of a continuum of long-term care services designed to provide patients with the level of care which is most appropriate to their current needs. Extended Care services must be prepared to respond to a wide range of patient needs in order to meet the ultimate goals of appropriate care in the least restrictive, as well as, most effective, setting. ADHC is one of those settings.

b. ADHC is provided by an interdisciplinary care team. In ADHC the patient's needs take precedence over artificial lines of responsibility. Because ADHC is patient-centered and since the patient's needs are complex and inter-related, staff flexibility, cooperation, and collaboration are essential to respond to those needs. ADHC is intended to be utilized as the primary care delivery site for veterans participating in the program.

c. ADHC creates and makes maximum use of a therapeutic environment as a tool to motivate patients and improve the quality of their lives. Throughout the day, all activities and interventions center on patients' needs and the improvement of their physical and mental well-being.

d. The unique blend of characteristics of ADHC, as a mode of service delivery in the continuum of care includes:

- (1) A primary focus on holistic needs of the patient; an individualized plan of care based on comprehensive assessment;
- (2) The significance of the caregiver and consideration of their needs; and
- (3) The importance of the therapeutic milieu in alleviating the isolation and depression caused by the severe impairments experienced by the patients.

e. The therapeutic strength of ADHC lies in the blend of a planned health and rehabilitation oriented program conducted by a flexible, creative staff in an enjoyable and stimulating environment.

### **1.05 TARGETED POPULATION**

a. The ADHC Program provides health and rehabilitative services to four main types of elderly veterans in a congregate day setting:

(1) Long-term care patients (i.e., those at high risk of requiring nursing home care due to functional impairments, behavior problems, advanced age, and frailty).

(2) Patients for whom clinic follow-up only has not been adequate to maintain medical stability (i.e., patients requiring frequent clinic visits and/or emergency care unit visits).

(3) Patients with significant cognitive impairment (i.e., impairment to the degree that their ability to remain in a community setting is endangered).

(4) Patients in need of transitional care from institutional settings to community care (i.e., those patients being discharged from intermediate care, rehabilitation units, and nursing homes).

b. Research does not present a clear picture of veterans likely to benefit from ADHC in terms of improved health status. Research does identify veterans who are likely to benefit from ADHC in terms of less use of other health care resources. ADHC appears to be likely to serve a care coordination function for these veterans and help them avoid unnecessary care outside ADHC. This substitution may allow veterans to receive ADHC services and still have health care costs that are equivalent to the costs of care for similar veterans not admitted to the program. The types of veterans most likely to show this benefit are those who:

(1) Are service-connected (SC);

(2) Have very high levels of physical impairment;

(3) Are at highest risk for nursing home care (previous use of nursing homes, high levels of physical impairment, behavior problems); and

(4) Have multiple behavior problems.

**1.06 REFERENCES**

a. National Institute on Adult Day Care (NCOA), Standards and Guidelines for Adult Day Care, April 1990.

b. Title 38 U.S.C. 1712, "Eligibility for Outpatient Services."

c. Title 38 U.S.C. 1703, "Contracts for Hospital Care and Medical Services in non-Department Facilities."

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## **CHAPTER 2. OPERATED ADULT DAY HEALTH CARE**

### **2.01 AUTHORITY AND RESPONSIBILITY**

a. The Department of Veterans Affairs (VA) VA medical center Director has the overall responsibility for the Adult Day Health Care (ADHC) Program and appoints and delegates the authority and responsibility for the day-to-day operations of the ADHC Program to the ADHC Program Director.

b. The ADHC Program Director, a qualified health care professional, is accountable to the Chief of staff (COS), or Associate COS for Extended Care for the overall administration and quality of care provided by the ADHC Program.

c. The ADHC Medical Director is responsible for the medical care delivered by the ADHC Team.

d. The VA medical center COS is responsible for all professional programs, including ADHC. The COS will appoint the ADHC Medical Director.

### **2.02 RELATIONSHIP TO OTHER EXTENDED CARE PROGRAMS**

a. The ADHC Program, as a specific level of long-term care, is able to provide continuity in therapeutic interventions for patients discharged to their own homes from other medical center services. ADHC serves as a discharge resource for eligible patients from the Geriatric Evaluation and Management (GEM) Program, Nursing Home Care Unit (NHCU), Contract Nursing Home (CNH), and inpatient units.

b. The ADHC Program provides services to patients discharged from Hospital Based Home Care (HBHC) when they are no longer homebound, but have continued needs for interdisciplinary care and/or have a specific need for the remotivation inherent in the ADHC group therapeutic interventions. Conversely, ADHC refers eligible patients to the inpatient services and HBHC as the patient's care needs dictate the need for a different level of care.

c. The Respite Care Program is frequently utilized for ADHC patients to enable the family to continue in their caregiving responsibilities. The ADHC team works collaboratively with the staff of the various Extended Care Programs in securing patient care information and promoting transfers between the programs to ensure placement of the patient in the most appropriate level of care.

### **2.03 TEACHING PROGRAM**

a. The ADHC Program provides a unique educational experience for students of various health professions:

(1) Medical, nursing, social work, dietetics, and rehabilitation therapy trainees are taught:

- (a) Interdisciplinary assessment,
- (b) Treatment plan development, and
- (c) Community-based primary care of a chronically ill patient population.

(2) The ADHC Program provides the trainees with the opportunity to:

- (a) Observe and participate in an interdisciplinary team, and
- (b) Experience first-hand the major care issues of an aging population.

b. The ADHC Program Director and Medical Director are encouraged to seek educational affiliations with the various professional schools through the promotion of the ADHC Program's training opportunities. At those facilities where an Interdisciplinary Team Training Program (ITTP) is in place, ADHC serves as a clinical setting for stipend students and the resources of the ITTP benefit the ADHC team.

#### **2.04 COST SAVING STRATEGIES**

It is imperative that ADHC Programs design policies and procedures that are sensitive to minimizing costs. Research suggests two options for promoting cost effective operation of an ADHC Program.

a. The first is to target ADHC to those patients who may benefit in terms of improved health status and/or reduced use of other health care services. These target groups are discussed in Chapter 1, paragraph 1.04.

b. The second option is to reduce the costs of ADHC services. There are several actions that may be initiated to reduce costs. The following cost reduction actions were identified in the ADHC evaluation study:

(1) Increase enrollment. Increasing program enrollment and census (particularly with targeted patient groups) will decrease the cost per patient day of ADHC. An average daily attendance above 25 patients is likely to be the minimum census needed to effectively operate the ADHC Program. The model program using the recommended 8.5 Full-time Employee Equivalent (FTEE), will have an average daily attendance of 40 patients.

(2) Reduce staffing costs. ADHC staffing should be carefully assessed to ensure that levels are appropriate for the census and case mix of the program (a suggested staffing range by service is presented in Chapter 3, paragraph 3.08):

(a) Flexible staff sharing arrangements with other Extended Care Programs of the medical center should be considered, particularly where there may be wide fluctuations in the ADHC Program census. There may be opportunities for these sharing arrangements using staff from other Extended Care Programs who are already involved in treating similar patients.

(b) Consultative services (e.g., Dietetics, Physical Therapy, etc.) used on an "as needed" basis should be promoted. Every effort should be made to fully utilize staff. Use of properly credentialed support staff such as nursing assistants, certified occupational therapy assistants, physical therapy assistants, etc., should be pursued when higher credentialed staff are not necessary.

(c) All staff should provide needed assistance in general activities (e.g., escort, feeding, toileting, etc.) regardless of their assigned discipline or service.

(d) The ADHC Program Director should be utilized for direct patient services.

(3) Decrease length of stay and/or number of days per week. Another possible strategy for reducing per patient costs would be to institute more intensive discharge planning within the ADHC Program so that a patient attends only as long as the program is clearly substituting for more expensive services such as nursing home and medical center days. Opportunities for having patients attend 3-days per week rather than 4 to 5 days per week should be pursued on a case by case basis. The number of days per week the patient attends may be decreased as the patient becomes acclimated to the facility.

(4) Increase substitution of ADHC for other services. The relative cost of ADHC versus customary care could be reduced further if ADHC could increase the degree that it substitutes for other medical center services. **NOTE:** *Developing the ADHC as the primary care site for patients enrolled in the program is discussed Chapter 3, paragraph 3.11, "Process of Care." Although primary care in ADHC will not result in direct cost savings to the ADHC Program, it does present an opportunity for reducing the overall cost of care for the medical center.*

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## **CHAPTER 3. POLICIES AND PROCEDURES**

### **3.01 ADHC MEDICAL CENTER POLICY MEMORANDUM**

a. A Medical Center Policy Memorandum which outlines the requirements, policies and procedures necessary for the operation of the Adult Day Health Care (ADHC) Program should be developed by the team (as described in paragraph 3.07), approved by the ADHC Advisory Committee and issued by the medical center Director.

b. Elements that should be included in this memorandum are:

- (1) Delegation of authority to the ADHC Program Director;
- (2) Organizational placement of the program;
- (3) Lines of authority;
- (4) Scope of program services;
- (5) Referral procedures; and
- (6) Admission and discharge procedures.

### **3.02 ADHC ADVISORY COMMITTEE**

An advisory committee should be designated by the Department of Veterans Affairs (VA) medical center Director and Chief of Staff to assist the ADHC Team in the implementation, development, and maintenance of the program. The functions of this Committee should be outlined in a Medical Center Policy Memorandum. In most medical centers, the ADHC Advisory Committee is composed of the Chiefs of the clinical services, or designees, represented in the ADHC Program.

### **3.03 ADHC POLICY AND PROCEDURE MANUAL**

A policy and procedure guide is developed by the ADHC Team to define and govern the clinical and administrative aspects of the program. It should be reviewed and revised as necessary by the team, but not less frequently than once a year.

### **3.04 ADHC PATIENT INFORMATION HANDBOOK**

Each ADHC team will prepare a handbook to distribute to patients upon admission to the ADHC Program. This handbook should contain, at a minimum:

- a. Names of the ADHC team members and office telephone numbers.

b. An explanation of the ADHC Program, its capabilities, and limitations. In most programs this will include identification of ADHC as the primary care delivery site for patients.

c. ADHC patients' rights and responsibilities, including the grievance process.

d. Specific instructions regarding the care of the patient during and after the regular hours of operation of the ADHC Program.

e. Procedures to follow in the event of a patient, or caregiver emergency.

f. Charges for services, if applicable, in accordance with the Medical Care Cost Recovery (MCCR) policies.

### **3.05 ADHC PATIENTS RIGHTS AND RESPONSIBILITIES**

Patients in the ADHC Program have the same rights and responsibilities as other patients in the VA system. ADHC Patients Rights and Responsibilities (Appendix A) may be given to patients and/or their caregivers. Every effort is made to ensure that the patients understand and exercise their rights and responsibilities in relation to their own care. In the event that the patient lacks decision-making capacity (as determined by the team physician) a proxy decision maker will be identified in compliance with M-2, Part I, Chapters 23 and 31.

### **3.06 FUNCTIONS OF THE ADHC PROGRAM DIRECTOR**

a. The ADHC Program Director must be a health care professional (i.e., nurse, social worker, etc.).

b. The medical center Director delegates administrative responsibility for the program to the ADHC Program Director. This includes:

(1) Planning, directing, budgeting, monitoring, and evaluating the ADHC Program.

(2) Ensuring that the treatments and services delivered by the team are high quality.

(3) Collaborating and cooperating with clinical service chiefs to:

(a) Develop role expectations which are consistent with the unique characteristics of the program;

(b) Develop team functioning; and

(c) Ensurance of appropriate staffing levels.

(4) Participating in the selection of ADHC staff and the ongoing evaluations of staff with regards to their interdisciplinary functions.

(5) Directing the clinical services offered by the program to ensure that the program is in compliance with appropriate standards, VA medical center policies, and VA Central Office policies.

(6) Developing and continuing effective functioning of the interdisciplinary health care team. This may include providing direct service to patients according to that Director's professional discipline.

*NOTE: The Program Director functions are not limited to the medical center. The Director is responsible to be aware of local trends in community adult day care and other services, and participates in area adult day care organizations.*

### **3.07 THE INTERDISCIPLINARY TEAM**

a. ADHC is best provided by an interdisciplinary team, because of the diverse array of professional services required to effectively treat and manage the multiple interactive health, psychosocial and functional impairments of the patients. This team develops an identity which is more important than the individual professional status of each member. The ADHC team members share common goals, collaborate and work interdependently in planning, problem solving, decision-making, implementing and evaluating team related tasks.

b. The interdisciplinary team will be comprised of staff from the professional services listed in paragraph 3.08. The actual team composition will be determined locally, based on patient care needs.

### **3.08 STAFFING**

a. In addition to appropriate professional credentials, all ADHC staff should possess certain qualifications unique to the practice setting and the population served, these are:

(1) A commitment to discipline-specific standards of practice, the primary health care delivery model, long-term care of a community-based patient population characterized by health problems that are secondary to chronic illness, interacting medical diagnoses, cognitive impairments, aging and psychosocial issues, and a holistic framework. Staff will be dedicated to the concept of improving or maintaining the functional level of patients, and optimizing their independence.

(2) An ability to effectively function autonomously, as well as a member of an interdisciplinary team.

(3) A clinical background which includes demonstrated competency in assessment, problem solving, group leadership skills, community practice, and teaching.

b. Staffing for the ADHC Program must be adequate to meet the complex health, functional and psychosocial needs of the patients. A variety of health care professionals is needed to meet the clinical needs of the patient population. Each program is responsible to develop a staff proportion specific to their patient population. Every effort should be made to develop a staff proportion that provides the needed services listed in subparagraph c, while minimizing program costs. Professional disciplines involved in patient care include: nurse, physician, social worker, rehabilitation therapist, dietitian and activity therapist.

*NOTE: Other disciplines may be considered depending upon the patient and/or program needs, i.e., consultation or participation from geriatric psychiatrists, or geropsychologists, should be considered where they are available.*

c. The actual staffing pattern will be determined by the number of patients enrolled, the case mix severity of the patients, and the role of the ADHC as primary care delivery site. The following services will be available at each ADHC site:

(1) Nursing Service. There will be at least one registered nurse (R.N.) on duty each day at the ADHC. When possible this individual would be a geriatric nurse practitioner, or a clinical nurse specialist. The ADHC Director may be used as a nursing direct care provider where that individual is a nurse. Additional nursing staff include one to two Full-time Employee Equivalent (FTEE) that may be a licensed practical nurse, nursing assistant, or health technician that will provide assistance in daily program activities.

(2) Medical Service. Primary medical services will be provided by a VA physician (0.25 to 0.50 FTEE). In most programs the physician will work closely with the nursing staff to ensure that the ADHC patients primary care is provided by the ADHC and not through medical center clinics. Medical center clinics will be used by ADHC patients for specialty consultations and services.

(3) Social Services. A social worker will be available daily (0.5 to 1.0 FTEE) to provide a social assessment, case management, and counseling to patients and their caregivers. The ADHC Director may be used as a social work provider where that individual is a social worker.

(4) Rehabilitation Therapy. Rehabilitation services will be provided as needed. This may include Physical Therapy or Kiniseotherapy, and Occupational Therapy. A therapist will be available each day (0.5 to 1.0 FTEE). A qualified therapy assistant, or aide, (e.g., COTA, PTA) may be assigned to the ADHC with regular consultation by a professional.

(5) Recreation Therapy. Therapeutic recreational services will be provided to meet the physical and social needs of the patients. A recreational therapist, or assistant, will provide services each day (0.75 to 1.0 FTEE).

(6) Nutrition Services. Nutrition services will be provided, including counseling, regular meals, and special diets. These services will be provided by the consultation of a registered dietitian.

(7) Additional Staff. Additional staff will include the full-time Director (1.0 FTEE) whose role and responsibilities are outlined in paragraph 3.06 and daily secretarial or clerical support (0.5 to 1.0 FTEE).

### 3.09 CASE MANAGEMENT

a. Case management in ADHC includes:

- (1) Interdisciplinary assessment of each patient;
- (2) A periodic review of the patient's status; and
- (3) The development of a patient treatment plan which is to include:
  - (a) Implementation of the treatment plan,
  - (b) Coordination and monitoring of services,
  - (c) Advocacy,
  - (d) Discharge planning and implementation, and
  - (e) Follow-up.

b. The ADHC Program provides case management to the patients enrolled through the assignment of an ADHC staff member as case manager. All team members will serve in the role of case manager for designated patients. The case manager role is to:

- (1) Ensure that each patient receives the treatment that the team's care plan develops.
- (2) Facilitate communication between the patient and staff.
- (3) Engage the patient and/or caregiver to actively participate in the treatment plan and goals, including discharge planning.
- (4) Intervene in the coordination and monitoring of services within and outside of the ADHC.
- (5) Ensure that most of the patient's care is provided in the ADHC and that special services not available in the ADHC are arranged.

### 3.10 ADMISSION GUIDELINES

Guidelines for admission of patients to the ADHC Program are:

- a. Patient is eligible for VA outpatient care as described in Chapter 1, paragraph 1.01.
- b. Patient lives within primary service area.
- c. ADHC screening process assesses that the patient's needs are of such complexity, significance and interactive nature that they require the expertise of the ADHC interdisciplinary team. Qualifying patients must meet at least two of the following indicators:

- (1) Residence in a nursing facility.
- (2) Dependence in 2 or more Activities in Daily Living (ADLs).
- (3) Dependence in 3 or more Instrumental Activities of Daily Living (IADLs).
- (4) Advanced age, i.e., 75 years old or over.
- (5) High use of medical services defined as 3 or more hospitalizations in past year; and/or utilization of outpatient clinics and/or Emergency Evaluation Units, 12 or more times in past year.
- (6) Clinical depression.
- (7) Living alone in community.
- (8) Recent discharge from nursing home.
- (9) Significant cognitive impairment, particularly when characterized by multiple behavior problems.

**NOTE:** *Any one of these conditions individually may not indicate the need for ADHC services, however, the combination of two or progressively more of these factors, indicates increasing need. Conversely, the existence of one of these conditions may present sufficient evidence for the need for ADHC services. Furthermore, in the presence of one or more of these factors, the individual's social supports and home environment need to be assessed in terms of their likely capacity to continue to be able to maintain their community status.*

- d. Most of the veteran's health care needs can be met in the ADHC without the need for VA outpatient services, exclusive of specialty clinics;

- e. Veteran has a supportive living arrangement sufficient to meet the veteran's health care needs when not at the ADHC;
- f. Suitable transportation can be arranged between the patient's home and the ADHC.
- g. Patient is able to tolerate group setting and with ADHC intervention is able to be managed in group setting.

### 3.11 PROCESS OF CARE

#### a. Referral

(1) Patients are referred to ADHC from many settings, including inpatient, outpatient, nursing homes, domiciliary, etc., usually by consultation.

(2) Following the referral and prior to enrollment, each patient's personal care requirements are reviewed.

(3) When appropriate, an interview will be conducted with the patient and/or caregiver.

(4) The applicant is enrolled in ADHC once it has been determined that the applicant is eligible, meets the admission criteria, and can benefit from the program.

(5) If the patient is clearly found to be inappropriate, the ADHC team makes recommendations regarding an alternate plan to manage the patient's care needs.

*NOTE: In a newly developing program, several of the team members are generally involved in patient screening, selection, and orientation. As a team matures these responsibilities may be assigned to one member at a time for efficient staff utilization.*

b. Informed Consent. The accepted patient and caregiver are given an orientation to ADHC. A full explanation of the program, its objectives, capabilities and limitations is provided to the patient and the caregiver. The counseling of the patient is documented in the patient's medical record as well as the patient and/or caregiver's response to the explanation. The documentation by the health professional of this exchange of information constitutes informed consent of the patient to participate in the ADHC Program.

c. Assessment. After admission to ADHC, individual team members assess the patient as appropriate to their respective disciplines. The goal of this initial team assessment is to identify those impairments and problems that interfere with the individual's ability to achieve the highest potential level of functioning and to the ability to live as independently as possible in the individual's particular home environment.

#### d. Treatment Plan

(1) Based on individual team member's assessments, a written comprehensive treatment plan is developed by interdisciplinary staff within 21 days, or five visits from the date of ADHC admission. The treatment plan should specify, in writing:

- (a) The problems identified;
- (b) The precise treatment approaches to be employed in addressing each problem;
- (c) The goals against which progress will be measured;
- (d) A treatment schedule; and

(e) The anticipated time frame and discharge plan within which achievement of goals may be expected.

(2) The treatment plan should be shared with the patient and primary caregiver who should be encouraged to participate in the goal setting process.

e. Primary Care. It is expected that ADHCs will be able to provide most of the primary health care of the veteran. Physician and nursing collaboration will result in managing the care needs of the veterans including change of condition that can be treated on an outpatient basis. Medical center clinics will be used only for specialty consultations and services. ADHC patients and their caregivers will be instructed to contact the ADHC staff for assistance with all health care problems.

f. Treatment Plan Reviews. Program participants are reassessed by the ADHC team every 3 months, or sooner if indicated. Progress in achieving treatment goals is reviewed with the participant and primary caregiver; then the treatment plan is updated as necessary.

g. Continued Care. Once treatment goals are set and the plan of care initiated, it is of equal importance to establish mechanisms which will help to ensure that the benefits derived from participation in the program are sustained beyond the actual enrollment period in ADHC. Providing for this continuity of care requires that patients and their caregivers:

(1) Be well prepared to carry out those health related functions for which they must assume responsibility in the home;

(2) Establish contact with other appropriate supports in the community; and

(3) Have clear access to a suitable source of follow-up care, upon discontinuation of ADHC.

***NOTE:** Upon enrollment in ADHC, each client is assigned a Case Manager, which is the approach recommended for providing the necessary coordination of services. The primary need of each individual may be used as the basis for determining which health professional*

*on the ADHC team is best prepared to assume primary responsibility for the overall case management of that individual. The interdisciplinary team approach is maintained through regular conferences and joint effort in assisting the participants in reaching their treatment goals. This entails not only direct care and supervision, but participant and family education and counseling, as appropriate.*

h. Discharge. For all ADHC clients preparedness for discharge from ADHC should be a part of the therapeutic plan from the outset. The effectiveness of subsequent care settings may depend, to an even greater extent, on the ability of the patient and caregivers to manage care requirements and maintain the practice of health promoting behaviors with relative independence. Community resources that will be necessary should be identified early and integrated into the participants treatment prior to discharge, to facilitate orderly and uninterrupted transition from ADHC.

i. Turnover Rate. Turnover of ADHC patients is an important element to the program. Opportunities for placing veterans in other non-institutional community support programs should be aggressively pursued. It is important that ADHC is readily available to new patients that are in need of these services.

### **3.12 DISCHARGE GUIDELINES**

a. The ADHC team will facilitate timely and orderly discharges of patients who no longer need the services of the ADHC Program, or can be maintained in another community program. Alternative health care, or community services, appropriate to the needed level of care will be arranged prior to discharge from ADHC. Patients will be discharged from ADHC when they:

- (1) Achieve their treatment goals;
- (2) Develop needs beyond the capacity of the program;
- (3) Move from the geographical area served;
- (4) No longer meet admission criteria;
- (5) Elect to discontinue;
- (6) Demonstrate willful noncompliance with treatment goals;
- (7) Become ineligible for VA care which may result in an administrative discharge; and
- (8) When the home environment is no longer safe for continued independent living.

b. Options following discharge include:

- (1) Referral to nursing home care,
- (2) Hospital Based Home Care (HBHC),
- (3) Community adult day care,
- (4) Home with outpatient follow-up, and
- (5) Community health nurse follow-up.

c. Prior to discharge, a discharge summary must be prepared for the patients' record.

*NOTE: An abstract of relevant information should be shared with any community health care providers to which the individual is referred.*

### **3.13 PATIENT RECORDS**

a. Records are an important mechanism for communicating changes in patient condition and care requirements and for monitoring progress over the period of enrollment. Every effort should, therefore, be made to record regularly, in objective terms (i.e., observable, measureable indices), and in relation to the patients' identified problems. The ADHC must maintain an individual record for each participant that meets professional, administrative, and legal requirements. It must include:

- (1) Identification listing participant's name, address, telephone number, Social Security Number; and name, address, telephone number of responsible party;
- (2) Initial referral to the ADHC;
- (3) Initial assessment results, dated and signed by the person responsible for the evaluation;
- (4) Comprehensive treatment plan, treatment schedule, scheduled days of attendance, and transportation arrangements;
- (5) Quarterly reassessment by individual team members and comprehensive treatment reviews;
- (6) Discharge plan;
- (7) Progress notes of staff interventions and nursing flow sheets;
- (8) Discharge notes and summary from ADHC, including referrals; and
- (9) Copy of pertinent documents from the medical record.

b. Doctors Orders, Treatment Plan Summaries, and Progress Notes must be forwarded to the permanent record.

### **3.14 HOURS OF OPERATION**

a. Each ADHC must endeavor to establish hours of operation that are flexible and responsive to caregiver needs. Consideration should be given to special staff work schedules that would facilitate expanded hours of operation.

b. Each ADHC Program must have a policy providing for the care of patients at other than the regular hours of operation of the program. ADHC patients and their caregivers will be given, verbally and in writing, specific instructions about how to access emergency care (during and at other than the regular hours of operation of the program).

### **3.15 COOPERATION, COLLABORATION AND CONSULTATION WITH OTHER SERVICES**

a. The ADHC team regularly cooperates and collaborates with the other services to obtain needed services and procedures for the ADHC patients. At the onset, the ADHC team should develop relationships with specialties and subspecialties which are appropriate to the needs of the ADHC population.

b. In settings where ADHC is not the primary care site, the ADHC team must coordinate health care services with the primary care provider. In general, it is more effective and efficient to provide the primary health care within the ADHC Program.

### **3.16 ADMISSION OF ADHC PATIENTS TO VA MEDICAL FACILITIES**

a. When admitted to ADHC, the patient and caregiver are given assurance that admission to a VA facility may be accomplished at any time it is professionally indicated. Patients who are hospitalized 15 days or less may remain enrolled in ADHC. Those ADHC patients admitted to a Nursing Home Care Unit solely for the purpose of providing respite care may be placed in Absent-Sick-In-Hospital status. Information about the course of care in ADHC should be furnished to inpatient and nursing home staff. While hospitalized, the ADHC team should provide follow-up contacts with the patient and the caregiver. The ADHC team will work closely with medical center staff to expedite a return to the community and ADHC. The ADHC team will re-assess the patient preparing for medical center discharge to ensure that continuity of care is maintained. Upon release from the medical center, or nursing home care unit (NHCU), follow-up home visits may resume without a change in ADHC status. When patients are hospitalized 16 days or more they should be discharged from the ADHC Program.

### **3.17 ORIENTATION AND CONTINUING EDUCATION OF ADHC TEAM MEMBERS**

The orientation of new ADHC team members must ensure that:

a. There is a clear understanding of the goals, objectives, and procedures utilized by the ADHC Program.

b. Both the orientation and the continuing education program of ADHC team members regularly address:

(1) Infection control,

(2) Safety in transfer/ambulation assistance,

(3) Emergency preparedness, (including CPR, fire safety, missing patient procedure),

(4) ADHC patients rights and responsibilities, and

(5) Management of behavioral problems.

c. All ADHC team members are responsible for maintaining their discipline's continuing education requirements for licensure/certification.

b. The ADHC Policy and Procedure Manual serves as the basic orientation guide.

### **3.18 USE OF VOLUNTEERS**

Volunteers are an important asset to ADHC. They are not only a valuable resource but their presence and voluntary contribution of service conveys a message to the patient that they are part of a caring community:

a. ADHC services suggests that dedicated and committed volunteers interested in serving older, disabled veterans must be aggressively sought.

b. The effective use of volunteers is dependent upon the quality of recruitment, training, and supervision.

c. Volunteers do not replace professional staff, but can be used to assist them in ways that will relieve the professional of certain paraprofessional tasks.

d. Volunteers can provide patients the individualized attention that is not always available from staff coordinating group programs.

- e. The role of the volunteer must be clearly defined in writing, and a salaried staff member must supervise them.
- f. The selection of volunteers is as critical as the selection of paid staff.
- g. The volunteer's aptitude for the job, perception of the program, and motivation must be assessed with care and sensitivity.
- h. Opportunities for ADHC volunteers are varied and may include, but are not limited to, assisting with arts and crafts, clerical duties, escort, therapeutic recreation activities and patient feeding.

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## CHAPTER 4. PATIENT CARE ISSUES

### 4.01 SAFETY

a. The safety of the Adult Day Health Care (ADHC) patient at home and at the ADHC Program will be considered.

b. Each ADHC Program will address these patient safety issues; they are:

(1) Identify at risk patients;

(2) Institute proper procedures for monitoring wandering patients; and

(3) Develop a system of documenting, evaluating, and reporting accidents and injuries and for documenting safety hazards.

c. In order to evaluate patient safety in the home, a home visit is necessary. Potential hazards will be identified, and patient and caregiver education regarding safety in the home will be provided.

d. All ADHC Programs will comply with the medical center's fire and safety standards.

### 4.02 INFECTION CONTROL

a. ADHC Programs are to follow universal precautions to prevent the spread of infection, and medical center guidelines for disposal of biohazardous waste in the ADHC Program environment. ADHC Program staff are to educate patients and their caregivers on infection control and disposal of biohazardous waste in the home when indicated.

b. A system of documenting, evaluating and reporting all infections in the program will be developed in accordance with medical center guidelines.

### 4.03 CRITICAL CARE PLANNING

a. As part of each person's right to self-determination, every ADHC patient may accept or refuse any recommended medical treatment. It is recognized that many ADHC patients have either a debilitating chronic disease or a terminal illness, and are faced with the need to make decisions about extraordinary life support measures.

b. Each ADHC Program will have a policy guaranteeing a patient's right to make these decisions. Procedures outlined in each medical center's "Do Not Resuscitate Policy" should be examined and adapted to the care of patients within ADHC. All procedures will comply with M-2, Part I, Chapters 30 and 31.

#### **4.04 MEDICATION ADMINISTRATION IN ADHC**

Medication management in the care of the elderly and chronically ill requires significant attention by the interdisciplinary team. Each ADHC Program must establish procedures and protocols to guide the health care team in the delivery, instruction, storage and monitoring of drugs as appropriate.

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## **CHAPTER 5. ADULT DAY HEALTH CARE (ADHC) PROGRAM MANAGEMENT**

### **5.01 CAREGIVER SUPPORT**

ADHC considers the patient and the caregiver as the unit of care. Without the caregiver, the maintenance of the severely clinically ill in the community would be impossible. Yet ADHC providers recognize that the burden of care can be great with high social, psychological, physical, and economic costs. Every ADHC Program must develop a Caregiver Program which offers mutual support, information (both the Department of Veterans Affairs (VA) and community), and education.

### **5.02 PROGRAMMING AND SERVICES**

a. ADHC offers a comprehensive and structured treatment and activity program based on the patient's individual physical and psychosocial treatment needs; it is managed through the interdisciplinary team process.

b. Every ADHC is required to offer a stimulating program to maintain or restore the functional status of each patient with provisions made for each individual to participate at their own optional level of functioning and to progress according to their own pace. Specific program activities within ADHC will vary according to its own staff and case mix.

c. The program shall provide for a balance of purposeful activities to meet patient's interrelated needs and interests (i.e., social, intellectual, cultural, economic, emotional, physical, and spiritual). All activity programming shall provide opportunities for a variety of levels of involvement in individualized, small, and large group settings. A Patient Planning Committee should be established to provide opportunities for patient participation in activity planning. Program activities may include, but are not limited to:

- (1) Discipline specific therapies offered by team members;
- (2) Individualized training in Activities of Daily Living (ADL) and personal care activities;
- (3) Health and Dietary education;
- (4) Reminiscence groups, discussion groups, and/or reality orientation groups;
- (5) Specific individual and group activities for cognitively impaired patients;
- (6) Activities to develop creative capacities, i.e., arts and crafts, development of hobbies, poetry groups, living history programs, gardening, and cooking classes;

- (7) Intergenerational experiences;
- (8) Involvement in community activities and events;
- (9) Outdoor activities as appropriate;and
- (10) Caregiver training in ADL support and behavior management.

### **5.03 CASE FINDING AND REFERRAL SOURCES**

a. Patients are referred to ADHC from a number of sources: VA medical centers, VA outpatient clinics, VA and State Nursing Home Programs, and the community.

b. It is important that every effort be made to make these sources of referral aware of the ADHC Program, its admission criteria, and application process in order to attract those individuals who can benefit from the treatment program.

c. Active case finding can be accomplished in different ways:

- (1) Case finding must be the shared responsibility of selected ADHC staff.
- (2) Interpreting the scope of the program and its admission criteria will be an ongoing educational process with each potential referral source.
- (3) The program must establish a formal mechanism for providing feedback to the referral source with regard to the outcome of the referral and recommendation, as well as the long-term benefit provided to the patient through ADHC.

### **5.04 MARKETING TARGET POPULATIONS**

a. Each ADHC is urged to establish marketing plans to enroll the targeted patient population described in Chapter 1, paragraph 1.04. This marketing plan may include the following methods:

- (1) Presentations
  - (a) To key referral sources, individually and in groups (e.g., medical residents, hospital discharge planners) by persons with the credentials, knowledge and enthusiasm to portray the program in the best light and equipped to answer specific questions regarding services and eligibility criteria.
  - (b) Emphasis should be given to the medical aspect of ADHC and the program's ability to care for severely impaired patients.

*NOTE: In all cases, it is important to be consistent and tailor the presentation to the audience.*

(2) Brochure. Development of an ADHC brochure which can be used by physicians, nurses, and other health professionals in referring prospective patients and their caregivers.

(3) Community Contacts. Contacts with other ADHC Programs in the community who may have eligible veterans on a waiting list.

(4) Media. The use of "open houses," slide presentations, flyers and other media to share information about the ADHC with the medical community, families, and veterans.

(5) Training. The use of ADHC as a training site for health care professionals who will potentially serve as referral sources, i. e., physician residents, nurses, social workers, etc.

### **5.05 PATIENT MIX**

The ADHC environment is definitively a therapeutic one. It depends on patient to patient as well as patient to staff interactions. Consideration needs to be given to the mix of patients in ADHC. The mix of patients with significant cognitive impairment needs to be balanced with those significantly dependent in ADL. However, such balance should not be at the cost of relaxing admission criteria for serving patients at risk of institutionalization..

### **5.06 SPACE ALLOCATION**

a. The physical environment of the ADHC area has great potential as a therapeutic tool. A well planned environment has the appropriate supports to enhance the patient's ability to function as independently as possible and to engage in program activities. The environment plays an even more significant role as an individual's level of impairment increases.

b. The optimal space for an ADHC Program with an average daily attendance of 35 with a full complement of staffing and services is 4,500 square feet (128.5 sq. ft. per patient). The minimum space for this census is 3,500 square feet (100 sq. ft. per patient). The variation depends on the amount of common space available from other sources and the service requirements of the patient mix.

c. Areas need to meet the latest edition of the Life Safety Code, Chapters 10 and 11. Temperature appropriate and comfortable for the health and well-being of the participants should be maintained.

d. Each program will need to design and partition its space to meet its own needs, but a minimal number of functional areas must be available. These include:

(1) Dividable multipurpose room or area for group activities, including dining, with adequate table seating space.

(2) Rehabilitation rooms or area for individual and group treatment for occupational therapy, physical therapy, and other treatment modalities.

(3) Kitchen area for refrigerated food storage, the preparation of meals and/or training patients in ADL.

(4) Examination and/or medication room for use by nurse or physician.

(5) A quiet room for rest, observation and/or privacy.

(6) Toilet, bathing and laundry facilities. The bathing facilities should be adequate to facilitate assistance with bathing. The toilet facility and bathrooms should be easily accessible to people with mobility problems, including patients in wheelchairs. There should be one toilet for every eight patients. A washer and dryer are advisable.

(7) Adequate storage space. There should be space to store arts and crafts materials, personal clothing and belongings, wheelchairs, chairs, individual handiwork, and general supplies. Locked cabinets should be provided for files, records, supplies, and medication.

(8) Congregate, shared offices, with individual room(s) for interviewing, telephoning, and counseling. Every effort should be made to minimize office space so that the maximum amount of space is available for patient programming and treatment, and the highest possible patient census can be maintained.

(9) Reception area.

(10) Access to protected outside areas such as gardens or recreational areas.

e. Special attention must be given to the many details involved in creating a therapeutic milieu for patients and staff in the ADHC Program. The physical environment must be clean, cheerful, attractive, and comfortable. Noise level should be kept to a minimum.

f. When the ADHC is located a distance from the VA medical facility, consideration must be given to support services which may not be readily available in the ADHC area. Procedures must be developed to accommodate the need for diagnostics, pharmaceuticals, patient records, and access to care in the event of medical emergency.

### **5.07 EQUIPMENT AND FURNISHINGS**

a. Facility equipment and furnishings used by staff and participants should be selected for comfort and safety, and be appropriate for use by adults with physical disabilities and visual and mobility limitations.

b. In addition to the equipment needs of each discipline, special equipment needs include:

- (1) Aids to mobility such as wheelchairs, walkers, and special chairs to meet the needs of geriatric patients;
- (2) Equipment and assistive devices for training patients in ADL;
- (3) Equipment to be used in Therapeutic Recreation Program; and
- (4) Furniture for activities areas, dining area, and treatment rooms.

### **5.08 TRANSPORTATION**

a. The success of ADHC Program is largely dependent on its ability to secure adequate transportation for patients. ADHCs will make maximum use of handicapped transportation systems already in place in the community. ADHC's primary role will be in facilitating patients in utilizing community transportation systems, identifying systems, aiding in the application process, etc. Such systems may include:

- (1) Area Agency on Aging supported transportation,
- (2) Caregivers,
- (3) Regional transit,
- (4) Veteran service organization vehicles, and
- (5) Volunteer transportation systems, etc.

b. Due to the lack of community transportation systems or legal restrictions in some communities, VA medical centers may need to provide transportation. Specific policies should be designed to cover scheduling, and vehicle or passenger emergencies.

c. As needed, ADHC will provide escorts to assist veterans to and from the vehicle. In arranging transportation, consideration must be given to limiting time that the patient is in transit. Transit should not exceed 1 hour, except for rare instances.

### **5.09 EMERGENCY PREPAREDNESS**

Each ADHC Program must conform with the medical center's disaster preparedness procedures. Each ADHC Program must develop a medical center approved plan to care for patients in the event of severe weather, family emergency, or other emergency conditions.

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**CHAPTER 6. ADULT DAY HEALTH CARE (ADHC) PROGRAM MONITORING**

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## CHAPTER 6. ADULT DAY HEALTH CARE (ADHC) PROGRAM MONITORING

### 6.01 WORKLOAD POLICY

ADHC enrollment and average daily attendance must be proportional to the staffing of each ADHC team.

- a. The staff to patient ratio will vary from a minimum 1 to 6 to a maximum of 1 to 4.
- b. As the number and severity of patients with functional impairments or medical instability increase, the staff to patient ratio shall increase accordingly.

*NOTE: Persons counted in the staff to patient ratio shall be those who spend 70 percent of time in direct service with patients.*

### 6.02 SCOPE

ADHC is an outpatient program and as such, reports patient visits in the same manner as an outpatient clinic. Procedures for collecting and submitting data vary among medical centers and may be completed using the Outpatient Routing and Statistical Record or by direct computer entry by clinical programs. All ADHC Programs are responsible for coordinating with Medical Administration Service (MAS) and submitting data on outpatient visits according to individual medical center procedures.

### 6.03 COST DISTRIBUTION REPORT, REPORTS CONTROL SYSTEM (RCS) 10-0141

- a. ADHC Program reports costs under Account 2510 of the Cost Distribution Report (CDR), RCS 10-0141. Accurate and uniform input of data is required.
- b. Instructions for preparation of the ADHC Account 2510 are included in the CDR Handbook.
- c. The ADHC Program Director and the Chief, Fiscal Service, should work closely and collaboratively in the preparation of the data submitted. The responsibility for accurate distribution of costs is shared by Chief, Fiscal Service, the ADHC Program Director, and other service chiefs.
- d. A process should be established to ensure that this data is regularly collected and reviewed for accuracy.
- e. In addition to the CDR, mechanisms for record keeping must be maintained for MAS as well as various programmatic reports such as:

- (1) Annual reviews (medical centers, sections, services),
- (2) Advisory committee meetings, and
- (3) Management briefings.

f. The content and form of reports may vary according to the local requirements of a particular medical center.

#### **6.04 ADHC INFORMATION SYSTEM**

Each program will compile certain admission and discharge information for each patient admitted to and discharged from ADHC. This information will be filed in the ADHC record for program management and evaluation purposes.

#### **6.05 QUALITY IMPROVEMENT ACTIVITIES**

a. A defined and functional Quality Improvement (QI) Program in all ADHC Programs is required. The process of assessing and improving important aspects of care is designed to help the ADHC Program appropriately utilize its resources and manage the quality of care it provides. The monitoring and evaluating activities are:

- (1) Ongoing, planned, systematic and comprehensive;
- (2) Designed so that data collection and evaluation are adequate to identify opportunities for improvement;
- (3) Designed to utilize effective problem-solving activities; and
- (4) Coordinated by the Program Director with involvement of the interdisciplinary team.

b. Each ADHC Program will develop and implement an annual QI Plan and an annual evaluation of the effectiveness of the QI Program. This plan should be part of the medical center's total QI Program. It is strongly encouraged that the QI plan in ADHC be interdisciplinary in focus involving evaluation of all services provided in the program. The Joint Commission for Healthcare Organization Accreditation (JCAHO), 10 Step Model for Quality Assessment and Improvement, is the suggested process for QI in ADHC.

#### **6.06 UTILIZATION MANAGEMENT**

a. Appropriate utilization of resources is essential to the management of any health care program. Utilization management is accomplished in part, by identifying those resources that are both required and available to support program goals and objectives:

(1) The first step in utilization review is to have clearly defined program goals and objectives.

(a) Patients are assessed prior to admission to ADHC to determine whether or not they require and will use the available resources.

(b) Patients have on-going periodic assessments to evaluate need for continued care.

(2) When the patient has received maximum benefits from the program or a different level of care is needed, discharge plans are implemented.

b. Components of a utilization management program for ADHC include, but are not limited to appropriateness of:

(1) Referrals,

(2) Admissions,

(3) Services,

(4) Continued stay, and

(5) Discharge from the program.

c. In order to effectively implement a Utilization Management Program within the ADHC Program, there are numerous databases which support and complement utilization management activities:

(1) Decentralized Hospital Computer Program (DHCP),

(2) CDR RCS 10-0141, and

(3) Patient's medical record.

d. Utilization reviews should be conducted periodically. These reviews should include:

(1) Quarterly medical record reviews to ensure that the medical records reflect the:

(a) Care provided,

(b) Condition and progress of the patient, and

(c) Condition of the patient at discharge.

(2) The results of such reviews should be analyzed, documented, trended, and used to monitor practices so that the quality and efficiency of care may be improved.

### **6.07 RISK MANAGEMENT**

The principles of risk management for medical centers apply equally to risk management for ADHC Programs. Effective risk management emphasizes improving quality of care as opposed to solely reducing patient and staff injuries. Essential elements in a successful ADHC Risk Management Program are:

- a. Well-designed policies and procedures including a planned process for identifying high risk situations.
- b. Systematic recruiting, credentialing, privileging and training of ADHC staff.
- c. Reporting and managing of incidents and/or occurrences.
- d. An analysis of incident or occurrence reports should be part of the on-going staff training and patient education to achieve a progressive reduction of incidents, and reduction of liability risks.

### **6.08 RESEARCH AND SURVEYS**

a. ADHC is a setting which offers unique opportunities to study and evaluate health care and the delivery of services to a chronically ill patient population. All research studies must be approved through appropriate Department of Veterans Affairs (VA) channels:

- (1) The process involves seeking approval from the medical center's research committee and may require the approval of the human studies sub-committee of the affiliated university.
  - (2) At smaller VA facilities that do not have a Research Committee, the Chief of Staff should be consulted.
  - (3) There are Regional Research Committees that can be accessed for additional information regarding format and funding opportunities.
- b. There are federal restrictions on written surveys of the general public. These restrictions limit the ability of ADHC Programs to conduct surveys of patient satisfaction as required by JCAHO:
- (1) Approval from the Office of Management and Budget (OMB) is required prior to conducting such written surveys.
  - (2) Personal or phone interview is the preferred survey methodology.

**April 18, 1994**

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Chapter 6**

***NOTE:** Locally initiated surveys of activities by ADHC Programs should be coordinated with the Office of Geriatrics and Extended Care, VA Central Office, 810 Vermont Avenue, NW, Washington, DC 20420.*

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## CHAPTER 7. CONTRACT ADULT DAY HEALTH CARE (CADHC)

### 7.01 POLICY

It is the Department of Veterans Affairs'(VA) policy to authorize CADHC.

### 7.02 RESPONSIBILITIES

a. The medical center Director has:

(1) The responsibility for obtaining authorization for CADHC from the Assistant Chief Medical Director (ACMD) for Geriatrics and Extended Care in VA Central Office;

(2) The responsibility for the CADHC Program after the VA medical center has been granted contract.

(3) The responsibility for designating a Coordinator, CADHC Program.

b. The Coordinator, CADHC Program, is responsible for:

(1) Establishing an inspection team,

(2) Coordinating the contracting process with the contract officer,

(3) Maintaining a list of CADHC patients, and

(4) Authorizing payment for CADHC services.

c. The Chief, Medical Administration Service (MAS), is responsible for determining a patient's legal eligibility for the program.

d. The medical center contracting officer is responsible for negotiating and executing contracts with CADHC facilities.

e. Follow-up of the veteran will be conducted by Social Work and Nursing Services. Other services are expected to provide consultation in the follow up process as needed. Written referrals from other VA medical centers and clinics to the medical center with CADHC authorization are accepted. Follow-up will normally be the responsibility of the medical center with CADHC authorization, but other arrangements may be made if circumstances such as excessive distance make follow-up by the authorizing facility impractical.

f. Primary medical care management by the VA medical center for CADHC patients will be through a single designated clinic.

g. The CADHC team, described in paragraph 7.07, will work cooperatively to develop a statement of work for CADHC facilities. Basic programmatic parameters for the Statement of Work are available from the ACMD for Geriatrics and Extended Care.

h. Programmatic responsibility for CADHC rests with the Office of Geriatrics and Extended Care, VA Central Office. Questions can be addressed to Chief, Community Care Programs, Geriatrics and Extended Care, VA Central Office.

### **7.03 STANDARDS FOR CADHC FACILITIES**

Staffing for a CADHC facility will be 1 staff for every 4 to 6 patients. This staff will provide the following services:

a. Nursing Service. There will be at least one registered nurse (R.N.) on duty during the critical period of operation to provide ongoing nursing assessments and skilled nursing care as needed. This will include a minimum of 2 hours of R.N. coverage per day. In addition, there will be sufficient licensed practical nurses and/or nursing assistants to provide supportive nursing care and assistance in daily program activities.

b. Medical Service. This service includes medication review, treatment planning, and consultative support when necessary. Primary medical services will be provided by a VA physician or a private physician. When primary medical care is provided by the VA medical center, a single designated clinic will be used. The CADHC facility will provide for an annual review of all clinical policies and procedures by a physician.

c. Social Services. Social services will be provided by a qualified social worker, i.e., a social worker with a Masters Degree in Social Work, or another social worker in consultation with a qualified social worker. There will be sufficient social service staff hours available to provide a social assessment and appropriate counseling to participants and their caregivers.

d. Rehabilitation Services. Rehabilitation services will be provided as needed with the consultation of a qualified physical and/or occupational therapist.

e. Nutrition Services. Nutrition services will be provided, including counseling, regular meals, and special diets. These services will be provided with the consultation of a registered dietitian.

f. Recreation Services. Therapeutic recreational services are provided to meet the physical and social needs of the participants and are an integral part of the individual treatment program.

g. Transportation Services. The CADHC facility is responsible for making transportation arrangements to and from home. Veterans will not be billed for

transportation, or other services, provided under the contract. The CADHC facility may directly provide transportation, contract for transportation, utilize public transportation for the handicapped, or the family may wish to provide the transportation.

h. Assistance in Activities of Daily Living (ADL). ADL including bathing, feeding, toileting, ambulation and transferring will be provided primarily by nursing assistants, but all staff should be prepared to provide assistance in appropriate functions, as necessary.

i. Case Management. Case management encompasses coordination of the patient's CADHC Program with the patient's outside social and health support systems. This may include seeking additional medical support through the VA outpatient clinic. This includes discharge planning and continuity of care beyond ADHC.

j. Patient Record Management. The maintenance of individual patient records should include a treatment plan, periodic evaluations, progress notes and other clinical and social information pertinent to patient care.

k. Safety Criteria

(1) The CADHC facility will provide sufficient staff to assist patients in the event of fire or other emergency.

(2) The CADHC facility will meet all Federal, State and local laws, regulations and codes pertaining to health and safety such as provisions relating to:

- (a) Construction, maintenance and equipment;
- (b) Sanitation: buying, dispensing, and safe guarding; and
- (c) Administration and disposing of medications and controlled substances.

**NOTE:** For the fire safety criteria, the facility will meet the requirements of the latest edition of the Life Safety Code, National Fire Protection Association (NFPA) 101, Chapters 10 and 11.

#### 7.04 CONTRACT PROCEDURES FOR CADHC

- a. Contracts for CADHC will be awarded using full and open competition procedures.
- b. The Contracting Officer, in conjunction with CADHC team, will develop solicitations designed to ensure the widest range of geographic and clinical coverage.

### **7.05 CADHC CONTRACT OBJECTIVES**

a. Contracts will be sought with ADHC's for the provision of care which meets VA standards. Every effort will be made to secure contracts to include all services listed in paragraph 7.02, within the per diem rate. If this is not possible, the contract should specify those services and supplies which are not included in the per diem rate.

b. A two or three level of care system should be sought to reflect differential care as defined in VA approved treatment plans. These differential rates will be reflected in the approved contract on VA Form 10-7078, Authorization and Invoice for Medical and Hospital Services.

c. Factors that may impact on per diem rate for a given CADHC facility include:

- (1) Providing transportation,
- (2) Physical therapy or occupational therapy, and
- (3) Specialized supervision for veterans with severe behavior problems.

d. The differential billing will be arranged through and approved by the VA Contract ADHC Program Coordinator, in collaboration with the treatment team.

e. Contracts with exceptions will reflect a reduced per diem rate, calculated by decreasing the per diem rate by the estimated daily cost of the excepted services.

### **7.06 BILLING AND REPORTING PROCEDURES**

a. Funds for CADHC services will be obligated on VA Form 4-1358, Estimated Miscellaneous Obligations or Change in Obligation, as prescribed in MP-4, Part V.

b. CADHC facilities will be requested to submit invoices to the completion of each month's service, annotating the actual days of service for each veteran.

c. Responsibility. The CADHC Program Coordinator will:

(1) Review the invoices and verify contract authorization, per diem rates, and days of service.

(2) Certify the invoice and forward to Fiscal Service to be processed.

(3) Provide Fiscal Service with the number of patient visits to CADHC each month for use in the Cost Distribution Report (CDR).

## 7.07 EVALUATION OF CADHC FACILITIES

### a. VA Team

- (1) CADHC facilities will be evaluated by a VA team prior to patient placement.
- (2) At a minimum, the team will consist of a registered nurse (R.N.), social worker, dietitian, fire safety officer and Contracting Officer.
- (3) The function of the team will be to recommend approval, disapproval, or termination of contracts.
- (4) The team can provide management consultation with the CADHC.

### b. Evaluation

- (1) The evaluation process will be completed and documented at least annually.
- (2) The CADHC Coordinator will inform the contracting officer of the results of the evaluation process.

c. VA has the right and responsibility to assess ADHC centers in order to be an informed purchaser of care. *NOTE: It should be clear that in assessing ADHCs, the VA does not, in any way, regulate these centers, nor does it provide them with any credentials following completion of a successful assessment.*

d. Follow-up of the veteran will normally be the responsibility of the placing facility and will be conducted primarily by Social Work and Nursing Services. Other services are expected to provide consultation to the ADHC in the follow-up process as needed.

e. The CADHC Program Coordinator will maintain a correct, up-to-date list of veterans outplaced under contract to CADHC. This list will be immediately available in the event of disaster, or other incidents and available to VA volunteers participating in CADHC and to the Chief, MAS.

## 7.08 CADHC PLACEMENT PROCESS

a. Selection of patients for placement in CADHC's will be made by a team of the patient's physician, social worker and nurse, subject to approval by the Chief of Staff, or designee, of the facility.

b. Patients will be given the opportunity to choose a CADHC center from facilities approved and available to the VA. Listings of local CADHC centers under contract will be maintained by each VA facility.

c. Appropriate medical, social, nursing and dietary information will be prepared for each CADHC placement:

(1) The CADHC Coordinator is ultimately responsible for timely distribution of this information to the CADHC.

(2) Referral data should include:

(a) Medical information including diagnoses, medications and orders for any specific treatments; and

(b) Detailed dietary, social work and nursing information.

(3) Copies of the referral information described in (2)(a) and (b), will be forwarded to the:

(a) CADHC center before arrival of the patient;

(b) Veteran's medical records; and

(c) Follow-up facility.

(4) Forms required by local public assistance agencies will be completed.

d. Prior to the placement of the patients to a CADHC, the VA medical center will be responsible for complying with any requirements of local government or regulatory bodies, such as the Department of Health.

e. When a VA medical center without contract authority needs to place a veteran in a CADHC center in the service area of a VA medical center with contract authority, close coordination of the placement will be established.

f. Steps will be taken to ensure the patient meets eligibility standards for CADHC.

#### **7.09 CADHC PLANNING AND FOLLOW-UP**

a. Prior to placement in CADHC post-contract planning will be initiated. Social Work Service will actively assist the veteran and/or family in planning to assume responsibility for future needs following ADHC care at VA expense. Benefits and potential benefits, VA and other, will be fully explored and explained to the veteran and/or family. Appropriate assistance is available from the Veterans Benefits Counselor.

b. Each patient admitted to a community ADHC will be visited no less frequently than every 30 days by the VA community health nurse or social worker. Observations will be made as to the quality of professional care and need for continuation of ADHC care. The

community health nurse and social worker will review established circumstances for discharge to determine appropriateness (see Ch. 3, par. 12). Guidance may be provided to CADHC staff in the provision of care for veterans under contract.

c. The nurse assigned to the community ADHC Program will make follow-up visits at least quarterly to ensure that adequate and safe care is being provided.

d. The social worker assigned to the community ADHC Program will make follow up visits at least quarterly to:

(1) Assist the patient and/or family with the social and emotional aspects of the transition to long-term care.

(2) Assist the patient and/or family in planning for continued care in ADHC post contract if indicated.

e. Quarterly review of a patient's progress will be documented. Progress (or absence of progress) toward the treatment plan goals will be accessed and documented by the VA social worker and community health nurse assigned follow up responsibilities.

f. Based on the social worker's and nurse's quarterly recommendations, the CADHC Program coordinator will continue or discontinue contracted services for each patient.

g. If plans for continued ADHC at non-VA expense cannot be completed prior to the expiration of the VA authorization, the social worker will continue to offer assistance in planning. If there are valid reasons for continued care at VA expense and the veteran meets the requirements in Chapter 3, Paragraph 10, consideration will be given to extending the period of VA authorized care in CADHC.

h. If plans for continued ADHC at non-VA expense for a veteran whose hospitalization (or need for ADHC) was primarily for treatment of nonservice-connected (NSC) disabilities are feasible, but the veteran and/or family decline to cooperate, the VA authorization will be terminated. Written notification of the pending termination will be made to the veteran and/or family, the community ADHC, and any other interested parties. Termination will be effective 30 days following written notification, or at the expiration of the current authorization, whichever comes first.

i. Patients remaining in CADHC for an extended period of time (more than 1 year) will be given a comprehensive physical examination no less often than once a year to determine the need for continued care. Such examination will be done, to the extent practicable, on a staff basis at the VA medical facility nearest the community ADHC. If this is not feasible, the examination will be done at the ADHC on a fee basis, or by a VA physician.

j. The report of examination will be reviewed by the community ADHC team to determine the need for continued care. A copy of the report of examination will be furnished to the community ADHC for inclusion in the patient's record.

#### **7.10 CONTINUED CARE BEYOND 12 MONTHS**

a. Contract care beyond 12 months for veterans whose medical center, nursing home, clinic or domiciliary care was primarily for treatment of NSC disabilities will be held to a minimum and must meet all of the following conditions:

(1) Both medical and rehabilitative need exist.

(2) Circumstances of most unusual nature have prevented discharge from the ADHC or assumption of financial responsibility by the family or community within the 12 month period. *NOTE: An impasse in planning for community care will not be considered an unusual circumstance for this purpose.*

(3) There is evidence of adequate planning for community care with reasonable expectation that VA authorization for ADHC can be discontinued on or before the expiration of the extended period.

b. Extensions must be for a specific period of time, not to exceed 12 months with continued quarterly reviews.

c. Cases which meet the requirements of subparagraphs a(1), (2), and (3) will be fully developed and documented, including recommendations of the physician, nurse, and social worker.

#### **7.11 READMISSION TO A VA MEDICAL CENTER**

Patients requiring emergency treatment will be admitted to an appropriate VA facility immediately unless this is not feasible because of distance or urgency.

**ADHC PATIENTS RIGHTS AND RESPONSIBILITIES**

**AS A PATIENT IN THE ADULT DAY HEALTH CARE (ADHC) PROGRAM YOU HAVE THE RIGHT TO:**

1. Be cared for with respect and kindness.
2. Be told about your health problems.
3. Be told how your health problems are usually treated.
4. Be told what you can expect from treatment.
5. Agree to your treatment.
6. Refuse any part of your treatment.
7. Be told what will happen to you if you refuse any treatment.
8. Privacy. No one except the Court can find out about your health programs unless you give written permission.
9. Refuse to take part in any research studies.
10. Complain if you feel your rights have been denied.
11. Be discharged from the ADHC Program at any time you wish.

**AS A PATIENT AND/OR GUARDIAN IN THE ADHC PROGRAM YOU HAVE THE RESPONSIBILITY TO:**

1. Treat the ADHC team with courtesy and respect.
2. Ask questions about any part of your care that you do not understand.
3. Tell the ADHC Team about any changes in your condition or in how you feel.
4. Tell the ADHC Team about other health problems you have had in the past.
5. Tell the ADHC Team about all medicines and remedies you are using.

6. Follow the ADHC Team's instructions.
7. Let the ADHC Team know if you are having problems following any instructions.
8. Let the ADHC Team know if you decide not to follow some of the Team's instructions.
9. Let the ADHC team know if you are unable to attend Adult Day Health Care.

*Adapted from: VA Form 10-7991a, July 1983. Welcome to your VA Medical Center Information Booklet on Patients Rights and Responsibilities; and The National Association for Home Care: Patient Rights & Responsibilities. Continuing Care, May 1987, page 17.*