



**New Jersey Department of Human Services
Division of Developmental Disabilities**

Standards for Adult Day Programs

2007

Division of Developmental Disabilities Standards for Adult Day Programs

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Division of Developmental Disabilities Standards for Adult Day Programs

Section I. INTRODUCTION

The New Jersey Division of Developmental Disabilities supports the principles that people with developmental disabilities, shall pursue meaningful and productive lives and achieve full integration and inclusion in society through relationships and work, in an individualized manner, consistent with the unique strengths, resources, priorities, concerns, and abilities of each individual.

The Division recognizes that success in service delivery requires creative and innovative policy changes which have important implications for service development. The Division offers sincere thanks to the members of the Day Program Manual Revision Committee; it is through your tireless efforts that this manual was made possible.

“Standards for Adult Day Programs 2007” establishes standards for the provision of day services to people with developmental disabilities. It replaces the former “Supported Employment and Day Program Manual” that went into effect July of 2002. It is applicable to all adult day services including special needs adult training programs, crew labor programs, and community-based adult training programs. Supported Employment Programs funded by the Division will follow the provisions set forth in the “Standards for Supported Employment Programs”. Extended employment programs funded by the Division will follow the provisions set forth in the Division of Vocational Rehabilitation Services Administrative Code 12:51-8.

This manual can be found on the DDD website at:

<http://www.state.nj.us/humanservices/ddd/index.html>.

How to Use the Manual

The Standards are divided into sections as outlined in the Table of Contents. The information is structured in a table format. The first column on the left within the table identifies the section and subsections. The second column from the left in the table, indicates if the information within that section is either a Standard, a Policy and Procedure, a Form, or an Appendix, respectively identified as; S, PP, F, and A. For the purpose of this manual the following applies;

a Standard must be adhered to in all Day Service Programs. Standards shall also be incorporated into any policies and procedures that may apply to that particular section.

a Policy & Procedure refers to policy and procedures that must be developed by the service provider.

a Form refers to a Division-approved or mandated form that must be used by the service provider. All forms can be found in the Appendix section of the manual. The forms are numbered for ease of reference in the Appendix section.

an Appendix refers to information or other documents that are referred to in the manual standards. The appendices are numbered for ease of reference.

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Section II. DEFINITIONS

Activity Schedule - a schedule of an individual's program-related activities that reflects days, hours, and specific location.

Adaptive Equipment - equipment or devices, such as wheelchairs, walkers, communication devices, adapted feeding utensils, raised toilet seats, jigs or other devices that assist a person in carrying out activities of daily living, increase mobility, communication, job performance or other functioning.

Case Manager – the Division employee who is responsible for the linking and coordination of services across family, agency and professional lines to develop and attain goals and objectives embodied in the Service Plan. The role of the case manager involves monitoring and advocating for the individual's needs with the individual and/or the parent or legal guardian and family's participation.

Community-Based Services - planned activities that occur in the community, which promote individual independence and inclusion in the community.

Community Care Waiver - a federal program that allows the DDD to claim reimbursement for a portion of the cost of residential, day program, and some related services, when they are provided to DDD eligible persons who are also Medicaid eligible. The services must be provided in accordance with the Service Plan.

Competitive Work - work performed by an individual with disabilities on a full-time or part-time basis, in an integrated setting, for which the individual is compensated, in compliance with the Fair Labor Standards Act.

Continuous Quality Improvement Plan- a written description of a dynamic system of recurring assessment, measurement, and program change designed to improve the quality of services.

Crew Labor- a service delivery model that uses a full time supervisor and a small group of program participants who travel together to multiple work sites in the community where they engage in contracted work.

Daily Training Record - the format that provides the means of documenting and tracking progress on the goals and objectives outlined in each individual's Service Plan.

Developmental Disability - refer to N.J.A.C. 10:46

Division Circular - a sequentially numbered document issued by the Director of DDD, to promulgate operational policies, standards, and key procedures of the Division. Division Circulars convey policies that have broad applicability to major components of the Division, and may have applicability to service providers under contract with, or regulated by, the DDD. The Director may, however, limit the scope of a circular to a single component.

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Essential Lifestyle Plan- a written description, utilizing person-centered thinking, of what is learned about a person and what is important to them which is incorporated into a plan for delivering services and supports.

Goal – a long-range outcome, usually expected to be achieved within one to five years and stated in measurable terms so that their attainment can be determined. Goals are:

- person-centered and
- written to reflect the intent and direction of the Service Plan as well as the desires of the individual.
- broad in nature,
- realistic,
- based upon assessed needs and capabilities,
- and attained through the use of behavioral and/or service objectives.

Guardian means an individual or agency appointed by a court of competent jurisdiction who is otherwise legally authorized and responsible to act on behalf of a minor or incompetent adult to assure provision for the health, safety, and welfare of the individual and to protect his or her rights.

Individual Habilitation Plan (IHP) - a type of service plan that is developed with the individual which:

- specifies prioritized goals and objectives being pursued by the individual;
- reflects the desires of the individual and the means by which those desires may be achieved;
- identifies a continuum of skill development that outlines progressive steps and the anticipated outcomes of services
- reflects the supports and services needed to achieve the stated goals,
- encompasses all relevant components, such as an education plan, a behavior modification plan, a program plan, a rehabilitation plan, a treatment plan and a healthcare plan.
- varies in complexity according to the needs, capabilities and desires of the person,
- addresses all major needs identified and prioritizes them,

Interdisciplinary Team (IDT) – means a group that consists of the individual receiving services, the plan coordinator, the legal guardian, the DDD case manager, the parents or family member (at the preference of the person served), advocates and friends, those persons who work most directly with the individual served, and professionals and representatives of service areas who are relevant to the identification of the individual's needs and the design and evaluation of programs to meet them. The individual may identify additional persons who shall be invited to attend and participate.

Job Sampling - any activity that uses an integrated competitive work setting to gauge the interests, strengths, challenges, and support needs of persons being considered for supported employment, and that can be used to assess and predict job performance.

Objective - a short-range outcome, usually accomplished within one year, related to the stated goal. An objective must:

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- be stated in a way that is both observable and measurable;
- state the conditions under which it will be attained; and,
- indicate an objective measure of the level of performance.

Outcome Management Report- the results of quality improvement processes (e.g., assessment, data collection, etc.) presented in report form for administrative review, decision-making and the development of “action plans” to make changes designed to improve quality.

Paid Employment - activities for which individuals are paid, in accordance with State and Federal Department of Labor Wage and Hour Guidelines

Safeguarding Equipment means devices which restrict movement used to provide support for the achievement of functional body position or proper balance; devices used for specific medical, dental or surgical treatment; and devices to protect the individual from symptoms of existing medical conditions, including, but not limited to, seizures, ataxia and involuntary self abuse.

Self Advocacy - ongoing training and support in self-expression, assertiveness, and education regarding one’s rights and responsibilities.

Service Plan- is a tool for the planning and implementing of generic and specialized services designed to achieve personal outcomes that are appropriate to the individual’s interests, strengths, needs, and preferences. Types of service plans include, but are not limited to, Individual Habilitation Plans, Essential Lifestyle Plans, Individual Educational Plans, and Individual service Plans.

Special Needs- an adult day service program model contracted to provide services to individuals who require intensive medical, physical, sensory, behavioral and/or mental health supports. Supports include enriched staffing and may include related services such as nursing, therapies, psychological and/or behavioral support as specified in the approved program description.

Supported Employment – competitive, paid work, in an integrated work setting, with long term ongoing support services for individuals for whom competitive employment has not traditionally occurred, or has been interrupted or intermittent, as a result of severe disabilities.

Time Study- In accordance with State and federal Department of Labor regulations, a calculation of the amount of time it takes a worker without disabilities to perform a specific task for the purpose of determining the appropriate pricing of a contract or rate of pay for an individual.

Total Program Ratio- refers to the Adult Day Service Program’s overall ratio of direct care staff to service recipients. This ratio is based upon the total number of direct service staff and service recipients as specified within the provider agency’s contract with the Division. Within the Adult Day Service program, the activity group sizes may vary depending upon the abilities and supports needs of the service recipients and/or type of activity provided the required overall program ratio is met.

Unusual Incident - any event involving an individual served by the Division or a service provider or employee in which:

- there is an indication or allegation of criminal action, injury, negligence, exploitation, abuse, clinical mismanagement or medical malpractice; and/or

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- there is a major unforeseen event, (e.g., serious fire, explosion, power failure) that presents a significant danger to the safety or well being of individuals served, and/or employees; or, a newsworthy action or event.

Variance means written recognition by the Division that the program has complied with the intent of a standard in a Division-approved alternative manner

Vocational Assessment - an individualized, written assessment, using standardized or non-standardized procedures, that is designed to identify the preferences, strengths, and needs of the individual, and assesses and evaluates work skills and work behaviors.

Volunteer - means an unpaid person who supports and supplements programs and services. A person may volunteer individually, intern, or as a member of an organized group.

Volunteer Work- any donated services or duties provided willingly, and in accordance with Department of labor regulations, for which an individual is not paid.

Waiver means the temporary suspension of a standard that is granted in writing by the Division.

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Section III. STANDARDS

Chapter 1		Purpose
Subchapter	Code	
1.1		The purpose of this manual is to establish standards for the provision of day services to people with developmental disabilities.

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Chapter 2	Scope
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Subchapter	Code	
2.1		This manual shall apply to the following program models:
2.1:1		Adult Day Services
2.1:2		Adult Day Services- Special Needs
2.1:3		Adult Day Services- Crew Labor

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Chapter 3	Waiver or Variance
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Subchapter	Code	
3.1		A waiver or variance to the Adult Day Program Standards shall be granted by the Division provided that such a waiver or variance would present no danger to the health, welfare, or rights of the individuals receiving services
3.1:1	S, F1	The service provider shall request the waiver with substantial detail justifying the request to the Regional AT/SE Coordinator
3.1:2		The Regional Administrator and AT/SE Coordinator shall make the final determination for approval of waivers.
3.1:3		Issuance of a waiver or variance shall be limited to the following circumstances:
3.1:3a		Where enforcement of the standard would result in unreasonable hardship to the program; or,
3.1:3b		Where the waiver or variance is in accordance with the particular need(s) of the individual(s) receiving services

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Chapter 4	Complaints
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Subchapter	Code	
4.1		The Division shall have the authority to investigate any complaint received regarding compliance with contracted services or programs
4.1:1	S	The service provider shall cooperate with the Division on any investigation

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Chapter 5	Contract
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Subchapter	Code	
5.1	S	A current, approved Program Description will be kept on file consisting of
5.1:1		Cover Sheet
5.1:2		Agency Information
5.1:3		Program Description
5.1:4		Goals and Objectives
5.1:5		Additional Provisions
5.1:6		Pertinent Job Descriptions
5.1:7		Attachments:
5.1:7a		Annual Holiday and Training Schedule
5.1:7b		Mobile Crew Program List of Job sites
5.2	S	A copy of the approved Annex A renewals will be kept on file.

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Chapter 6	Continuous Quality Improvement
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Subchapter	Code	
6.1	S, A1	The program must develop and maintain on file a Continuous Quality Improvement Plan (CQI Plan)
6.2	S	The program must, the first year following the implementation of its CQI Plan, and annually thereafter, develop and maintain on file an Outcome Management Report. This report shall be submitted annually to the Division's Regional Quality Assurance designee for review.
6.3	S	The Outcome Management Report shall minimally include; Measurable goals and objectives Goal/objective data analysis summary Goal/objective progress/barrier summary Action Plan to address barriers
6.4	S	The service provider will cooperate with any monitoring activities initiated by the Division.

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Chapter 7	Policy and Procedure Manual
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Subchapter	Code	
7.1		The service provider shall develop and implement a manual of written procedures to ensure that the service delivery system complies with the standards governing adult day services for individuals with developmental disabilities
7.1:1	S	The procedures shall be reviewed annually with documentation of the review and revised as necessary.
7.1:2		Each procedure shall be designed in accordance with the practices and principles of person centered planning and shall be consistent with the organizational structure and management philosophy of the service provider.
7.1:3		Each policy and procedure shall be designed in accordance with applicable Division Circulars (DC)
7.2	S	Each procedure shall include, at a minimum:
7.2:1		Title
7.2:2		Purpose
7.2:3		The steps required to complete a task or action
7.2:4		Reporting and recording requirements
7.2:5		Assignment of staff responsibilities
7.3	S	The procedure manual shall be available and accessible for staff use
7.4	S	All staff shall be able to describe procedures they routinely implement
7.5	S	The procedure manual shall be available for review by the Division
7.6	S	The service provider shall maintain a procedure manual containing, at a minimum, the following:
7.6:1	PP	Unusual Incident Reporting in compliance with DC #14 "Reporting Unusual Incidents"
7.6:2	PP	Investigations in compliance with DC #15 "Complaint Investigations in Community Programs"
7.6:3	PP	Abuse, neglect and exploitation, including
7.6:3a		A written statement prohibiting abuse, neglect and exploitation
7.6:3b		Reporting procedures
7.6:3c		Specific agency investigation procedures
7.6:4	PP	Complaint/grievance resolution procedures for individuals receiving services, which shall have a minimum of two levels of appeal, the last of which shall, at a minimum, involve the executive director
7.6:5	PP	Emergency Plans (refer to Subchapter 13A for standards)
7.6:6	PP	Life-threatening emergencies in compliance with Division Circular # 20A "Life Threatening Emergencies"
7.6:7	PP	Health/ Medical (refer to Chapter 19 for standards)
7.6:8	PP	Medication administration (including procedures for self-medication) (refer to Chapter 20 for standards)
7.6:9	PP	Transportation (refer to Chapter 12 for standards)
7.6:10	PP	Personnel (refer to Chapter 8 for standards)

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Chapter 8	Personnel
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Subchapter	Code	Text
8.1		Personnel practices shall comply with all applicable Federal, State and local laws, ordinances, rules and regulations pertaining to employment including but not limited to civil rights, retirement plans or social security, OSHA, minimum wages, hours and worker's compensation.
8.2		Provider Agency staff shall meet the minimum qualifications set forth herein. Qualifications shall be documented either in the employment application, resume, reference check or other personnel document:
8.2:1		The Provider Agency's Executive Director or equivalent shall have:
8.2:1a	S	A Bachelor's Degree or a high school diploma (or equivalent)
8.2:1b	S	and Five Years of experience working with people with developmental disabilities, two of which shall have been supervisory in nature
8.2:2		The supervisor responsible for the operation of the program shall:
8.2:2a	S	Be at least 18 years of age,
8.2:2b	S	Have a high school diploma or equivalent,
8.2:2c	S	Have a valid driver's license if the position requires the operation of a vehicle to transport service recipients, and
8.2:2d	S	Have one year of experience working with people with developmental disabilities
8.2:3		Direct Service Staff shall:
8.2:3a	S	Be at least 18 years of age,
8.2:3b	S	Have a high school diploma or equivalent,
8.2:3c	S	Have the ability to communicate with individuals with whom they are working,
8.2:3d	S	Be capable of providing any direct assistance required by the individuals with whom they are working, and
8.2:3e	S	Have a valid driver's license if the position requires the operation of a vehicle to transport service recipients
8.2:4		Individuals providing professional services (nurses, psychologists, therapists) either through direct employment or contract must possess the credentials for their profession required by Federal or State law.
8.2:4a	S	Documentation of staff credentials must be maintained on file with the Provider.
8.3	S	Except as otherwise provided in the Rehabilitation Convicted Offenders Act (N.J.S.A. 2A:168A-1 et seq.) , no provider shall employ any person who has been convicted of any of the crimes identified in DC # 40 "Background Checks" .
8.3:1	S	The Provider shall have an established process to conduct background checks in accordance with DC # 40 "Background Checks" .
8.3:2	S	A Provider shall not employ any person known to have been adjudicated civilly or criminally liable for abuse of a person with developmental disabilities receiving services from the Department or served in a day program/service regulated by this chapter.
8.4		Prior to hiring any staff or utilizing a volunteer who provides services to individuals on a planned basis, the Provider shall secure:
		A signed application for employment from each bonafied applicant, indicating the

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8.4:1	S	applicant's name, address and telephone number, education, and disclosure of the presence or absence of criminal convictions and civil or criminal liability for abuse of a person with a developmental disability
8.4:2	S	The Provider shall check and document a minimum of two work references, if work references are not available, a personal reference(s) may be utilized
8.5	S	The provider shall establish a system for verifying the licenses and driving records, including obtaining their driver abstracts; of their employees who operate vehicles which transport service recipients.
8.6	S	Upon employment, staff members shall receive, sign and date a current job description which, at a minimum, shall include the following:
8.6:1		A position statement that documents overall job responsibilities
8.6:2		A list of specific duties
8.6:3		The minimum qualifications
8.6:4		The positions supervised, if applicable
8.6:5		The reporting supervisor title
8.7	S	On change of position or revision of job description, staff members shall receive, sign and date a copy of their new job description
8.8	S	Upon employment, and prior to working directly with individuals served, direct service staff shall submit a written statement from a licensed physician indicating that he/she is cleared to begin work
8.8:1	S	Such a statement shall be based on a medical examination conducted within the six months immediately preceding the employee's starting date with the Provider.
8.9	S	Upon employment and prior to working with individuals served, each direct service staff member shall submit documentation of the results of a Mantoux Skin test with 5 TU (tuberculin units) of PPD Tuberculin taken within one year. The test shall be repeated annually thereafter
8.9:1		If the Mantoux skin test is insignificant (zero to nine mm of induration) further testing shall not be required except for annual retesting.
8.9:2		The Provider may, at any time, require a direct service staff member to retake the Mantoux skin test if there is a reason to believe or suspect that the staff member may have contracted tuberculosis or if the State Department of Health and Senior Services recommends re-testing or for compliance with Provider policies and practices.
8.9:3		If the direct service staff member has had a previous positive Mantoux test or if the current test is significant (10 or more millimeters(mm) of induration), the staff member shall submit to the Provider a statement from a licensed physician certifying that he/she poses no threat of tuberculosis contagion before he/she is allowed to come in contact with individuals being served or other staff.
8.9:4		The provider shall prohibit any direct service staff member who fails to submit satisfactory results or certification that he/she poses no threat of contagion from having contact with individuals receiving services and other staff.
8.10		All staff who are not carriers and who do not have natural immunity and are at risk of contracting hepatitis B shall be provided with the opportunity to receive hepatitis B immunization, under the terms indicated in DC #9 (N.J.A.C. 10:48-2) "Viral Hepatitis (type B)"
8.11	S	Prior to working directly with individuals receiving services, all staff shall receive an orientation to acquaint them with the following:

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8.11:1		The organization's mission, philosophy, goals, services and practices
8.11:2		The prevention of abuse, neglect and exploitation
8.11:3		Unusual Incident reporting and investigation procedures
8.11:4		Emergency procedures as identified in the agency procedure manual to include at a minimum:
8.11:4a		Fire Evacuation
8.11:4b		Use of Fire Extinguishers
8.11:4c		DC # 20A "Life Threatening Emergencies"
8.11:5		An overview of Developmental Disabilities and any special needs of the individuals being served, for example medical or behavioral problems requiring specific tailored training
8.11:6		Personnel Policies of the Provider Agency
8.11:7		Prevention of blood borne pathogens including the use of Universal Precautions as per DC #45 "HIV/AIDS"
8.11:8	A3	Rights of Individuals Served

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Chapter 9	Staff Training
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Subchapter	Code	
9.1		At a minimum the following Staff Training shall be provided and documented:
9.2	S	Within 120 days of employment each employee <u>except those working solely as drivers or vehicle aides</u> shall submit documentation of successful completion of the New Jersey Pre-Service Training that shall, at a minimum, address the following. <u>Drivers and vehicle aides shall complete those trainings designated with an *</u>
9.2:1		Overview of Developmental Disabilities
9.2:2		Medication Training
9.2:3		Preventing Abuse and Neglect*
9.2:4		First Aid Training*
9.2:5		Cardio Pulmonary Resuscitation Training*
9.3	S	Staff shall not assume sole responsibility for an individual served until they have current certification from a nationally certified CPR training program and a nationally certified First Aid training program.
9.4	S	Staff shall submit documentation of successful completion of recertification in First Aid and CPR in accordance with the re-certification time frames established by DC #31 "First Aid and Cardiopulmonary Training".
9.5	S	Staff shall not administer medication until they have successfully completed Medication Training
9.6	S	Staff shall not assume sole responsibility for an individual served during a period of time when they are scheduled to take medication until they have successfully completed medication training.
9.7	S	Staff shall receive training in all policies and procedures not covered during orientation which are relevant to the employee's job
9.8	S	Direct Service Staff shall receive an overview of the Service Plan (IHP, ELP) and their responsibilities for implementation and documentation
9.9	S	Staff responsible for developing the Service Plan shall receive training in the following areas:
9.9:1		Review of DC# 35 "Service Plan" or agency policy incorporating circular requirements
9.9:2		Assessment
9.9:3		Outcome development
9.9:4		Completing required forms
9.9:5		Required time frames
9.9:6		Conducting a Plan meeting
9.9:7		Daily Training Records
9.9:8		Modifications
9.10		All staff will be trained on and comply with procedures regarding universal precautions in accordance with DC #45 "HIV/AIDS"
9.11	S	Staff who work with individuals with the following specialized needs shall receive training to meet those needs, in addition to any training identified as needed by an Individual's Interdisciplinary Team.
9.11:1		Use of specialized feeding techniques
9.11:2		Mobility procedures and the safe use of mobility devices for individuals who use mobility devices

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9.11:3		Providing assistance, care and support for individuals with active seizure disorders
9.11:4		Providing assistance, care and support for individuals with identified specific needs related to physical disabilities or medical conditions
9.11:5		Providing assistance, care and support for individuals with identified mental health and behavioral needs (must comply with relevant Division policies).
9.12	S	Specialized trainings shall be maintained on file and documented with:
9.12:1		Training Content
9.12:2		Signatures of trainer and trainee
9.12:3		Date
9.13	S	Staff shall annually review:
9.13:1	A3	Rights of Individuals served
9.13:2		Emergency Procedures
9.13:3		Medication Policies and Procedures
9.14		The Provider Agency may conduct, at its discretion, additional training programs i.e. defensive driving, supervisory training, employment specialist/job coach series, etc.
9.15	S	The service provider shall conduct a minimum of four staff meetings annually.
9.15:1	S	Minutes of staff meetings shall be maintained on file at the program site.

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Chapter 10	Staff Personnel File
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Subchapter	Code	
10.1	S	The Provider Agency shall acquire and maintain on file for all current employees, the following documentation in accordance with the standards delineated in this section in addition to any requirements established by Federal or State employment laws and regulations.
10.1:1		Signed applications
10.1:2		Documentation of each employee's qualifications
10.1:3		Documentation of licenses for professionally credentialed staff and Consultants
10.1:4		Receipt for fingerprinting on hire
10.1:5		Documentation that reference checks were completed
10.1:6		Signed and dated job descriptions
10.1:7		Written physician statement of medical clearance completed at time of hire
10.1:8		Results of initial and annual Mantoux Skin Tests, chest x-ray and/or physician's certification
10.1:9		NJ Pre Service Training Certificates
10.1:10		Initial First Aid certification and renewal certificates
10.1:11		Initial CPR certification and renewal certificates
10.1:12		Records of orientation provided noting the topics covered and including signed dated acknowledgement by the trainer and trainee.
10.1:13		Signed certification of receipt of training in "Responding to Life Threatening Emergencies".
10.1:14		Dated records of completion of specialized trainings including signatures of the trainer and trainee.
10.1:15		Dated records of initial training <u>and annual review</u> of pertinent policies and procedures signed by the trainer and trainee
10.1:16		Copies of current driver's licenses for all employees who drive vehicles which transport service recipients.
10.2	S	The service provider shall have in place a system for the regular review and evaluation of employee performance
10.3	S	The use of volunteers to work directly with individuals served, to enrich their opportunities and experience, are permitted.
10.4	S	The service provider shall have written descriptions of the duties of direct service volunteers if they are utilized.
10.5	S	Direct service volunteers shall receive an orientation to include the following policies and procedures:
10.6:1		Emergencies
10.6:2		Abuse, neglect, and exploitation
10.7	S	Documentation of orientation provided shall be maintained in the volunteer's human resource file.

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Chapter 11	Physical Plant
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Subchapter	Code	
11.1	S	The service provider shall comply with all local, municipal, county and State codes
11.2	S	In a facility based center, the total square footage of a program shall provide for approximately 100 square feet per person and 150 square feet per person in programs that provide day services to the special needs population
11.3	S	There shall be a minimum of two exits unlocked from the inside during program hours with doors that open out with ease.
11.3:1	S	Panic hardware shall be installed in programs with occupancy of more than 50 people
11.3:2	S	Exit signs shall be posted over all exits
11.4	S	The site shall have a fire alarm system appropriate to the population served
11.5	S, A2	The site shall have sufficient ventilation in all areas and, if applicable, be in compliance with Appendix #2
11.6	S	The site shall have adequate lighting
11.7	S	The site shall have a lunch area that is separate from the work area
11.8	S	The Certificate of Continued Occupancy (CCO) or Certificate of Occupancy (CO) or other documentation issued by local authority shall be available on site, a copy of which shall be posted
11.9	S	The service provider shall be in compliance with the Americans with Disabilities Act (ADA) requirements
11.10	S	The facility shall be maintained in a clean, safe condition, to include internal and external structure
11.10:1	S	Aisles, hallways, stairways, and main routes of egress shall be clear of obstruction and stored material.
11.10:2	S	Floors and stairs shall be free and clear of obstruction and slip resistant
11.10:3	S	Equipment, including appliances, machinery, adaptive equipment, assistive devices, etc. shall be maintained in safe working order
11.10:4	S	Adequate sanitary supplies shall be available including soap, paper towels, toilet tissue
11.11	S	The service provider shall ensure that health and sanitation provisions are made for food preparation and food storage
11.11:1	S	The service shall maintain appropriate local or county Department of Health certificates, where appropriate
11.12		If the adult day service is located in a facility housing other aspects of service provision of the agency, it shall have, during operational hours;
11.12:1	S	Separate designated space; and,
11.12:2	S	Separate designated personnel
11.13	S	When developing or relocating an adult day program potential sites must be reviewed and approved by the Division prior to signing a lease or contract. Requests for site review and approval shall be directed through the Regional AT/SE Coordinator or Division designee
11.13:1	S	The previous use of the site shall be determined to identify if a concern of possible environmental hazards exist i.e., radon, exposed asbestos, lead paint.

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Chapter 12	Transportation
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Subchapter	Code	
12A		Vehicles
12A.1	S, PP	The service provider shall develop transportation policies and procedures; that are in compliance with applicable Division Policies, and ensure the safety of individuals
12A.2	S	Service providers must establish emergency/accident procedures including
12A.2:1		Notification as per agency and insurance company processes
12A.2:2		Accident documentation
12A.3	S	Copies of the emergency/accident procedures and any accompanying forms must be kept in each vehicle
12A.4	S	All vehicles used to transport service recipients shall comply with all applicable safety and licensing regulations of, and must be in compliance with, State of New Jersey Motor Vehicle Commission regulations
12A.5	S	Service providers shall maintain documentation of liability insurance
12A.6	S	Service providers shall maintain documentation of valid registration
12A.7	S, F6	Copies of Emergency Cards for service recipients shall be maintained in the vehicle which transports them
12A.8	S	At no time may a service recipient be left alone in a vehicle
12A.9	S	Vehicle seating shall not exceed maximum capacity as determined by the number of available seatbelts and wheelchair securing devices
12A.10	S	Seat belts or other proper restraint shall be used for the driver and all passengers at all times while the vehicle is in transit
12A.11		Vehicles transporting service recipients in wheelchairs:
12A.11:1	S	Must be wheelchair accessible by design
12A.11:2	S	Must be equipped with lifts and wheelchair securing devices which are maintained in Safe operating condition
12A.12	S	Vehicles shall be maintained in safe operating condition
12A.13	S	The service provider shall develop a preventative maintenance system
12A.14	S	At a minimum, service providers shall conduct a monthly review of the condition of vehicles they own or lease
12A.15	S	All vehicles used to transport service recipients shall be equipped with the following:
12A.15:1		10:BC dry chemical fire extinguisher
12A.15:2		First Aid kit to include:
12A.15:2a		Antiseptic
12A.15:2b		Rolled gauze bandages
12A.15:2c		Sterile gauze bandages
12A.15:2d		Adhesive paper or ribbon tape
12A.15:2e		Scissors
12A.15:2f		Adhesive bandages (i.e. Band-Aids)
12A.15:3		At least three portable red reflector warning devices
12A.15:4		Spare tire and jack
12A.15:5		Snow tires, all weather use tires or chains when weather conditions dictate
12B		Operation
		Unless otherwise specified in a Provider Agency's contract with the Division, or in an individual's Service Plan, the service provider shall provide or contract transportation for individuals who live within the specified geographic area of the day service including

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12B.1		providing for accessible transportation as needed.
12B.1:1		The need for special transportation accommodations including, but not limited to, the need for an aide or escort shall be determined by the IDT and documented in the Service Plan
12B.2		Each service recipient is to be picked up and returned to his/her designated home or pick-up point
12B.3	S	The day service provider is responsible to provide curb to curb transportation
12B.3:1		Neither the driver nor the vehicle aide, when present, is required to escort an individual from the home to the vehicle or vice versa
12B.3:2		If accompaniment is necessary, the caregiver is responsible for providing assistance from the home to the vehicle and vice versa
12B.4		Day service recipients are responsible for being ready to board the vehicle when it arrives at their home in the morning
12B.4:1		The waiting period for picking up an individual is a minimum of three (3) minutes. If there is no response from within the home during that time, the vehicle may continue on its route and will not return that day
12B.5	S, F2	A Transportation Sign-off Form shall be completed for each individual specifying whether or not they can be dropped off and left unsupervised. The form shall be:
12B.5:1		Signed by the individual (or legal guardian, where applicable)
12B.5:2		Signed by the home representative if different from the guardian
12B.5:3		Maintained in the individual's record
12B.5:4		Reviewed annually at the Service Plan meeting with a new form completed every five years
12B.6	S	In the event that an individual cannot be dropped off and left unsupervised, and no responsible adult is visible,
12B.6:1		The vehicle shall wait a minimum of three (3) minutes before continuing on its route with the individual on board
12B.6:2		The caregiver is then responsible to pick up the individual from the day program or authorized location
12B.7	S, PP	The service provider shall develop procedures for transportation cancellations due to inclement weather including the method for notifying service recipients and their caregivers
12B.8		The driver/aide employed by a service provider may make a determination not to accept an individual onto the vehicle if there are significant indications that he/she is ill in accordance with the service provider's policy
12B.9		Transportation may be temporarily suspended in accordance with Chapter 18 of this manual if there are chronic problems with pick up or drop off or non-compliance with transportation standards

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Chapter 13	Safety
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Subchapter	Code	
13A		Emergency Plans
13A.1	S, PP	The provider shall develop written plans, policies and procedures to be followed in the event of an emergency evacuation or shelter in place. Procedures shall specify:
13A.1:1		Notification practices (e.g. administration, personnel, home representative)
13A.1:2		Locations of emergency equipment, alarm signals, evacuation routes
13A.1:3		Method for evacuating all persons served
13A.1:4		Method for shelter in place
13A.1:5		Method for reentry
13A.1:6		Method for accounting for all individuals
13A.1:7		Reporting procedures in accordance with DC #14 "Reporting Unusual Incidents"
13A.1:8		Methods for responding to Life-Threatening Emergencies in accordance with DC #20A "Life Threatening Emergencies"
13A.1:9		Staff training and review in accordance with Chapter 9 Staff Training
13A.2	S	An evacuation diagram specific to the facility/program shall be posted conspicuously throughout the facility consisting of:
13A.2:1		Evacuation route and/or nearest exit
13A.2:2		Location of all exits
13A.2:3		Location of alarm boxes (pull station); and
13A.2:4		Location of fire extinguishers
13A.3	S	Emergency numbers shall be posted by each telephone
13A.4	S, F6	Emergency Cards must be available in a central location so that they are portable in emergencies
13B		Fire Safety
13B.1		Fire drills shall be:
13B.1:1	S	Conducted monthly with individuals served present
13B.1:2	S	Varied as to accessible exits
13B.1:3	S	Documented to include:
13B.1:3a		Date
13B.1:3b		Time of drill
13B.1:3c		Length of time to evacuate
13B.1:3d		Number of individuals served participating
13B.1:3e		Name(s) of participating staff
13B.1:3f		Problems noted
13B.1:3g		Signature of person in charge
13B.2	S	Fire extinguishers shall be serviced annually and shall be the type and number as determined by the local fire official
13B.3	S	Fire extinguishers shall be examined quarterly with documentation that they are adequately charged
13B.4	S	Non-wired (battery-operated) smoke detectors shall be examined quarterly with documentation that they are operable
13B.5	S	Municipal fire safety inspections shall be conducted consistent with local code and maintained on file.

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Chapter 14	Advocacy and Rights
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Subchapter	Code	
14.1	S	The provision of services and support shall demonstrate recognition that people with disabilities have the same rights as other citizens
14.2		Individuals receiving services shall be
14.2:1	S	Informed of their rights upon entering the program and
14.2:2	S	Informed of their rights in a manner which is understandable to them
14.2:3	S, A3	Provided a copy of the Division's rights document
14.2:4	S	Provided a copy of the provider's grievance procedure for appealing agency decisions
14.3	S	A copy of written acknowledgement that the above have been explained shall be signed and dated by the individual and the provider representative upon admission to the program.
14.3:1	S	A copy of written acknowledgement that the above has been reviewed annually shall be signed and dated by the individual and the provider representative.
14.3:2		Documentation shall be maintained in the Individual Record
14.4	S	The provider shall be responsible for utilizing a Human Rights Committee in accordance with N.J.A.C. 10:41-4, DC #5 Human Rights Committee

Division of Developmental Disabilities Standards for Adult Day Programs

Chapter 15	Rules
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Subchapter	Code	
15.1		The provider may establish reasonable rules that govern the conduct of individuals in a particular program (i.e. smoking, visitors, etc) if the rules are necessary to promote order and to benefit the collective group
15.2	S	The rules shall be commensurate with the individuals' abilities and rights
15.3	S	Individuals shall be informed of the rules upon admission
15.4	S	The individuals affected by such rules may suggest the implementation of new rules
15.5	S	The individuals affected by such rules shall be consulted whenever a revision is considered.
15.6	S	The rules shall include provisions to ensure that an individual exercising his/her right does so in such a way as to not infringe upon the rights of, or endanger, others

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Section 16	Program Design
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Subchapter	Code	
16.1	S	A minimum of 230 service days and a minimum of 5 hours per day shall be provided, excluding transportation, unless otherwise specified in the agency contract.
16.2		The provision of services shall be structured to allow for maximum self direction and choice.
16.3	S	Services shall be provided based upon the preferences and needs as outlined in the individual's Service Plan.
16.4		Individuals shall be provided with opportunities to participate in a variety of activities. These shall include, but not be limited to:
16.4:1		Vocational activities
16.4:2		Life skills
16.4:3		Personal development
16.4:4		Community participation
16.5	S	Activities shall be planned at least one week in advance and documented on an activity schedule which shall contain information including, but not limited to:
16.5:1		Date and time of activity or period of time in which the schedule is in effect.
16.5:2		Activity;
16.5:3		Location, if activity is community based
16.5:4		Individuals scheduled to participate
16.5:5		Alternate activity, in the event the scheduled community based activity is canceled;
16.5:6		and Staff person responsible if activity is community based
16.6	S	Activity schedules shall be maintained by the service provider and available for review for the current year and 1 year prior.
16.7	S	If an individual chooses to participate in an activity in which a cost is associated to the individual, the service provider shall ensure the residence representative is notified in writing prior to the specific activity or event.
16.8	S	A commensurate number of free community activities will be offered.
16.9	S	Individuals who are unable to contribute to the activity costs shall not be excluded from program.
16.10	S	Unless otherwise specified in the provider agency's contract with the Division, the provider agency shall meet the required ratio of staff to individuals served as follows:
16.10:1		Adult Day Services- the total program ratio shall be no more than six individuals served to one direct service staff
16.10:2		Adult Day Services, Special Needs- the total program ratio shall be no more than three individuals served to one direct service staff
16.10:3		Adult Day Services, Crew Labor- the total program ratio shall be no more than five individuals served to one direct service staff
16.11	S	A supervisor shall be available on site or an on site "in charge" person shall be designated whenever the day service is in operation.

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Chapter 17	Admission/ Discharge
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Subchapter	Code	
17A		Admission
17A.1		Referrals to adult day services are made by the Division
17A.2		The following Standards regarding Admissions must be adhered to
17A.3	S	The service provider shall schedule and hold a pre-admission interview at which:
17A.3:1		The individual, caregiver and service provider shall be present
17A.3:2		The case manager, parent/guardian shall be invited
17A.3:3	F3	The Program Information Sheet shall be reviewed, signed and dated by the service recipient and/or caregiver
17A.3:3a		The Program Information Sheet sign off shall be retained in the individual file
17A.4		The service provider shall be responsible for:
17A.4:1	S	Finalizing transportation arrangements; and
17A.4:2	S	Scheduling the admission date
17A.5	S	The service provider shall admit the individual as soon as possible but no later than 15 working days upon the receipt of the completed referral and confirmation of waiver eligibility
17A.6	S, F4	The service provider shall complete a Notification of Movement Form and submit it to the DDD AT/SE Regional Coordinator within 48 hours following admission
17B		Temporary Day Service Placement
17B.1	S	Temporary day service placement shall be arranged by the DDD AT/SE Coordinator
17B.2		The service provider shall receive the following information prior to the individual receiving services
17B.2:1	A4	Current Adaptive Behavior Summary/ Uniform Assessment
17B.2:2	A5	Current Service Plan
17B.2:3	F5	Current Medical Form for Adults
17B.2:4	F6	Emergency Cards
17B.2:5	F7	Emergency Consent (with guardian signature)
17B.2:6		Copies of all prescriptions
17C		Transfers/ Discharge
17C.1		Transfers may occur if there is a change in the individual's residence or if the IDT determines that the individual's support needs have changed
17C.1:1	S	Transfers shall be approved by the DDD AT/SE Regional Coordinator
17C.1:2	S	The sending and receiving service providers shall be considered part of the IDT and shall work cooperatively to arrange for the transfer of the individual
17C.1:3	S	The DDD AT/SE Regional Coordinator shall forward the file to the receiving DDD AT/SE Regional Coordinator in out-of-region transfers
17C.1:4	S, F4	The service provider shall complete a Notification of Movement Form and submit it to the DDD AT/SE Regional Coordinator within 24 hours, or the next business day, of the transfer
17C.2		Discharges occur when the individual will no longer be receiving adult day services from the service provider
17C.2:1	S	Discharges shall be in accordance with the recommendations of the IDT

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17C.2:2	S, F4	The service provider shall complete a Notification of Movement Form and submit it to the DDD AT/SE Regional Coordinator within 24 hours, or the next business day
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Chapter 18	Suspension/ Attendance
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Subchapter	Code	
18A		Suspensions of Service Recipients
18A.1		A suspension is a temporary, short-term absence that must meet the following criteria:
18A.1:1	S	Shall not be considered until all other alternatives have been exhausted
18A.1:2	S	Shall not be used as a punitive measure against the individual
18A.2		Suspensions, other than for medical reasons, may be permitted under the following circumstances:
18A.2:1	S	Severe behavioral episodes which present a clear danger to the individual or others
18A.2:2	S	Compliance Issues, including:
18A.2:2a		Failure to submit the Medical Form for adults within one month of the annual date in compliance with Subchapter 19 Health /Medical
18A.2:2b		Failure to provide prescriptions or medications as per Subchapter 20 Medication
18A.2:2c		Failure to comply with IDT recommendations
18A.3	S	The DDD AT/SE Regional Coordinator or his/her designee shall be contacted prior to suspension. If neither of those individuals is available, the service provider may suspend the person for up to one day during which time the DDD AT/SE Regional Coordinator must be notified.
18A.4	S	The service provider shall inform the Case Manager, guardian, the transportation coordinator, and the caregiver of the suspension
18A.5		Suspensions due to behavioral issues:
18A.5:1	S	If the suspension is expected to exceed one day, an IDT meeting shall be scheduled within 48 hours of the suspension and held as soon as all relevant IDT members are available, not to exceed 5 working days
18A.5:2	S	Discussion and implementation of a plan to facilitate the individual's return shall be documented and included in the individual file/record
18A.6		Suspensions due to Compliance Issues:
18A.6:1	S	The IDT designee shall contact the caregiver to review requirements for the individual's return, within 24 hours or the next business day
18A.6:2	S	If there is no resolution within 10 days, an IDT meeting shall be convened to develop a plan for the individual's return
18A.6:3	S	If there is no resolution within 30 days, the individual may be discharged with approval from the DDD AT/E Regional Coordinator
18A.7		Suspensions can be appealed by the individual and/or the legal guardian in accordance with the service provider's grievance procedure.
18B		Attendance
18B.1		In the event of an unexplained absence, the service provider shall,
18B.1:1	S	Contact the caregiver or home representative, and if no resolve
18B.1:2	S	Contact the Case Manager and Guardian, if necessary
18B.2		Non-Attendance is defined as a prolonged absence, or chronic poor attendance in excess of 30 consecutive program days, which interferes with the implementation of the Service Plan
18B.3		In the event of non-attendance, the service provider shall

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18B.3:1	S	Contact the Caregiver or home representative
18B.3:2	S	Contact the Guardian
18B.3:3	S	Contact the Case Manager who shall ascertain the individual's status
18B.3:4	S	Notify the DDD AT/SE Regional Coordinator
18B.4		If the individual will be returning, the IDT will develop a plan, including timelines, to facilitate the individual's return
18B.5		If the individual is not returning, the Case Manager will confirm the decision in writing to the family with a copy to the day service provider
18B.6	S, F4	The service provider will complete a Notification of Movement Form and submit it to the DDD AT/SE Regional Coordinator within 24 hours of the discharge or the next business day

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Chapter 19	Health/Medical
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Subchapter	Code	
19.1	S, F5	Each individual receiving services shall, at a minimum, have a physical examination, documented on the Medical Form for Adults, prior to admission and annually thereafter
19.2	S	A copy of the results of the annual physical shall be kept in the individual record
19.2:1		The examining physician shall sign, date and document the results of the examination
19.3	S	The service provider shall ensure that all day service staff are informed of and follow all medical restrictions or special instructions documented by the physician and maintain documentation:
19.3:1		In the client record,
19.3:2		In the Service Plan, and
19.3:3		On the Emergency Card, if applicable
19.4	S	If the completed, signed physical examination is not on file within 30 days of the due date, the individual is subject to suspension with approval from DDD. The service provider shall
19.4:1		Contact the home representative (or Case Manager in the case of an individual living in a community care residence) to correct the situation
19.4:2		Contact the Regional AT/SE Coordinator to determine if suspension is warranted
19.4:3		Document actions taken in the individual record
19.5	S	Each individual receiving services shall have a Mantoux test (for tuberculosis screening) prior to admission and annually thereafter
19.5:1		The date and result of the mantoux test must be recorded on the Medical Form for Adults.
19.6		If the individual has had a previous positive Mantoux tuberculin skin test, or the result of the Mantoux tuberculin test is significant (10 or more mm of induration), the service provider shall require:
19.6:1		A written statement from the physician certifying that the individual poses no threat of tuberculosis contagion initially and every year thereafter; or
19.6:2		A protocol to follow, recommended by the physician before allowing the individual to come in contact with other individuals served and staff
19.7	S	Each individual receiving services shall have a tetanus booster current within ten (10) years of admission to program and repeated at 10-year intervals thereafter
19.7:1	F5	The date of the tetanus vaccination shall be recorded on the Medical Form for Adults
19.7:2	F6	The date of the tetanus vaccination shall be recorded on the Emergency Card
19.8	S	The service provider shall comply with DC #9 "Viral Hepatitis" and DC #45 "HIV/AIDS"
19.8:1		Individuals identified by a physician as being Hepatitis B carriers, or HIV positive, are not to be excluded from integration and regular participation in Division-funded services solely on the basis of their identification as a Hepatitis B carrier or diagnosis of HIV infection.
19.9	S	Safeguarding Equipment (e.g. braces, thoracic jackets, splints, etc.) necessary to achieve proper body position and balance shall be applied in accordance with N.J.A.C. 10:42, DC # 20 "Mechanical Restraint & Safeguarding Equipment"
19.10	S	The service provider shall follow all life threatening emergency practices when appropriate
		If an individual comes to the day service in apparent ill health or becomes ill during

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19.11	S	programming hours the provider shall:
19.11:1		Require that the individual be removed from the program for symptoms including, but not limited to: fever, vomiting, diarrhea, body rash, sore throat and swollen glands, severe coughing, eye discharge, yellowish skin or eyes
19.11:2		Notify caregiver
19.11:3		Document actions in the individual record
19.12	S	If an individual is at the day service in apparent ill health for two (2) consecutive days, they may be sent home and temporarily suspended. The service provider shall
19.12:1		Obtain approval from the Regional AT/SE Coordinator for suspension
19.12:2		Notify the DDD Case Manager
19.12:3		Document illness and actions taken in the individual record
19.13	S	If an individual requires emergency treatment at a hospital or other facility during day programming hours, day service staff shall remain with the individual until the caregiver, guardian, or case manager arrives.
19.14	S	If an individual is absent due to illness for a period of five (5) consecutive days, a physician's written approval/clearance is required prior to the individual's return
19.15	S, A6	If an individual is suspected of having a contagious condition, including but not limited to those identified in Appendix #6, "Table of Contagious Conditions", the individual shall be removed from program until a physician's written approval/clearance is obtained which shall be documented in the individual record.
19.15:1		The service provider shall ensure exposed individuals and their primary caregiver or guardian are notified of related signs and symptoms
19.16	S	The service provider shall adhere to any special dietary and/or texture requirements as ordered by the physician
19.16:1		Documentation on the medical form for adults or physician's order is required and shall be maintained in the individual record
19.16:2		The results of feeding evaluations, if completed, shall be maintained in the individual record
19.17		All staff working directly with the individual shall receive training and follow recommendations relative to the prescribed orders, including but not limited to:
19.17:1		Feeding techniques
19.17:2		Consistency of foods
19.17:3		The use of prescribed feeding equipment, and
19.17:4		The level of supervision needed by those individuals for whom specialized feeding needs have been determined
19.18	S	The service provider shall ensure that the Health/ Medical policies and procedures include standards to provide for the safety of the individuals served when planning and participating in outdoor activities during times of inclement/extreme weather, including but not limited to:
19.18:1		Precautions to be taken
19.18:2		Cancellation and/or modification of jobs/activities, if indicated
19.18:3		Review of the signs, symptoms, and first aid procedures of weather related conditions such as heat stroke, frost bite, etc.
19.19	S	The service provider must ensure that all individuals are provided with liquids throughout the day to prevent dehydration
19.20	S	The service provider shall ensure that Health/Medical policies and procedures include guidelines for seizure care, including;

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19.20:1		Staff's response to life-threatening situations
19.20:2	F8	The documentation of seizure activity on the Seizure Log
19.20:3		Notification of the caregiver as indicated in the Service Plan
19.21	S	Each day program site shall have a first aid kit to include:
19.21:1		Antiseptic
19.21:2		Rolled gauze bandages
19.21:3		Sterile gauze bandages
19.21:4		Adhesive paper or ribbon tape
19.21:5		Scissors
19.21:6		Adhesive bandage (Band-Aids)
19.21:7		Standard type or digital thermometer

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Chapter 20		Medication
Subchapter	Code	
20.1	S	The service provider shall comply with the Division-approved Pre-Service Medication Training Curriculum
20.2	S, PP	All service providers must develop written policies and procedures specific to prescription, over-the-counter (OTC) and "as needed" (PRN) medications; the storage, administration and recording of medications; the definition and reporting of errors, emergency medication for life threatening conditions, and staff training requirements
20A		Prescription Medication
20A.1	S	A copy of the prescription shall be on record stating:
20A.1:1		The individual's full name
20A.1:2		The date of prescription
20A.1:3		The name of the medication
20A.1:4		The dosage,
20A.1:5		The frequency, and
20A.1:6		The word "copy" written or stamped on it
20A.2	S	Written documentation shall be filed in the individual record indicating that the prescribed medication is reviewed at least annually by the prescribing physician, i.e. prescriptions current within one year
20A.3	S, F9	A Medication Administration Record (MAR) shall be maintained for each individual receiving prescription medication
20A.3:1		The service provider shall transcribe information from the pharmacy label onto the Medication Administration Record (MAR)
20A.3:2		If the exact administration time the medication is to be administered is not prescribed by the physician, determination of the time shall be coordinated with the caregiver and then recorded on the MAR
20A.4	S	A supply of medication, adequate to ensure no interruption in the medication schedule shall be available to the individual at all times
20A.5	S	All medications received by the adult day service shall be recorded at the time of receipt including the date received and the number of pills indicated on the bottle
20A.6	S	For individuals who are supported through services which are not associated with a facility, the dosage of medication for the day must be provided in a properly labeled pharmacy container
20A.7	S	Any change in medication dosage by the physician shall be immediately noted on the current MAR by staff, consistent with the provider's procedure
20A.7:1		Verbal orders from a physician shall be confirmed in writing within 24 hours or by the first business day following receipt of the verbal order
20A.7:2		The prescription shall be revised at the earliest opportunity
20B		PRN (as needed) Prescription Medication
20B.1	S	PRN prescription medication must be authorized by a physician. The authorization must clearly state:
20B.1:1		The individual's full name
20B.1:2		Date
20B.1:3		Name of medication
20B.1:4		Dosage
20B.1:5		Interval between dosages

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20B.1:6		Maximum amount to be given during a 24-hour period
20B.1:7		A stop date, when appropriate; and,
20B.1:8		Under what conditions the PRN medication shall be administered
20B.2	S	PRN prescription medication administered in adult day services must be:
20B.2:1		Approved by the supervisory staff or designee
20B.2:2		Documented on the individuals' current MAR including the time of administration
20B.2:3		The conditions observed by staff that warranted the administration of the PRN shall be documented consistent with provider procedure
20B.3	S	To ensure proper intervals between dosages, the service provider must communicate with the caregiver:
20B.3:1		To determine the time the previous PRN medication was given AND
20B.3:2		To convey the time the PRN is/was given by the day service provider
20C		PRN Over the Counter (OTC) Medication
20C.1	S, A9	The service provider may not administer OTC medication without an OTC form signed by the physician which includes:
20C.1:1		The type of medication,
20C.1:2		The dosage,
20C.1:3		Frequency; and
20C.1:4		the maximum amount to be given in a 24 hour period
20C.2	S	The OTC form must be updated annually by the physician
20C.3	S	The administration of OTC medications shall be documented on an MAR separate from the one utilized for prescription medication
20C.4	S	To ensure proper intervals between dosages, the service provider must communicate with the caregiver:
20C.4:1		To determine the time the previous PRN medication was given AND
20C.4:2		To convey the time the PRN is/was given by the day service provider
20D		Medication Administration
		For individuals who Self Medicate
20D.1	S	Individuals receiving medication shall take their own medication to the extent that it is possible, as assessed and determined by the Interdisciplinary Team
20D.1:1		Self medication shall be documented in the individual's Service Plan, And
20D.1:2		Be in accordance with the service provider's procedure
20D.2		If an individual is capable of taking his own medication without assistance, no daily medication administration record is required
20D.3	S	The following information shall be placed in the individual's record:
20D.3:1		The name of the medication(s)
20D.3:2		Type of medication(s)
20D.3:3		Dosage
20D.3:4		Frequency
20D.3:5		Date prescribed; and
20D.3:6		Location of the medication
20D.4	S	Medication shall be kept in an area that provides for the safety of others, if necessary
20D.5	S	Each individual who administers his or her own medication shall receive training and monitoring by the service provider regarding the safekeeping of medications for the protection of others, as necessary
		When staff administer medication
		All medication shall be administered in accordance with DDD Community Services

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20D.6	S	Medication Training Curriculum
20D.7	S	Only staff who have completed the approved DDD Community Services Medication Training Curriculum shall be responsible for preparing, administering and recording medications
20D.8	S	The staff person who prepares the medication must administer the medication and document it on the Medication Administration Record immediately or upon return to the facility
20D.9	S	Standards for the storage of medication shall be followed.
		Emergency Administration of Prescription Medication
20D.10	S	Service providers shall ensure the safety of individual's who have a history of severe life-threatening conditions requiring the administration of prescription medication in emergency situations
20D.11		Examples include but are not limited to:
20D.11:1		Severe allergic reaction (called anaphylaxis) which requires the use of epinephrine via an "epi pen" injection
20D.11:2		Cardiac conditions requiring the administration of nitroglycerin tablets
20D.12	S	Staff shall follow life threatening emergency procedures and the orders/protocol established by the physician
20E		Medication Storage
20E.1	S	All prescription medication shall be stored in the original container issued by the pharmacy and shall be properly labeled.
20E.2	S	All OTC medication shall be stored in the original containers in which they were purchased. The labels must be kept in tact
20E.3	S	The provider shall supervise the use and storage of prescription medication and ensure that a storage area of adequate size for both prescription and non-prescription medications is provided and kept locked
20E.4	S	The medication storage area shall be inaccessible to all persons, except those designated by the service provider
20E.4:1		Designated staff shall have a key to permit access to all medications at all times and to permit accountability checks and emergency access to medication
20-5.4:2		Specific controls regarding the use of the key to stored medication shall be established by service provider procedures
20E.5	S	Each person's prescribed medication shall be separated and compartmentalized within the storage area (e.g. Tupperware, Zip-loc bag, etc)
20E.6	S	If refrigeration is required, medication must be stored in a locked box in the refrigerator, or in a separate locked refrigerator
20E.7	S	Oral medications must be separated from other medications
2E5.8	S	OTC medications must be stored separately from prescription medications in a locked storage area
20E.9		Medication storage off-site
20E.9:1		Medications stored in a locked box/container
20E.9:2		Each person's prescribed medication shall be separated and compartmentalized within the locked container
20E.9:3		Special storage arrangements shall be made for medication requiring temperature control
20E.9:4		Designated staff shall have a key to permit access to all medications at all times and to permit accountability checks and emergency access to medication

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20E.10		The service provider must ensure that all medication to be administered off-site is placed in a sealed container labeled with the following:
20E.10:1		Individual's name
20E.10:2		Name of medication
20E.10:3		Dosage
20E.10:4		Frequency
20E.10:5		Time of administration, and
20E.10:6		Method of administration

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Chapter 21	Unusual Incidents
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Subchapter	Code	
21.1	S, PP	The service provider must develop a procedure for reporting and investigating unusual incidents.
21.1:1		The procedure must comply with DC #14, "Reporting Unusual Incidents" and DC #15 "Complaint Investigations in Community Programs"
21.2	A7	Unusual Incident Reports and Follow Up reports:
21.2:1		Shall be maintained separate from the individual record
21.2:2		Shall be maintained for ten years after death or discharge

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Chapter 22	Behavior Management
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Subchapter	Code	
22.1	S	Behavior Support Plans are to be written and implemented in accordance with the service provider's DDD-approved Behavior Management Manual or a formal Memorandum of Understanding with DDD
22.1	S	All behavior modifying practices will be in accordance with DC #34, "Behavior Modification Programming"
22.3	S	The use of Personal Control Techniques will be utilized only in accordance with DC #19, "Defensive Techniques and Personal Control in Emergencies"
22.4	S	In addition, all service providers must comply with the following;
22.4:1		DC #5, "Human Rights Committee"
22.4:2		DC #14, "Reporting Unusual Incidents"
22.4:3		DC #18, "Behavior Management Committee"
22.4:4		DC #19, "Defense Techniques and Personal Control in Emergencies"
22.4:5		DC #20, "Mechanical Restraint and Safeguarding Equipment"

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Chapter 23	Service Plan
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Subchapter	Code	
23.1	S, A5	Each person served in an Adult Day Program must have an annual Individual Habilitation Plan (IHP) that complies with DC #35 "Service Plan" and addresses his/her training needs and preferences. The services must provide each individual:
23.1:1	S	Training consistent with the goals and objectives of the IHP
23.1:2	S	Individualized services and programs to reflect the skills, needs and desires in that person's IHP
23.1:3	S	Assurances that all plans are implemented as written and that the goals and objectives are tracked, and;
23.1:4	S	Assurances that goals and objectives are modified when appropriate
23.2	S	An IHP shall be developed or modified within 30 days of admission in accordance with DC #35 "Service Plan".
23.3	S	Unless otherwise documented, the IHP shall contain a minimum of three day service objectives
23.4	S	The service provider shall complete a vocational assessment/profile for individuals who have expressed an interest in seeking employment. The assessment shall be:
23.4:1		Initialed and dated at the time of the review
23.5		Documentation of an individual's ability to be involved in an activity in which paid staff is not present shall be:
23.5:1		Determined through an assessment approved by the IDT
23.5:2		Documented in the Individual's Service Plan
23.6		The Plan Coordinator will be designated in accordance with DC #52 "Community Services System of Case Management"

Division of Developmental Disabilities Standards for Adult Day Programs

Chapter 24	Daily Training Record (DTR)
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Subchapter	Code	
24.1	S, F10	Division-approved Daily Training Records (DTR) which document progress on IHP objectives shall be developed or modified in conjunction with an individual's annual Service Plan.
24.2	S	Variations of the DTR form shall be:
24.2:1		Approved by the Regional AT/SE Coordinator, and
24.2:2		Contain, at a minimum
24.2:2a		Individual's first and last name
24.2:2b		Month and year
24.2:2c		Name of day service
24.2:2d		Day service objectives as stated in the IHP
24.2:2e		Daily entry for each objective which documents:
24.2:2e-i		the level of assistance needed to meet the objective; and,
24.2:2e-ii		staff initial indicating that the IHP objective was addressed on that day

Division of Developmental Disabilities Standards for Adult Day Programs

Chapter 25	Compensation
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Subchapter	Code	
25.1	S	Service recipients involved in production, service work, the sale of a craft item he/she has made, or community employment must be compensated according to:
25.1:1		State and Federal Department of Labor Wage and Hour Regulations
25.1:2		DC #26 "Wages Below The Minimum"
25.2	S	In accordance with State and Federal Department of Labor Wage and Hour regulations, the service provider shall:
25.2:1		Maintain accurate records regarding compensation
25.2:2		Complete time studies, to determine individual wages, where applicable
25.2:3		Acquire and maintain certificates, as appropriate from:
25.2:3a		State Department of Labor; and
25.2:3b		Federal Department of Labor
25.3		Volunteer and job sampling shall be in compliance with State and Federal Department of Labor standards.

Division of Developmental Disabilities Standards for Adult Day Programs

Chapter 26	Financial
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Subchapter	Code	
26.1	S	The service provider shall keep a record of all purchases made with the personal funds of service recipients that have been entrusted to the service provider
26.1:1	S	Financial records shall be maintained for the current year and two years prior.
26.2	S	The service provider shall obtain receipts for all purchases over \$5.00
26.3	S	A copy of financial records and receipts shall be sent to the individual's home upon request

Division of Developmental Disabilities Standards for Adult Day Programs

Chapter 27	Individual Record
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Subchapter	Code	
27.1	S	An individual record shall be maintained for each individual receiving day services
27.1:1		Individual records may be comprised of multiple files but must be readily accessible
27.1:2		The record shall be legibly marked with the individual's name or unique identifier.
27.2	S	The individual's day service record shall be maintained in compliance with relevant Division Circulars related to confidentiality and privacy
27.3	S	The record shall be maintained at the day program site unless otherwise stated in the approved Program Description.
27.4	S	An individual shall have access to his or her records unless clinically contra-indicated and documented
27.5	S	The individual's active record shall contain, at a minimum, documents for the current year and two (2) years prior.
27.6	S	Older documents shall be maintained by the agency in compliance with DC #11, "Record Retention and Destruction"
27.7	S	All documentation in the individual's record shall be:
27.7:1		Legible
27.7:2		Dated
27.7:3		Authenticated by signature and title of the person making the entry
27.8	S	When an individual transfers to another DDD contracted Adult Training Program, the individual's day service record shall transfer to the new program.
27.9	S	Each individual's day service record shall include the following:
27.9:1	S	Referral Cover Sheet
27.9:2	S	Social History or Justification of Eligibility
27.9:3	S	Documentation of referral to Division of Vocational Rehabilitation (DVRS) or non-referral to DVRS
27.9:4	S	Guardianship documentation
27.9:5	F6	Emergency Card which shall be:
27.9:5a		Reviewed every six months and updated as needed
27.9:5b		Signed by the individual or his/her home representative
27.9:6	F7	Emergency Consent for Treatment
27.9:6a		Revised upon change of guardianship status
27.9:7	F2	Transportation Sign-Off Form
27.9:8	F5	Results of an annual physical examination documented on the "Medical Form for Adults"
27.9:9	F9	Medication Administration Records
27.9:10	F8	Seizure Log, where indicated
27.9:11		Initial 30 day program observation and assessment
27.9:11a		Observations shall be recorded weekly at a minimum
27.9:12	A5	Individual Habilitation Plan
27.9:13	A4	Adaptive Behavior Summary/ Uniform assessment
27.9:14	F10	Division-approved Daily Training Records (DTR)
27.9:15		Reports from outside consultation (including, but not limited to laboratory, radiology,

Division of Developmental Disabilities Standards for Adult Day Programs

		orthotic and prosthetic services, psychiatric, CPST, etc) if available.
27.9:16		Prescriptions
27.9:17		Relevant Correspondence, pertinent to the person being served
27.9:18	F4	Copies of Notification of Movement Forms
27.9:19		Consent Forms, where applicable, including but not limited to:
27.9:19a		Photo release
27.9:19b		Health screenings (i.e., vision, dental)
27.9:20	F3	Program Information Sheet sign-off section (record of interview)
27.9:21		Behavior Plans, as part of the Service Plan, where applicable
27.9:22		Case Notes, as applicable, documenting information that has not been recorded elsewhere. The note shall be
27.9:22a		Legible,
27.9:22b		Dated, and
27.9:22c		Authenticated by the signature and title of the person making the entry
27.9:23		Documentation of an individual's participation in volunteer opportunities, if unsupervised, which includes:
27.9:23a		Name, address, and phone number of volunteer site;
27.9:23b		Contact person at the volunteer site;
27.9:23c		Volunteer job description;
27.9:23d		Start date; and
27.9:23e		Scheduled hours

Division of Developmental Disabilities Standards for Adult Day Programs

Chapter 28	Other Required Records
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Subchapter	Code	
28.1		The service provider must maintain the following documents in an active file for the current year and two (2) years prior:
28.1:1	S, F12	Attendance reports
28.1:1a		Must be submitted electronically to the Division by the 15 th day of the following month
28.1:2	S, F11	Adult Services Monthly Report
28.1:2a		Must be submitted to the AT/SE Regional Coordinator by the 15 th day of the following month and,
28.1:2b		Include an Employment Section, where applicable
28.1:2c		Include Notification of Movement Forms for the month
28.2		Unusual Incident Reports (UIR), Follow Up UIR, Investigation Reports

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**Section IV.
APPENDICES**

<i>Numbered</i>	<i>Document Type and Title</i>
FORMS	
F1	Waiver or Variance
F2	Transportation Sign-Off
F3	Program Information Sheet
F4	Notification of Movement Forms (Admission/Discharge) and Instruction Sheets
F5	Medical Form for Adults
F6	Emergency Card
F7	Emergency Consent
F8	Seizure Log
F9	Medication Administration Record
F10	Daily Training Record and Instruction Sheet
F11	Adult Day Services Monthly Report and Day Services Employment Report
F12	Monthly Individual Attendance and Service Hour Report
OTHER DOCUMENTS	
A1	Continuous Quality Improvement Plan Template
A2	Kiln Information
A3	Rights Document
A4	Adaptive Behavior Summary (ABS)
A5	Individual Habilitation Plan (IHP)
A6	Table of Contagious Conditions
A7	Unusual Incident Report and Follow Up Report
A8	Acronym List
A9	Over the Counter Medication Orders for As Needed Use
A10	Web Resource List

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