

§ 54001. General.

(a) Adult day health care services may be provided to eligible Medi-Cal beneficiaries by adult day health care providers which meet the requirements of this Chapter. Adult day health care providers shall:

(1) Sign an adult day health care provider agreement with the Department to provide the services described under this Chapter to Medi-Cal beneficiaries who are eligible for and voluntarily elect to participate in an adult day health care program.

(2) Promote the social, emotional and physical well-being of impaired individuals living in the community, alone or with others, in order to maintain them at or restore them to their optimal functional potential and to help them remain at or return to their homes.

(3) Share with families and other persons the burden of providing substantial care to impaired elderly individuals by offering respite for one or several days during the week.

(4) Supplement the diagnostic evaluation conducted by other health professionals by means of a sustained functional assessment.

(5) Provide diagnostic and treatment services to persons who would otherwise require admission to or continued stay in a hospital or other health care facility.

§ 54003. Definitions and Standards.

The definitions stated in Article 2, Chapter 3, Division 3, Title 22, California Administrative Code, and the standards stated in Article 3, Chapter 3, Division 3 of the California Administrative Code, shall apply to this Chapter unless modified by regulations in this Chapter.

§ 54005. Grants.

The Department shall grant funds for the establishment of Adult Day Health Centers from the one-time appropriation of \$100,000 authorized by Chapter 1065, Statute of 1977. The grants shall be made to licensed centers in accordance with the departmental guidelines for AB 1612, issued January 3, 1978.

§ 54101. Activity Program.

Activity program means a program as defined in Title 22, Division 5, Sections 72381 and 73377, California Administrative Code.

§ 54103. Adult Day Health Care.

Adult day health care means an organized day program of therapeutic, social and health activities and services, provided to elderly persons or other persons with physical or mental impairments for the purpose of restoring or maintaining optimal capacity for self-care.

§ 54105. Adult Day Health Center.

Adult day health center means a licensed facility which provides adult day health care, or a distinct portion of a licensed health facility in which such care is provided in a specialized unit, under a special permit issued by the Department.

§ 54107. Adult Day Health Care County Plan.

Adult Day Health Care County Plan means a county plan for a community-based system of adult day health care.

§ 54108. Adult Day Health Care Planning Council.

“Adult Day Health Care Planning Council” means the council appointed by the county board of supervisors to develop the Adult Day Health Care County Plan.

§ 54109. Affiliate.

Affiliate means an organization or person that, directly or indirectly through one or more intermediaries, controls, or is controlled by, or is under common control with an adult day health care provider and that provides services to an adult day health center.

§ 54111. Beneficiary Agreement of Participation.

Beneficiary agreement of participation means the agreement voluntarily signed by a beneficiary or the beneficiary's guardian or legal conservator in which the beneficiary agrees to receive day health services from the adult day health center.

§ 54113. Day of Attendance.

Day of attendance means any calendar day during which a participant receives covered services at the center for a minimum of four hours, excluding transportation time.

§ 54115. Daily Rate.

Daily rate means the amount paid by the Department per day of attendance to the adult day health center for administration and covered services provided under the adult day health care program.

§ 54117. Discharge.

Discharge means the termination of an agreement of participation.

§ 54119. Individualized Plan of Care.

Individualized plan of care means a written plan designed to provide a participant of an adult day health center with appropriate treatment in accordance with the assessed needs of the participant.

§ 54121. Multidisciplinary Team.

Multidisciplinary team means the group within the adult day health center that conducts assessments and makes recommendations to the Department regarding admission,

treatment and services provided, and discharge of participants by the adult day health center.

§ 54123. Nonmedical Transportation.

Nonmedical transportation means the movement of participants to and from the adult day health center in vehicles that are not specially equipped for medical transportation services.

§ 54125. Nutrition Service.

(a) Nutrition service means a service provided by the adult day health center which is organized, staffed and equipped to provide:

- (1) Safe, appetizing and nutritional food.
- (2) Therapeutic diets prescribed by the participant's physician.
- (3) Counseling when therapeutic diets are prescribed.

§ 54127. Nursing Service.

Nursing service means a service provided by the adult day health center which is organized, staffed and equipped to provide skilled nursing care to participants.

§ 54129. Occupational Therapy.

Occupational therapy as used in this Chapter means services rendered by an occupational therapist to train or strengthen muscles or nerve functions. Services shall include, but are not limited to, modification of the environment and training in self-help for activities of daily living.

§ 54131. Participant.

Participant means a Medi-Cal beneficiary who has been accepted by the adult day health center's Intake and Assessment Unit, voluntarily signs an Agreement of Participation, and whose application for participation in an adult day health center has been approved by the Department.

§ 54133. Psychiatric and Psychological Services.

(a) Psychiatric services means services performed by a physician trained or experienced in psychiatry.

(b) Psychology services means services provided by a:

- (1) Psychologist.
- (2) Psychological assistant under the direction and supervision of a psychologist or board certified psychiatrist.

(3) A psychiatric social worker who is a licensed clinical social worker working in consultation with a psychologist or board certified psychiatrist.

(4) A psychiatric nurse who meets the qualifications of Section 78337.

§ 54135. Service Area.

Service area means the geographic area in which the adult day health center is authorized to provide service. Unless otherwise specified, the service area shall be so limited that no participant will be in transit utilizing ground transportation more than one hour from his or her home to the center.

§ 54137. Staff Physician Services.

Staff physician services means those services provided by a physician employed by the adult day health care provider.

§ 54139. Subcontract.

(a) Subcontract means any agreement between the adult day health care provider and any of the following:

(1) A provider of services, as defined in Section 51051, and any other organization that provides services to Medi-Cal beneficiaries in order to meet the requirements of this Chapter.

(2) An organization or person that performs administrative functions or services for the operation of the program specifically related to meeting the requirements of this Chapter.

§ 54141. Supervision.

(a) Supervision means the instruction and direction of an employee or subordinate in the performance of assigned duties. Supervision does not necessarily require the immediate presence of the supervisor.

(1) Direct supervision means that the supervisor shall be present in the same building as the person being supervised and available for consultation and assistance.

(2) Immediate supervision shall mean that the supervisor shall be physically present while the task is being performed.

§ 54201. Eligibility.

Adult day health care services may be provided to eligible Medi-Cal beneficiaries who have medical or psychiatric impairment, who meet the criteria stated in Section 54209, and who are one of the following:

(a) Not inpatients in a licensed health facility.

(b) Inpatients in a licensed health facility who are provided transition visits in accordance with Section 54504.

§ 54203. Participation.

(a) Participation by an eligible Medi-Cal beneficiary in adult day health care program shall require:

- (1) A written request from a physician.
- (2) A multidisciplinary team assessment.
- (3) An agreement of participation signed by the participant or the participant's guardian or conservator.
- (4) Approval by the Department.

§ 54205. Physician Request.

(a) Adult day health care services shall be requested in writing by a physician. The request shall include:

- (1) Principal and significant diagnoses.
- (2) Prognosis.
- (3) Specific type of treatment and anticipated duration.
- (4) Overall therapeutic goals for the participant.
- (5) Medications and special diets.

§ 54207. Multidisciplinary Team Assessment.

(a) Each applicant shall be assessed by a multidisciplinary team prior to acceptance into the program. The assessment shall be conducted by the adult day health care provider in order to ascertain the individual's pathological diagnosis, physical disabilities, functional abilities, psychological status and social and physical environment. The assessment shall include:

(1) Contact with the applicant's physician to obtain the individual's medical history and a statement indicating the applicant's restrictions and medications and absence of infectious disease. If the applicant does not have a personal physician, the center shall assist the individual in finding one. An initial physical examination may be done by the staff physician or by a nurse practitioner under the supervision of a physician to the extent allowed under state law.

(2) Assessment of the home environment based on a home visit within the last 12 months. The assessment shall include:

- (A) Living arrangements.
- (B) Relationship with family or other person.

(C) Facilities available such as heat, bath, toilet, stove.

(D) Existence of environmental barriers such as stairs or other features not negotiable by the impaired individual.

(E) Access to transportation, shopping, church or other needs of the individual.

§ 54209. Prior Authorization.

(a) Adult day health care services except for the initial assessment and reassessments shall require prior authorization by the Medi-Cal Consultant. The request for authorization shall:

(1) Be initiated by the center and shall include the results of an individual's multidisciplinary assessment conducted by the center within the last 30 days and the participant's plan of care.

(2) Be approved and signed by a physician.

(3) Include a statement describing the patient's progress toward achieving the therapeutic goals.

(b) Initial authorizations and reauthorizations may be granted for up to three months. Adult day health centers which do not have a staff physician shall obtain signed approval of the treatment plan every 180 days.

(c) Authorization or reauthorization may be granted only if all of the following conditions exist:

(1) A medical condition that requires treatment or rehabilitative services prescribed by a physician.

(2) Mental or physical impairments which handicap daily living activities but which are not of such a serious nature as to require 24-hour institutional care.

(3) Reasonable expectation that preventative service will maintain or improve the present level of functioning.

(4) High potential for further deterioration and probable institutionalization if adult day health care were not available.

(d) In determining the need for adult day health care services, the Medi-Cal Consultant shall consider the following:

(1) Medical factors including the necessity:

(A) For nursing care, supervision or observation on an ongoing intermittent basis to abate health deterioration.

(B) To see a physician or psychiatrist no less than every 60 days.

(C) To monitor medications for response and effect on an intermittent basis.

(D) For medications which cannot safely be self-administered due to physical or mental disabilities.

(E) For individualized therapeutic treatment designed to restore optimal functional potential or to prevent deterioration.

(2) Functional status including:

Limitation in movement, with or without an assistive device such as a cane, walker, crutches, prosthesis or wheelchair, or the need for training in the use of these devices.

(B) Inability to perform toileting, bathing, eating, dressing, grooming, transferring and self-medication or the need of training and assistance in the activities of daily living.

(C) Incontinency and the probable benefit from continence retraining.

(D) Vision, hearing or sensory loss to some degree.

(E) Dependency and the need for part-time or full-time basic supervision by persons other than day health center staff.

(3) Psychosocial limitations including:

(A) Inability of person or family to cope adequately with problems associated with the person's disability.

(B) Need for a psychosocial environment involving peer group membership and social rehabilitation.

(C) Mild or moderate confusion or depression, or tendency to wander.

(D) Inappropriate affect, appearance or behavior.

§ 54211. Multidisciplinary Team.

(a) The multidisciplinary team conducting the assessment pursuant to Section 54207 shall consist of at least a physician, nurse, social worker, occupational therapist and physical therapist. The physician may be either a salaried staff member of the adult day health center or the participant's physician. When indicated by the needs of the participant, a psychiatrist, psychologist, psychiatric social worker, speech therapist and dietitian shall be included as members of the assessment team and assist in the assessment.

(b) The multidisciplinary assessment team shall:

(1) Determine the medical, psychosocial and functional status of each participant.

(2) Develop an individualized plan of care including goals, objectives and services designed to meet the needs of the person. The plan shall be signed by each member of the team, except that the signature of only one physician member of the team shall be required.

(A) The individualized plan of care shall include:

1. Medical diagnoses.
2. Prescribed medications and frequency.
3. Scheduled days of attendance.
4. Specific type, number of units of service and frequency of individual services to be given on a monthly basis.
5. The specific elements of the services which need to be identified with individual objectives, therapeutic goals and duration of treatment.
6. An individualized activity plan designed to meet the needs of the participant for social and therapeutic recreational activities.
7. Participation in specific group activities.
8. A plan to meet transportation needs.
9. Therapeutic diet requirements, dietary counseling and education if indicated.
10. A plan for other needed services which the adult day health center will coordinate.
11. Prognosis and prospective length of stay.

§ 54213. Discharge.

(a) Participation in an adult day health program shall be voluntary. The participant may terminate participation at any time. However, if the assessment team has found the participant's condition to be of such serious nature that continued treatment is essential to prevent institutionalization, the participant shall be informed in writing that termination is counter to the participant's best interest. A copy of the letter shall be sent to the participant's personal physician and the Department.

(b) Discharge shall be mandatory when:

(1) The participant notifies the adult day health care center either orally or in writing of intent to discontinue participation. The date of discharge shall be the date of notification or a later date designated by the participant.

(2) The participant leaves the service area permanently.

(3) The participant requests discharge from the Department either orally or in writing. The date of discharge shall be as in (1).

(c) Discharge may be requested by the adult day health center if:

(1) Maximum benefit has been achieved and there is no further need for adult day health care services.

(2) The participant is unable or unwilling to use the prescribed services and adult day health center staff have made every effort to remove possible obstacles.

(d) The adult day health center shall forward any discharge request and supporting information to the Department within five working days of receipt.

§ 54215. Reassessment.

(a) Reassessment, at least quarterly, shall include:

(1) Progress achieved.

(2) Review and revision of goals and objectives.

(3) Revision or continuation of the individual plan of care.

(4) Preparation of a reauthorization request for continuing care.

§ 54217. Beneficiary Agreement of Participation.

(a) When the initial assessment has been completed and the individualized plan of care prepared, an agreement of participation on forms furnished by the Department shall be prepared by the adult day health care provider and discussed with the prospective participant or the participant's guardian or conservator.

(b) If the terms of agreement are satisfactory, the participant shall sign the statement. The statement shall be sent to the Department with the initial Treatment Authorization Request. The signing of the agreement of participation does not mandate participation and the participant may end participation at any time.

(c) Statement that the participant understands that services beyond the amounts included in each adult day health center's staffing requirements as set forth in Section 54423 (a) are subject to prior authorization by a Medi-Cal consultant.

§ 54221. Hours of Operation.

(a) Centers shall be open to participants for no less than 6 hours and no more than 12 hours during each calendar day of operation.

(b) Programs will operate at least five days a week. Adjustment may be made in the hours or days of operation:

(1) To accommodate working relatives of participants.

(2) In response to other special circumstances.

(c) New programs may be initiated with fewer than six hours per day or less than five days per week for the first six months of operation or until full licensed capacity is reached, whichever occurs first.

(1) An adult day health care provider shall not operate less than five days a week or six hours a day after the first six months of operation without written prior approval of the Department. The Department shall consider the following factors in making its decision:

(A) Location of the center.

(B) Density of population.

(C) Average daily attendance.

(D) Availability of transportation and meals from other agencies.

(E) Needs of the participants currently served at the center.

(2) Minimum operation after the sixth month shall be not less than four hours a day and three days a week.

§ 54223. Attendance.

(a) Attendance shall be regular and planned. Treatment needs of the participant shall determine the frequency and duration of attendance. The number of days scheduled shall be governed by the least time needed to carry out an individual plan of care related to the needs of the participant and his or her family.

(b) Participants shall not be encouraged to attend more frequently than necessary for achievement of individual goals and objectives.

§ 54301. Certification.

(a) Each adult day health center shall:

(1) Be licensed or have a special permit pursuant to Chapter 3.5, commencing with Section 1570, Division 2, Health and Safety Code, to provide adult day health care.

(2) Have appropriate licensed and allied health personnel to provide services in accordance with the requirements of this Chapter.

(3) Have a written description of its philosophy, objectives and program for providing medical and ancillary health related services available for public inspection.

(4) Demonstrate to the satisfaction of the Department that staff and facilities are adequate to provide the planned services described in its written program.

(5) Provide or arrange for, through written agreement, nonroutine medical services which may become necessary.

(6) Execute a written agreement with each participant which specifies but is not limited to, a list of basic services which are to be furnished each visit or according to a specified schedule.

(7) When serving a substantial number of participants of a particular racial group, or whose primary language is other than English, employ staff of that particular racial or linguistic group at all times.

(b) Each facility shall sign an adult day health care provider agreement with the Department in order to participate in the Medi-Cal program.

(c) The Department shall certify adult day health centers which meet the requirements of this chapter as a special category of clinic and hospital outpatient services.

§ 54303. Denial of Initial Certification.

(a) The Director shall deny application for certification if the applicant has:

(1) Not been approved as a licensed adult day health care provider.

(2) Failed to meet the requirements of Section 54301, or any other applicable requirements of the statutes or regulations relating to the California Medical Assistance Program.

(3) Previously violated Department regulations and there is probability of noncompliance by the applicant.

(4) Failed to correct violations of regulations pertaining to licensure or Medi-Cal certification.

(5) Failed to comply with the approved adult day health care county plan.

(b) Upon the denial of the application, a written notice of denial shall be sent by the Department by certified mail informing the applicant of the reasons for denial, and advising the applicant of the right to petition for a hearing.

(c) An applicant may submit a written petition for hearing to the Department within 15 days after the Department mails the notice.

(d) The hearing shall be initiated by filing and serving a statement of issues in accordance with Section 11504.

(e) The proceeding shall be conducted in accordance with Chapter 5, commencing with Section 11500, Division 3, Title 2, Government Code.

(f) Hearing concerning denial of Medi-Cal certification as a provider of adult day health care services shall be consolidated with hearing concerning denial of licensure whenever possible.

§ 54305. Termination or Suspension of Certification.

(a) Certification shall be suspended or revoked for any of the following:

(1) Violation of any statute or regulation relating to the California Medical Assistance Program.

(2) Aiding, abetting or permitting the violation of applicable statutory provisions or regulations of the Department.

(3) Conduct in the operation or maintenance of an adult day health center which is inimical to the health, morals, welfare or safety of either participant receiving services from the center or the people of the State of California.

(b) Proceedings for termination or suspension shall be commenced in accordance with Chapter 5, commencing with Section 11500, Part 1, Division 3, Title 2, Government Code.

§ 54307. Denial of Renewal of Certification.

(a) The Director shall deny an application for renewal of certification as a provider of adult day health care services if the applicant:

(1) Was party to an action which resulted in denial, suspension or revocation of license as an adult day health care provider.

(2) Is not currently certified as a Medi-Cal provider because of suspension or disapproval of an application for certification.

(3) Has previously violated Department regulations and there is probability of noncompliance by the applicant.

(4) Has failed to correct violation of regulations pertaining to other licensure and Medi-Cal certification.

(5) Is not in compliance with the approved Adult Day Health County Plan.

(6) Would be denied certification under Section 54303.

(b) A public hearing may be held in accordance with Section 78215, Division 5, on a renewal application if the Director determines that the public's interest will be served.

(c) The Director shall send the applicant a written notice of denial by certified mail. The notice shall advise the applicant concerning the reason for the denial and the right to petition for a hearing as set forth in Section 54303.

(d) The applicant shall submit a plan and date for discontinuing care to the Director for approval. The Director shall approve the plan in writing.

(e) Hearing concerning denial of renewal application for certification as an adult day health care provider shall be consolidated with any hearing concerning denial of licensure as an adult day health care provider, whenever possible.

§ 54309. Required Services.

(a) Each adult day health center shall provide directly on the premises, at least the following services:

(1) Rehabilitation services, including:

(A) Physical therapy as specified in Section 54313.

(B) Occupational therapy as specified in Section 54315.

(C) Speech therapy as specified in Section 54317.

(2) Medical services supervised by either the participant's personal physician or a staff physician or both.

(3) Nursing service, including:

(A) Skilled nursing care rendered by a professional nursing staff, who evaluate the particular nursing needs of each participant and provide the care and treatment indicated.

(B) Self-care training and services oriented toward activities of daily living and personal hygiene, such as toileting, bathing and grooming.

(4) Nutrition services, including:

(A) A minimum of one meal per day which is in accordance with the requirements stated in Section 54331. Therapeutic diets and supplemental feedings shall be available if therapeutically indicated.

(B) Dietary counseling and nutrition education for participants and their families.

(5) Psychiatric and psychological services including:

(A) Consultation.

(B) Individual assessment.

(C) Supervision of treatment by a psychiatrist, psychologist, psychiatric social worker or psychiatric nurse, when indicated.

(6) Medical social services to participants and their families to help with personal, family and adjustment problems that interfere with the effectiveness of treatment.

(7) Planned recreational and social activities suited to the needs of the participants and designed to encourage physical exercise to prevent deterioration and to stimulate social interaction.

(8) Nonmedical and medical transportation service for participants, only if necessary, to and from their homes. Specially equipped vehicles shall be utilized when medically

necessary to accommodate participants with severe physical disabilities that limit mobility.

§ 54311. Optional Services.

(a) Each adult day health center may arrange for the following additional services. These services shall be separately billed by the provider according to the requirements of Article 7, Chapter 3, Division 3, Title 22, California Administrative Code.

(1) Podiatric services arranged for by the supervising physician.

(2) Visual care screening and advice for low-vision cases by a licensed ophthalmologist or optometrist, following referral and arrangement by the supervising physician.

(3) Dental screening for the purpose of apprising the participant of the necessity of regular or emergency dental care, which is arranged for by the supervising physician.

(b) Optional services may include other services within the concept and objectives of adult day health care that have been approved by the Department.

§ 54313. Physical Therapy Service.

(a) The physical therapy service shall:

(1) Provide:

(A) Muscle, nerve joint and functional ability tests.

(B) Treatment to relieve pain, develop or restore function.

(C) Assistance to achieve and maintain maximum performance using physical means such as exercise, massage, heat, sound, water, light or electricity.

(2) Provide an evaluation by the physical therapist and establishment of a treatment program. The treatment program shall be modified as needed based upon subsequent reevaluations.

(3) Require that physical therapists:

(A) Record treatments, each day, in the participant's health record. Each entry shall be signed.

(B) Record quarterly progress notes. Each entry shall be signed and dated.

(C) Review and initial all evaluations and the discharge summary .

(4) Define the responsibilities of the physical therapist and the duties assigned to the auxiliary personnel by the individual treatment plan.

(b) Physical therapy staff shall meet the following requirements:

(1) The physical therapist, physical therapist assistant and physical therapist aide shall accomplish those tasks required by the individualized plan of care within the staffing requirements stated in Section 54423.

(2) The physical therapist shall act as a member of the assessment team in an evaluation of the patient's rehabilitation potential.

(c) Physical therapy equipment shall include but is not limited to:

(1) Parallel bars.

(2) Full-view mirror.

(3) Overhead pulley and weights.

(4) Set of training stairs.

(5) Treatment table enclosed for privacy.

(6) Availability of wheelchairs, walkers, canes, crutches and other ambulation aides.

(d) Adequate space shall be maintained for the necessary physical therapy equipment. Space can be used for other services during the day when physical therapy services are not being given.

(e) Physical therapy procedures may include:

(1) Therapeutic exercise.

(2) Neuromuscular reeducation.

(3) Rehabilitation services.

(4) Functional activities.

(5) Gait training.

(6) Orthotics training.

(7) Prosthesis training.

(8) Massage.

§ 54315. Occupational Therapy Services.

(a) Occupational therapy services shall:

(1) Reevaluate the participant as the condition changes and modify treatment goals consistent with these changes.

(2) Decrease or eliminate disability during participant's initial phase of recovery following injury or illness.

(3) Increase or maintain the participant's capability for independence.

(4) Enhance the participant's physical, emotional and social well-being.

(5) Develop function to a maximum level.

(6) Guide participants in the use of therapeutic, creative and self-care activities for improving function.

(7) Require that occupational therapists:

(A) Record treatments, each day, in the participant's health record. Each entry shall be signed.

(B) Record quarterly progress notes. Each entry shall be signed and dated.

(C) Review and initial all evaluations and the discharge summary.

(8) Develop personnel policies which define the occupational therapy responsibilities and the duties assigned to the occupational therapy assistant.

(b) Occupational therapy staff shall meet the following requirements:

(1) The occupational therapy service shall be under the direction of an occupational therapist.

(2) The occupational therapist and occupational therapy assistant shall work the hours necessary to accomplish those tasks required by the individualized plan of care within the staffing requirements stated in Section 54423.

(c) The occupational therapy service shall provide:

(1) Equipment and supplies for creative skills. This may include, but is not limited to leatherwork, weaving, needlework, ceramics, woodworking, painting and graphic arts.

(2) Means and supplies for adapting equipment for reeducation in activities of daily living.

(3) Therapeutic exercises, sensory stimulation and coordinating exercise concentrating on the range of motion of the upper extremities.

(4) Evaluation of needed splints or slings to increase or maintain functional use of the upper extremities.

(d) Adequate space shall be provided for the necessary occupational therapy equipment needed to provide occupational therapy. Space can be used for other services during times when occupational therapy services are not being given.

§ 54317. Speech Therapy Services.

(a) Speech therapy services shall:

- (1) Evaluate participants and develop necessary plans for appropriate speech and language therapy.
- (2) Instruct other health team personnel and family members in methods of assisting the participant to improve and correct speech disorders.
- (3) Require that speech therapists:
 - (A) Record treatments, each day, in the participant's health record. Each entry shall be signed.
 - (B) Record quarterly progress notes. Each entry shall be signed and dated.
 - (C) Review and initial all evaluations and the discharge summary.
 - (4) Develop personnel policies which define the duties of the speech therapist and allied personnel.

(b) Speech therapy staff shall meet the following requirements:

- (1) There shall be a speech therapist employed a sufficient number of hours to accomplish those tasks listed in each individualized plan of care within the staffing requirements stated in Section 54423.
- (2) The speech therapist shall act as a member of the assessment team and evaluate to determine the type of speech or language disorder.
- (c) Speech therapy equipment, tests, materials and supplies shall be sufficient to implement the treatment and program required by each participant seen by the speech therapists.
- (d) Speech therapy space shall be adequately free of ambient noise.

§ 54319. Staff Physician Services.

(a) Staff physician services shall include consultation to staff and may include the following limited direct services to the participant:

- (1) Periodic physical examination as part of the assessment process.
- (2) Consultation with the participant's physician.
- (3) Minor, incidental or occasional treatment.
- (4) The development of the medical component of the individual participant's plan of care, except when this component is developed by the participant's physician who retains primary responsibility for all medical care provided to the participant.

(b) The center staff physician may sign the authorization request and the individualized plan of care.

(c) By arrangement with the center director, staff physician services shall be provided at the center on a regular basis. Staff physician services may be secured on a voluntary basis or may be paid by the adult day health center on an hourly basis consistent with reasonable reimbursement for similar consultative services.

(d) Space shall be provided which ensures privacy for the staff physician's examination and consultation.

(e) The adult day health center may allow participants who are independently responsible for taking their own medication at home, if authorized by the participant's physician, to continue to be responsible for taking their own medication during the hours spent in the adult day health care program.

§ 54321. Personal Physician.

(a) Close liaison shall be maintained with the participant's personal physician. The personal physician shall retain primary responsibility for the medical care of the participant.

(b) The personal physician shall be:

(1) Requested to provide the report of physical examination and medical history required for initial evaluation.

(2) Requested to sign the Medi-Cal treatment authorization request for prior authorization if the adult day health center does not have a staff physician.

(3) Informed, on a regular basis, of the participant's status and progress.

(c) Reimbursement for services provided by a personal physician to a participant shall neither be made by nor become the responsibility of the center.

§ 54323. Nursing Service.

(a) The nursing service shall, as a minimum:

(1) Assess each participant to determine needs for personal care and assistance in activities of daily living such as bathing, grooming, toileting and eating; include these needs in the plan of care and supervise the provision of these services.

(2) Specify short-term and long-term nursing goals in each individualized plan of care.

(3) Document all skilled nursing care provided on the day the service is given and include quarterly signed and dated progress notes in each participant record.

(4) Provide health education and counseling to the participant and family when indicated by the plan of care.

(5) Provide assistance to the participant in obtaining medical services from providers other than adult day health staff.

(6) Monitor, administer and record prescribed medications as follows:

(A) Medication shall be given only on the prescriber's order.

(B) Participants shall be identified prior to the administration of a drug.

(C) Medication shall be administered within one hour of the prescribed time.

(D) Time and doses of each drug administered must be recorded in the participant's record by the nurse who gave the drug.

(7) Provide training in self-administration of medications to participants.

(8) Provide liaison to the participant's personal physician.

(9) Develop the nursing component in the plan of care for each participant capable of benefiting from a continence training program.

(10) Provide observation and monitoring of health status.

(11) Provide supportive and restorative nursing as indicated by the treatment plan.

(b) The nursing service shall provide a registered nurse or a licensed vocational nurse under the supervision of a registered nurse at the center during the hours the center is offering required services.

(c) A registered nurse shall be a member of the assessment team to assess the nursing needs of the participant and develop the nursing component of the individualized plan of care.

(d) Nursing service supplies and equipment shall meet the requirements of Section 78439 (a), Title 22, California Administrative Code.

§ 54325. Psychiatric and Psychological Services.

(a) Each adult day health center shall have a consultant psychiatrist, psychologist, psychiatric social worker or psychiatric nurse who shall make assessments of participants when indicated, develop an individualized plan of care, supervise the carrying out of these plans and do reassessments. The consultant psychiatrist, psychologist, psychiatric social worker or psychiatric nurse shall provide consultation services to center staff at least three hours per month.

(b) Consultant services are indicated when:

(1) The participant's diagnoses or medical history indicate a mental, emotional or behavioral problem.

(2) Information from the participant's family indicates mental, emotional or behavioral problems may exist.

(3) The psychosocial assessment developed by the social worker indicates apparent mental, emotional or behavioral problems that need further assessment by a psychiatrist, psychologist, psychiatric social worker or psychiatric nurse.

(4) Observation by center staff indicates the need for psychiatric or psychological assessment.

(c) Services shall provide a therapeutic setting conducive to restoring dignity and self-esteem and good mental health to all participants. Techniques such as group socialization activities which restore or expand normal social roles, individual and group therapies in various forms such as reality orientation, art and music therapy, psychosocial drama, counseling and discussion shall be a part of the general program. Specialized techniques and mental health treatment supervised by a psychiatrist, psychologist or psychiatric social worker may be provided as part of the plan of care by appropriately qualified personnel.

§ 54327. Personal Psychiatrist and Psychologist Services.

(a) The adult day health center shall maintain close liaison with the attending psychologist or psychiatrist providing services to a participant. The psychologist or psychiatrist shall maintain primary responsibility for the psychological or psychiatric treatment of the participant and shall be kept informed of the participant's health status. Any psychologic or psychiatric services provided by the center shall be coordinated with the attending psychiatrist or psychologist.

(b) The center shall assist the participant in obtaining psychiatric or psychological services determined to be necessary.

(c) An attending psychiatrist or psychologist for an individual participant who is also the consultant psychiatrist or psychologist for the adult day health center, may not bill for services provided at the center for this participant in the manner prescribed in Article 7, Chapter 3, Division 3, Title 22, California Administrative Code.

§ 54329. Medical Social Services.

(a) Medical social services shall as a minimum:

(1) Interview and screen all referrals to determine the general appropriateness of the prospective participant for the full assessment process and adult day health care participation.

(2) Provide referral for persons not appropriate for adult day health care.

(3) Provide a signed and dated documentation for all service performed the day the service is provided and include signed and dated quarterly progress reports in each participant record.

(4) Provide for periodic reevaluation and revision of plan of care.

- (5) Provide counseling and referral to available community resources.
- (6) Promote peer group relationship through problem-centered discussion group and task oriented committees.
- (7) Serve as liaison with the participant's family and home.
- (8) Serve as liaison with other community agencies who may be providing services to a participant and work with these agencies to coordinate all services delivered to the participant to meet the participant's needs and avoid duplication. Liaison shall include, but not be limited to the following agencies:
 - (A) In-Home Supportive Services in the county welfare department.
 - (B) Home Health Agency providers.
- (9) Provide discharge planning for all discharged participants.
 - (b) Medical social service staffing shall meet the following requirements:
 - (1) A medical social worker shall be a full-time employee of the adult day health center.
 - (2) A social work assistant or social work aide shall provide medical social services only under the supervision of the medical social worker.
 - (3) A medical social worker shall act as a member of the assessment team to evaluate medical social needs of all participants. The medical social worker shall develop a plan of care if indicated, including short-term and long-term goals with participation of the participant's family and other appropriate individuals.

§ 54331. Nutrition Service.

- (a) The nutrition service shall as a minimum:
 - (1) Be staffed and equipped to assure that food provided to the participants is safe, appetizing and provides for nutritional needs.
 - (2) Include dietary counseling and education as part of the nutrition service.
 - (3) Provide at least one meal to each participant who is present for four hours. The meal shall provide one-third of the recommended dietary allowance of the Nutrition Board of the National Research Council, National Academy of Science.
 - (4) Each participant who is in the center for eight hours shall be served a meal and between meal nourishments that shall supply at least one-half of the recommended dietary allowance of the Nutrition Board of the National Research Council, National Academy of Science.
- (b) Participant food preferences, including ethnic foods shall be adhered to as much as possible.

(c) Therapeutic diets shall be served as ordered and shall be prepared under the guidance of a registered dietitian. The diet order shall be reviewed every 90 days when the reassessment is done.

(d) A dietitian shall be employed on a consulting basis. Consultant services shall be provided on the premises at appropriate times on a regularly scheduled basis. A written record of the frequency, nature and duration of the consultant's visits shall be maintained.

(e) Sufficient staff shall be employed, oriented, trained and their working hours scheduled to provide for the nutritional needs of the participants and to maintain the service areas. If nutritional employees are assigned duties in other services, those duties shall not interfere with the sanitation, safety or time required for work assignments.

§ 54333. Transportation.

(a) Transportation shall be provided only if necessary. Persons who live within walking distance of the center and who are sufficiently mobile shall be encouraged to walk to the center.

(b) Family members shall be encouraged to provide nonmedical transportation for the participant if specially equipped vehicles are not needed. Volunteers may also be utilized to provide transportation.

(c) Transportation to and from participants' homes shall be scheduled to insure that participant one-way transit time does not exceed one hour.

(d) Medical transportation shall be supplied by either the center's own vehicles or by contract with other transportation services to facilitate regular attendance and prompt arrival and departure. If there is an existing transportation system in the area which is equipped to handle handicapped persons and is capable of providing the level of service, medical transportation service shall be purchased from that system. Vehicles used for nonmedical transportation shall be in good condition. Vehicles used for medical transportation shall meet the qualifications stated in Section 51151 .

(e) Vehicle operators employed by the center shall maintain good driving records and shall have an appropriate operator's license. The vehicle operator shall be responsible for maintaining a schedule of transportation to and from the center. The driver or the driver's assistant shall assist the participant in and out of home and vehicle as necessary.

(f) If a participant does not appear for transportation or come to the center on a scheduled day of attendance, prompt follow-up shall be made to determine the reason. Efforts should be made to determine if the participant is helpless and unable to answer the door or phone or has gone away for the day.

(g) Participants who know that they will not attend on a scheduled day, shall notify the center.

(h) If the participant is ill, the adult day health center shall determine by visit or by telephone call the extent of the illness and make arrangements for proper treatment if indicated, such as notifying the participant's physician, family or arranging for home health services.

§ 54335. Emergency Service.

(a) Each adult day health center shall provide a readily available source of emergency health services.

(1) The participant, or the participant's sponsor shall sign an agreement granting the center permission to transfer the participant to a hospital or other health facility in case of emergency.

(2) The center shall maintain written agreements for emergency medical care which shall include:

(A) An on-call physician.

(B) Hospital or emergency room care.

(C) Medical transportation.

(b) First aid services shall be available. All staff members shall receive in-service training in first aid and cardiac pulmonary resuscitation within the first six months of employment. Annual refresher courses shall be arranged for by the adult day health provider.

§ 54337. Program Aides.

(a) Program aides may be full-time or part-time employees. Aides shall evidence capacity for learning, the ability to comprehend the use of written and spoken English and shall have personal qualities conducive to good interpersonal relationships with demonstrated competence in helping others.

(b) Program aides, under the supervision of the program director or of members of the multidisciplinary assessment team, shall perform assigned tasks involving:

(1) Support of major group activity and recreational programs.

(2) Transportation of participants to and from the adult day health center.

(3) Arranging for appointments for participants outside the center.

(4) Assistance in personal care under nursing supervision.

(c) Program aides may be part-time or full-time volunteers serving without compensation. Volunteer participation shall be encouraged. Volunteer staff shall not be considered in the basic staff ratio. Regular individual hours of service shall be scheduled to the mutual satisfaction of volunteers and staff. Volunteers shall be responsible to the program director or a delegated staff member.

(d) The duties of volunteers shall be mutually determined by volunteers and staff and shall either supplement staff in established activities or by providing additional services to the program for which the volunteer has special talents, such as but not limited to:

- (1) Art.
- (2) Music.
- (3) Flower arrangements.
- (4) Foreign language.
- (5) Creative skills or crafts.

§ 54339. Activity Program.

(a) The activity program shall be staffed and equipped to meet the needs and interests of each participant and shall encourage self-care and resumption of normal activities. Participants shall be encouraged to participate in activities suited to their individual needs. The activity program shall provide a planned schedule of social and other purposeful independent or group activities. Opportunities shall be provided for involvement, both individual and group, in the planning and implementation of the activity programs.

(b) The primary objectives of activity programs shall be to encourage the participant toward restoration to self-care and the resumption of normal activities or for those who cannot realistically resume normal activities, to prevent further mental or physical deterioration.

(c) The individual plan of care of each participant shall include an individual activity plan. This plan shall be reviewed quarterly.

(d) Each adult day health center shall designate an activity coordinator who shall be a full-time employee of the center. The activity coordinator shall have the following duties:

- (1) Assess the needs and interests of each participant and develop an individualized activity plan as part of the individualized plan of care developed by the assessment team.
- (2) Record, date and sign quarterly progress notes in each participant record.
- (3) Provide or supervise the provision of activities specified in the activity plan.
- (4) Develop, implement and supervise the activity program.
- (5) Schedule and post planned activities.

(e) The center shall provide equipment and supplies necessary for the program, including special equipment and supplies necessary for participants having special needs.

§ 54401. Organization and Administration.

(a) Each adult day health center shall be organized and staffed to carry out the requirements of this Chapter. Staffing and administrative requirements and capabilities shall include:

- (1) An administrator.
- (2) A program director with appropriate qualifications.
- (3) Sufficient clerical supportive staff to conduct the center's daily business in an orderly manner.
- (4) A grievance procedure.
- (5) The ability to provide data reports required by the Department.
- (6) Financial records and books of account fully disclosing the disposition of all funds received. Fiscal reports shall be submitted quarterly to the Department in the format prescribed by the Department.
- (7) Appropriately qualified staff in sufficient numbers to provide an adequate scope of services and to meet the staffing requirements stated in Section 54423.
- (8) Ethnic or linguistic staff as indicated by participant characteristics.
- (9) Participant records maintained in a format approved by the Department.
- (10) Adequate personnel records.
- (11) Nondiscrimination by and to participants and staff.
- (12) Confidentiality of data maintained as stated in Section 54439.

(b) Each adult day health care provider shall establish written policies and procedures for continuously reviewing the performance of health personnel, the utilization of services, costs and standards for acceptable health care. Such procedures shall receive prior approval of the Department.

§ 54403. Administrator.

(a) Each center shall have an administrator. The administrator shall have the responsibility and authority to carry out the policies of the licenses. The licensee shall notify the Department in writing within 14 working days following a change of administrator. Notification shall include the new administrator's name, mailing address, effective date of office, background, qualifications and Social Security number.

(b) An administrator shall have the following qualifications:

- (1) Knowledge of supervision and care appropriate to the participants receiving services.

- (2) Ability to conform to the applicable laws, rules and regulations.
- (3) Ability to maintain or supervise the maintenance of financial and other records.
- (4) Ability to direct the work of others.
- (5) Be of good character and maintain a reputation of personal integrity.
- (6) Graduation from an accredited college or university, in a field related to the program, and either of the following:
 - (A) A master's degree plus one year of successful experience in a responsible managerial, administrative or supervisory position in a social or health service program or agency.
 - (B) A bachelor's degree plus three years of successful experience in a responsible managerial, administrative or supervisory position in a social or health service program or agency.
- (c) The administrator shall:
 - (1) Administer the center in accordance with these regulations and established policy, program and budget.
 - (2) Report to the licensee concerning the operation of the center and interpret recognized standards of care and supervision to the licensee.
 - (3) Develop an administrative plan and procedure to insure clearly defined lines of responsibility, equitable workloads and adequate supervision.
 - (4) Recruit, employ and train qualified employees and terminate employment of employees who perform in an unsatisfactory manner.
- (d) Each center shall make provision for continuity of operation and assumption of the administrator's responsibilities during the administrator's absence.
- (e) Centers with a capacity of 50 and over, shall provide both an administrator and a full-time program director.
- (f) The administrator of two or more licensed centers shall not serve as a program director.
- (g) The administrator shall not be responsible for more than three centers, without prior written approval by the Department. In this circumstance, there shall be one assistant administrator for every three additional centers or fraction thereof.

§ 54405. Program Director.

- (a) Each center shall have a full-time program director during hours of operation. The administrator may serve in this capacity if the administrator meets the qualifications. The program director shall be on the premises and available to participants and their

relatives and employees. When the program director is temporarily absent, another adult on the staff shall be designated to serve as the acting program director. When the program director is expected to be or has been absent for more than one month, the acting program director shall meet the qualifications of the program director.

(b) The program director shall be a qualified professional in the field of nursing, social work, psychology or recreational, occupational or physical therapy with demonstrated or potential competence in working with the impaired, elderly living at home. The director shall be knowledgeable of physical, social and mental health programs operating within a licensed health facility or clinic. The director shall have no other duties than those related to adult day health care and during those hours shall not be included in the staff ratios of any other licensed facility.

(c) The duties of the program director shall include:

(1) Developing the program in accordance with the needs of the participants served.

(2) Implementing and coordinating the program.

(3) Evaluating the participant's changing needs and making necessary program adjustments.

(4) Supervising employees and volunteers.

§ 54406. Activity Coordinator.

(a) The activity coordinator shall have one of the following qualifications:

(1) Two years' experience in a social recreational or educational program within the past five years, one year of which was full-time in an activities program in a health care, mental health or handicapped program setting.

(2) Be an occupational therapist, art therapist, music therapist, dance therapist, recreation therapist, occupational therapist assistant or qualified social worker.

(3) Completion of at least 36 hours training in a course designed specifically for this position and approved by the Department and shall receive regular consultation from an occupational therapist, qualified social worker or recreation therapist.

§ 54407. Grievance Procedure.

(a) Each adult day health care provider shall establish and maintain a procedure for submittal, processing and resolution of grievances of participants regarding care and administration by the provider. Such procedure shall be approved by the Department and shall provide for the following:

(1) Recording each grievance in writing.

(2) Maintaining a log of all grievances submitted, including notes on progress towards resolution.

(3) A written finding of fact and decision within 30 days of the recording of any grievance received.

(4) Transmittal of the following to the participant within five days of decision:

(A) A written copy of the finding of fact.

(B) An explanation of the decision concerning the grievance.

(C) Information concerning the participant's right to a fair hearing in accordance with Section 54409.

(b) The participant may request a fair hearing by the Department within 10 days following receipt of written decision concerning the grievance.

§ 54409. Participant Fair Hearing.

(a) Each participant shall have the right to a fair hearing for matters relative to an unresolved grievance regarding care and administration by the adult day health care provider.

(b) The adult day care provider shall present its position at the fair hearing and implement the fair hearing decision adopted by the Director.

(c) Implementation of the fair hearing decision shall not be the basis for discharge of the participant by the adult day health care provider.

§ 54411. Reports.

(a) Each provider of adult day health care services shall furnish to the Director or the Director's designee scheduled or requested information and reports including but not limited to information and reports listed below:

(1) Monthly Services Report for each participant.

(2) Agreements of Participation.

(3) Discharge requests.

(4) Initial and successive individualized plans of care.

(5) Treatment Authorization Request.

(6) Annual demographic report.

(7) Financial Reporting.

(8) Any other reports requested by the Department.

§ 54413. Financial Reporting.

(a) The adult day health care provider shall maintain financial records on an accrual basis and shall submit to the Department an annual audit performed by an independent certified public accountant . All verified financial statements shall be filed with the Department as soon as practical after the close of the center's fiscal year, and in any event, within a period not to exceed 90 days thereafter. The Department may grant exceptions to this time limit, for good cause.

(b) The audit report prepared by the independent certified public accountant shall include a table of contents and at least the following:

(1) A balance sheet reflecting the assets, liabilities and net worth of the adult day health care provider at the close of the fiscal year under audit.

(2) A statement of income and expenses reflecting all sources and amounts of income and expenses.

(3) A statement of changes in financial position, reflecting the adult day health care provider's sources and applications of funds and the net increase or decrease in working capital for the fiscal year just ended.

(4) All notes relating to the financial statements specified in (1), (2) and (3).

(5) A statement that the audit was conducted in accordance with generally accepted auditing standards and, further where in the accountant's opinion, the financial statements fairly present the financial position, results of operations and changes in financial position in conformity with generally accepted accounting principles applied on a consistent basis. If the accountant is unable to express an unqualified opinion, this shall be stated in his report and the report shall specify the reason or reasons.

(6) Financial statements shall be public records.

(c) Upon the Department's written request, the adult day health care provider shall authorize the accountant to allow representatives of the Department to inspect any and all working papers relating to the preparation of the audit report, including notes, computation, work sheets and rough drafts at the accountant's place of business during normal business hours. The accountant's costs of producing records for inspection and the costs incurred in the reproduction of documents shall be borne by the Department.

(d) When delivery of adult day health care is dependent in part upon affiliates, combined financial statements shall be prepared, and as a minimum disclose:

(1) The financial position of the provider separate from the combined totals.

(2) Inter-entity adjustments and eliminations.

(3) An independent accountant's opinion in writing, indicating why combined statements are not appropriate.

(e) A quarterly report shall be submitted by the center to the Department. The report shall include:

(1) A balance sheet.

(2) Revenue and expenses by cost center, including but not limited to salaries and staff benefits by work classification, equipment, contracts, consultation, training and travel.

Cost centers shall include:

(A) Medical and nursing.

(B) Physical therapy.

(C) Occupational therapy.

(D) Speech therapy.

(E) Psycho-social services.

(F) Nutrition.

1. Transportation incidental to provision of meals.

2. Nutritional counseling.

(G) Supportive services.

1. Recreation.

2. Art, music and dance therapy.

3. Services not included in other cost centers.

(H) Administration.

1. Office supplies and equipment.

2. Postage.

3. Furniture.

4. Publications and printing.

5. Liability insurance.

6. Telephone, telegraph.

7. Reproduction.

8. Legal consultation.

9. Audit expenses.

10. Rent.

11. Utilities.

12. Maintenance.

(I) Space.

1. Rent or mortgage payment.

2. Facility insurance.

3. Utilities.

4. Housekeeping supplies and equipment.

5. Maintenance supplies and equipment.

6. Repairs.

7. Facility license fees.

8. Janitorial service.

(J) Transportation.

1. Insurance.

2. Parking fees.

3. Overnight storage fees.

4. Vehicle license fees.

5. Purchased transportation services.

6. Vehicle supplies.

7. Vehicle maintenance.

8. Amortization.

(2) Such financial records shall be filed with the Department as soon as practical after the end of the licensee's fiscal quarter and, in any event, within a period not to exceed 30 days thereafter.

(f) Every affiliated company shall:

(A) Furnish, upon request, to the provider and to the Department financial reports relevant to the disposition of funds paid to the affiliated company by the provider. Reports shall be:

1. Prepared in accordance with generally accepted accounting principles.
2. Provide all financial data required by provider to fulfill its obligations to the Department for financial reporting.

(B) Make all books and records available for inspection by the Department and the United States Department of Health, Education and Welfare for a term of at least four years.

(g) Each adult day health provider shall maintain adequate financial resources to carry out its obligations. The level of such resources shall be determined for each provider by the Department and shall include, but will not necessarily be limited to, the following:

- (1) Ability to meet current obligations when due.
- (2) Revenue and expense trends.

§ 54415. Medical Review.

(a) Each adult day health care center shall be reviewed by a Department of Health medical review team at least annually. The review shall include but is not limited to assessment of:

- (1) The participant's current medical, psycho-social and functional status.
- (2) The appropriateness of care provided.
- (3) The quality of care provided.
- (4) The necessity for the services rendered.
- (5) Staffing requirements.
- (6) The system for participant care.
- (7) Medical records.
- (8) Professional review system and reports.
- (9) Grievances relating to health care and their disposition.
- (10) Procedures for controlling the utilization of services.

§ 54417. On-Site Visits.

(a) Each adult day health care center shall be subject to periodic on-site visits by Department representatives. Such visits shall include but are not limited to observation of the following:

- (1) General operation.

(2) Availability and provision of services.

(3) Degree of participant satisfaction with the adult day health care center.

(4) Administrative operation.

§ 54419. Utilization Review Committee.

(a) Each adult day health center shall establish a utilization review committee. Membership in this committee shall include, but is not limited to, a representative from the adult day health center, and professional personnel such as a physician, psychiatrist, nurse, social worker, occupational, physical or speech therapist who are not employed by the center.

(b) The committee shall evaluate the appropriateness of the health care provided by reviewing individual records of participants and shall make recommendations to the center to correct any deficiencies identified. Procedures for the utilization review committee and the method of selecting records for review shall be approved by the Department. This committee shall meet at least quarterly.

(c) All activities of the utilization review committee shall be reported quarterly to the Department in a format approved by the Department. As a minimum, the report shall include the:

(1) Number of cases reviewed.

(2) Nature and extent of the problems encountered.

(3) Summaries of the actions taken by the review system.

(d) Each provider of adult day health care services shall permit the Department and the Department of Health, Education and Welfare to inspect, audit and otherwise, evaluate the quality and appropriateness of care being rendered to participants served by the center.

§ 54421. Advisory Committees.

(a) Each adult day health care center may establish an advisory committee composed of community and participant representatives other than those comprising the governing body. The functions of this committee shall be:

(1) To serve as informational resources.

(2) To provide liaison between the center and the community.

(3) To resolve individual issues.

(4) To contribute specific expertise as needed.

(5) To assist in reaching those in need of services.

(b) The committee may meet monthly.

§ 54423. Staffing Requirements.

(a) The program director, a registered nurse with public health background, a medical social worker, a program aide and the activity coordinator shall be on duty. Other staff shall be employed in sufficient numbers to provide services as prescribed in the individual plans or care, in accordance with the following minimal requirements, determined by each center's average daily attendance based on the previous quarter experience.

(1) Centers with an average daily attendance of 10 or less shall provide at least:

(A) A total of 40 hours per month in the following areas: Physical therapy, speech therapy and occupational therapy and psychiatric or psychological services.

(B) Two hours per month of nutritional services provided by a dietitian.

(2) Centers with an average daily attendance of 11-20 shall provide at a minimum:

(A) A total of 80 hours per month in the following areas: Physical therapy, speech therapy, occupational therapy and psychiatric or psychological services.

(B) Four hours per month of nutritional services provided by a dietitian.

(3) Centers with an average daily attendance of 21-30 shall provide at least:

(A) A total of 120 hours per month in the following areas: Physical therapy, speech therapy, occupational therapy and psychiatric or psychological services.

(B) Six hours per month of nutritional services provided by a dietitian.

(4) Centers with an average daily attendance of 31-40 shall provide at least:

(A) A total of 160 hours per month in the following areas: Physical therapy, speech therapy, occupational therapy and psychiatric or psychological services.

(B) Seven hours per month of nutritional services provided by a dietitian.

(5) Centers with an average daily attendance of 41-50 shall provide at least:

(A) A total of 200 hours per month in the following areas: Physical therapy, speech therapy, occupational therapy and psychiatric or psychological services.

(B) Eight hours per month of nutritional services provided by a dietitian.

(6) Centers with an average daily attendance of 51-60 shall provide at least:

(A) A total of 240 hours per month in the following areas: Physical therapy, speech therapy, occupational therapy and psychiatric or psychological services.

(B) Ten hours per month of nutritional services provided by a dietitian.

(7) An additional half-time licensed vocational nurse shall be provided for each increment of 10 in average daily attendance exceeding 40.

(8) An additional half-time social work assistant shall be provided for each increment of 10 in average daily attendance exceeding 40.

(9) Program aides shall be provided in a ratio of one-half aide for every increment of eight in average daily attendance.

(10) The program director of centers whose average daily attendance is 20 or less may also serve as the registered nurse, social worker, occupational therapist, physical therapist, speech therapist or dietitian, provided that:

(A) The program director meets the professional qualifications for that position.

(B) The program director and the administrator are not the same person.

(11) The center may request staffing variations to these staffing requirements according to Section 78217, Title 22, California Administrative Code.

(b) Adult day health centers which serve participants whose primary language is other than English, shall employ sufficient trained staff to communicate with and facilitate rendering services to such participants. When a substantial number of the participants are in a non-English speaking group, bilingual staff shall be provided. Bilingual staff shall be persons capable of communicating in English and the preferred language of the participant.

§ 54425. Participant Records.

(a) Each center shall maintain a complete health record for each participant in the program in the format established by the Department. Each medical record shall include, but is not limited to:

(1) Identifying information including:

(A) Name, address, telephone number, sex, age, ethnic background, Social Security and Medi-Cal numbers.

(B) Name, address and phone number of responsible person.

(2) Admission data including:

(A) Referral source.

(B) Reason for application as given by referral source, participant and family or others.

(C) Date of entry into the program, number of days scheduled for attendance, method of transportation and fee if non-Medi-Cal.

(3) Signed Agreement of Participation.

(4) Daily records of participant's attendance and services utilized, including transportation.

(5) Records shall be maintained of:

(A) Referrals to other providers.

(B) Dates and substance of communications with the participants' physician, family members and other persons providing assistance.

(6) Medication records.

(7) Medication errors and drug reactions shall be recorded with notation of action taken.

(8) Progress notes by involved personnel.

(9) Assessment of the participants by the multidisciplinary team .

(10) Physician examination and medical history.

(11) Individual plan of care.

§ 54429. Solicitation.

(a) Adult day health centers shall not:

(1) Hire persons solely for the purpose of solicitation of participants.

(2) Offer money or any valuable consideration as an inducement to become a participant.

(3) Make false statements in advertising in any media.

(4) Make false statements to prospective participants regarding any aspect of the program.

(b) Adult day health centers may assign employed staff to meet with community organizations to provide information concerning the program.

§ 54431. Service Area.

(a) Each adult day health center shall serve only participants living in the service area specified in the county plan and approved by the Department. An exception to this requirement may be granted only if the center meets a special need of a particular individual residing outside the service area. Special needs shall be limited to:

(1) The individual does not reside in an adult day health service area.

(2) The adult day health care center in the individual's service area does not provide a needed service.

(3) The individual is a former resident of the service area.

(4) The center offers strong ties to the cultural background of the individual which are not available in the area in which the individual resides.

(b) The following procedures shall be followed in obtaining a waiver:

(1) The center shall send a written waiver request to the Department. A personal letter from the individual stating the reasons for the request shall be attached.

(2) The center shall request a written statement from the participant's personal physician explaining why the lack of service area waiver would be detrimental to the person's total health needs.

(c) The Department shall not provide reimbursement for transportation provided outside the service area.

§ 54433. Subcontracts.

(a) All subcontracts shall be in writing.

(b) Each subcontract shall be submitted to the Department at least 60 days prior to the effective date. If the Department does not formally act on a subcontract within 60 days after receipt, the adult day health care provider may use the services of the subcontractor.

(c) Each subcontract shall include at least the following:

(1) Full disclosure of the amount of compensation or other consideration to be received by the subcontractor from the adult day health center. That requirement provision shall not apply to subcontracts with providers employed or salaried by the adult day health care provider.

(2) Specification of the services to be provided and the times and days when these services are available to members.

(3) A provision that the subcontract shall be governed by and construed in accordance with all laws, regulations and contractual obligations incumbent upon the adult day health care provider.

(4) A provision that the Department and the Department of Health, Education and Welfare shall have the right to inspect or reproduce all books and records of the subcontractor as they relate to the provision of goods and services under the terms of the subcontract. Such books and records shall be available for inspection or reproduction at all reasonable times at the subcontractor's place of business for a term of at least four years from the effective date of the subcontract.

(5) A provision requiring the subcontractor, upon written request, to furnish financial reports relating to the provision of services under the subcontract and the payment therefore to the adult day health center and to the Department in such form and at such times as required by the adult day health care provider to fulfill its obligations for financial reporting to the Department.

§ 54435. Civil Rights of Participants.

(a) The adult health center shall not discriminate against participants because of race, color, creed, national origin, sex, physical or mental handicaps in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C., Section 2000d, rules and regulations on the grounds of race, color, creed, national origin or physical or mental handicaps include, but are not limited to, the following:

(1) Denying a participant any service or benefit or availability of a facility.

(2) Providing any service or benefit to a participant which is different or is provided in a different manner or at a different time from that provided to other participants.

(3) Restricting a participant in any way in the enjoyment of any advantage or privilege enjoyed by others receiving any service or benefit.

(4) Treating a participant differently from others in satisfying any admission, enrollment quota, eligibility, membership or other requirement or condition which individuals must meet in order to be provided any service or benefits.

(5) Assignment of times or places for the provision of services on the basis of the race, color, creed or national origin of the participants to be served.

(b) The adult day health care center will take affirmative action to ensure that participants are provided services without regard to race, color, creed, sex, national origin, physical or mental handicap.

(c) The center shall refer complaints alleging discrimination against the participants race, color, national origin, creed, sex, physical or mental handicap to the Department for review and appropriate action.

§ 54437. Civil Rights of Employees.

(a) The center will not discriminate against any employee or applicant for employment because of race, color, creed, sex, national origin or mental or physical handicaps. The center will take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, creed, sex, national origin, or mental or physical handicaps. Such action shall apply to all forms of personnel actions.

(b) The center shall, in all solicitations or advertisements for employees placed by or on behalf of the adult day health care provider, state that all qualified applicants will receive consideration for employment without regard to race, color, creed, sex, national origin, or mental or physical handicaps.

(c) The adult day health care provider shall send a notice provided by the Department to each labor union or representative of workers, with which it has a collective bargaining agreement or other contract or understanding, advising the labor union or workers' representative of the provider's equal opportunity commitments. Copies of the notice shall be posted in conspicuous places available to employees and applicants for employment.

§ 54439. Confidentiality of Data.

(a) Names of persons receiving public social services are confidential as provided in Section 10850, California Welfare and Institutions Code, and are to be protected from unauthorized disclosure. Release of any information pertaining to adult day health care participants shall be made in accordance with the provisions of Section 51009, Title 22, California Administrative Code.

(b) All information, records, data and data elements collected and maintained for the operation of an adult day health center and pertaining to participants shall be protected by the adult day health care provider from unauthorized disclosure.

§ 54443. Informational Material.

(a) Informational material provided to potential participants must have prior approval of the Department and must include the following:

(1) The name, address and phone number of the center.

(2) The service area boundaries.

(3) Eligibility criteria.

(4) A description of services provided at the center.

(5) The days and hours of operation.

(6) The cost per day.

(b) Information released to the media and the general public which contains eligibility or program information must have prior approval of the Department.

§ 54445. Conflict of Interest.

(a) No state officer or state employee shall have a direct financial interest in a center or a direct financial interest in any contract with the adult day health care provider.

(b) No state officer or state employee shall provide legal or management services to the adult day health care provider, outside of specific duties as a state officer or state employee. No state officer or state employee shall share in the income or any remuneration derived from providing legal or management services to an adult day health care provider.

(c) No state officer or state employee shall receive anything of value for the purpose of influencing or attempting to influence the negotiations for approval or renewal of the provider agreement with the Department.

§ 54447. Provider Sanctions.

(a) The Department shall, after warning, impose one or more of the following sanctions on adult day health care providers for violating time requirements as specified in Sections 54217 (d), 54403 (a), 54411, 54413 and 54507.

(1) Suspension of admission privileges.

(2) Forfeiture of all or part of the Medi-Cal reimbursement for each day the required documents are late.

§ 54501. Adult Day Health Care Services.

(a) Department reimbursement for adult day health care services shall be the usual charges made to the general public by the center not to exceed the maximum reimbursement rates listed in this section.

(b) The maximum all-inclusive rate per day of attendance for each approved Medi-Cal participant shall be \$69.58.

(c) Payments shall be made only for days of attendance in the time period approved by the Medi-Cal consultant.

(d) The comprehensive daily rate shall be reduced by the Department for any component of the required basic services which is funded in part or in whole from any other source, as indicated in fiscal reports submitted in accordance with Section 54413 or as determined by a Department fiscal audit. Failure to report other income sources may, at the discretion of the Department, result in suspension of certification.

(e) The comprehensive daily rate shall be payment in full for all adult day health care services provided to the Medi-Cal participant. Physical therapy, occupational therapy and speech therapy provided or arranged by the center beyond the requirements stated in Section 54423 (a) may be reimbursed according to Sections 51507, 51507.1 and 51507.2 if a separate prior authorization request is approved for physical therapy in accordance with Section 51309 (b) or for rehabilitation center outpatient services in accordance with Section 51314. A written statement, signed by the adult day health care provider, certifying that they are meeting the requirements of Section 54423 (a) for the time period of the treatment authorization request and that the therapeutic needs of this participant are in excess of Section 54423 requirements, shall be attached to the claim and prior authorization request.

(f) A provider of adult day health care shall not submit claims to or demands or otherwise collect reimbursement from a Medi-Cal participant, or from other persons on behalf of the participant, for any service included in the daily rate for adult day health care services unless the exceptions of Section 51002, Division 3, Chapter 3, Title 22, California Administrative Code, apply.

(g) The daily rate includes costs for purchase of meals and transportation. Utilization of existing community resources for meals and transportation is mandated unless the adult day health care provider can justify to the satisfaction of the Department the need to provide meals or transportation directly.

(h) The maximum number of payments for days of attendance for any 24-hour period shall not exceed the licensed capacity.

(i) A provider of adult day health care shall make reasonable efforts to recover the value of services rendered to participants whenever said participants are covered for the same services, either fully or partially, under any other state or federal program or under other contractual or legal entitlement, including but not limited to, a private group or indemnification program. Such recoveries are returned to the Department. A provider shall notify the Department if efforts to recover payment are unsuccessful.

(j) A provider of adult day health care shall not attempt to recover the value of services rendered when such recovery shall result from an action involving third-party tort liability. The provider shall notify the Department of any situation in which it appears that a participant will benefit from a third-party liability.

§ 54503. Fee Schedule.

Each approved adult day health care provider shall establish a fee schedule for services to the general public.

§ 54504. Transition Visits.

(a) An adult day health care provider may be reimbursed for a maximum of five transition visits per institutionalized participant, each visit consisting of two to four hours at the adult day health center. Transition visits to an adult day health care center may be made by an inpatient of:

(1) An acute hospital utilizing administrative days,

(2) An Intermediate Care Facility, or

(3) A Skilled Nursing Facility.

(b) Reimbursement for the transition visits shall not exceed 85% of the center's current approved daily rate.

(c) The attending physician shall authorize the transition visits. Physician approval shall be documented in the patient's chart.

§ 54505. Initial Assessment Rate.

(a) An approved adult day health care provider shall be reimbursed for one initial assessment by the provider's multidisciplinary team for each new participant. Assessment made after a discharge and for reentry is not reimbursable for a reentry less than 12 months after the discharge of the same participant.

(b) Reimbursement for the initial assessment shall be based on the center's current approved daily rate plus five percent.

(c) Reimbursement for the initial assessment shall be limited to a maximum of three days.

§ 54507. Billing Requirements.

(a) All charges submitted for payment shall be on billing forms approved by the Department. The billing shall include a monthly invoice, the number of days of attendance for each participant and monthly service reports.

(b) Billing shall be submitted by the adult day health care provider directly to the Department for the month of service. Billings are due by the 15th of the month following the month of service.

(c) Billing for initial assessments days shall be submitted on the invoice and shall meet the requirements of (a) and (b).