



ADULT DAY SERVICES PROVIDER PROVISIONS

A 1.1 RULES: The Provider shall comply with all [South Dakota Codified Laws](#) and [Administrative Rules of South Dakota](#) applicable to the services provided. The Provider also agrees to comply in full with all licensing requirements and other standards required by federal, state, county, city or tribal statute, regulation or ordinance in which the service and/or care is provided. Liability resulting from noncompliance with regulations, licensing and/or other standards required by federal, state, county, city or tribal statute, regulation, or ordinance or through the Provider's failure to ensure the safety of all participants served is assumed entirely by the Provider.

A 1.2 VERIFICATION AND DOCUMENTATION: The Provider is required to maintain documentation and verification demonstrating compliance with all provisions in this document. Verification and documentation must be readily available upon request.

STANDARD PROGRAM DEFINITIONS

B 2.1 "Adult Day Services Assessment NAPIS form (National Aging Program Information Systems)" is an assessment tool required by the State and must be completed annually on all qualifying participants.

B 2.3 "Adult Day Services (ADS)" is a community-based group program designed to meet the needs of adults with impairments through individual plans of care.

B 2.4 "Adult Day Services Unit of Service" is a 15-minute unit of regularly scheduled activity in a community-based group program which meets the needs of an eligible person

B 2.5 "Eligible Participant" is a person who has been determined to meet eligibility criteria for either the HOPE waiver Program, or the Title III program criteria.

B 2.6 "Greatest Economic Need" is the need resulting from an income level at or below the poverty line.

B 2.7 "Greatest Social Need" is the need caused by non-economic factors, including physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation

caused by racial or ethnic status; that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.

B 2.8 “Home-and-community-based Options and Person-centered Excellence or HOPE Waiver” is operated by the Department of Human Services (DHS), Division of Long Term Services and Supports (LTSS). The purpose of the HOPE Waiver is to provide home and community-based services to South Dakotans age 65 and older as well as individuals 18 years of age and older who have a qualifying disability to allow them to remain at home or in the least restrictive environment available. The HOPE waiver utilizes Medicaid funding to provide home and community-based services to individuals that are risk for nursing facility placement.

B 2.9 “National Aging Program Information System (NAPIS)” demographic information for an ADS participant includes, age, gender, race/ethnicity, poverty level, rural/urban.

B 2.10 “Personal Cares Services” includes bathing for a HOPE Waiver participant and bathing and incontinence services for an Title III participant. Personal Care Services are paid at 15-minute units based on the fee schedule.

B 2.11 “Therap” is the online case management, documenting, and billing software.

B 2.12 “Therap Service Auth” is the electronic document in Therap which details the services authorized for the participant.

ADULT DAY SERVICES PROGRAM POLICY REQUIREMENTS

C 3.1 Abuse Neglect and Exploitation Policy: The Provider must have a policy and procedure addressing abuse, neglect, and exploitation reporting in accordance with South Dakota law.. The policy for abuse, neglect and exploitation reporting must conform to the mandatory reporting laws and address providing training on mandatory reporting laws to staff on an annual basis. See South Dakota Codified Law (SDCL) 22-46 for South Dakota’s mandatory reporting laws for elders and adults with disabilities.

C 3.2 Administration and Organization: The Provider shall have a governing body with full legal authority and fiduciary responsibility for the overall operations of the program. This governing body shall review, approve, and revise a current written plan of operation.

C 3.3 Appropriate for Services Policy: The Provider shall have a written policy on participants who are appropriate for enrollment and those who may not be appropriate for enrollment. This statement should be a part of the intake agreement with the participant and/or family/caregiver at the time of enrollment. Participants who are inappropriate for all ADS programs include, but are not limited to the following:

1. Adults who are bedfast or do not have the strength or stamina to attend the program;
2. Adults in an infectious stage of communicable disease, unless a physician states there is no significant risk;
3. Adults with emotional or behavioral disorders who are destructive to self and/or others or disruptive in a group setting – unless the ADS has the capacity, including qualified staff, to adequately and appropriately manage these behavioral issues;
4. Adults who are too independent to benefit from the activities and services provided in the ADS

and who need referral to other more appropriate programs.

C 3.4 Confidentiality Policy: The Provider must have a participant confidentiality policy. The confidentiality policy must include specifics on HIPAA and/or BAA compliance, maintenance of participant records, transmission of personal participant information and confidentiality practices by staff.

C 3.5 Days of Operation Policy: The Provider shall designate days and hours of operation and a written policy shall be developed for closing during inclement weather and designated holidays.

C 3.6 Discharge Policy: The Provider must have a discharge policy and procedure that includes when the Provider determines services to a participant must be discontinued by their agency.

C 3.7 Gifting Policy: The Provider must have a gifting policy. The gifting policy must detail the Provider's expectations and prohibitions for staff accepting gifts from participant.

C 3.8 Grievance Procedure Policy: The Provider shall establish a grievance procedure to enable participants and their families/caregivers to have their concerns addressed without fear of discrimination. The grievance policy must include how the participants and their families/caregivers are notified of the grievance policy, where grievances are reported and the process for addressing and resolving participant grievances and feedback.

C 3.9 Intake/Admission Policy: The Provider must have an intake/admission policy and procedure. The intake/admission policy must include the Provider's process for reviewing and accepting referrals as well as the process to ensure services will begin in a timely manner.

C 3.10 Policy and Procedure Manual: The Provider must have a policy and procedure manual. The policy and procedure manual must be easily accessible upon request.

C 3.11 Records Retention Policy: Documentation must be kept for each participant. Records must be retained for 6 years after a claim has been paid or denied. Documentation can be kept in written or electronic form and must be easily accessible upon request.

C 3.12 Staff Qualifications Policy: The Provider must have a staff qualifications policy and procedure. The policy must include job qualifications, the process for performance evaluations, process for conducting applicable license verification, and the process for conducting background checks for the Office of Inspector General (OIG) exclusions.

C 3.13 Staff Training Policy: The Provider must have a staff training policy. The staff training policy must include identification of the processes and timelines for new staff orientation and annual staff training. The Provider must provide a new employee orientation to each new employee when the new employee starts.

The orientation must include the ADS staff member's role in supporting the personal care and related activities noted in the participant's care plan/service plan and providing ongoing support to the participant.

The Provider will ensure that each ADS staff member receives a minimum of 6 hours of training

annually. The Provider must maintain a training record for each ADS staff member, documenting the date, length, and topic of each training completed.

C 3.14 Transportation Policy: The Provider shall develop a transportation policy that includes routine and emergency procedures with a copy of the relevant procedures located in all vehicles. This policy should include accidents, medical emergencies, and weather emergencies,...

C 3.15 Unaccounted Absence Policy: The Provider shall develop a policy to check a participant's unaccounted absence.

C 3.16 Emergency Care for Participants: The Provider shall have a written procedure for handling medical emergencies. This document should include the following:

1. Procedure for notification of emergency care.
2. Transportation arrangements in the event of an emergency.
3. Provisions for an escort in the event of an emergency, if necessary.
4. The Provider shall have a portable basic emergency information file available for transport with each participant, which includes:
 - a. Participant hospital or clinic preference, with physician name and phone number.
 - b. Participant emergency contact information.
 - c. Participant insurance, medical history, medications list, allergies, and current diagnoses.
 - d. Current photograph for participant identification.

ADULT DAY SERVICES STANDARD PROGRAM REQUIREMENTS

D 4.1 Target Population: The Provider shall serve only participants whose needs while at the ADS do not exceed the Provider's resources. The Provider shall give preference to providing services to older individuals with the greatest economic need and older individuals with greatest social need, with attention to low-income, minority individuals.

D 4.3 Medical Report and Enrollment Agreement: A medical report which reflects the current health status of the participant shall be obtained during initial enrollment into the ADS. This report shall be reviewed and updated on an annual basis to reflect any changes to medical history.

Each participant shall designate a healthcare provider to contact in the event of an emergency and for ongoing care.

An enrollment agreement shall be complete and include the services that are to be provided, agreed upon by the participant and/or caregiver; a disclosure statement that describes the program's range of care and services; and admission, discharge, and/or transfer criteria.

Reassessing the individual's needs and re-evaluating the appropriateness of service plans shall be done when needed, but at least annually.

Progress notes shall be written and maintained as part of each participant's record. These notes shall reflect timely reviews of the plan of care, changes in status, significant events, incidents, specific

interventions and participant responses, and outside contacts such as telephone calls. The Provider is responsible ensuring that care is provided to the participant based on the participant's care plan/service plan.

D 4.5 Participant and Administrative Documentation: Documentation for each participant should include but is not limited to:

1. Permanent registry of all participants with dates of admission and discharge;
2. Maintenance of records in a secure storage area;
3. Application and enrollment forms;
4. Medical history, nutritional status, NAPIS, medical information sheet, results of physical examination(s), documentation of physicians' orders, treatment, therapy, medication, and professional notes;
5. Individual plan of care (initial and reviews);
6. Signed authorization for releases of medical information and photos, as appropriate;
7. Signed authorization for participant to receive emergency medical care if necessary;
8. Correspondence;
9. Attendance and service records;
10. Progress notes;
11. Reviews of individual plans of care;
12. Discharge plan;
13. Personnel records;
14. Fiscal and statistical records;
15. Contracts;
16. Annual fire and health inspections, and others as applicable;
17. Incident reports; and
18. A record of policies and procedures.

D 4.6 Title III Donations: A suggested donation schedule may be established and updated annually for the Title III ADS Program. Donations must be kept confidential. However, donations are encouraged to help defray the cost for the service. No eligible participant will be denied ADS if unable to donate. Donations collected shall be used for the program being provided. HOPE Waiver participants are not subject to suggested donations. For HOPE waiver participants, Medicaid is payment in full.

D 4.7 Title III Cash Match: The Provider must meet cash match of the program costs and report the cash match on the designated reporting form to LTSS monthly. Cash match is not required for HOPE Waiver funding.

D 4.8 Title III Participant Care Plan: A written plan of care shall be developed from the intake and assessment for each participant. This plan of care shall reflect the participant's abilities, strengths, and interests and include:

1. Time-limited measurable goals and objectives of care for the participant (both long-term and short-term);
2. Type and scope of interventions to be provided to reach desired, realistic outcomes;
3. Discharge or transition plan, including specific criteria for discharge or transfer of services;
4. Services to be provided by the ADS program and by other sources to achieve the goals and objectives; and

5. Roles of participant, family/caregiver, support system and program staff and volunteers.

D 4.9 Title III Reporting Requirements: The Provider will collect NAPIS data on all eligible participants during initial enrollment in the program. The Provider must update NAPIS data in Therap on all eligible participants annually to ensure accuracy of data to be reported. The Provider must update any missing NAPIS data when requested by the LTSS in a timely manner to assist with federal reporting requirements

D 4.10 REIMBURSEMENT: Reimbursement is based on 15-minute units of service for attendance and personal care units (personal care units for HOPE Waiver participants must be authorized in Therap).

ADS for the Title III program will submit for reimbursement through the process designated by the State.

ADS for HOPE waiver participants must be submitted in Therap, or on approved claim forms, including all required information (e.g., Provider's National Provider Identifier), participant's primary diagnosis code (etc.).

If the Provider is reimbursed at the incorrect rate resulting in an overpayment, necessary action to resolve this overpayment will be initiated by the State, including voiding of Medicaid claims and ACH recoupment for State-funded Services. If the Provider is reimbursed at the incorrect rate resulting in an underpayment, the Provider will be required to initiate the necessary action(s) in order to correct the underpayment, including voiding of Medicaid claims and ACH recoupment for State-funded Service. The Provider must resubmit the claims at the correct rate to receive appropriate reimbursement.

For assistance with HOPE waiver claims denials, Providers must notify the State within the 6-month time limits outlined in ARSD **67:16:35:04**. For all claims inquiries, Providers must submit a claims resolution template to ltsstherap@state.sd.us for further review. Providers are encouraged to resubmit all previously denied claims every 90 days for SD Medicaid and SD LTSS claims compliance. Claims inquiries will be reviewed by LTSS State Office staff in the order in which they are received. The claims resolution template is located on the LTSS Provider Resources Page, link: <https://dhs.sd.gov/ltss/ltssproviders.aspx>.

D 4.11 HCBS SETTINGS FINAL RULE: If providing HOPE Waiver services, the Provider agrees to fully comply with the HCBS Settings Final Rule, 42 CFR §441.301(c)(4) and (5) specified here and in the [HCBS Settings Guide to Expectations and Compliance](#).

D 4.12 DAKOTA AT HOME INCLUSION FORM: Prior to approval, the Provider must complete a [Dakota at Home Inclusion Form](#) if not already a participating Provider in the [Resource Directory](#). The Provider must also review their record at least annually and make updates or confirm the record is accurate.

D 4.13 OIG LEIE AND SAM EXCLUSION LIST(S): The Office of the Inspector General (OIG) has the authority to exclude individuals and entities from federally funded health care programs and maintains a list of all currently excluded individuals in the [OIG Exclusions Database](#). The Provider must check the SD Department of Human Services Division of Long Term Services and Supports Effective Date: 6/1/2024

OIG List of Excluded Individuals and Entities (LEIE) a minimum of once every month to ensure that new hires and current employees are not on the excluded list.

The System for Award Management (SAM) lists individuals and entities who are suspended or debarred from receive federal funding, contracts, subcontracts, financial and non-financial assistance and benefits in the [SAM Exclusions Database](#). The Provider must screen staff through the SAM system, a minimum of once every month, to ensure that new hires and current employees are not on the excluded list.

Any payments made for services provided by an employee found on the OIG Exclusionary list or SAM list of individuals who are suspended or debarred must be reported to LTSS ~~DHS~~ staff. Participating providers receiving state and federal Medicaid or Medicare dollars have an obligation to report any payments received in error to DHS.

D 4.14 INTERPRETER SERVICES: The ADS Provider must meet the needs for participants. If interpreter services are necessary, LTSS will consider, on a limited basis, covering situations when a routine interpreter is not available and/or staff are unable to successfully communicate with the participant. If it is identified that interpreter services may be necessary for service provision, this will be identified on the applicable Therap Service Auth. Providers must utilize the DHS-approved interpreter service providers, an ISI or another SD registered interpreter for American Sign Language, and Volatia for all other interpreter services,. Utilization of other agencies for these services will result in the Provider incurring the expense.

A Volatia interpreter services Access Code for the Provider must be in place prior to interpreter services being utilized. The LTSS Volatia interpreter services Provider accounts must only be utilized for participants authorized by LTSS. Providers must include the First Name, Last Name and Date of Birth for all scheduled sessions through Volatia. Failure to do so may result in the Provider incurring the expense.

Volatia interpreter services are available on demand by audio/phone. Audio/phone interpretation is the preferred method. Video interpretation is available on demand, and may only be utilized when the audio/phone option does not meet the needs of the participant (i.e. hearing impairment) or other extenuating circumstance (i.e. cell service limitation). An in-person/onsite option is available upon request and approval by LTSS. This option may only be requested when audio/home or video options do not meet the needs of the participant, or an extenuating circumstance described in the request. To request approval for the in-person/onsite option, please complete the [LTSS Onsite Interpreter Services Request Form](#).

Providers must submit the in-person/onsite request 3 business days prior to scheduling in-person/onsite interpreter services. Any in-person/onsite visits that are scheduled without LTSS prior approval may be canceled, rescheduled, or denied, resulting in a direct expense to the Provider. In-person/onsite visits that are not cancelled within 24 hours prior to the scheduled visit will result in a direct expense to the Provider.

D 4.15 Site Assessments and Desk Reviews: Provider must cooperate with all site assessments and desk reviews. Provider must cooperate with quality performance review activities conducted by

the State. Evaluations may be completed in a manner and on a schedule determined by the State.

D 4.16 SERVICE AUTHORIZATIONS: The Therap Service Auth must be acknowledged by the Provider within seven (7) business days of receipt. Failure to acknowledge the Therap Service Auth within the designated time frame may negatively affect reimbursement for services provided.

If a Provider is concerned that there is an error on the Therap Service Auth, the Provider should not acknowledge the Therap Service Auth. The Provider should contact the LTSS Case Management Specialist assigned as the participant's case manager to resolve any potential discrepancies.

It is the responsibility of the Provider to review the Therap Service Auth to ensure the details (including the rate, units and frequency, recipient ID and referring provider information) are correct prior to acknowledging the Therap Service Auth. If any of the Therap Service Auth information is incorrect, the Provider must contact the LTSS Case Management Specialist to review and update Therap Service Auth. Any permanent change to the Therap Service Auth must be reviewed and authorized by the State. Any changes to the schedule (day, time, etc.) must but be discussed with the participant.

ADULT DAY SERVICES OFFERED

E 5.1 Social Services: Social services shall be provided to participants and their families. Staff shall assess the families' needs and assist them in gaining access to additional services as needed.

E 5.2 Nutrition Services: Providers operating through the lunch hour shall provide participants with a minimum of one meal per day. Snacks and fluids shall be offered as needed to meet the participants' needs. The Provider will respect dietary restrictions related to religion or cultural needs and offer ethnically appropriate foods whenever feasible. Foods provided shall be nutritious and assure dietary guidelines are being met, as defined by the American Dietetic Association. Refer to [ChooseMyPlate.gov](https://www.choosemyplate.gov) for information on menu choices for older adults.

E 5.3 Health-Related Services: Health-Related Services shall be offered according to participant needs, as identified in the health assessment, plan of care, and physicians' orders. The Provider shall train staff and supervise use of standard protocols for communicable diseases and infection control. The Provider shall initiate emergency first aid and emergency response procedures by a person trained in Emergency First Aid and CPR when necessary.

1. Providers shall collect, maintain, and update – within the scope of practice of the staff involved – medical and functional information and assessments. For those areas outside of the scope of practice of the staff involved, the Provider maintains a file and notifies others when assessments and other medical and functional reports are due. Provider shall manage medications in accordance with Administrative Rules of South Dakota (ARSD) 20:48:04.01 and any other applicable law, rule, or regulation.

E 5.4 Assistance with Activities of Daily Living (ADLs):

1. Staff with adequate training, as outlined below in the Staff Training and Evaluation section, may provide moderate assistance with ADLs. Moderate assistance is defined as assistance with 1-3 ADLs and includes standby or hands-on assistance throughout the completion of the ADL.

2. Staff shall aid with and provide supervision of ADLs in a safe and hygienic manner with recognition of an individual's dignity and right to privacy.

E 5.5 Activities:

1. The activity plan shall be an integral part of the total plan of care for the individual based on the interest, needs and abilities of the participant.
2. A balance of purposeful activities shall be provided to meet the participants' interrelated needs, and interests including social, intellectual, cultural, economic, emotional, physical, and spiritual needs.
3. Participants shall be encouraged to take part in activities, but may choose not to do so, or may choose another activity.
4. Reasons for non-participation shall be evaluated to determine whether it reflects personal preference or indicates a need for a change in activity.
5. A monthly calendar of activities shall be prepared and posted in a visible place. This may be distributed to participants and family/caregivers and others as the Provider deems appropriate.

E 5.6 Transportation: All programs provided, and contractual transportation systems shall meet local, state, and federal regulations. If feasible to provide transportation to and from the ADS Provider and to and from doctor's appointments, a transportation policy must be included and posted in all vehicles. Additional costs may be imposed on the participants families/caregivers and published in the enrollment handbook.

E 5.8 Education: Provider's staff shall establish relationships with other community agencies and providers to coordinate services and form service networks. Education shall be provided to the families/caregivers and participants to improve the well-being and functional level of the participants and/or caregiver upon admittance into the program and annually. Education shall include, but is not limited to, health, nutrition, and other services available.

ADULT DAY SERVICES STAFFING REQUIREMENTS

F 6.1 Staff to Participant Ratio: Staff shall be adequate in number and skills to provide essential administrative and service functions. Staff shall be sufficient to serve the number and functional levels of ADS participants and meet program objectives.

The staff to participant ratio shall be a minimum of one to six (1:6). Staff included in the staff to participant ration should include only those who have met the training requirements outlined below in the Staff Training and Evaluation section, work on site, are actively involved with the participants, and are immediately available to meet the participants' needs.

Providers serving a high percentage of participants who are severely impaired should have a staff to participant ration of one to four (1:4). If the administrator is responsible for more than one site or has duties not directly related to services provided to participants, a program director shall be designated for each additional site. In the absence of the director, a staff member shall be designated to supervise the ADS.

To ensure continuity of care, adequate quality, and safety of participants, ADS Provider shall provide

qualified substitute staff. Volunteers shall be included in the staff ratio only when they conform to the same standards and requirements as paid staff, meet the job qualification standards of the organization, and have designated responsibilities.

F 6.2 Basic Requirements for All Staff Members: Each staff member shall be competent and qualified for the position held. Each staff member who assists with personal cares or has access to Personal Health Information (PHI) of a participant must pass a State approved fingerprint background check to screen for disqualifying criminal convictions.

The Provider may request the State's approval for an alternative background check by completing and submitting a [Provider Request for Approval of Alternative Background Check form](#), along with a description of the alternative background check (produced by the company that process the background checks). In order to receive approval, the alternative background check results for employees hired by the Provider must be readily accessible to the State upon request and the description of the alternative background check must include verification that the following threshold criteria are met:

1. The alternative background check verifies the identity of the individual hired utilizing at least two unique types of identification (must include a government issued photo ID and an additional document that meets I-9 standards).
2. The alternative background check identifies the criminal history of the individual hired.
3. The alternative background check creates a report of the criminal history of the individual hired which is readily accessible to the Provider.

References shall be checked, and job histories verified for all staff and volunteers who work directly with participants personal cares and/or PHI. Each staff member must present medical evidence that he or she is free from communicable disease, prior to beginning work.

Staff and volunteers must sign a confidentiality agreement and hold all information about participants and families in confidence, treating all participants with respect and dignity. All direct staff shall have input into the plan of care and ongoing assessments for each participant for whom they have responsibility, they shall carry out the objectives for the participant and perform other services as required.

F 6.3 Staff Training and Evaluation: The Provider must ensure that each employee receives a minimum of 6 hours of training annually and must maintain a training recorded for each aide, documentation of the date, length and topic of each training completed. General training includes but is not limited to:

- a. Needs of the participants;
- b. Fire, safety, disaster plan, and the emergency plan;
- c. Choking prevention and intervention techniques;
- d. Body mechanics/transfer techniques/ assistance with ADL's;
- e. Basics of nutritional care, food safety, and safe feeding techniques;
- f. CPR and First Aide training; and
- g. Infection control precautions.

General new employee orientation includes, but is not limited to:

- a. Purpose and goals of ADS;
- b. Roles and responsibilities of staff members;
- c. Behavioral interventions/behavior acceptance/accommodation;
- d. Universal precautions by avoiding contact with bodily fluids;
- e. Information on fire and safety measures and codes;
- f. Philosophy of the program and parent organizations;
- g. Purpose of confidentiality and HIPAA;
- h. Interdisciplinarity team approach, if appropriate;
- i. Participants' rights
- j. Needs of target population;
- k. Depression and mental illnesses;
- l. Policies and regulations;
- m. Communication skills;
- n. Review of basic medical terminology;
- o. Advance directives policies;
- p. Elder abuse reporting; and
- q. How to safely and appropriately help participants.

F 6.4 Staff Positions: Providers shall have written job descriptions for all staff positions as follows:

1. There shall be a qualified administrator or program director responsible for the development, coordination, supervision, fiscal management, and evaluation of the ADS provided. This person shall organize, implement, and coordinate the daily operation in accordance with participants' needs and any mandatory requirements.
2. For programs with participants requiring nursing services, the nurse shall be a Registered Nurse (RN) with a valid state credentials or a Licensed Practical Nurse (LPN) with a valid state credentials.
3. If the Provider prepares its own food on site, there shall be a food service director. Food preparation shall be done in compliance with State regulations and food safety codes which are outlined in the [Administrative Rules of South Dakota \(ARSD\) 44:02:07](#).
4. Consultants and contract employees shall be available to provide services as needed to supplement professional staff and enhance the programs quality. Consulting services may be provided by contractual agreement with community groups or on an individual basis.
5. If the Provider transports ADS participants, the driver shall have a valid and appropriate driver's license, a safe driving record and training in first aid and CPR.
6. Volunteers shall be individuals or groups who want to work with ADS participants and shall take part in program orientation and training. The duties of volunteers shall be mutually determined by volunteers and staff. Duties to be performed under the supervision of a staff member shall either supplement staff in established activities or provide additional services for which the volunteer has special talents. The Provider shall keep a record of volunteer hours/activities.

Volunteer hours can be counted towards the required cash match.

ADULT DAY SERVICES FACILITY REQUIREMENTS

H 7.1 Space: ADS shall comply with all state and local building regulations, zoning, fire and health codes or ordinances as well as the following requirements:

1. Each Provider, when it is co-located in a facility housing other services, shall have space for main activity areas during operational hours with a separate entrance.
2. The facility shall have enough space to accommodate the full range of program activities, services, and equipment.
3. There shall be an identified separate space available for participants and/or family caregiver to have private discussions with staff.
4. There shall be storage space for program and operating supplies.
5. Providers that have participants who require scheduled toileting or assistance with toileting should have at least one toilet for every six participants. The toilets should be equipped for use by persons with limited mobility, easily accessible from all program areas, designed to allow assistance from one or two staff, and barrier-free.
6. The facility shall have a rest area for participants. The designated area shall permit privacy.
7. Outside space that is used for outdoor activities shall be safe, accessible to indoor areas, and accessible to those with a disability.

H 7.2 Atmosphere and Design: ADS providers shall take into consideration the following atmosphere and design characteristics:

1. Illumination in all areas shall be adequate and glare shall be avoided.
2. Excessive noise shall be avoided.
3. Conditions shall be maintained within a comfortable temperature range to accommodate the population served.
4. Beds, cots, and recliners should be available in designated areas.
5. A telephone shall be available for participant use.

H 7.3 Safety and Sanitation: ADS Providers shall ensure the safety and sanitation of the facility as follows:

1. The facility and grounds shall be safe, clean, and accessible to all participants.
2. The facility shall be designed, constructed, and maintained in compliance with all applicable local, state, and federal health and safety regulations.
3. For facilities that store medications, there shall be an area for labeled medications, secured, and stored apart from participant activity areas. If medications need to be refrigerated, they

should be in a locked box. All medications should be in the container in which they were dispensed from the pharmacy. The container must be clearly labeled with the participant's full name, the name and strength of the medication, the dosage, and instructions for administration.

4. Safe and sanitary handling, storing, preparation and serving of food shall be assured. If meals are prepared on the premises, kitchen appliance, procedures and equipment must meet state and local requirements.
5. Toxic substances whether for activities or cleaning, shall be stored in a locked area not accessible to participants.
6. At least two well-identified exits shall be available. A window may be considered one of the exits if it is operable from the inside without the use of tools, provides a clear opening of not less than 22 inches in the least dimension, and at least 5 square feet in area. The bottom of the opening shall not be more than 4 feet above the floor.
7. An alarm/warning system should be used if participants have cognitive impairments which require these types of devices to maintain their safety.
8. Universal Precautions shall be used by all staff and volunteers.
9. An evacuation plan shall be posted in each room.
10. All stairs, ramps, and bathrooms accessible to those with a disability shall be equipped with properly anchored handrails.
11. Procedures for fire and safety as approved by the state or local fire authority shall be adopted and posted. Such procedures must include:
 - a. provisions for fire drills;
 - b. inspections and maintenance of fire extinguishers; and
 - c. periodic inspection and training by fire department personnel.
12. The Provider shall conduct and document quarterly fire drills and keep reports of drills on file. Improvements shall be made based on the fire drill evaluation. Smoke detectors shall also be used.
13. Emergency first aid kits shall be accessible to staff.
14. Insect infestation control shall be scheduled at a time when participants are not in the facility.
 - a. Equipment shall be adequately and safely maintained.
 - b. Emergency phone numbers must be posted for public view.
 - c. A written plan for handling emergencies shall be developed and be easily accessible in the ADS building and in all vehicles.
 - d. There shall be documented staff training to ensure smooth implementation of the emergency plan.
 - e. There shall be equipment available to support implementation of the emergency plan.