

**ADULT DAY SERVICES**  
**SFY 23 PROVIDER PROVISIONS**

**A 1.1 PURPOSE:** The South Dakota Department of Human Services (“State” or “DHS”), Division of Long Term Services and Supports (LTSS), (jointly State), provides home and community based service options, to individuals 60 and older, and those 18 and over who are physically disabled. State services enable these South Dakotans to live independent, meaningful lives while maintaining close family and community ties. The State provides home and community-based services in sufficient type, scope, amount, duration, and frequency, as specified in the Individual Support Plan (ISP)/Service Plan, to prevent or delay premature or inappropriate institutionalization.

**A 1.2 RULES:** The Provider shall comply, for the duration of the agreement, with all sections of the Supplemental Provisions regarding the services provided.

**A 1.3 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.

**A 1.4 REIMBURSEMENT:** The rates for Attendance Units and Personal Care Units are specified in the Fee Schedule located at <http://dhs.sd.gov/ltss/ltssproviders.aspx>. 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).

Approved mechanisms for payment will be submitted by the Provider to the State for payment of services authorized and provided

Adult Day Services for the OAA Title III program will be recorded in the State’s data management online system in Therap. Each Provider will be responsible for maintaining accurate attendance and personal care units in Therap. At the end of each month, the Provider will submit to LTSS the Utilization Report found in Therap and the Statement of Services Rendered (SSR) report to the LTSS OAA Program Specialist. Once the reports have been verified and match, the Program Specialist will then create a Service Purchase Order (SPO) voucher and send the voucher to DHS Finance for payment.

Adult Day Services 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), consumer’s primary diagnosis code (etc.).

It is the responsibility of the Provider to review the Therap Service Auth for HOPE waiver participants to ensure the rate is correct prior to acknowledging the Therap Service Auth. If the rate is incorrect, the Provider must contact the LTSS Service Coordinator to mitigate claims error(s).

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](mailto:ltsstherap@state.sd.us) for further review. Providers are encouraged to resubmit all previously denied claims every 90 days for SD Medicaid and SD DHS/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 DHS LTSS Provider Resources Page, link: <https://dhs.sd.gov/ltss/ltssproviders.aspx>.

It is the responsibility of the Provider to review the Therap Service Auth to ensure the rate is correct prior to acknowledging the Therap Service Auth. If the rate is incorrect, the Provider must contact the LTSS Service Coordinator to mitigate claims error(s).

## **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 2.2 “Adult Day Services Outreach Unit of Service”** is equivalent to one personal contact with an older person for explaining the elderly Adult Day Services Program and encouraging participation.

**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. ADS is authorized under Title III under the Older Americans Act (OAA) and is designed to promote the general health and well-being for older adults. These structured, comprehensive, nonresidential programs provide a variety of health, social, and related support services in a protective setting. By supporting families and other caregivers, ADS enable participants to remain living at home in the community.

**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 identified through the Assessment and Care Plan

**B 2.5 “Eligible Participant”** is a person who has been determined to meet eligibility criteria for either the HOPE waiver Program, or the OAA 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 “National Aging Program Information System (NAPIS)” demographic information for an ADS participant includes, age, gender, race/ethnicity, poverty level, rural/urban.**

**B 2.9 “Personal Cares Services”** includes bathing for a HOPE Waiver participant and bathing and incontinence for an OAA Title III participant. Personal Care Services are paid at 15-minute units based on the fee schedule.

**B 2.10 “Therap”** is the online case management, documenting, and billing software.

### **ADULT DAY SERVICES POLICIES AND PROCEDURES**

**C 3.1 Abuse Neglect and Exploitation Policy:** The Provider must have a policy and procedure manual that includes a policy for abuse, neglect, and exploitation reporting. In accordance with South Dakota law, the Provider is mandated to immediately report any suspected abuse or neglect of a consumer. The policy for abuse, neglect and exploitation reporting must conform to the mandatory reporting laws and address the requirement to provide 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 family/caregiver at the time of enrollment. Participants who are inappropriate for all adult day services 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 adult day services center 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 adult day services center and who need referral to other more appropriate programs.

**C 3.4 Confidentiality Policy:** The Provider must have a consumer confidentiality policy. The confidentiality policy must include specifics on maintenance of consumer records, transmission of personal consumer 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 holiday.

**C 3.6 Discharge Policy:** The Provider must have a policy and procedure manual that includes a policy for discharge. When the Provider determines services to a consumer 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 consumers.

**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 a policy and procedure manual which includes a policy for intake/admission. 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 consumer. 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. The Provider is responsible for reviewing caregiver notes and following up with principal caregivers to ensure that care is provided to the consumer based on the consumer's care plan/service plan.

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

**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 at the Adult Day Center.

The orientation must include the Adult Day Services 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 Adult Day Services staff member receives a minimum of 6 hours of training annually. The Provider must maintain a training record for each Adult Day Services 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, weather emergencies, and escort issues.

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

### **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 center'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 4.2 Cost Report:** The Provider is required to submit a year end cost report on the approved form to the Department of Human Services within 120 days following the end of the Provider's fiscal year. The cost report template can be found online <https://dhs.sd.gov/budgetandfinance.aspx>

**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.

**D 4.5 Participant and Administrative Documentation:** Documentation 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 OAA Title III Donations:** The Provider shall not impose fees for services purchased under this agreement. A suggested donation schedule may be established and updated annually for the OAA 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 adult day services 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 OAA Title III Cash Match:** The Provider must meet 25% cash match of the program costs and report the cash match on the SSR document to the state monthly. Cash match is not required for HOPE Waiver funding

**D 4.8 OAA 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 Adult Day Services 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 OAA Title III Reporting Requirements:** The Provider will collect NAPIS data on all eligible participants during initial enrollment in the program. Update NAPIS data in Therap on all eligible participants annually to ensure accuracy of data to be reported. Update any missing NAPIS data when requested by the State in a timely manner to assist with federal reporting requirements

### **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:** The Provider 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](http://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. 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 (ADL's):**

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 program provided, and contractual transportation systems shall meet local, state, and federal regulations. If feasible to provide transportation to and from the ADS center 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 5.7 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.

**E 5.8 Education:** Provider's staff shall establish relationships with other community agencies and institutions 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 adult day services 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 center.

To ensure continuity of care, adequate quality, and safety of participants, ADS centers 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", 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 have a staff training policy. The staff training policy shall 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.

1. The Provider must ensure that each Adult Day Aide 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 in the center's target population;
  - b. Fire, safety, disaster plan, and the center's 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.
  
2. General new employee orientation includes, but is not limited to:
  - a. Purpose and goals of Adult Day Services;
  - 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;
  - h. Interdisciplinarity team approach, if appropriate;
  - i. Participants' rights
  - j. Needs of target population;
  - k. Depression and mental illnesses;
  - l. The center's 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 adult day services 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 and a minimum of one year of applicable experience or a Licensed Practical Nurse (LPN) with a valid state credentials and a minimum of two years of applicable experience.

3. The Activities Coordinator shall have experience in developing and conducting activities for the population to be served in the program.
4. Program Assistants shall have experience in working with adults in a health care or social service setting.
5. Any therapists utilized shall have valid state credentials and one year of experience in a social or health setting.
6. If the Provider prepares its own food on site, there shall be a food service director. Food preparation shall be done in compliance with all state regulations and food safety codes which are outlined in the [Administrative Rules of South Dakota \(ARSD\) 44:02:07](#).
7. 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.
8. If the Provider transports adult day services participants, the driver shall have a valid and appropriate driver's license, a safe driving record and training in first aid and CPR.
9. 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:** Adult Day Centers shall comply with all state and local building regulations, zoning, fire and health codes or ordinances as well as the following requirements:

1. The facility shall comply with applicable state and local building regulations, and zoning, fire and health codes or ordinances.
2. 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.
3. The facility shall have enough space to accommodate the full range of program activities, services, and equipment.
4. There shall be an identified separate space available for participants and/or family caregiver to have private discussions with staff.
5. There shall be storage space for program and operating supplies.
6. Providers that have many participants who require more 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.
7. The facility shall have a rest area for participants. The designated area shall permit privacy.

8. 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:** Adult Day Centers 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:** Adult Day Centers 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. Include are:
  - 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 center and in all center 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.

### **ADULT DAY SERVICES EVALUATION REQUIREMENTS**

**I 8.1 Evaluations:** Providers must comply with all aspects of site assessments, including, but not limited to, access to the Adult Day Center, staff interviews, and review of documentation. Providers must submit an Acknowledgment of Site Assessment to the State and if necessary, a completed Corrective Action Plan within 30 days after receiving the completed site assessment from the State.

### **THE STATE OF SOUTH DAKOTA AGREES TO:**

**J 9.1 Payments:** Make payment for eligible units upon Providers' completion of the required documents and payment processes

**J 9.2 Data Management System:** Provide Grantee access to the State approved data management system(s) and help coordinate technical assistance related to entering and maintaining information in the system(s).

**J 9.3 On Site Reviews:** Conduct an onsite review of each center as per program requirements. Provide initial feedback with personnel at the Adult Day Center during the exit interview and provide a summary and formal assessment to the Grantee within 30 days of the assessment.