

State of Alaska
Department of Health and Social Services
Senior and Disabilities Services
Grants Unit

Adult Day Services Grant Program Manual



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Biannual Progress Report Form	see webpage http://www.hss.state.ak.us/dsds/grantservices/hcbforms.htm

See the ADS SAMS data entry guide for the data entry process

Adult Day Services

Adult Day Services is the provision of an organized program of services and activities during the day in a facility-based setting. The services and activities must be therapeutic and supportive for participants, and may include both individuals and group activities. The program must provide supervision and a secure environment for participants working to achieve goals identified in individualized service plans.

Providers of adult day services must maintain Medicaid waiver certification.

1) Adult day services:

- i. Provide a supportive and protective group setting/environment for individuals with ADRD, physical, emotional and/or other cognitive impairments while caregivers are away;
- ii. Promote and support the individual's optimal level of functioning and independence in a supervised setting utilizing person-centered care approaches;
- iii. Provide opportunities for social interaction;
- iv. Provide support, respite and education for families and other caregivers to be able to continue caring for their loved one at home; and
- v. Provide participants and families a service option that may prevent or forestall institutionalization.

2) Services include:

- i. Assistance with activities of daily living;
- ii. Social, recreational and therapeutic activities that promote social, physical and emotional well-being;
- iii. Provision or coordination of nutritional services (mid-day meal, snacks and hydration);
- iv. Health monitoring and supervision on a regular basis;
- v. Assistance overcoming difficulties associated with functional limitations or disabilities; and
- vi. Support while receiving other therapeutic intervention.

ADS Services & Units

ADS Service Unit: 1 unit – 1 hour

Report total service hours provided through grant, private pay and Medicaid Waiver. For adult day services, calculate the actual hours the client spends at the facility, engaged with or under the supervision of adult day staff. Do not include transportation time to and from the client's residence.

Transportation Hours (non-activity hours):

This is optional. If you choose to report this information, record transportation hours in a consumer group in SAMS. Report only the hours that adult day staff are involved transporting clients from their residence to the program and a return trip to their residence at the end of the program day. Do not include any other transportation activities in this count such as transportation for special activities, outings and/or field trips. For more information contact the program manager.

Notes:

1. Only begin counting service delivery for a client once they've begun receiving services.
2. Individuals on the waiting list are not considered clients until they receive services.
3. Round service units to the nearest ¼ hour.

Adult Day Target Population & Priority of Service

- 1) The target population for this grant funding is:
 - i. Persons 60 years of age or older; or
 - ii. Persons of any age who have ADRD; or
 - iii. Adults 18 years of age or older with similar disabilities and service needs to older Alaskans who are at risk of institutional placement. Such person must have service needs that are compatible with current adult day participants so that the provision of care is of benefit to other participants and does not diminish services to the primary groups of persons being served. To serve an individual under the age of 60 with this funding, a request must be submitted and approved by the DSDS health program manager.
- 2) Priority of Service will be given to eligible persons in the following order:
 - i. Individuals who are at risk for institutionalization (55 years of age and over).
 - ii. Individuals who have the greatest social and economic need.
 - iii. Individuals who are Alaska Native.
 - iv. Individuals residing in an isolated rural area.
- 3) Service Eligibility:

Persons who need the following may be eligible for adult day services:

Assistance and supervision due to physical, emotional or cognitive impairments, such as those who require:

- Assistance with activities of daily living,
- Health monitoring and supervision on a regular basis,
- Assistance overcoming difficulties associated with functional limitation or disabilities,
- Support making transitions between living situations,
- Support while receiving other therapeutic interventions, and/or
- Without program intervention, are at risk of physical deterioration or institutionalization.

Generally, ADS may not meet the needs of persons with the following conditions:

- Medical conditions that are beyond the professional expertise of the staff,
- Bedfast or too weak to attend on a regular basis,
- Actively infected with a communicable disease,
- Emotional or behavioral disorders that include a pattern of disruptive behaviors that pose a danger to others,
- Abusive use of alcohol and/or drugs, and/or
- Too independent to benefit from ADS.

Program Forms

ADS forms may be found in this end of this manual and also at the following web address:

<http://www.hss.state.ak.us/dsds/grantservices/hcbforms.htm>

1. SAMS HCB Registration & Demographic Form
2. Biannual Report Narrative
3. SAMS Security Agreement

Program Resources

The program Manager will be able to assist in obtaining copies of these:

1. This manual – HCB Senior Grants Program Manual (on webpage)
2. ADS Request for Proposals - RFP
3. ADS Program Standards
4. Grant Agreement
5. Grant Assurances
6. Grantee's Grant proposal or current grant cycle
7. DHSS Grant Regulations – 7 AAC 78
8. Budget Preparation Guidelines for Grantees

<http://dhss.alaska.gov/fms/grants/Pages/Resources.aspx>

Reporting

Forms for reporting are attached and electronic versions may also be found on our webpage at: <http://www.hss.state.ak.us/dsds/grantservices/hcbforms.htm>. Please contact Cyndee Simpson-Sugar, Program Manager at 465-4798 or Cyndee.sugar@alaska.gov for assistance.

Grantees are required to submit a report each quarter that includes data such as clients served, units of service, waiting list information, staff training and expenditure information for the quarter. Program reports provide insight to the types of clients that are being served, as well as to what extent services are being utilized for each program. The fiscal report illustrates how resources were expended on services by line item and establishes cost effectiveness of the services being provided.

1st and 3rd quarters submit:

- a) an **email** to the program manager confirming that service delivery data has been entered for the quarter; and
- b) via eGrants - **the Cumulative Fiscal Report (CFR)** for the quarter.

2nd and 4th quarters submit:

- a) via eGrants - **the Cumulative Fiscal Report (CFR)** for the quarter;
- b) **Bi-Annual Progress Report Narrative Form** – covering two quarters for the biannual period; and
- c) **SAMS Reports** for the six month reporting period.

Cumulative Fiscal Report (CFR)

The CFR is submitted electronically through eGrants which is accessed through my Alaska for Organizations. Please contact the Grant Administrator for your program for initial set-up and ongoing support.

Additional Notes for Reporting

1. Only begin counting service delivery for a client once they've begun receiving services.
2. Individuals on the waiting list are not considered clients until they receive services.
3. Round service units to the nearest ¼ hour.
4. Round dollar figures to nearest whole number. No decimals please!
5. The person preparing report may not sign as the authorized signature; the report must be signed by the preparer's supervisor or other higher ranking position with the authority to certify the report.

Due Dates for Reporting

Quarterly reports are due 30 days after the end of the quarter – these dates are listed on the above webpage link as well. Reports may be scanned and sent through email, faxed or mailed through the postal service. Be sure that report is sent with the required signature. After all required documentation is received the quarterly report is then forwarded to the program manager for program and payment approval. Payments are based upon the expenditures reported. Timeliness and accuracy of grant reporting is documented and this performance is taken into consideration during grant proposal evaluation.

Send Reports to:

Stephen Bower, Grants Administrator
Grants and Contracts Support Team
P.O. Box 110650, Juneau, AK 99811-110650
907-465-6924 voice 907-465-3419 fax
Email: Stephen.Bower@alaska.gov

*Be sure the report is complete and has the required signature
Incomplete reports will delay the approval process.*

Requesting an Extension and Late Reporting

In the event that the quarterly report deadline cannot be met, please submit a written request via email, before the due date to Cyndee.sugar@alaska.gov requesting an extension. Indicate the reason for the extension request and the date you expect to be able to submit it. An approval email will be sent to you for your records.

If an extension is not requested your report will be considered late.

Data Collection and Entry – Harmony for Aging SAMS 3.0

The Social Assistance Management System (SAMS) is the data collection system for SDS senior grants. SAMS is a web-based database program and is an integral part of the quarterly reporting process. Contact the program manager for a security agreement and to obtain a username and training. One username is issued per grant program. Instructions on how to use the SAMS database are located in this guide. The program manager is the contact for SAMS data entry and other technical assistance.

See the ADS SAMS data entry guide for the data entry process.

Definitions

Activities of Daily Living (ADLs): eating, dressing, bathing, toilet, transferring in/out of bed/chair, and walking.

Alzheimer’s Disease or Related Disorders (ADRD): Alzheimer’s disease is a progressive, degenerative disease that attacks the brain and is the most common form of dementia. Dementia is a general term that describes a group of symptoms such as loss of memory, thinking and language skills, and behavioral changes that reduces a person’s ability to perform everyday activities. Related disorders include Huntington Disease, Lewy Body dementia, Parkinson’s Disease, Multi-infarct or Vascular dementia, Creutzfeldt-Jakob, alcohol dementia, trauma dementia (caused by head injury), and frontotemporal dementia.

Case Management: Assistance either in the form of access or care coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions, or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required.

Chore: A service that assists the older individual in keeping a safe and clean environment to live independently in the home. Typical chore activities may include meal preparation, shopping for groceries, laundry, performing light housework, performing heavier housework, running errands, yard work or sidewalk maintenance, or hauling water.

Cognitive Impairment: A cognitive impairment that is not progressive or degenerative.

Developmental Disability: A person who is experiencing a severe, chronic disability that

- is attributable to a mental or physical impairment or combination of mental and physical impairments;
- is manifested before the person attains age 22;
- is likely to continue indefinitely;
- results in substantial functional limitations in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and
- reflects the person’s need for a combination and sequence of special interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

Disability: The term “disability” means (except when such term is used in the phrase “severe disability”, “developmental disability”, “physical or mental disability”, “physical and mental disabilities”, or “physical disabilities”) a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity:

- (A) self-care,
- (B) receptive and expressive language,
- (C) learning,
- (D) mobility,
- (E) self-direction,

- (F) capacity for independent living,
- (G) economic self-sufficiency,
- (H) cognitive functioning, and
- (I) emotional adjustment.

Frail: with respect to an older individuals, that the older individual is determined to be functionally impaired because the individual:

- is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
- is unable to perform at least three such activities without such assistance; or
- due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

Greatest economic need: means the need resulting from an income level at or below the poverty line

Greatest social need: means the need caused by non-economic factors which include

- 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.

Instrumental Activities of Daily Living (IADLs): preparing meals, shopping for personal items, medication management, managing money, using telephone, doing heavy housework, doing light housework, and transportation ability.

Mental Illness: a diagnosed Schizophrenia, Delusional (paranoid disorder), Mood Disorder such as Depression, Anxiety disorder, Somatoform disorder, Organic mental disorder, Personality disorder, Dissociative disorder, childhood disorder, or other severe and persistent disorder.

Older Individual: an individual who is 60 years of age or older.

Outreach: Intervention with individuals initiated by an agency or organization for the purpose of identifying potential clients (or their care givers) and encouraging their use of existing services and benefits. Outreach is one way communication from the agency reaching out to the public.

Respite and Extended Respite: a service that provides substitute care for adults with physical and cognitive functions, to allow intermittent or temporary relief or rest to a primary caregiver who is most often a family member. Both the primary caregiver and care recipient are considered clients of the program and benefit from the services. Services may be provided on either a planned or emergency basis in a variety of settings such as in the family or caregiver's home, the respite worker's home, a licensed assisted living home, residential care facility, hospital or nursing home. Extended Respite is the provision of 24 hour care.

Rural - please see the State Plan for Senior Services 2012-2015)

Severe Disability: the term “severe disability” means a severe, chronic disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that:

- (A) is likely to continue indefinitely; and
- (B) results in substantial functional limitation in 3 or more of the major life activities specified in the definition of “Disability” above.

Supplemental Services: is service provided to assist the “low-income” senior in attaining or maintaining a safe and healthy environment to avoid a crisis that would jeopardize their ability to remain independently in the home. Items and services may include personal care, assistive devices, home safety interventions, personal emergency response alarm systems, dental, vision. The service does not include utilities or maintenance costs for vehicles.

Traumatic Brain Injury (TBI): Damage to living brain tissue by an external mechanical forces or motion. It is usually characterized by a period of altered consciousness (amnesia or coma) that can be very brief (minutes) or very long (months/indefinitely). The term does not include brain injuries that are caused by insufficient blood supply, toxic substances, malignancy, disease-producing organisms, congenital disorders, birth trauma or degenerative processes. (Definition from the Alaska Brain Injury Network.) www.alaskabraininjury.net