Service Standards

Adult Day Services

Purpose

Adult Day Services promote social connections; improve functioning, well-being, and mental and physical health; allow individuals to remain in their preferred community residence; and provide caregiver respite.

Definition

Adult Day Services are daytime, community-based services for adults who have functional limitations, disabilities, or other special needs and are in need of supervised support, stimulation, and care, but are not in need of intensive medical monitoring, overnight care, or rehabilitative services beyond minimal assistance with activities of daily living. Services are designed to maintain or improve social, psychological, and physical functioning and include health, social, educational, and/or supportive services.

Adult Day Services with a health focus provide health monitoring, medication management and administration, and/or education and other health-related support services designed to support participants' mental and physical well-being in a daytime, community-based setting.

Interpretation: *Throughout this document, the term "individual" is defined to include the service recipient. In instances where the individual cannot make their own decisions, sign documents, or is otherwise limited in their ability to provide informed consent, the term "individual" may be understood to also include an advocate or legal guardian, as in "...the individual, their advocate, or legal guardian..."*

"Team" is defined to include the individual's family, friends, and other natural supports, circle of support, support/service broker, service coordinator, advocate/legal guardian, or others chosen by the individual. It is essential that members of the person's team are chosen by the individual to the extent possible and appropriate.

Note: *Please see AD Reference List for the research that informed the development of these standards.*

Table of Evidence

Self Study Evidence

No Self Study Evidence

Adult Day Services

AD 1: Person-Centered Logic Model

Purpose

Adult Day Services promote social connections; improve functioning, well-being, and mental and physical health; allow individuals to remain in their preferred community residence; and provide caregiver respite.

The organization implements a program logic model that describes a logical approach for how resources and program activities will support the achievement of positive outcomes.

Note: *Please see the Logic Model Template for additional guidance on this standard.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

Logic models have been implemented for all programs and the organization has identified at least two outcomes for all its programs.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Logic models need improvement or clarification; or
- Logic models are still under development for some of its programs, but are completed for all high-risk programs such as protective services, foster care, residential treatment, etc.; or
- At least one desired outcome has been identified for all of its programs.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Logic models need significant improvement; or
- Logic models are still under development for a majority of programs; or
- A logic model has not been developed for one or more high-risk programs; or
- Outcomes have not been identified for one or more programs.

4

Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- Logic models have not been developed or implemented; or
- Outcomes have not been identified for any programs.

Table of Evidence

Self Study Evidence

*	• Program logic model that includes a list of outcomes being measured	
	• See program description completed during intake	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel

AD 1.01

A program logic model, or equivalent framework, identifies:

a. needs the program will address;
b. available human, financial, organizational, and community resources (i.e. inputs);
c. program activities intended to bring about desired results;
d. program outputs (i.e. the size and scope of services delivered);
e. desired outcomes (i.e. the changes you expect to see in persons served); and
f. expected long-term impact on the organization, community, and/or system.

Examples: *Please see the W.K. Kellogg Foundation Logic Model Development Guide and COA Accreditation's PQI Guide for more information on developing and using program logic models.*

Examples: *Information that may be used to inform the development of the program model includes, but is not limited to: (a) needs assessments and periodic reassessments; (b) risks assessments conducted for specific interventions; and (c) the best available evidence of service effectiveness.*

AD 1.02

The logic model identifies desired outcomes in at least two of the following areas:

a. change in clinical status;
b. change in functional status;
c. health, welfare, and safety;
d. permanency of life situation;
e. quality of life;
f. achievement of individual service goals; and
g. other outcomes as appropriate to the program or service population.

Interpretation: *Outcomes data should be disaggregated to identify patterns of disparity or inequity that can be masked by aggregate data reporting. See PQI 5.02 for more information on disaggregating data to track and monitor identified outcomes.*

Adult Day Services

AD 2: Personnel

Purpose

Adult Day Services promote social connections; improve functioning, well-being, and mental and physical health; allow individuals to remain in their preferred community residence; and provide caregiver respite.

Program personnel have the competency and support needed to provide services and meet the needs of persons served.

Interpretation: *Competency can be demonstrated through education, training, experience, or licensure. Support can be provided through supervision or other learning activities to improve understanding or skill development in specific areas.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- With some exceptions, staff (direct service providers, supervisors, and program managers) possess the required qualifications, but the integrity of the service is not compromised; or
- Supervisors provide additional support and oversight, as needed, to the few staff without the listed qualifications; or
- Most staff who do not meet educational requirements are seeking to obtain them; or
- With few exceptions, staff have received required training, including applicable specialized training; or
- Training curricula are not fully developed or lack depth; or
- Training documentation is consistently maintained and kept up-to-date with some exceptions; or
- A substantial number of supervisors meet the requirements of the standard, and the organization provides training and/or consultation to improve competencies when needed; or
- With few exceptions, caseload sizes are consistently maintained as required by the standards or as required by internal policy when caseload has not been set by a standard; or
- Workloads are such that staff can effectively accomplish their assigned tasks and provide quality services and are adjusted as necessary; or
- Specialized services are obtained as required by the standards.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- A significant number of staff (direct service providers, supervisors, and program managers) do not possess the required qualifications, and, as a result, the integrity of the service may be compromised; or
- Job descriptions typically do not reflect the requirements of the standards, and/or hiring practices do not document efforts to hire staff with required qualifications when vacancies occur; or
- Supervisors do not typically provide additional support and oversight to staff without the listed qualifications; or
- A significant number of staff have not received required training, including applicable specialized training; or
- Training documentation is poorly maintained; or
- A significant number of supervisors do not meet the requirements of the standard, and the organization makes little effort to provide training and/or consultation to improve competencies; or
- There are numerous instances where caseload sizes exceed the standards' requirements or the requirements of internal policy when a caseload size is not set by the standard; or
- Workloads are excessive, and the integrity of the service may be compromised; or
- Specialized staff are typically not retained as required and/or many do not possess the required qualifications; or
- Specialized services are infrequently obtained as required by the standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards.

Table of Evidence

Self Study Evidence

*	• Table of contents of training curricula	
*	• Procedures or other documentation relevant to continuity of care and case assignment	
*	• List of program personnel that includes: 1. Title 2. Name 3. Employee, volunteer, or independent contractor 4. Degree or other qualifications 5. Time in current position • See organizational chart submitted during application	

Site Visit Evidence

*	• Sample job descriptions from across relevant job categories • Training curricula • Documentation tracking staff completion of required trainings and/or competencies • Caseload size requirements set by policy, regulation, or contract, when applicable • Documentation of current caseload size per worker

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel • Review personnel files

AD 2.01

Personnel demonstrate the willingness, skill, and experience needed to meet the diverse needs of persons served.

AD 2.02

The program director or administrator is available at each site whenever persons served are present and is qualified:

a. as a registered nurse; or
b. has a bachelor's degree in a human service field and a minimum of two years of professional experience.

Interpretation: *If qualified directors or administrators are not employed full-time at every site, a qualified director or administrator should oversee a limited number of sites.*

Interpretation: *Regarding element (b), 3-5 years of related experience and specialized training can compensate for a lack of a bachelor's degree.*

AD 2.03

All direct service personnel are trained on, or demonstrate competency in, the following areas, as appropriate to the services provided, including:

a. identifying changes in the individual's functioning;
b. identifying and working with individuals with co-occurring conditions;
c. using adaptive equipment, such as braces and wheelchairs;
d. providing personal care; and
e. additional skills necessary to meet the needs of the persons served.

AD 2.04

Personnel who lead or facilitate group activities are trained on, or demonstrate competency in:

a. establishing a supportive, nonjudgemental environment that promotes respectful interactions;
b. engaging and motivating group members;
c. helping participants develop skills and/or understanding relevant to the group's area of focus;
d. understanding group dynamics; and
e. leading discussions and facilitating group activities.

AD 2.05 (FP)

There is at least one person on duty at each service delivery location any time persons served are present who has received first aid and age-appropriate CPR training in the previous two years that included an in-person, hands-on CPR skills assessment conducted by a certified CPR instructor.

AD 2.06

A recreational therapist is on staff or available for consultation.

AD 2.07 (FP)

Day programs with a health focus employ a registered nurse or other medical staff who are:

a. licensed by the state to practice independently; or
b. appropriately supervised by licensed staff.

NA: The program does not have a health focus.

AD 2.08

The organization secures the services of dietitians, nurses, physicians, and physical and/or occupational therapists for consultation, evaluation, or training as needed to meet the specialized care needs of persons served.

Interpretation: *If specialized services are provided off-site, support and transportation are arranged.*

AD 2.09

The organization minimizes the number of workers assigned to the individual over the course of their contact with the organization by:

a. assigning a worker at intake or early in the contact; and
b. avoiding the arbitrary or indiscriminate reassignment of direct service personnel.

AD 2.10

Employee workloads support the achievement of desired outcomes and are regularly reviewed.

Examples: *Examples of factors that may be considered when determining employee workloads include, but are not limited to: (a) the qualifications, competencies, and experience of the worker, including the level of supervision needed; (b) the work and time required to accomplish assigned tasks and job responsibilities; and (c) service volume, accounting for assessed level of need and frequency of contact with persons served.*

Adult Day Services

AD 3: Intake and Assessment

Purpose

Adult Day Services promote social connections; improve functioning, well-being, and mental and physical health; allow individuals to remain in their preferred community residence; and provide caregiver respite.

The organization's intake and assessment practices ensure that individuals receive prompt and responsive access to appropriate services.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- In a few rare instances, urgent needs were not prioritized; or
- For the most part, established timeframes are met; or
- Culturally responsive assessments are the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Urgent needs are often not prioritized; or
- Services are frequently not initiated in a timely manner; or
- Applicants are not receiving referrals, as appropriate; or
- Assessment and reassessment timeframes are often missed; or
- Assessments are sometimes not sufficiently individualized; or
- Culturally responsive assessments are not the norm, and this is not being addressed in supervision or training; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent; or
- Intake or assessment is done by another organization or referral source and no documentation and/or summary of required information is present in case record.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- There are no written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Screening and intake procedures	

* • Assessment procedures	
* • Copy of assessment tool(s)	

Site Visit Evidence

* • Community resource and referral list

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

AD 3.01

Individuals are screened and informed about:

a. how well their request matches the organization's services; and
b. what services will be available and when.

NA: The organization accepts all referrals, as defined in a contract.

AD 3.02 (FP)

Prompt, responsive intake practices:

a. gather information necessary to identify critical service needs and/or determine when a more intensive service is necessary;
b. give priority to urgent needs and emergency situations;
c. support timely initiation of services; and
d. provide placement on a waiting list or referral to appropriate resources when individuals cannot be served or cannot be served promptly.

AD 3.03

Individuals, and their team when appropriate, participate in an individualized, culturally and linguistically responsive assessment that is:

a. completed within established timeframes;
b. appropriately tailored to meet the developmental level and abilities of the person;
c. inclusive of interviews, discussion, individual observation, and other appropriate techniques needed to properly assess individual needs;
d. comprehensive and inclusive of information pertinent for meeting service requests and objectives; and
e. updated as needed based on the needs of persons served .

Interpretation: *The Assessment Matrix - Private, Public, Canadian, Network determines which level of assessment is required for COA Accreditation's Service Sections. The assessment elements of the Matrix can be tailored according to the needs of specific individuals or service design.*

Adult Day Services

AD 4: Service Planning and Monitoring

Purpose

Adult Day Services promote social connections; improve functioning, well-being, and mental and physical health; allow individuals to remain in their preferred community residence; and provide caregiver respite.

Each person participates in the development and ongoing review of a service plan that is the basis for delivery of appropriate services and support.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- With few exceptions, staff work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc.; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Case reviews are not being done consistently; or
- Level of care for some people is clearly inappropriate; or
- Service planning is often done without the full participation of persons served; or
- Appropriate family involvement is not documented; or
- Documentation is routinely incomplete and/or missing; or
- Individual staff members work with persons served, when appropriate, to help them receive needed support, access services, mediate barriers, etc., but this is the exception.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Service planning and monitoring procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served
- Review case records

AD 4.01

An assessment-based service plan is developed in a timely manner with the full participation of persons served, and their team when appropriate, and includes:

a. agreed upon goals, desired outcomes, and timeframes for achieving them;
b. services and supports to be provided, and by whom;
c. possibilities for maintaining and strengthening family relationships and other informal social networks;
d. procedures for expedited service planning when crisis or urgent need is identified; and
e. documentation of the individual's participation in service planning.

Interpretation: *Service planning is conducted in such a way that individuals retain as much personal responsibility and self-determination as possible and/or desired. Individuals with limited ability in making independent choices can receive help with making decisions for themselves and assuming more responsibility for making decisions.*

AD 4.02

The organization works in active partnership with the individual, and their team when appropriate, to:

a. assume a service coordination role, as appropriate, when the need has been identified and no other organization has assumed that responsibility;
b. ensure that they receive appropriate advocacy support;
c. assist with access to the full array of services to which they are eligible; and
d. mediate barriers to services within the service delivery system, including lack of reliable transportation and fees.

AD 4.03

The worker and a supervisor, or a clinical, service, or peer team, review the case quarterly, or more frequently depending on the needs of persons served, to assess:

a. service plan implementation;
b. progress towards achieving service goals and desired outcomes; and
c. the continuing appropriateness of the agreed-upon service goals and chosen interventions.

Interpretation: *When experienced workers are conducting reviews of their own cases, the worker's supervisor must review a sample of the worker's evaluations as per the requirements of the standard.*

AD 4.04

The worker, the individual, and their team when appropriate:

a. review progress towards achievement of agreed-upon service goals;
b. assesses continued satisfaction with the plan, services, and interventions; and
c. update the service plan as needed.

AD 5: Service Elements

Purpose

Adult Day Services promote social connections; improve functioning, well-being, and mental and physical health; allow individuals to remain in their preferred community residence; and provide caregiver respite.

Social, education, health, and supportive services promote engagement, stimulation, optimal functioning, and independence.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Program curriculum or sample daily program schedule	
*	• Participant/personnel ratios	

*	• Procedures for referring individuals to services

Site Visit Evidence

*	• Education curricula • Examples of health and wellness activities • Community resource and referral list

On-Site Activities

*	• Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

AD 5.01

Individuals have access to a variety of social, educational, and supportive activities that provide opportunities for:

a. developing healthy relationships with others at the program;
b. nurturing talents and abilities;
c. developing and maintaining skills;
d. acquiring and using practical information; and
e. obtaining supported or competitive employment, as applicable to the service population.

AD 5.02

Programming and activities are appropriate for and sensitive to the needs of persons served and consider:

a. age and developmental level;
b. culture, race, and ethnicity;
c. functional ability;
d. gender and gender identity;
e. sexual orientation;
f. past experiences of trauma;
g. social and emotional needs; and
h. strengths and interests.

AD 5.03

An activity schedule is clearly communicated to persons served, including advanced posting of schedules for structured and supervised activities, and provides participants with options.

AD 5.04

Individuals have the opportunity to get to know, become involved with, and contribute to their communities through:

a. presentations, lectures, or workshops provided by community members; and
b. planned trips within the community.

AD 5.05 (FP)

The health and well-being of each individual is promoted through:

a. contact with the person's physician at intake, as needed;
b. education designed to enhance the individual's optimum level of functioning and independence;
c. basic assistance with activities of daily living;
d. a nutrition program that addresses individual needs, preferences, and dietary restrictions;
e. access to emergency medical and dental services, and first aid when needed; and
f. notification of caregivers when changes in functioning are observed.

Examples: *Nutrition programs can include: (a) education; (b) nutritious snacks; and (c) one or more balanced meals prepared according to the dietary needs of persons served and current recommendations.*

AD 5.06 (FP)

The ratio of direct care workers to persons served is defined for all programs and activities, and is:

a. adjusted according to the risks and needs of persons served;
b. frequently reassessed in response to the changing needs of the group; and
c. reviewed annually.

Interpretation: *Generally, the ratio is at least one adult for every five to ten participants. The ratio for Alzheimer's patients is one adult for every four participants. Ratios may be achieved by use of volunteers in support positions.*

AD 5.07

The organization directly provides or makes appropriate referrals for therapeutic services based on the identified needs of the person.

Examples: *Therapeutic services can include: behavioral therapy; occupational therapy; speech-language therapy; physical therapy; social-relational interventions; pharmacological therapies for co-occurring disorders; psychotherapy; medical care; and complementary or alternative therapies.*

AD 5.08

Caregivers receive support to address issues related to caretaking and caregiver stress and are provided with referrals for needed services, including:

a. support groups and counseling services;
b. physical and behavioral healthcare services;
c. domestic violence services;
d. shelter and housing services;
e. respite care;
f. social, recreational, and day programs; and
g. mentor services.

AD 5.09

The organization maintains or has access to a comprehensive, up-to-date list of community resources that includes:

a. name, location, and telephone number;
b. contact person or referral system;
c. services offered;
d. languages offered;
e. fee structure; and
f. eligibility requirements.

Examples: *Methods that the organization may use to maintain a comprehensive and up-to-date list include: (a) maintaining contact with community service providers through email/phone; (b) attending local events relevant to the service population; and (c) feedback from persons served.*

AD 6: Service Environment

Purpose

Adult Day Services promote social connections; improve functioning, well-being, and mental and physical health; allow individuals to remain in their preferred community residence; and provide caregiver respite.

Program activities take place in a safe, supportive, and enriching environment that fosters personal growth and healthy development.

Interpretation: *If the organization offers program activities in a variety of different settings, it should ensure that all settings are safe, supportive, and appropriate to the service population.*

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- For the most part, established timeframes are met; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- Active participation of persons served occurs to a considerable extent.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Timeframes are often missed; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• List of programs and activities	

Site Visit Evidence

*

- Program rules and behavioral expectations

On-Site Activities

*

- Interviews may include:
    1. Program director
    2. Relevant personnel
    3. Persons served
- Observe facility

AD 6.01

Program space, supplies, and materials are welcoming, engaging, culturally responsive, and designed to encourage participation.

Note: *Please see the Facility Observation Checklist for additional guidance on this standard*.

AD 6.02

The program setting meets the needs of persons served by providing adequate space, supplies, and materials to accommodate a range of functionally appropriate activities.

Examples: *Spaces can accommodate a variety of indoor and outdoor activities, including:* (a) individual, small, and large group activities; (b) provision of on-site services, including therapeutic, educational, and medical services as needed; (c) social activities, including accommodations for informal gathering; (d) a variety of recreational and enrichment activities that support well-being; (e) opportunities to be physically active through sports, fitness, and other types of movement; and (f) quiet activities, including space specifically designed to encourage comfort, self-soothing, self-reflection, and emotional self-management.

AD 6.03

Program planning and activities, rules, behavioral expectations, and participant rights and responsibilities are developed with input from individuals enrolled in the program.

Interpretation: *The organization should have mechanisms in place to receive and respond to input. Persons served should be informed of how the organization will use their input and be made aware of any changes that were made in response.*

Adult Day Services

AD 7: Case Closing and Aftercare

Purpose

Adult Day Services promote social connections; improve functioning, well-being, and mental and physical health; allow individuals to remain in their preferred community residence; and provide caregiver respite.

The organization collaborates with individuals, and their team when appropriate, to plan for case closing and, when possible, to develop aftercare or transition plans.

Rating Indicators:

1 All elements or requirements outlined in the standard are evident in practice, as indicated by full implementation of the practices outlined in the Practice Standards.

2

Practices are basically sound but there is room for improvement, as noted in the ratings for the Practice Standards; e.g.,

- Minor inconsistencies and not yet fully developed practices are noted; however, these do not significantly impact service quality; or
- Procedures need strengthening; or
- With few exceptions, procedures are understood by staff and are being used; or
- Proper documentation is the norm and any issues with individual staff members are being addressed through performance evaluations and training; or
- In a few instances, the organization terminated services inappropriately; or
- Active participation of persons served occurs to a considerable extent; or
- A formal case closing evaluation is not consistently provided to the public authority per the requirements of the standard.

3

Practice requires significant improvement, as noted in the ratings for the Practice Standards. Service quality or program functioning may be compromised; e.g.,

- Procedures and/or case record documentation need significant strengthening; or
- Procedures are not well-understood or used appropriately; or
- Services are frequently terminated inappropriately; or
- Aftercare planning is not initiated early enough to ensure orderly transitions; or
- A formal case closing summary and assessment is seldom provided to the public authority per the requirements of the standard; or
- Several case records are missing important information; or
- Participation of persons served is inconsistent.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the Practice Standards; e.g.,

- No written procedures, or procedures are clearly inadequate or not being used; or
- Documentation is routinely incomplete and/or missing.

Table of Evidence

Self Study Evidence

*	• Case closing procedures	

* • Aftercare planning and follow-up procedures	

Site Visit Evidence

* • Relevant portions of contract with public authority, as applicable

On-Site Activities

* • Interviews may include: 1. Program director 2. Relevant personnel 3. Persons served • Review case records

AD 7.01

Planning for case closing:

a. is a clearly defined process that includes the assignment of staff responsibility;
b. begins at intake; and
c. involves the worker, persons served, their team, and others, as appropriate to the needs and preferences of the individual.

AD 7.02

Upon case closing, the organization notifies any collaborating service providers, as appropriate.

AD 7.03

If an individual has to leave the program unexpectedly, the organization makes every effort to identify other service options and link the person with appropriate services.

Interpretation: *The organization must determine on a case-by-case basis its responsibility to continue providing services to persons whose third-party benefits are denied or have ended and who are in critical situations.*

AD 7.04

When appropriate, the organization works with the individual and their team to:

a. develop an aftercare plan, sufficiently in advance of case closing, that identifies short- and long-term needs and goals and facilitates the initiation or continuation of needed supports and services; or
b. conduct a formal case closing evaluation, including an assessment of unmet needs, when the organization has a contract with a public authority that does not include aftercare planning or follow-up.

AD 7.05

When the case is closing due to the individual's need to transition to a different level of care, the organization:

a. works with the individual and their team to develop a plan for transition;
b. works with services and supports specified in the transition plan to help coordinate admission to appropriate programs before discharge, when possible; and
c. helps prepare service providers for the individual's arrival.

NA: The program does not have a health focus.

AD 7.06

The organization follows up on the aftercare plan or transition plan, as appropriate, when possible, and with the permission of persons served.

NA: The organization has a contract with a public authority that prohibits or does not include aftercare planning or follow-up.