ADULT DAY HEALTH CARE

1. REASON FOR ISSUE. This Veterans Health Administration (VHA) Handbook describes program standards and operational procedures for Department of Veterans Affairs (VA)-operated Adult Day Health Care (ADHC) programs.

2. SUMMARY OF CONTENTS. This is a new VHA Handbook that describes the establishment, target population, operation, and benefits of VA-operated ADHC programs.

3. RELATED ISSUES. VHA Handbook 1142.01.

4. RESPONSIBLE OFFICE. The Office of Patient Care Services, Geriatrics and Extended Care (114), is responsible for the contents of this Handbook. Questions may be referred to 202-461-6750.

5. RECISSIONS. VHA Manual M-5, Part XI, Adult Day Health Care, is rescinded.

6. RECERTIFICATION. This VHA Handbook is scheduled for re-certification on or before the last working day of September 2014.

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ADULT DAY HEALTH CARE

1. PURPOSE

This Veterans Health Administration (VHA) Handbook provides procedures for the implementation and utilization of Department of Veterans Affairs (VA)-operated Adult Day Health Care (ADHC) services.

2. AUTHORITY

ADHC is a mode of non-institutional long-term care and is a covered benefit for all enrolled Veterans who meet nursing home level of care requirements pursuant to Title 38 United States Code (U.S.C.), Section 1720(f) and Title 38 Code of Federal Regulations (CFR), Section 17.38 (a)(1)(xi)(B).

3. BACKGROUND

VA is committed to providing a continuum of extended care services for Veterans at risk of institutionalization. The Eligibility Reform Act requires that ADHC services be available to all enrolled Veterans who need such services, either through VA-operated onsite centers or through contracted care at community-based facilities. ADHC programs include nursing care, rehabilitation, social services, nutrition, therapeutic and socialization activities, and care coordination. Services are targeted for Veterans who are at risk for nursing home placement and may have caregivers in need of respite care. VA has a goal to provide care in the least restrictive environment that is safe for the Veteran, through a continuum of services. ADHC is a key component in the continuum of long-term care, assisting Veterans to remain in their homes.

4. DEFINITIONS

a. **Family Caregiver.** The family caregiver is the person(s) considered by the Veteran or surrogate to be the Veteran's primary source of support and routine assistance, and who may or may not be related by blood or marriage.

b. **ADHC Medical Care Provider.** The ADHC medical care provider is the VA physician, Nurse Practitioner or Physician Assistant who is available to evaluate and provide initial treatment to the Veteran while at the ADHC site.

5. SCOPE

a. ADHC is a therapeutically oriented outpatient day program that provides health maintenance, rehabilitative services, socialization, and caregiver support in a congregate setting to enrolled Veterans who meet nursing home level of care. Veterans receiving ADHC are often the frail elderly and functionally impaired. ADHC includes key program elements to address health needs, physical and cognitive function, and the need for social support. Individualized programs of care are delivered by an interdisciplinary team of health professionals and support staff, with an emphasis on helping participants and their caregivers develop the knowledge and skills necessary to manage care in their home.

b. In an effort to meet the changing needs of our aging and functionally-impaired Veteran population, the new focus for ADHC blends the best of the therapeutic aspects of both the traditional VA medical model and the community therapeutic social model, which helps match the Veteran with the optimal type of program to best meet the Veteran's needs.

c. ADHC is principally targeted for geriatric or disabled Veterans with complex medical, functional, behavioral, or cognitive impairment, and provides evaluation, therapy, and referral as needed for identified problems.

d. The ADHC program is centered on the Veteran and caregiver, and the services are provided by an interdisciplinary team. Staff flexibility and collaboration are essential to respond to the complex and inter-related needs of these Veterans and to coordinate their care. Medical care may be provided on-site by ADHC staff or in close collaboration with outpatient clinic staff.

e. ADHC creates and makes maximum use of a therapeutic environment as a tool to motivate Veterans and improve the quality of their lives. Throughout the day, all activities and interventions center on the Veteran's needs and the improvement of the Veteran's physical and mental well-being.

f. The unique blend of characteristics of ADHC, as a mode of service delivery in the continuum of care includes:

(1) A primary focus on holistic needs of the Veteran, through an individualized plan of care based on comprehensive interdisciplinary assessments, and direct access to care by primary, specialty, and mental health providers on same day as ADHC.

(2) Emphasis on the caregivers and their needs related to support, education, and respite services in order to successfully maintain the Veteran in the home.

(3) The therapeutic milieu for alleviating the isolation and depression caused by the severe impairments experienced by the Veterans.

6. GOALS

a. The primary goal of ADHC is to maintain or improve the health, functional status, and quality of life of at-risk Veterans, as well as coping ability of the Veterans' caregivers. ADHC assists Veterans to remain in their home by providing services to Veterans and providing support to family caregivers.

b. The ADHC program has four primary purposes, which are to:

(1) Enable frail elderly and functionally impaired Veterans to remain in supportive home environments.

(2) Facilitate hospital discharge planning and reduce risk of readmission or institutional placement.

(3) Improve the quality of life by maximizing the Veteran's physical, cognitive, and psycho-social function.

(4) Provide support, education, and respite for the family and other primary caregivers.

7. NEW PROGRAM APPLICATION AND APPROVAL

a. New program proposals for sanctioned VA ADHC programs are to be submitted to the Director of Home and Community-Based Care (114) in VA Central Office, who makes the determination of standards and sanctioned status of VA ADHC programs.

b. Review of the ADHC Handbook is recommended prior to preparing a proposal.

c. The proposal is to include a description of the proposed program, with attention to the program elements (see par. 7). Principal requirements of VA ADHC include:

(1) An interdisciplinary team consisting of specified staff as described (see par. 7), each with sufficient dedicated time for ADHC as part of their position description (i.e., not as a collateral duty). The members of the interdisciplinary team meet at least weekly as a team to discuss specific Veterans, direct their care, formulate care plans, and provide quarterly review of Veterans' care plans. This team consists of:

(a) A physician Medical Director with a background in Internal Medicine, Family Practice, or Rehabilitation Medicine, preferably with training or experience in geriatrics and care of the disabled;

(b) A Program Director, or Coordinator, who has demonstrated health care and administrative experience, with training or experience in care of those who are elderly or disabled;

(c) A Social Worker;

(d) A Registered Nurse (RN)(s);

(e) A rehabilitation therapist (Occupational, Physical, or Kinesiotherapist) or certified therapy assistant with professional supervision;

(f) A Dietitian, or Dietetic Technician, with professional supervision; and

(g) A recreation therapist.

(2) Medical care with direct Veteran care provided by VA ADHC staff, as well as readily available consultative care.

(3) VHA physician oversight with participation in care planning and interdisciplinary team meetings.

(4) Support staff in place for administrative, as well as clinical demands. This must include dedicated clerical support for the ADHC Program.

(5) Daily programs scheduled for therapeutic and social activities including games, exercises, current events, crafts, music, excursions, and other recreational therapy. A monthly calendar of activities and events must be prepared and posted for Veterans and caregivers.

(6) Resources designated for the support of the ADHC program. This must include:

(a) Space as described in paragraph 30, adequate for daily use for ADHC Veterans, team members, meals, a quiet room, and evaluations; and

(b) Medical and information technology equipment, which is provided to the program by the sponsoring VA medical center.

d. Critical elements in the proposal include:

(1) A population analysis identifying the target geographic range, target population characteristics, projected number of Veterans likely to utilize VA ADHC services, and estimated target average daily census.

(2) Full time equivalent (FTE) employee of the interdisciplinary members of the team, i.e., number of staff and proportion of time, based upon demographic projections.

(3) Responsibilities of the interdisciplinary team.

(4) Staffing ratio. The staff to Veteran ratio may vary, depending on Veteran number, complexity and care needs, however, a minimum of one staff to six Veterans is recommended.

(5) Number of staff necessary to provide administrative and clerical support.

(6) The schedule for interdisciplinary team meetings.

(7) A process for screening (medical conditions, communicable diseases, functional disabilities) and subsequent evaluation for identified medical conditions.

(8) Space for activities and meals. Include an estimate of needed space, and space to be provided. Optimal space requirements for participants in ADHC suggest 128 square feet (sq. ft.) per Veteran. A minimum of 100 sq. ft. per Veteran is required.

(9) Evidence of facility support including information technology, transportation, and space.

8. TARGET POPULATION

a. The ADHC Program provides health, psychosocial and rehabilitative services to the following main groups of elderly and disabled Veterans who meet ADHC eligibility criteria:

(1) Veterans at high risk for institutionalization due to functional impairments, advanced age, frailty, or behavioral problems, including those associated with traumatic brain injury (TBI) or closed head injury.

(2) Veterans for whom clinic follow-up has not been adequate to maintain medical stability such as Veterans requiring frequent clinic visits, emergency department visits, or hospitalizations.

(3) Veterans with significant cognitive impairment, such as impairment to the degree that their ability to remain in the home is at risk.

(4) Veterans in need of transitional care from institutional settings to home care (i.e., those Veterans being discharged from hospital care, rehabilitation units, and nursing homes who are not fully independent).

(5) Veterans who are socially isolated and who could benefit from a structured, therapeutic environment.

(6) Veterans whose medical or behavioral complexity make them poor candidates for community ADHC, or who have not been successfully managed in community ADHC.

b. Each ADHC Program is expected to establish marketing plans to enroll targeted Veteran populations. This marketing plan may include:

(1) **Presentations.** ADHC staffs are encouraged to speak to key referral sources, such as clinic staff, medical residents, social workers, and hospital discharge planners.

(2) **Brochure.** Development of an ADHC brochure can be very helpful for physicians, nurses, and other health professionals in referring Veterans.

(3) **Community Contacts.** Other ADHC Programs in the community may have eligible Veterans on a waiting list.

(4) **Public Relations.** The use of Open Houses, slide presentations, flyers, and other media strategies are helpful in marketing the ADHC Program.

(5) **Training.** The use of ADHC as a training site for health care professionals will potentially serve as referral sources, e.g. physician residents, nurses, social workers, etc.

9. RESPONSIBILITIES OF DEPUTY UNDER SECRETARY FOR HEALTH FOR OPERATIONS AND MANAGEMENT (10N)

The Deputy Under Secretary for Health for Operations and Management (10N) is responsible for:

a. Facilitating communications among the ADHC programs, the medical facilities, the Veterans Integrated Service Networks (VISNs), and the Geriatrics and Extended Care (GEC) Program Office in VA Central Office.

b. Notifying VA Central Office GEC of any proposed changes that may reduce staffing or the level of extended care services.

10. RESPONSIBILITIES OF THE CHIEF CONSULTANT, GERIATRICS AND EXTENDED CARE

The Chief Consultant, GEC, is responsible for:

a. Developing nation-wide policy for VA ADHC.

b. Promoting reliable access to quality VA ADHC services.

c. Providing and disseminating educational resources to enhance the expertise of staff providing ADHC services.

d. Maintaining communication and networking with ADHC program leaders through an interactive mail group and national conference calls.

e. Promoting collaborative relationships with community ADHC programs to enhance access to services.

f. Compiling and disseminating national ADHC workload reports.

g. Providing guidance regarding the proposal and working with the facility to ensure it meets all VA ADHC Program standards. ***NOTE:*** *The program is sanctioned once the proposal is approved, all VA staff are on duty, local policies are written, and all the necessary support structures are in place.*

h. Consulting with facility personnel in development of facility policies, which are sensitive to the needs of the new generation of Operation Enduring Freedom (OEF)-Operation Iraqi Freedom (OIF) Veterans.

11. RESPONSIBILITIES OF THE VETERANS INTEGRATED SERVICE NETWORK (VISN) DIRECTOR

The VISN Director is responsible for:

a. Facilitating communication between the ADHC programs and the Office of Geriatrics and Extended Care (114) in the Office of Patient Care Services.

b. Ensuring that facilities maintain staffing and capacity in ADHC programs, in accordance with Public Law (Pub. L.) 106-117, Section 101(c)(1) requiring that staffing and levels of extended care services be maintained.

c. Notifying the Deputy Under Secretary for Health for Operations and Management (10N) and the Office of Geriatrics and Extended Care (114), using outlook e-mail, at least 10 days prior

to implementation of proposed program restructuring that could reduce staffing or capacity in a ADHC Program, in accordance with VHA Handbook 1000.1.

12. RESPONSIBILITIES OF THE FACILITY DIRECTOR

a. The facility Director, or designee, has the overall responsibility for the ADHC Program and appointing and delegating the authority and responsibility for the day-to-day operations of the program to the ADHC Program Director. In addition, the facility Director is responsible for:

b. Assigning the responsibility to the facility Chief of Staff (COS), or designee, for appointing the ADHC Medical Director and ADHC Program Director, who must be a health care professional, such as but not limited to: a nurse, social worker, rehabilitation therapist.

c. Delineating the accountability for the overall administration and quality of care provided by the ADHC Program to either the COS or Associate COS for Geriatrics and Extended Care.

d. Maintaining the capacity and staffing of the ADHC Program.

e. Notifying the VISN Director, the Deputy Under Secretary for Health for Operations and Management (10N), and VA Central Office GEC (114) in advance of any proposed changes that might reduce capacity, staffing, or services provided by the ADHC Program.

f. Ensuring the appropriate medical and information technology equipment is provided to the ADHC Program.

g. Ensuring there is a written and published facility ADHC Policy and Procedural Manual outlining policies and procedures necessary for the successful operation of the ADHC Program. Generally this policy is developed by the ADHC Program Director and reviewed and approved by the appropriate facility leadership committee or team, the COS, and the facility Director. Elements in this policy must include:

(1) Delegation of authority to the ADHC Program Director;

(2) Organizational placement of the program;

(3) Lines of authority;

(4) Scope of program services and resources;

(5) Referral procedures and eligibility; and

(6) Admission and discharge procedures.

h. Ensuring the ADHC has a dedicated fund control point for purchase of needed expendable supplies and to provide a meaningful and therapeutic activity program.

13. RESPONSIBILITIES OF THE ADHC PROGRAM DIRECTOR

The ADHC Program Director is responsible for:

a. Planning and developing the program, formulating the budget, and monitoring and evaluating the ADHC Program.

b. Assessing program quality and improvement.

c. Ensuring the treatments and services delivered by the ADHC team and consultants are of high quality.

d. Collaborating and coordinating with clinical service leadership to:

(1) Develop role expectations consistent with the unique characteristics of the program.

(2) Develop team functioning.

(3) Ensure appropriate staffing levels.

(4) Select ADHC staff, in collaboration with the respective clinical service Chief.

(5) Evaluate ongoing ADHC staff evaluations related to competence and interdisciplinary functioning.

(6) Direct the clinical services to ensure that the program is in compliance with VA and VHA policies.

(7) Ensure the physical design and environment of the ADHC Program meet the latest Federal Life Safety Code (see par. 30).

e. Being aware of local trends in community adult day care and other appropriate services.

f. Participating in selected adult day care organizations.

g. Maintaining communication with VA Central Office of Geriatrics and Extended Care and participating in GEC Program Office conference calls, conferences, etc., as appropriate.

h. Ensuring that workload is accurately captured in the national database, and that mapping in the Decision Support System (DSS) is appropriate and correct.

i. Ensuring that the Veteran to staff ratio provides the needed services specific to the program's Veteran population with optimal resource utilization.

14. RESPONSIBILITIES OF THE ADHC MEDICAL DIRECTOR

The ADHC Medical Director is responsible for:

a. Collaborating with the ADHC Program Director to:

(1) Provide leadership to the ADHC Program.

(2) Plan and direct the educational and clinical experience of medical students, residents, and fellows assigned to the ADHC Program.

(3) Assume a leadership role in the development and implementation of ADHC's performance improvement plan.

(4) Advocate for ADHC with VHA leadership and the medical community.

(5) Jointly select ADHC team members.

b. Providing clinical input and oversight for all Veteran treatment plans.

c. Collaborating with the ADHC team members when medical or other problems arise.

d. Participating in ADHC team meetings as indicated.

e. Routinely reviewing and signing treatment plans.

f. Apprising the ADHC team of medical care advances and practice standards.

g. Arranging physician coverage when necessary and communicating the plan of coverage to the ADHC team.

h. Serving as back-up for other ADHC team physicians.

i. Collaborating with other ADHC Medical Directors, VISN leadership, and VA Central Office staff on program development issues.

15. RESPONSIBILITIES OF THE ADHC TEAM (OR INTERDISCIPLINARY TEAM)

The ADHC Team is responsible for:

a. Providing the diverse array of professional services required to effectively treat and manage the multiple interactive health, psychosocial, and functional impairments of Veterans.

b. Sharing common goals by collaborating and working independently in planning, problem solving, decision making, implementing, and evaluating team-related tasks.

c. Providing high quality care.

d. Advocating for the Veteran.

e. Reporting problems, in a timely manner, to program leadership.

f. Developing an ADHC policy and procedure guide to define and govern the clinical and administrative aspects of the program: this guide must be reviewed and revised at least every 3 years.

g. Preparing a written program information pamphlet to give to the Veteran, family, and caregiver when the Veteran is admitted to the ADHC Program. At a minimum, this information must include, but is not restricted to:

(1) Names and office telephone numbers of ADHC team members.

(2) An explanation of the mission and goals of ADHC.

(3) Specific instructions on how to obtain care for the Veteran after regular operation hours of ADHC.

(4) ADHC Veterans' rights and responsibilities, including the grievance process.

(5) Procedures to follow in the event of a Veteran or caregiver emergency.

(6) Guidance on possible copayment charges for services.

(a) A Veteran who is not known to be exempt from copayment is advised to complete the VA Form 10-10EC, Application for Extended Care Services, to determine extended care copayment exemption or non-exemption.

(b) The monthly extended care copayment is assessed based on the information on the VA Form 10-10EC and the type of extended care provided.

h. Complying with VA policy regarding Advance Directives and Do Not Resuscitate orders, and providing a setting and an opportunity for Veterans and family members to address advance care planning. As part of each person's right to self-determination, every ADHC Veteran may accept or refuse any recommended medical treatment. It is recognized that many ADHC Veterans have either a debilitating chronic disease or a terminal illness, and are faced with the need to make decisions about life support measures.

i. Developing a facility-approved plan to care for Veterans in the event of severe weather, family emergency, terrorist attack, or other emergent situations. This plan must comply with the facility's disaster preparedness procedures.

16. STAFFING

a. In addition to appropriate professional credentials and competencies, all ADHC staff need to possess certain qualifications unique to the practice setting and the population served, these include, but are not limited to:

(1) A commitment to discipline-specific and age-competency standards of practice. Staff must be dedicated to the concept of improving or maintaining the functional level of Veterans who are elderly or disabled, using a holistic approach and optimizing their independence.

(2) An ability to effectively function autonomously, as well as a member of an interdisciplinary team.

(3) A clinical background, which includes demonstrated competency in assessment, problem solving, group leadership skills, home and community-based care, and teaching.

b. Staffing for the ADHC Program must be adequate to meet the complex health, functional, cognitive, and psychosocial needs of the Veterans.

c. Core professional disciplines involved in ADHC include: nursing, social work, medical care, nutrition, rehabilitation and recreation. Other disciplines, such as psychiatry, psychology or chaplain are to be represented or readily accessible depending upon the Veteran or program needs.

d. It is necessary to have a Veteran to staff ratio that provides the needed services specific to the program's Veteran population with optimal resource utilization. The Veteran to staff ratio may vary depending on Veteran number, complexity, and care needs; however, a minimum of one staff to six Veterans is recommended. ***NOTE:*** *Staff counted in the Veteran to staff ratio are only those who spend at least 70 percent of their time in direct Veteran care service.*

e. A variety of health care professionals is needed to meet the clinical needs of the Veteran population; the following services must be available at each ADHC site:

(1) **Nursing Service.** At least one RN must be on duty in ADHC at all times whenever Veterans are present, for assessment, participation in treatment planning, and supervision of other nursing staff. Additional nursing staff may include a licensed practical nurse, nursing assistant, or health technician who provides assistance in daily program activities.

(2) **Medical Service.** Medical Care is provided at the ADHC site by the ADHC Medical Director or another VA physician, Nurse Practitioner, or Physician Assistant. The medical care provider works closely with the ADHC nursing staff. Medical center clinics are to be used by ADHC Veterans for same-day specialty consultations and services. Audiology and eye care are provided on a consultative basis.

(3) **Social Work Services.** A social worker must be available daily for psychosocial assessment, participation in treatment planning, consultation, providing intervention and appropriate care coordination, counseling, and caregiver support.

(4) **Rehabilitation Therapy.** Rehabilitation services must be available daily for assessment, treatment planning, therapy, consultation, and education; this includes Physical Therapy or Kinesiotherapy, and Occupational Therapy. A qualified therapy assistant, or aide, (e.g., Certified Occupational Therapy Assistant (COTA) or Physical Therapy Assistant (PTA)) may be assigned to the ADHC program with regular consultation by a professional. Consultation with Speech Therapy is to be requested as needed. Speech pathology and low vision therapy are provided on a consultative basis.

(5) **Recreation Therapy.** A Recreation therapist must be on duty daily to facilitate active treatment programs, to include: assessment, planning, and delivery of activities with outcome measures that are based on "real life" functions within the community for ADHC patients. Therapeutic recreational services, which focus on person-centered goals for achieving optimum levels of independence and greatest possible life quality, must be planned and provided daily.

(6) **Nutrition Services.** Nutrition services must be provided daily, including regular meals, snacks, and special diets. At a minimum, a registered dietitian must be available by consultation for assessment and education. A dietetic technician may assist in treatment planning, participate in team meetings, and provide group instruction such as cooking activities.

(7) **Clerical Staff.** Clerical support must be provided daily to assist with record keeping, office operations, appointment management, and telephone reception.

(8) **Mental Health.** A psychologist or other mental health provider must be available on a routine or consultative basis to help family members and staff effectively manage Veterans with problematic behaviors, both at the site and at home, and to provide individual or group counseling on issues relating to adaptation to community living.

(a) Given the diverse needs of the ADHC population, psychological and cognitive assessment, as well as psychotherapy and other psychosocial interventions may be provided.

(b) The availability of psychiatric services to respond to psychopharmacotherapy needs is important, including the availability of geropsychiatry services to help address the often complex psychopharmacological issues with older Veterans.

17. PARTICIPATION OF VETERANS

Indications for participation of Veterans in the ADHC Program are:

a. The Veteran is eligible for VA care as set forth in paragraph 2.

b. It is determined that the Veteran will likely benefit from ADHC on the basis of an interdisciplinary assessment, identifying one or more of the following conditions:

(1) Three or more ADL dependencies, or

(2) Significant cognitive impairment, or

(3) Two ADL dependencies and two or more of the following conditions:

(a) Dependency in three or more Instrumental Activities of Daily Living (IADL).

(b) Recent discharge from a nursing home, or planned nursing home discharge contingent on receipt of home and community-based care services.

(c) Seventy-five years old, or older.

(d) High use of medical services defined as three or more hospitalizations in the past year; or twelve or more visits to outpatient clinics and emergency evaluation units in the past year.

(e) Clinical depression.

(f) Living alone in the community.

c. It is recognized that every contingency cannot be foreseen. When a Veteran who does not strictly meet the preceding criteria and nevertheless is determined by the clinical care team to need ADHC services, the services may be ordered, but the reason for the variance from these standards must be documented in the Veteran's electronic health record.

d. If the sole purpose of the ADHC visits is to provide respite care, then eligibility requirements for respite care must be met (see 38 U.S.C. 1720B and VHA Handbook 1140.02).

18. CARE MANAGEMENT

The ADHC Program provides care management to enrolled Veterans through the assignment of one of the core ADHC team members. Caregivers and family members may participate in the treatment planning with the Veteran's consent when the Veteran possesses adequate decision-making capacity, or with the Veteran's surrogate decision-maker's consent when the Veteran does not have adequate decision-making capacity. The designated Care Manager in ADHC must ensure:

a. An interdisciplinary assessment of each Veteran.

b. A periodic review of the Veteran's status at least every 90 days.

c. The development of a Veteran treatment plan which is to include:

(1) Implementation of the treatment plan;

(2) Coordination and monitoring of services;

(3) Communication of treatment plan to Veteran, the Veteran's caregiver, and the Veteran's health care providers;

(4) Active participation in the treatment plan and goals, including Veteran and the Veteran's family preferences and discharge planning;

(5) Advocacy;

(6) Discharge planning; and

(7) Follow-up.

d. Participation in the coordination and monitoring of services within and outside of ADHC.

19. CAREGIVER SUPPORT

ADHC considers the Veteran and the caregiver as the unit of care, and recognizes the burden of care can be great with social, psychological, physical and economic costs. Every ADHC Program is encouraged to develop caregiver support services which offer support, education, information, and referral within the boundaries of VA policy and legislative authority.

20. PROCESS OF CARE

a. **Referral Process**

(1) ADHC services are to be readily accessible.

(2) Veterans may be referred to ADHC from any setting, including inpatient, outpatient, nursing homes, and domiciliary and local community sources for consultation. Referrals for ADHC must be submitted through the appropriate VA referral process using the VA Form 10-0415, VA Geriatrics and Extended Care Referral.

(3) Following the referral and prior to enrollment, each Veteran's medical record must be reviewed. An interview is conducted with the Veteran and caregiver. The Veteran or caregiver will be informed of the possibility of co-payment charges for services (see VA Form 10-10EC, Application for Extended Care Services).

(4) If the Veteran clearly does not meet the ADHC admission criteria, ADHC will make recommendations regarding an alternate plan to manage the Veteran's care needs.

b. **Orientation to the Program.** The Veteran and the Veteran's family or caregiver is given an orientation to ADHC to include a full explanation of the program, its objectives, capabilities, and limitations.

c. **Assessment.** After admission to ADHC, each interdisciplinary team member assesses the Veteran. The goal of this initial team assessment is to identify those impairments and problems that interfere with the individual's ability to achieve the highest level of functioning and to maintain living in the least restrictive environment that is safe for the Veteran.

d. **Treatment Plan**

(1) Based on individual team member's assessments, a comprehensive treatment plan is developed by interdisciplinary staff within 10 visits from the date of ADHC admission. The treatment plan must specify:

(a) Veteran needs;

(b) Care preferences of the Veteran or surrogate;

(c) Treatment interventions with identified frequency for each need;

(d) Expected outcome against which progress will be measured;

(e) Target dates for completion of each component; and

(f) As appropriate, expected discharge plan with identified community resources.

(2) ADHC staff reviews physician orders presented to ADHC prior to, or during, each ADHC visit. ADHC staff incorporates physician orders into the treatment plan when relevant to ADHC.

(3) The Veteran and the Veteran's family or caregiver must be involved in developing and implementing the treatment plan. The ADHC medical care provider is to be included for consultation and follow up.

(4) Treatment plans are reviewed or revised by the ADHC team every 3 months, or sooner if indicated. Progress in achieving treatment goals is reviewed with the Veteran or the Veteran's surrogate and primary family caregiver.

e. **Utilization Management.** Timely access to ADHC is important for new Veterans who can benefit from program services. Program criteria and appropriate utilization of services is a part of treatment plan review.

f. **Discharge Planning.** Discharge planning and the appropriate level of care, based on changing health care needs, are addressed with the Veteran and the Veteran 's family or caregiver.

21. DISCHARGE PLANNING

The ADHC team facilitates timely and appropriate discharge of Veterans who no longer meet ADHC program criteria, or who need a different level of care. Alternative health care, or community services, are to be recommended prior to discharge from ADHC.

a. Veterans are discharged from ADHC when they:

(1) Achieve the expected outcomes or treatment goals;

(2) Develop needs beyond the capability of the program;

(3) Move from the geographical area served;

(4) Demonstrate chronic non-compliance that results in serious health and safety concerns, or are unable to tolerate and be managed in a group setting; or

(5) Become ineligible for VA care based on administrative criteria.

NOTE: *Non-compliance alone should not be a criterion for discharge. Veterans with problematic non-compliance are to be assessed for depression, dementia, delirium, and effects of substance abuse.*

b. A discharge note summarizing the course of treatment and options for discharge planning must be entered in the patient's electronic medical record.

22. DOCUMENTATION

ADHC documentation must include:

a. Initial assessments,

b. Treatment plan,

c. Physician orders,

d. Quarterly reassessment and comprehensive interdisciplinary treatment reviews,

e. Significant changes in the Veteran’s status,

f. Progress notes,

g. Discharge plan, and

h. Discharge note.

23. HOURS OF OPERATION

Each ADHC program must establish hours of operation that are flexible and responsive to Veteran and caregiver needs. Consideration may be given to varied staff work schedules that would facilitate Veteran care and expanded hours of operation. ADHC Veterans and their caregivers must be given verbal and written instructions about how to access emergency care at other than the regular hours of operation of the program.

24. COOPERATION, COLLABORATION, AND CONSULTATION WITH OTHER SERVICES

Since the ADHC team collaborates with other services to obtain needed services for ADHC Veterans, it is able to provide continuity in therapeutic interventions for Veterans discharged to the community from other medical center services. It also serves as a discharge resource for Veterans from the Geriatric Evaluation and Management (GEM) Program, Community Living Centers (CLCs), Contract Nursing Home (CNH) and inpatient units, and works collaboratively with staff from other Extended Care programs to exchange Veteran information and promote sharing of needed services.

a. ADHC may be provided in conjunction with other home and community-based care including HBPC.

b. Respite care, a distinct benefit of ADHC, is provided in addition to the routinely-scheduled ADHC. For example, if a Veteran routinely receives ADHC once a week, and the caregiver’s status changes such that additional respite care is needed on a temporary basis,

additional ADHC visits may be provided for a specific number of days outside the number of routinely-scheduled visits. These days would be counted as respite care under 38 U.S.C. 1720B since these ADHC visits are temporary additions to the routine services the Veteran already receives.

c. When ADHC Veterans are hospitalized, ADHC staff works closely with the inpatient team related to discharge planning, return to ADHC, or recommendation for other more appropriate services.

25. STAFF ORIENTATION AND CONTINUING EDUCATION

Staff orientation and continuing education must include:

a. The ADHC program goals, objectives, and procedures;

b. Infection control;

c. Safety in transfer and ambulation assistance;

d. Emergency preparedness, including CPR, fire and safety, and missing Veteran procedure;

e. Veteran's rights and responsibilities in the ADHC Program;

f. Management of behavioral problems;

g. Health Insurance Portability and Accountability Act (HIPAA) regulations; and

h. Administrative program requirements, including workload capture, documentation guidelines, etc.

NOTE: *The local facility ADHC Policy and Procedure Manual serves as the basic orientation guide.*

26. TEACHING PROGRAM

The ADHC Program provides a unique educational experience for students of various health professions:

a. Medical, nursing, social work, nutrition, psychology, recreation therapy, and rehabilitation therapy trainees are taught:

(1) Interdisciplinary assessment and team dynamics,

(2) Treatment plan development, and

(3) Community-based primary care of a chronically ill patient population.

b. The ADHC Program provides trainees with the opportunity to:

(1) Observe and participate in an interdisciplinary team, and

(2) Experience, first-hand, the major care issues of an aging population.

NOTE: *The ADHC Program Director and Medical Director are encouraged to seek educational affiliations with the various professional schools through the promotion of the ADHC Program's training opportunities. At those facilities where an Interprofessional Team Training and Development (ITT&D) Program is in place, ADHC serves as a clinical setting for stipend students and the resources of the ITT&D benefit the ADHC team.*

27. VOLUNTEERS

Since volunteers can be of tremendous value to ADHC, every effort is made to identify dedicated and committed volunteers interested in serving older, disabled veterans; however, the volunteer's aptitude for the job, perception of the program, and motivation must be assessed with care and sensitivity.

a. Volunteers do not replace professional staff; and the role of the volunteer must be clearly defined in writing, with a salaried staff member to supervise.

b. Opportunities for ADHC volunteers are varied and may include, but are not limited to:

(1) Assisting staff in limited ways that will relieve the professional of certain non-clinical tasks;

(2) Assisting with arts and crafts, clerical duties, escort, and therapeutic recreation activities;

(3) After proper orientation and supervision, help in feeding a Veteran; and

(4) Providing Veterans needed individualized attention.

28. VETERAN CARE ISSUES

a. **Safety.** The principles of the VA Patient Safety Program and risk management apply to ADHC Programs. An effective Patient Safety Program emphasizes learning from incidents and near misses and identifying opportunities to improve the quality of care, environment, or equipment. The ADHC Program must be in compliance with the Medical Center’s Patient Safety Program. Each ADHC Program must address the following safety issues:

(1) Identify Veterans at risk for injury from smoking, falls, wandering, and limited in-home support, and implement an appropriate safety plan.

(2) Develop a system of documenting, evaluating, and reporting accidents, injuries, and safety hazards in accordance with applicable regulatory authority and VA policies and procedures.

(3) Ensure home safety, therefore, a home visit may be needed.

(a) Potential hazards must be identified, and

(b) Veteran and caregiver education regarding safety in the home must be provided.

(4) Ensure compliance with the Medical Center's fire and safety standards.

b. **Infection Control**

(1) ADHC Programs are to follow:

(a) Universal precautions and hand washing techniques to prevent the spread of infection, and

(b) Medical center guidelines for disposal of biohazardous waste in the ADHC Program environment.

(2) ADHC Program staff are responsible for:

(a) Educating Veterans and their caregivers on infection control and disposal of biohazardous waste in the home, when indicated; and

(b) Developing a system of reporting infections in the program, in accordance with medical center guidelines.

c. **Medication Management.** Medication management and the education of the Veteran, the Veteran's family, and Veteran's caregiver are key components of ADHC. In addition, each ADHC Program must:

(1) Establish procedures and protocols to guide the health care team in the administration, instruction, storage, and monitoring of drugs as appropriate.

(2) Have a crash cart and emergency services available.

29. ADHC PROGRAMMING

NOTE: *When ADHC is located a distance from the VA medical facility, procedures must be developed to accommodate the need for diagnostics, pharmaceuticals, medical records, support services, and access to care in the event of medical emergency.*

ADHC offers a comprehensive and structured treatment and activity program utilizing the interdisciplinary team process. It is based on the Veterans' individual physical and psychosocial treatment needs and preferences.

a. ADHC is required to offer a stimulating program to maintain or restore the functional status of each Veteran with provisions made for each individual to participate at their own optimal level of functioning and to progress according to their own pace. ***NOTE:*** *Specific program activities within ADHC vary according to its staff and case mix.*

b. ADHC is to use the dedicated fund control point for purchase of needed expendable supplies and to provide a meaningful and therapeutic activity program.

c. The program must provide for a balance of purposeful activities to meet Veteran's interrelated needs and interests (i.e., social, intellectual, cultural, economic, emotional, physical, and spiritual). All activity programming must provide opportunities for a variety of levels of involvement in individualized, small, and large group settings. ***NOTE:*** *Veteran participation in planning activities is encouraged.* Program activities may include, but are not limited to:

(1) Discipline specific therapies offered by team members;

(2) Individualized training in ADL and personal care activities;

(3) Health and Nutrition education;

(4) Reminiscence groups, discussion groups, or cognitive stimulation activities;

(5) Specific individual and group activities for cognitively-impaired Veterans;

(6) Activities to develop creative capacities, e.g., arts and crafts, development of hobbies, poetry groups, living history programs, gardening, and cooking classes;

(7) Intergenerational experiences;

(8) Involvement in community activities and events;

(9) Outdoor activities, as appropriate;

(10) Vocational rehabilitation, employment, and independent living skills; and

(11) Caregiver training in ADL support, behavior management, and coping strategies.

30. SPACE ALLOCATION

a. The physical environment of the ADHC area has great potential as a therapeutic tool. A well-planned environment has the appropriate supports to enhance the Veteran's ability to function as independently as possible and to engage in program activities. The environment plays an even more significant role as an individual's level of impairment increases. ***NOTE:*** *Consultation from a professional Interior Designer or architect with expertise in health care environments is encouraged in developing or remodeling ADHC settings.*

b Optimal space requirements for participants in ADHC suggest 128.5 sq. ft. per Veteran. A minimum of 100 sq. ft. per Veteran is required. This variation takes into consideration the Veteran mix and the need for wheelchairs, walking aids, etc.

c. The physical environment must meet the latest Federal Life Safety Code; in addition, the physical environment must be clean, cheerful, attractive, well lit, and comfortable. ***NOTE:*** *The noise level needs to be kept to a minimum.*

d. Each program needs to design and partition its space to meet its own needs in accordance with applicable Federal statutory and regulatory authority, but a minimal number of functional areas must be available. Key features to consider in the design of an ADHC center include:

(1) Multipurpose space for group activities, including dining.

(2) Rehabilitation areas for individual and group treatment.

(3) A kitchen area for refrigerated food storage, the preparation of meals, and training Veterans in ADL.

(4) An examination or medication room for use by nurse or physician.

(5) A quiet room for rest, observation or privacy.

(6) Adequate and accessible toilet and bathing areas. The bathing facilities must be adequate to facilitate assistance with bathing. The toilet facility and bathrooms must be easily accessible to people with mobility problems, including Veterans in wheelchairs. ***NOTE:*** *A washer and dryer are advisable.*

(7) Adequate storage space. There needs to be space to store arts and crafts materials, personal clothing and belongings, wheelchairs, chairs, individual handiwork, and general supplies. Medical records and personal belongings must be stored in a secure area.

(8) Adequate office space offering privacy for interviewing, telephoning, and counseling.

(9) A reception area.

(10) Secured outside areas, such as gardens or recreational areas are strongly encouraged in the design and development of ADHC programs.

31. EQUIPMENT AND FURNISHINGS

ADHC facility equipment and furnishings used by staff and participants need to be selected for comfort and safety, and be appropriate for use by adults with physical disabilities, visual and mobility limitations, and cognitive impairment.

a. Adequate equipment is necessary to meet the needs of each discipline.

b. Special equipment (in addition to the equipment needed for each discipline) needs include:

(1) Aids for mobility, such as: wheelchairs, walkers, lifting devices, and special chairs to meet the needs of geriatric and disabled Veterans;

(2) Equipment and assistive devices for training Veterans in ADL;

(3) Equipment to be used in Therapeutic Recreation Program; and

(4) Furniture for activity areas, dining area, and treatment rooms.

32. TRANSPORTATION

The success of ADHC Programs is largely dependent on their ability to secure safe and adequate transportation for Veterans.

a. ADHC's primary role is in facilitating Veterans' maximum use of community transportation systems, identifying systems, aiding in the application process, etc. Such systems may include:

(1) Area "Agency on Aging" supported transportation;

(2) Caregivers;

(3) Regional transit;

(4) Local handicapped transportation resources;

(5) Veteran Service Organization vehicles; and

(6) Volunteer transportation systems, etc.

b. When there is a lack of adequate community transportation systems, coordination of local Disabled American Veteran (DAV) transportation services may be sought.

c. Escorts are provided, as needed, to assist Veterans to and from the vehicle at the ADHC site or other VA facility, as clinically indicated. In arranging transportation, consideration must be given to safety, specific needs of each Veteran, and limiting the amount of time that the Veteran is in transit. Transit should not exceed 1 hour, except for rare instances. ***NOTE:*** *Special attention should be given for safe travel for Veterans with dementia.*

d. The VA Beneficiary Travel program is generally administered by the facility Business Office. This program provides certain eligible Veterans with mileage reimbursement, or special mode transportation (ambulance, wheelchair van, etc.) based on medical needs. Outside of VA specific Beneficiary Travel program authority, facilities may consider options such as Voluntary Services who may be of assistance in the coordination of local DAV transportation services or referral to the local site's Social Work Services for community transportation assistance.

33. COST SAVING STRATEGIES

It is imperative that ADHC Programs design policies and procedures that are sensitive to cost effectiveness.

a. Research suggests two options for promoting cost effective operation of an ADHC Program.

(1) Target ADHC to those Veterans who may benefit in terms of improved health status or reduced use of other health care services (see par. 8). Optimize the use of the ADHC by establishing criteria to determine which Veterans are more appropriate for VA ADHC, and which are more appropriate for community ADHC.

(2) Minimize the costs of ADHC services. The following cost reduction actions were identified in an ADHC evaluation study:

(a) Increase enrollment: Increasing program participants and daily census will decrease the cost per patient day.

(b) Reduce staffing costs. ADHC staffing needs to be carefully assessed to ensure that levels are appropriate for the census and case mix of the program. Consider the following:

1. Flexible staff sharing arrangements with other Extended Care Programs of the medical center may be considered.

2. Consultative services, such as Nutrition and Physical Therapy need to be available as needed. Use of properly credentialed support staff such as Nursing Assistants, Health Technicians, COTA, PTA, etc., need to be pursued when higher credentialed staff are not clinically necessary. ***NOTE:*** *Given the unique aspects of the ADHC Program, all staff needs to be available to provide needed assistance in general program activities, including escort, feeding, etc. regardless of their assigned discipline or service.*

b. The number of days per week and length of stay need to be addressed based on Veterans' needs and program criteria.

c. ADHC can be used as an alternative to the more costly level of care in a nursing home.

d. Sharing agreements can be cost effective.

(1) Creative options are encouraged that utilize available VA resources, such as space or excess capacity, and establish contractual agreements with community partners.

(2) Sharing agreements could have the potential to achieve the primary goal of increased Veterans' access to services, with the financial advantages to VA and benefits to the community (see VHA Handbook 1660.01).

34. QUALITY MANAGEMENT AND UTILIZATION MANAGEMENT

a. **Quality Improvement Activities**

(1) A Quality Improvement (QI) Program is required in all ADHC Programs. The process of assessing and improving important aspects of care is designed to help the ADHC Program

appropriately utilize its resources and manage the quality of care it provides. The monitoring and evaluating activities are to be:

(a) Ongoing, planned, systematic, and comprehensive,

(b) Designed so that data collection and evaluation are adequate to identify opportunities for improvement,

(c) Designed to utilize effective problem-solving activities, and

(d) Coordinated by the Program Director with involvement of the interdisciplinary ADHC team. Quality improvement activities need to incorporate the principles of Systems Redesign where appropriate.

(2) Each ADHC Program must develop and implement an annual QI Plan and an annual evaluation of the effectiveness of the QI Program. This plan is to be integrated and a part of the medical center's overall QI Program. ***NOTE:*** *It is strongly encouraged that the QI plan in ADHC be interdisciplinary in focus involving evaluation of all services provided in the program.*

b. **Utilization Management**

(1) Appropriate utilization of resources is essential to the management of any health care program. Utilization management is accomplished, in part, by identifying those resources that are both required and available to support program goals and objectives.

(2) Utilization review is to have clearly defined program goals and objectives incorporating admission, reassessment, and discharge practices. ***NOTE:*** *It is recommended that there is a specific monitoring of the appropriateness of use of acute inpatient and institutional care in the ADHC population.*

(3) The results utilization reviews need to be analyzed, documented, trended, and used to monitor practices so that the quality and efficiency of care may be improved.

35. RESEARCH AND SURVEYS

ADHC is a setting which offers unique opportunities to study and evaluate health care and the delivery of services to geriatric and chronically-ill Veterans. ADHC patient surveys must comply with VA policies, including any requisite approval of the Office of Management and Budget (OMB). Additionally, surveys that are part of a research process must be approved through appropriate Research and Development Service channels.

36. ADHC DATA MANAGEMENT

ADHC Workload Capture reports Veteran visits in the same manner as outpatient clinics. A DSS code of 190 must be used for entry of all ADHC visits.