

## **Adult Care Program Question and Answer Sheet July 2007**

### **1) What does a medical examination have to cover? Can this be completed by a mental health practitioner? How often should the examination be conducted?**

Upon initial enrollment, a medical examination should have been conducted no more than 90 days prior to enrollment. There is no requirement for the adult to obtain another medication examination other than at initial enrollment.

A medical examination must be conducted by a licensed physician, physician's assistant, registered nurse, or other medical personnel with certifications that allow him/her to make an assessment of those items required in the examination.

The following items should be evaluated and included in the medical examination documents:

- (1) An indication that the participant is free from any communicable disease that would be detrimental to other participants and staff;
- (2) A list of current diseases, chronic conditions, and drug, food or other allergies;
- (3) A statement of any restrictions in the participant's ability to participate in program activities;
- (4) The names of all prescribed, over-the-counter and alternative medications including dosages, currently being used by the participant.

### **2) Can a center with mental health and substance abuse programs participate in the CACFP?**

Adult centers that participate on the CACFP must be providing comprehensive care services to adults in care, which can include a mental health component. Substance abuse treatment can also be one part of this comprehensive care, however, it cannot be the only type of service being provided to participating adults.

### **3) In determining a participant's eligibility, would a person who is dually diagnosed with substance abuse as one of the diagnoses be eligible?**

Adult participants on the CACFP must be enrolled in a comprehensive care program. Substance abuse treatment can be a part of this care program, but it cannot be the primary diagnosis, nor can it be the reason for functional impairment. The adult must have a functional impairment that meets the definition of "functionally impaired" outside the substance abuse diagnosis in order to be eligible to participate on the CACFP.

### **4) Provide more clarity on "participant is primarily responsible for his/her own self in regards to living arrangements."**

An individual being "primarily responsible for his/her own self" is only a factor when determining eligibility of adult participants who reside in a facility or group living arrangement. If the adults in care do not live in a group living arrangement, there is no need to evaluate whether the adult is primarily responsible for his/her own self.

Individuals in group living arrangements must be primarily responsible for their own selves. This means they would be capable of caring for themselves if they lived independently. Individuals who reside in group living arrangements based on the inability of that individual to care for him/her self independently are not considered "primarily responsible for him/herself." Additionally, individuals who have been

assigned a legal guardian and do not have the authority to admit, transfer, or discharge themselves from a facility are not considered to be primarily responsible for themselves.

**5) The questionnaire asks about being “primarily responsible for own self” and about meeting the “functionally impaired” criterion. These terms appear to be contradictory. How does one determine who is eligible?**

There are two separate conditions that must be considered when determining eligibility to participate in the CACFP: 1) If the adult is under the age of 60, is he/she functionally impaired; and 2) Do the adult’s living arrangements allow the adult to qualify for the CACFP.

The determination of whether an adult is “primarily responsible for his/her own self” only has to be made when an individual resides in “group living arrangements.” CACFP benefits are meant to be available to those individuals who:

- remain in the community, and
- reside with family members or other caregivers who would benefit from the respite that adult day care services provide.

Individuals living in residences in which they receive 24-hour care by staff hired to provide that care are “institutionalized.” These adults are not considered to be “remaining in the community” and their families have no need for the respite care provided by adult day care centers. Adults in this type of living arrangement are not eligible for CACFP benefits.

**6) Are adults that are functionally impaired and living in a group home eligible to participate in the CACFP?**

It’s likely that an adult who is functionally impaired and in a group living arrangement is there because he/she does not have the ability to live independently. If this is the case, the individual would not have primary responsibility for him/herself and would not be eligible for CACFP participation.

The center must utilize a two-prong approach that separately addresses living arrangements and age/functional impairment when determining participant eligibility. Confusion may be avoided by making a determination regarding living arrangements first.

Step 1) Determine the living arrangement of the adult.

- a. Group living arrangement: The following question would need to be answered. Is the individual capable of caring for him/herself, regardless of whether the facility provides many of the services and functions (meal preparation or laundry service) that the adult would normally complete if living alone?
  - i. If the answer is yes, the living arrangements allow the adult to be CACFP eligible. Go to step 2.
  - ii. If the answer is no, the living arrangements disqualify the adult from CACFP participation.
- b. Adults living in their own home, or in the home of family and friends are eligible if age/functional impairment requirements are met. Go to step 2.

## Step 2) Age or Functional Impairment requirement

- a) Is the adult under the age of 60?
  - i. If yes, determine whether the adult meets the functionally impaired criterion.
    1. If the adult meets the functional impairment criterion, he/she is eligible.
    2. If the adult is under 60 and does not meet the functional impairment criterion, he/she is not eligible.
- b) Is the adult 60 years of age or older?
  - a. If yes, the adult is eligible. Functional impairment is not a consideration for adults 60 years of age or older.

It's possible that an adult will meet the criterion on age/functional impairment, but if he/she does not meet the requirement regarding living arrangements, the adult does not qualify for the CACFP.

## 7) What types of Federal, State, or local authority can grant approvals to operate?

Any Federal, State, or local government agency which funds or operates programs for adult care and has written standards that the center must meet to qualify for that program funding, can be used to demonstrate approval to participate in the CACFP. The written standards and approval must be focused on the adult care services that will be delivered to their adult participants.

Approval under the Community Services Care Program is one example of a Federal program a center may use to demonstrate approval to qualify for the CACFP. The Community Services Care Program administers the Medicaid program in Georgia. Centers that qualify for this program must be in compliance with the standards in the Policies and Procedures for Adult Day Health Services manual and receive approval from the Department of Community Health and the Division of Aging Services (DHR).

The Community Services Care Program is not the only program that can be used. There may be multiple other types of programs that can be used as long as the standards and approval focus on adult care.

Fire inspections, food inspections, Certificates of Occupancy, or business licenses alone do not meet the requirement for approval. The standards to receive certificates of this nature and the evaluation process do not cover services for adult day care, but focus only on one area, i.e. fire safety, food safety, etc.

## 8) How often does milk have to be served in an Adult Day Care Center?

The adult meal pattern requires fluid milk for breakfast and lunch, but not supper. Currently USDA policy allows yogurt or cheese to be substituted for fluid milk at any meal or snack, except one each day. While a milk component, either fluid milk, yogurt, or cheese must be *offered* at breakfast or lunch, if substituting yogurt or cheese for one or both of these meals, the center must still *offer* fluid milk for at least one meal or snack each day.

Please note that USDA has indicated that the policy that allows cheese or yogurt to be substituted for fluid milk may be overturned in the near future. If and when this policy is overturned, you will be notified regarding the change.

**9) Does milk have to be thrown away if not wanted or used by the participant?**

If the adult care center allows the adult to decline components (per 7 CFR 2262.21 (q)), the adult has the option of declining the milk component at the breakfast or lunch meal. If the milk component is offered and declined, it does not have to be placed on the adult's plate. If a milk component is one of the two components served at snack, the adult cannot decline it and it must be *served* to the adult to claim reimbursement.

If fluid milk is served to the adult in an individually packaged container, but not opened, the individually packaged container can be recycled. Milk placed in open serving containers may not be recycled.

In centers that elect to offer versus serve meal components, if adult participants frequently decline the milk component, staff should encourage consumption through proper and appealing meal service, nutrition education and other means. The institution must implement a system that demonstrates enough milk was purchased to supply the appropriate serving size to those adults who do elect to consume milk. This system must demonstrate the actual number of adults who were served milk versus those who declined to determine if proper quantities were purchased.