

ADULT MEDICAL DAY CARE FOR THE ELDERLY AND ADULTS WITH A MEDICAL DISABILITY
Questions & Answers
COMAR 10.12.04

Question	Comment/Answer
REGULATIONS	
Q: Where can a prospective provider look on-line to find the COMAR Regulations?	<p>A: http://www.dsd.state.md.us/comar/title_search/searchTitle10.htm</p> <p>The Annotated Code of Maryland may also be accessed through this website.</p>
Q: Does the Office of Health Care Quality (OHCQ) license and regulate social day (non-medical) programs?	<p>A: No. The OHCQ does not license or regulate social day programs. If you are interested in Adult Day Care Centers that operate using only a social model (non-medical), please contact your Area Agency on Aging or visit the Maryland Department of Aging website http://www.mdoa.state.md.us.</p>
Q: How long should records be maintained by an AMDC center after a participant is discharged?	<p>A: Under COMAR 10.12.04.26 the center shall maintain participant records for at least 5 years from the date of discharge, except as provided in Health-General Article, §4-403, Annotated Code of Maryland. However, the funding source record retention policy may differ under COMAR 10.09.36.03 A (5). The Medical Assistance Program/Medicaid Waiver requires enrolled providers to maintain adequate records for a minimum of 6 years.</p>
Q: What is required for compliance with COMAR 10.12.04.27 C Transportation?	<p>A: COMAR 10.12.04.27 C States that a participant may not be in transit for more than 1 hour without an opportunity for a rest stop. The center is responsible for documenting the time each participant is picked up from home and when the participant is dropped off at the center. The center must also document the time when the participant leaves the center and when the participant arrives home. In addition, a rest stop must be offered to any participant who is in transit for more than 1 hour.</p>

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<p>Q: If the center provides documentation indicating the entire van run was less than 1 hour, is it a requirement of the regulation to record each participant's pick up and drop off times?</p>	<p>A: No</p>
<p>Q: As an Adult Medical Day Care provider are we required to validate when a participant leaves for medical appointments?</p>	<p>A: Yes. COMAR 10.12.04.26 D (3) The center shall maintain the following administrative and fiscal records: (g) The daily schedule of activities; (i) Attendance records.</p>
<p>Q: Is an AMDC required to report incidents that occur in an AMDC to the Office of Health Care Quality?</p>	<p>A Yes. COMAR 10.12.04.24 A Reports and Actions Required in Unusual Occurrences.</p> <p>The center shall immediately report an occurrence such as a communicable disease or food-borne outbreak, poisoning, death, fire, or other unusual incident that threatens the health or safety of any participant or staff member to the Office of Health Care Quality</p> <p>In addition, to reporting events to OHQC, Medicaid AMDC providers shall adhere to the Office of Health Services Reportable Events Policy.</p> <p>Centers may also need to report to its local health department and/or the state communicable disease unit. Please see our State web site for specific information on reporting. Link: http://www.edcp.org/</p>
<p>Q: Are Adult Medical Day Care centers required to have a licensed social worker?</p>	<p>A: Under State licensure regulation, the provision of social worker services is optional. See COMAR 10.12.04.15A (4). However if social and emotional needs are identified during the assessment required under Regulation .10 of this chapter, a licensed social worker shall be consulted before the establishment of goals to meet those needs.</p> <p>If you are reimbursed by the Medical Assistance Program/ Medicaid Waiver for the service, centers are required to provide either a full-time or part-time licensed social worker. Please refer to COMAR 10.09.07.04B for social work requirements under the</p>

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	Medical Assistance Program.
Q: Can an Adult Medical Day Care center discharge a participant immediately without notice to the family in a non-emergent situation?	A: No. See COMAR 10.12.04.23A Before a center discharges a participant the center shall formulate a discharge plan, including at least a 30-day written advance notice to the participant or participant’s responsible party, and shall assist the participant in obtaining the resources needed to implement the plan.
Q: Can an Adult Medical Day center discharge a participant immediately if the health and safety of the participant is at risk in an emergent situation?	A: COMAR 10.12.04.23B The 30-day written notice of discharge specified in §A of this regulation is not required when: (1) The health and safety of the participant or other individuals in the center would be endangered by the continued presence of the participant; (2) The participant has urgent medical needs; or (3) There is an emergency requiring less than 30 days notice, in which case the center shall notify the Department of the discharge and circumstances.
Q: Are AMDCs required to have fire drills?	A: Yes. NFPA-101 Life Safety Code 2006 Edition: Existing Day Care Facility: Chapter 17.7.2.2 documents the following: Not less than one emergency egress and relocation drill shall be conducted every month the center/facility is in session.
OFFICE OF HEALTH SERVICES	
Q: How many sets of regulations do Adult Medical Day Care (AMDC) centers have to comply with?	A: For State Licensure compliance, at a minimum, AMDC providers are required to comply with: COMAR 10.12.04 Day Care for the Elderly and Adults with a Medical Disability; The Nurse Practice Act COMAR 10.27; COMAR 10.15.03 Food Services Facilities/Food Safety and The Health Care Decision Act. Please keep in mind there are other local laws specific to the jurisdiction of the center. At a minimum, all AMDC’s enrolled by the Medical Assistance Program must comply with COMAR 10.09.07 Medical Day Care Services, COMAR 10.09.36 General Medical Assistance Provider Participation Criteria and the Medical Assistance Waiver

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	<p>regulations applicable to those you serve. (See list below)</p> <p>Depending on the waiver in which the center participants are enrolled, centers must comply with one or more of the following waiver regulations: COMAR 10.09.61 Medical Day Care Services Waiver; COMAR 10.09.46 Traumatic Brain Injury Waiver; COMAR 10.09.54 Waiver for Older Adults; COMAR 10.09.55 Living at Home Waiver; COMAR 10.09.27 Model Waiver; and COMAR 10.09.26 Community Pathways and New Directions Waivers (these are Developmental Disabilities Administration DDA-COMAR 10.22.12).</p> <p>Medical Assistance Program policy regarding implementation of the Medical Day Care Services Waiver can be found in Medical Day Care Transmittal No. 62, 63, and 68: http://mmcp.dhmf.maryland.gov/MCOupdates/SitePages/Home.aspx</p>
<p>Q: What is the Medical Assistance Program’s current daily rate of reimbursement for the medical day care services?</p>	<p>A: Medical Assistance payment procedures for medical day care service can be found under COMAR 10.09.07.08. When the daily rate of reimbursement changes the Medical Assistance Program issues a Medical Assistance Medical Day Care Transmittal to notify enrolled providers. These transmittals are posted on the DHMH website at: http://mmcp.dhmf.maryland.gov/longtermcare/SitePages/Home.aspx</p> <p>For additional questions regarding the Medical Assistance Program’s medical day care service daily reimbursement rate, please contact the Office of Health Service’s Division of Community Long Term Care at 410-767-1444.</p>
<p>Q: It has been identified that to receive funding from the Office of Health Care Quality (OHCQ), the ADCAPS needs to be completed monthly (p. 4 of the ADCAPS instructions - "The entire assessment is to be completed during the first 30 days of enrollment and every month thereafter.") Is there a reference to this monthly requirement in regulation?</p>	<p>A: The Office of Health Care Quality (OHCQ) licenses Adult Medical Day Centers (AMDC); the OHCQ does not fund AMDC. COMAR 10.12.04.20 A Comprehensive assessments (ADCAPS) documents that ADCAPS are to be completed quarterly as long as there is no change in the participant’s condition. The assessment shall include (1) Health status, (2) Functioning status, (3) Participation in activities, (4) Nutritional status, (5) Psychosocial status and, (6) Home management skills.</p>

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	<p>The Medical Assistance regulations on this topic can be found at COMAR 10.09.07.03.</p>
<p align="center">LICENSING AND SURVEY</p>	
<p>Q: What is the first step in becoming a licensed Adult Medical Day Care (AMDC) provider?</p>	<p>A: The Adult Medical Day Care Program (AMDC) within the Office of Health Care Quality (OHCQ) offers a “New Provider Interest” meeting which outlines the licensure process for prospective licensees. Participation in this meeting is optional. This meeting is offered quarterly on the Spring Grove Hospital Campus. To register for this meeting, please call (410) 402-8221 or toll free (877) 402-8221. In addition, you may visit the OHCQ website’s Adult Medical Day Care section http://dhmh.maryland.gov/ohcq/SitePages/Home.aspx</p>
<p>Q: Are there resources available to assist individuals in the licensure process?</p>	<p>A: The OHCQ will assist you with questions regarding the licensure process. The OHCQ does not have a consultative role beyond providing information about the licensing process and regulations. In addition, the following individuals may be contacted for assistance:</p> <ol style="list-style-type: none"> 1. Stella Odunuwke (410) 402-8221 AMDC Health Facility Surveyor Coordinator Office of Health Care Quality Department of Health and Mental Hygiene 2. Jim Soucy (410) 767-5925 Site Plans Review/Renovations General Services Administration (GSA) Department of Health and Mental Hygiene 3. (MAADS) Maryland Association of Adult Day Services (800) 725-1300 10280 Old Columbia Road #220 Columbia, Maryland 21046

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	<p>Phone: 410-381-1176 Fax: 410-381-0240 Website: http://www.maads.org/</p> <p>4 Health Facilities Association of Maryland (HFAM) 7060 Oakland Mills Road, Columbia, MD 21046 Phone: 410-290-5132 Fax: 410-290-6930</p> <p>5. LifeSpan Network 10280 Old Columbia Road #220 Columbia, Maryland 21046 Phone: 410-381-1176 Fax: 410-381-0240</p>
<p>Q: Is there a template for policies and procedures?</p>	<p>A: No. Please keep in mind that policies and procedures are to be individualized to meet the specific needs of the participants who will attend the prospective center. Please feel free to contact the National Adult Day Care Services Association at http://www.nadsa.org/ for further assistance.</p>
<p>Q: When do AMDC programs receive a renewal survey?</p>	<p>A: Surveys are driven by the expiration date of the license.</p>
<p>Q: Is there a possibility of deemed status for those providers that are CARF (Commission on Accreditation of Rehabilitation Facilities) accredited?</p>	<p>A: Current law and regulation do not recognize deemed status for Adult Medical Day Care programs.</p>
<p>Q: How long does it take for a provider to receive a response to a plan of correction (POC)?</p>	<p>A: OHCQ will make every effort to reply within 10 business days.</p>

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<p>Q: What is an (IDR) Informal Dispute Resolution? And how is it utilized?</p>	<p>A: Informal Dispute Resolution (IDR) means an informal process that provides a licensee the opportunity to question the Department about deficiencies cited on a recent inspection.</p> <p>(1) When a licensee requests an IDR, the licensee shall file a plan of correction within the required time, except to the extent that the licensee contests specific findings, in which case absent the Departments specific directive, a licensee may delay submitting its plan of correction with respect to those specific findings until 5 days after the licensee is provided oral or written notice of the outcome of the IDR.</p> <p>(2) A licensee may request informal dispute resolution (IDR) to question violations or deficiencies within 10 calendar days of receiving the statement of deficiencies. The written request for an IDR shall fully describe the disagreement with the statement of deficiencies and be accompanied by any supporting documentation.</p> <p>(3) At the discretion of the Office of Health Care Quality, the IDR may be held in-person, by telephone, or in writing. In-person IDR’s are informal in nature and are not attended by counsel.</p> <p>(4) The IDR process may not delay the effective date of any enforcement action.</p> <p>(5) In the event a licensee requests an IDR of a violation written by a designee of the Department, the Department shall request the designee to participate in the IDR process.</p>
<p>Q: What happens if my license expired and I have not, yet, been surveyed?</p>	<p>A: While our goal is to survey a facility prior to the expiration date of the license, the OHQC may not be able to satisfy the time constraint. State Government Article, §10-226(b) requires that the licensee make sufficient application for renewal of the license at least two weeks before the license expires</p>
<p>Q: Can a provider be licensed for both Adult Medical Day Care and Assisted Living?</p>	<p>A: Yes. A provider can be licensed for both Adult Medical Day Care and Assisted Living. However, the provider must obtain a license for each program and each program must have written agreement regarding the cooperative use of facilities</p>

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	<p>allowing the center adequate separate space during its hours of operation. Please see Day Care for the Elderly & Adults with a Medical Disability COMAR 10.12.04.28 C. Multi-Use Facilities & COMAR 10.12.04.28 D Space. In addition, see Assisted Living Programs COMAR 10.07.14.02 (4) Adult Medical Day Care has the meaning stated in Health General Article, §§14-201 and 14-301, Annotated Code of Maryland.</p>
EMERGENCY PREPAREDNESS	
<p>Q: Are Adult Medical Day Care centers required to have an emergency preparedness plan?</p>	<p>A: No. AMDC centers were not included in the new emergency planning requirements of HB770. However, COMAR 10.12.04.40 does require the center to comply with the Life Safety Code, NFPA 101 Life Safety Code in addition to ensuring that centers have floor plans with evacuation routes. We recommend that all Adult Medical Day Care centers be prepared to evacuate or to shelter in place in the event of emergency.</p>
DEFINITION	
<p>Q: How does the Office of Health Care Quality define an Adult Medical Day Care center?</p>	<p>A: See COMAR 10.12.04.02 (5) and Health General Article, §§14-201(b) or 14-301 (b), Annotated Code of Maryland.</p>
INTREPRETATIONS ISSUED BY THE OFFICE OF HEALTH CARE QUALITY	
<p>Q: The interpretation of “significant change in condition” is not defined in the new regulations. Would the Office of Health Care Quality please give their interpretation of significant change in condition?</p>	<p>A: “Significant change of condition” means a change in the participant’s physical, mental, or psychological status as defined and compared to previous assessments by the registered nurse.</p>

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<p>Q: How does the Office of Health Care Quality interpret the supervising registered nurses role in “significant change in condition” in an Adult Medical Day Care Program?</p>	<p>A: In accordance with the Maryland Board of Nursing regulations COMAR 10.27.09.01 B (3) & (9) The Office of Health Care Quality expects the center’s Registered Nurse (RN) to be prudent and to have the skills of “assessment” which means systematic, dynamic process by which the registered nurse through interaction with the client, family, significant others and other health care providers, collects and analyzes data; and “evaluation” which means the review and the analysis of the extent to which the assessment, nursing diagnosis, planning, and implementation is effective in resolving the clients problems or progress toward the attainment of expected outcomes.</p> <p>The Office of Health Care Quality expects the registered nurse to have the skills to assess and recognize significant changes in the condition of a participant. The RN is expected to take the necessary action and document his/ her actions in the medical record accordingly.</p>
<p style="text-align: center;">NURSING and THE ADULT DAY ASSESSMENT AND PLANNING SYSTEM (ADCAPS):</p>	
<p>Q: Adult Day Care Assessment and Planning System (ADCAPS) are required to be completed “quarterly” – what is the definition of “quarterly”?</p>	<p>A: Quarterly means a rolling 90-day period from the date of the last ADCAPS.</p>
<p>Q: Does the monthly “nursing” note need to be completed “monthly” – what is the definition of “monthly”?</p>	<p>A: Monthly means a rolling 30-day period from the date of the last nursing note.</p>
<p>Q: How is “semiannually” defined?</p>	<p>A: Semiannually means a rolling 180-day period from the date of the last documented date.</p>

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Q: Can ADCAPS substitute for the monthly “nursing” note?	A: Yes
Q. Medicaid requirements are that the Service Plan is to be reviewed/dated annually while OHCQ regulations require the care plan to be reviewed/updated at least semiannually. Why are the requirements different?	A. Compliance with the OHCQ COMAR regulations are to ensure quality at least semiannually, whereas, compliance with the Medicaid regulations will ensure the authorization of Medical Day Care Service, annually.
Q: What is the role of the Licensed Practical Nurse (LPN) in AMDC?	A: The LPN can document the care s/he provides, may document the monthly note and may complete a focused nursing assessment. However, the nursing care plan updates include a comprehensive assessment and evaluation of care and therefore, need to be written by the supervising RN. Per the Nurse Practice Act COMAR 10.27.10.02. (A) (B) & (C) the LPN contributes to the nursing process in a team relationship and, therefore, is present to augment the role of the supervising RN.
Q: Can the LPN do ASSESSMENTS?	A: The LPN, as a licensed nurse, contributes to the nursing assessment by gathering data relative to routine common health problems. The LPN may not perform assessment such as the comprehensive assessment that is part of the ADCAPS, new admissions; initiate or update a care plan; or evaluate or assess the patient’s change of condition.
Q: Can an LPN complete the ADCAPS?	A: No. The ADCAPS is a comprehensive assessment that must be completed by a Registered Nurse (RN). This includes the initial ADCAPS, quarterly ADCAPS, and ADCAPS that is completed as a result of a change in a participant’s health status.
Q: Can the LPN write a monthly nursing note?	A: Yes. Based on the Focused Nursing Assessment component documented per the Maryland Nurse Practice Act COMAR 10.27.10.02 (B) (1) (2). The LPN may complete the monthly nursing/observation note.

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<p>Q: Can the LPN initiate a plan of care , write care plan updates every six months and assess new admissions?</p>	<p>A: No. The LPN may not initiate a plan of care, write care plan updates every six months, or assess new admissions. The registered nurse must initiate a plan of care, write care plan updates every six months, or assess new admissions. The nursing care plan which is updated every six months is based upon nursing assessment, data analysis, and nursing diagnosis. The nursing care plan is comprehensive, systematic, and ongoing. Therefore the care plan updates every six months must be completed by the registered nurse (see COMAR 10.27.09.02 (A) (B) (C) (D) (E) & (F).</p>
<p>Q: What part of the “assessment process” can the LPN complete?</p>	<p>A The LPN May Complete A Focused Assessment in compliance with COMAR 10.27.10.01 (B) (1):</p> <p>Definition: “Assessment” means the act of gathering and identifying data about the client that assists the nurses, the client, and the client’s family to identify the client’s problems and needs;</p> <p>COMAR 10.27.10.02(A): In a team relationship the licensed practical nurse contributes to the nursing process. The nursing process shall include but is not limited to the following elements of client care listed in ¶ B–C of this regulation.</p> <p>COMAR 10.27.10.02.(B)(1)(2)(3):</p> <p>B Assessment.</p> <p>(1) Data for the assessment of the client shall be collected through direct observations and interviews.</p> <p>(2) The data shall: Relate to the client’s common recurrent health problems; (b) Identify symptoms and behavior changes of the client; (c) Be recorded in a manner consistent with the client’s presenting problem or problems and setting; and (d) Be collected from client, family, significant others, and healthcare records.</p> <p>(3) The assessment shall be communicated on records. The records shall reflect;</p> <p>(a) Changes in the health status; and (b) A continuous collection of data by</p>

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	<p>updating and revising the nursing assessment.</p>
<p>Q: As an Adult Medical Day Care provider which regulations are we to comply with related to nursing services? COMAR 10.12.04.13 B (2) or Medicaid Waiver 10.09.07.04 A & C (1) (2) (3) (4)?</p>	<p>A: Non-Medicaid Waiver participants shall comply with COMAR 10.12.04.13 B (2) (3). Also, keep in mind the registered nurse (RN) and the licensed practical nurse (LPN) must comply with COMAR 10.27 the Maryland Nurse Practice Act.</p> <p>In addition, nursing staff performing nursing services for participants funded by Medicaid Assistance Program/Medicaid Waiver shall comply with 10.09.07.04 A & C (1) (2) (3) & (4).</p>
<p>Q: Can an Adult Medical Day Care Center (AMDC) staff the center with an Agency RN?</p>	<p>A: Yes. However, the RN must meet the specific requirements of completing the Comprehensive Assessments, Monthly Notes, Nursing Care Plans and any other pertinent Nursing Assessments while supervising the (AMDC). In addition the registered nurses while working in an AMDC must comply with the standards of practice outlined in the Nurse Practice Act (COMAR 10.27) as well as the requirements set forth in COMAR 10.12.04.13B (2).</p>
<p>Q: In an Adult Medical Day Care Center is the nurse required to monitor and assess a participant who is having side effects of medications that are not given at the center?</p>	<p>A: Yes. COMAR 10.12.04.14 A (2) Requires the registered nurse or designee to communicate with the participant’s physician to report observed changes in the participant’s health status, including the reaction to medicine, and to obtain current medical orders regarding such items as diet, medications, and treatments.</p>
<p>Q: Does a Supervising Registered Nurse (RN) have to be on-site at the AMDC at all times?</p>	<p>A: No. The regulation does not require “RN on site at all times” The regulation requires an RN to be on site sufficient time to meet the needs of the participants, consistent with the Nurse Practice Act. COMAR 10.12.04.13A (2) (b).</p>
<p>Q: Can a CMT or CMA work in AMDC under the supervision of an RN?</p>	<p>A: Yes, with RN Supervision per COMAR 10.27.09.03 I (1)(2) (a)(b)(c); COMAR 10.27.11.03 (A)(B)(C)(D)(F) and 10.27.11.05 (H) (1) (g)</p>

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Q: Can a CMT or CMA work in AMDC under the supervision of an LPN?

A: The LPN is not an independent nursing care provider and must practice in a team relationship (see COMAR 10.27.10.02 (A)).

The RN is the independent nursing care provider and is the leader of the nursing team with the LPN performing nursing assignments as directed by the RN (COMAR 10.27.11.04 (A)(B)).

The RN must assess the following factors to determine if a medication administration can be delegated to a CMT or CMA to assure it is safe and appropriate for the CMT or CMA to administer medications.

- 1 Assess the environment of the AMDC center.
- 2 Assess the knowledge base and competency of the CMT or CMA to administer medication.
- 3 Assess each participant's clinical status to determine if the participant is chronic, stable, and predictable in response to care/medications.
- 4 Assess the medication treatment regime for each participant assessment.
- 5 Assess the aggregate AMDC population regarding the complexity and volume of medication to be administered by the CMT or CMA.
- 6 Assess the individual LPN's skills and competency to provide appropriate supervision of the CMT or CMA.
- 7 Following assessment of the identified factors the RN (as the leader of the nursing system and as the case manager) then determines the appropriateness of the assigning the LPN to supervising CMT or CMA.
- 8 Regularly evaluate the licensed nurse (LPN) who is performing the assigned nursing act;
- 9 Day to day supervision of a CMT or CMA by the LPN does not relieve the RN of the responsibility and accountability per COMAR 10.27.09

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	<p align="center">and COMAR 10.27.11 for medication management for the participants in AMDC.</p> <p>Please note the Maryland Board of Nursing (MBON) regulations to include but not limited to COMAR 10.27.09; COMAR 10.27.10; & COMAR10.27.11</p>
PHYSICIAN MEDICAL ORDER COMPONENTS OF REGULATION	
Q: As an Adult Medical Day Care provider are we required to have current and pertinent laboratory results in the medical record related to a participant’s diagnosis?	A: COMAR 10.12.04.26 D (1) The center shall maintain at least the following information for each participant: (j) Admission physical and subsequent additional information The center shall establish a policy on the medications that require monitoring by lab results. Those medications and the lab test results should be monitored by the supervising registered nurse.
Q: How many attempts should be made between physician updates to secure lab results?	A: The center/facility shall have a policy and procedure in place to obtain clinically relevant current lab work on each participant. OHCQ monitors the center’s reasonable efforts to obtain the necessary information to make a sound assessment. For instance, if a participant is on Coumadin that is being administered at the Adult Medical Day Care center, the program must know the current INR in order to safely administer the drug-OHCQ does not advise a center/facility on how many attempts must be made to obtain lab results.
Q: As an Adult Medical Day Care providers are we required to retain current physician’s orders and a list of the medications if the participant’s medications are not administered at the center?	A: Yes. COMAR 10.12.04.17 A The center shall include the original or faxed medication order in the participant’s medical record.
COMMUNICABLE DISEASE:	

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<p>Q: As an Adult Medical Day Care providers are we required to have medical confirmation that a participant is free from communicable disease before being admitted to the center?</p>	<p>A: Yes. COMAR 10.12.04 10 B (5) requires, medical confirmation that the individual is free from communicable disease and other active reportable airborne disease.</p> <p>Acceptable forms of documentation may include: (1) TB skin test, (2) Physicians order, or (3) Chest x-ray.</p> <p>The Office of Health Care Quality has based our requirements on the Center for Disease Control Guidelines. Reference: Guidelines for Preventing the Transmission of Mycobacterium Tuberculosis in Health Care Settings 2005. See pages 1-147. http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</p>
<p>Q: What is the procedure for classifying health setting or health care workers as low risk?</p>	<p>A: To have a comprehensive TB program a provider must determine if they are low, medium, or high risk. The vast majority of AMDC providers will be low risk. The facility can evaluate their risk using this CDC guidelines link. Please see the link below on page 10 page of the CDC document. http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</p>
<p>Q: What are the indications for a two-step tuberculin skin test (TSTs)?</p>	<p>A: The Office of Health Care Quality has based our requirements on the Center for Disease Control Guidelines. Please see the link below on page 29 of the CDC document. http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</p>
<p>Q: Are periodic chest radiographs recommended for HCWs (health care workers [or staff or residents of LTCFs Long Term Care Facilities] who have positive TST (Tuberculin Skin Test) or BAMT (Blood Assay for Mycobacterium Tuberculosis) results?</p>	<p>A: No. The Office of Health Care Quality has based our requirements on the Center for Disease Control Guidelines. Please see the link below on page 81 of the CDC document. http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</p>
<p>Q: What is the recommended frequency for Mycobacterium tuberculosis screening?</p>	<p>A: The Office of Health Care Quality has based our requirements on the Center for Disease Control Guidelines. Please see the link below on page 134 of the CDC document. http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf</p>

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