



STATE OF MARYLAND

DHMH

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Maryland Department of Health and Mental Hygiene

Office of Health Care Quality

Spring Grove Center • Bland Bryant Building

55 Wade Avenue • Catonsville, Maryland 21228-4663

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

October 26, 2009

Mr. Chris Morris  
President  
Maryland Association of Adult Day Services (MAADS)  
1025 West Nursery Road, Suite 112  
Linthicum, Maryland 21090

Dear Mr. Morris:

I would like to thank you and the members of the Maryland Association of Adult Day Services (MAADS) for your attendance at our meeting on September 17, 2009. Your participation was appreciated in addressing several regulatory issues and in the discussion of budget concerns in relationship to adult medical day providers in Maryland.

OHCQ offers the following guidance/clarification for questions raised during our meeting.

1. Can the ADCAP replace the monthly note required under COMAR 10.12.04.14 A (4) if an ADCAP is completed on the client for that month.  
**YES.**
2. What role can the LPN have in completing the monthly note, including whether the LPN can complete the note in the scope of his/her duties.  
**A licensed practical nurse (LPN) may write the monthly note. A note written by a LPN should document observations and care provided by the LPN; the LPN cannot assess the client's status.**
3. Significant change of condition: **It is expected that the center's registered nurse (RN) shall have the ability to recognize significant changes in the condition of the clients and to take the necessary actions. Surveyors will hold providers to new definition (as provided in the most recently released FAQ) effective January 2010. Surveyors will review the documentation and process that the RN used to determine whether the client experienced a significant change in condition.**

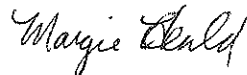


4. Care Planning - COMAR 10.12.04.21:
  - a. Providers can use a physician's order form as part of the care plan; it is not necessary to re-write this information on to a "care plan form". It is expected that the physician's order form is updated and contains current information and is available to center's staff.
  - b. A client's plan of care must be based on the results of a comprehensive assessment. Each component of the plan of care (10.12.04.21 B (1) a -l) must be addressed. If the client has many needs identified by the assessment, goals can be prioritized for accomplishment. That is, the licensed or certified professional health care practitioner that completed the assessment may direct that addressing certain needs are a priority over other needs. Goals should also take into account client preferences and wishes.
  - c. "Pertinent" diagnoses should be determined by the client's primary health care practitioner. Care planning should be directed by the impact of diagnoses on the client's ability to achieve/maintain their highest functioning level, and subsequent treatments, medications and services rendered to the client based on those diagnoses.

In regards to the Frequently Asked Questions - OHCQ would once again like to thank MAADS for their collaborative efforts in the development of the Frequently Asked Questions document. The Frequently Asked Questions will be updated to include the above mentioned items, and to add the three questions from the 2007 memo. We will not be making a change to the format of the FAQ at this time.

OHCQ looks forward in working with MAADS in educating the provider community in assuring quality of care to its participants. We wish you great success in your upcoming Fall Conference. As indicated, I am making OHCQ staff available to conduct a presentation at the conference. Please contact Leon Carlton at 410-402-8142 or at [lcarlton@dhhm.state.md.us](mailto:lcarlton@dhhm.state.md.us) to discuss the desired content of presentation and to make formal arrangements with him. Should you have questions, please feel free to contact me at (410) 402 – 8002.

Sincerely,



Margie Heald  
Acting Director

cc: Danna Kauffman  
Leon Carlton  
William Dorrill