CareCertify LLC

Adult Day Services Training Series

ADS-01

Introduction to Adult Day Services & Licensing

Participant Guide

Adult Day Services Training Series · Audience: Direct-Contact Staff · Volunteers · Subcontractors · Aides · CE Hours: 1.0

Updated July 2026 — reflects the 2026 licensing pause and current Rule 223 standards

Safe, Engaged Days for Vulnerable Adults

Adult day services centers give adults — often older or living with disabilities — a safe, engaging place to spend the day, with supervision, activities, meals, and help as needed, while supporting family caregivers with respite. In Minnesota these centers are licensed under Minn. Rules 9555.9600 to 9555.9730 (Rule 223), authorized by Minn. Stat. Chapter 245A. The Department of Human Services (DHS) licenses and inspects them, and every requirement traces back to one purpose: protecting participants' health, safety, and rights.

This guide introduces the service, the licensing standards — including the DHS licensing pause in effect February 1, 2026 through January 31, 2028 and today's program-integrity environment — and the training and staffing requirements behind safe, person-centered care. Knowing the framework helps you keep participants safe and do your part well.

Learning Objectives — by the end of this module you will be able to:

- Describe what adult day services are and who they serve
- Explain the licensing framework — Rule 223 and Chapter 245A — and the 2026 licensing pause
- Identify staff, volunteer, and subcontractor requirements, including background studies
- State the orientation and annual training requirements (20 hours / 4 supervised / 8 annual)
- Apply staffing ratios (1:5 / 1:8) based on self-preservation ability
- Describe the plan of care, daily services, and person-centered practice

Section 1: What Adult Day Services Are

Adult day services provide supervised daytime care — less than 24 hours a day. Four things define the service:

- **Health & supervision.** Supervised care that maintains or improves each participant's capacity for self-care.
- **Meals & nutrition.** Nutritious meals and snacks as part of every program day.
- **Activities & socialization.** Structured activities, exercise, and social connection — not just a place to sit.

- **Independence & respite.** The service helps adults remain in their homes and communities, and gives family caregivers a break.

Section 2: Who Participates

Participants are functionally impaired adults — people with substantial difficulty carrying out essential activities of daily living such as self-care, walking, seeing, hearing, or learning, or with needs arising from disability or cognitive change. Many are older adults; others are younger adults living with physical, developmental, or mental health conditions.

Attendance is regular and scheduled — under the Elderly Waiver, adult day services can be provided two or more hours per day, one or more days per week, on a regular schedule.

Every participant is a vulnerable adult

That status brings legal protections under Minnesota law — and your reporting duties as a mandated reporter, covered in depth in ADS-02.

Section 3: The Licensing Framework

The licensing framework has two layers. Minnesota Rules, parts 9555.9600 to 9555.9730 — known as Rule 223 — set the standards for adult day services centers: staffing, training, services, health, and safety. Minn. Stat. Chapter 245A, the Human Services Licensing Act, is the statute that authorizes licensing, background studies, inspections, and enforcement.

DHS issues licenses, conducts reviews, and can order corrections or sanctions. The stated purpose of the rules is to assure participants' health, safety, and rights — every requirement in this course traces back to that purpose.

Section 4: The 2026 Licensing Pause

Effective February 1, 2026, DHS stopped issuing new adult day center licenses. The pause is anticipated to run through January 31, 2028. New applications are not accepted, pending applications were canceled, and exceptions go only through lead agencies — counties and managed care organizations — or Tribal Nations.

Why it matters to you

DHS paused new licenses to focus resources on oversight of existing providers, part of a statewide effort to stop fraud in day and waiver services. Your center is operating under more scrutiny than ever — expanded audits, payment reviews, and record checks — and accurate daily records are the front line.

Section 5: Program Integrity — Your Records Are the Front Line

- **Record what actually happened.** Attendance, arrival and departure times, and services provided must match reality — every day, every participant.
- **Expect audits and record reviews.** DHS has expanded audits, payment reviews, and record checks of licensed centers. Complete, truthful records are what pass them.
- **Never sign for what you didn't see.** Don't record attendance for someone who wasn't there or services that weren't provided — no matter who asks. Falsifying records that feed billing is fraud.

- **Report red flags.** Offering participants money, gifts, or incentives to switch centers is a reportable integrity concern. Raise it with your director — or report it to DHS.

Section 6: The Team — Staff, Volunteers, Subcontractors

A director runs the center; in the director's temporary absence, a designated staff member supervises — you always know who is in charge. A person trained in basic first aid and certified in CPR and treatment of obstructed airways must be present at all times.

Everyone with direct contact — staff, volunteers, and subcontractors — must clear a DHS background study under Chapter 245C before that contact begins. Roles are defined: you work within your role, your training, and the center's procedures, and you escalate anything beyond them.

Section 7: Orientation and Annual Training

The rule sets specific, auditable hour requirements:

- **20 hours of orientation.** Within your first 40 hours of employment: training on the functional impairments of the center's current participants and its safety requirements and procedures.
- **4 hours supervised first.** At least 4 hours of supervised orientation before you work directly with participants.
- **8 hours every year.** A minimum of 8 hours of in-service training every year, in areas related to participant care — including maltreatment reporting.
- **Dementia care.** Centers serving people with Alzheimer's disease or related disorders must ensure direct-care staff and their supervisors are trained in dementia care.

All completed training is documented in your personnel record.

> **Know your participants**
>
> Orientation centers on the actual participants you serve — their impairments, needs, and safety procedures. Knowing the people in your care is the heart of safe service.

Section 8: Staffing Ratios and Self-Preservation

Staffing ratios are set by self-preservation — a participant's ability to respond to an emergency and exit safely without help.

- **1:5 — not capable of self-preservation.** One staff member present for every five participants who cannot respond to an emergency and exit safely without help.
- **1:8 — capable of self-preservation.** One staff member present for every eight participants who can take appropriate action to exit safely in an emergency.
- **Who counts?** Staff whose primary job-description duties are direct participant care count toward the ratio. A volunteer counts only after meeting the same requirements as staff. And regardless of ratios, a CPR/first-aid-certified person must be present at all times.

Section 9: The Plan of Care and the Program Day

Every participant has a plan of care, and it starts before day one. At admission, the center interviews the participant — and when possible, their family caregiver — to determine how the center can serve them. Each

participant then has an individualized plan with objectives for their health, function, and social needs. The plan is kept current: the participant's family and social history is updated at least annually, and changes in needs are observed, recorded, and referred.

Under the rule, each program day must include:

- **Meals & nutrition.** Nutritious meals and snacks each program day.
- **Structured exercise.** A daily exercise program, developed and reviewed in consultation with a physical therapist, for participants whose physicians authorize it.
- **ADL assistance.** Help with dressing, grooming, and eating — and building skills to manage them independently.
- **Daily activities.** A monthly plan of diversified daily program activities.
- **Social services.** Observing needs, keeping histories current, and referring participants and caregivers to community services.
- **Medication assistance.** Supervised assistance with self-administration — covered fully in ADS-04.

Section 10: Medication Assistance — Know Your Limits

Medication assistance has hard limits. Unlicensed staff may assist participants with self-administration of medication only when trained by a registered nurse for that role. Assistance is supervised under the rule's medication standards, and everything is documented.

If you have not been trained and assigned to assist with medications — don't. Get the right staff person, and when in doubt, ask. ADS-04 covers the full requirements.

Section 11: Person-Centered Care and Respite

Person-centered care means building the day around the participant. Each participant's needs, preferences, history, and abilities shape their day — not a one-size routine. Support dignity, choice, and independence: your job is to make choices possible, not to make them for people. Adapt activities so every participant can take part at their own level — that's what the plan of care is for. Person-centered care is how the rules' protection of participants' rights becomes daily practice (ADS-07 goes deeper).

Adult day services also support whole families. They give spouses, adult children, and other family caregivers time to work, rest, and manage their own lives — and regular daytime support helps participants stay in their own homes and communities longer, delaying or preventing moves to residential care. Every safe, engaging day you provide serves two people at once: the participant, and the caregiver behind them.

Section 12: Where You Fit

You're trained for your role — orientation, supervised hours, and annual training prepare you and define what your role includes. You follow procedures and document honestly — that's how standards become reality. You escalate: anything beyond your role, anything unsafe, anything that looks wrong goes to your supervisor or director.

And you make the difference. Rules set the floor; your everyday attention, care, and honesty are what participants actually experience.

Apply It — Scenarios

Scenario 1: A new volunteer's first day

You're a new volunteer. Staff ask you to supervise the activity room alone — including several participants who can't safely exit the building on their own — while they handle a medication task. THE RIGHT RESPONSE: Participants who can't self-preserve require 1:5 staffing by qualified staff. A volunteer counts toward the ratio only after meeting the same requirements as staff — not on day one. A CPR/first-aid-certified staff person must be present at all times. Decline politely, raise it with the director, and work within your role and orientation.

Scenario 2: The attendance sheet

At the end of the day, a coworker hands you the attendance log and asks you to initial full-day attendance for a participant you know left at 10:30 a.m. "It's fine, we always round up." THE RIGHT RESPONSE: Don't sign it. Records must reflect what actually happened — actual arrival and departure times. "Rounding up" attendance that feeds billing is falsification — it can be fraud, and it puts the center's license at risk. Record the true times and report the request to your director. If the practice continues, it can be reported to DHS.

Key Terms

Term	What it means
Adult day services	Supervised, community-based daytime care for functionally impaired adults.
Rule 223 / 9555	Minnesota's licensing rules for adult day services centers (9555.9600–9555.9730).
Chapter 245A	The Human Services Licensing Act authorizing licensure and inspection.
Self-preservation	The ability to respond to an emergency and exit safely without help.
Staffing ratio	Required staff per participants present: 1:5 or 1:8 by self-preservation ability.
Plan of care	Each participant's individualized plan with objectives your daily work supports.
Licensing pause	DHS moratorium on new adult day center licenses, Feb. 1, 2026 – Jan. 31, 2028.
Respite	Relief for family caregivers provided by daytime care.

Check Your Understanding

1. What are adult day services, and who do they serve?
2. Under what rules are adult day services centers licensed, and what is their stated purpose?
3. What is the 2026 licensing pause, and what does it mean for how your center operates?
4. What are the orientation and annual training requirements (hours), and what must annual training include?
5. What are the staffing ratios, and what does self-preservation mean? Who counts toward the ratio?
6. Who may assist participants with self-administration of medication, and under what condition?
7. A coworker asks you to record attendance for a participant who left early. What do you do, and why?

Looking ahead

Next, ADS-02: Vulnerable Adult Protection & Reporting covers your duty to recognize and report maltreatment — every participant is a vulnerable adult, and you are a mandated reporter.

References

Minn. Rules 9555.9600–9555.9730 (Adult Day Services Center licensure); Minn. Stat. ch. 245A (Human Services Licensing Act); Minn. Stat. ch. 245C (background studies); Minn. Stat. § 626.557 (Vulnerable Adults Act); DHS Licensing — adult day care temporary licensing moratorium (Feb. 1, 2026 – Jan. 31, 2028).

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