

Table of Contents

<u>Topic</u>	<u>Page(s)</u>
I. Preface	1-2
II. Legal Base	3-5
III. Definitions	6-11
IV. Goals and Objectives	12-13
V. Service Provision Policies and Procedures	14-24
A. Client Eligibility	14-16
B. Reporting and Reimbursement	16
C. Scope of Services	17-18
D. Service Codes	18-20
E. Payment Methods for Day Care Centers and Homes	20-21
F. Social Work Activities with Clients	21-24
VI. Certification and Monitoring Policies and Procedures	25-39
A. Responsibilities of State Division of Aging and Adult Services	25
B. Responsibilities of the County Department of Social Services	25
C. Responsibilities of Local Department of Health	25
D. Certification Requirement	26-27
E. Consultation	27-28
F. Certification Procedures	28-30
G. Monitoring Procedures	30-31
H. Documentation of Monitoring Visits	31-34
I. Negative Actions	34-39
J. Complaint Policy	39
VII. Guidance for Applying Standards	40-67
A. Governing Body	40
B. Program Policies	41-51
C. Personnel	52-53

D. Volunteers	53-54
E. The Facility	55-57
F. Planning Program Activities	57
G. Nutrition	57-59
H. Transportation	59-60
I. Emergencies and First Aid	60
J. Medication	60-63
K. Program Evaluation	64
L. Participant Records	64
M. Day Care Programs Serving More than One County	65
N. Capacity and Attendance	66
O. The DSS-Operated Adult Day Care Center	66
P. The Adult Day Care Home	66-67
VIII. Contracting Policies and Procedures	68-69
A. Maximum Payment Rate	68
B. Reimbursement	68
C. Attendance	68-69
Appendix A: Resource Information	70-73
Appendix B: Suggested Issues to Be Addressed in Contract	74-75
Appendix C: Adult Day Care/Adult Day Health Services Complaint Policy	76-88
Appendix D: Adult Day Care Services Program Forms	89

I. Preface

Day Care Services for Adults is the provision of an organized program of services during the day in a community group setting for the purpose of supporting adults' personal independence, and promoting their social, physical, and emotional well-being. Services must include a variety of program activities designed to meet the individual needs and interests of the participants, a nutritious meal and snacks as appropriate to the program, and referral to and assistance in using appropriate community resources. Medical examinations are required for individual participants for admission to a program and periodically thereafter. Services must be provided in a home or center certified to meet state standards for such programs.

The health care component of adult day health services distinguishes it from adult day care, which also provides a structured program of activities and services during the day for aging, disabled and handicapped adults. As part of the structured day program of activities and services, participants enrolled in adult day health also require daily nursing supervision. Participation in adult day health can enable such persons to achieve and maintain their optimum level of independence and can support family members and other caregivers who are providing full-time care to frail adults living at home.

It is possible for adult day care and adult day health to be provided within one program and one facility site. This arrangement is referred to as a combination adult day care/day health program. In a combination program, persons are enrolled for the level of service needed, either adult day care or adult day health. Activities and services are provided in the same setting with the same staff.

Adults who need adult day care and adult day health services are older adults and adults with disabilities who have impairments which prohibit them from living independently without supportive services and which put them at risk of becoming institutionalized. Some of these adults have faced rather drastic crises in their lives which have led to or will lead to substantial deterioration of their physical, emotional, mental, social and economic well-being. For others, the changes have been slower and less visible. A final group of adults may not yet have experienced crises requiring immediate intervention; for these, the signs of distress and deterioration are developing. Preventive action is needed in these cases. Adult day care and adult day health are services that can respond to these needs.

It is the intent of the Division of Aging and Adult Services of the North Carolina Department of Health and Human Services to support the development and operation of adult day care and adult day health services in local communities for adults who need this type of supportive program in order to maintain their potential for independent living. These services are not intended nor appropriate to substitute for the services of skilled nursing care nor to duplicate the functions of an adult social club, sheltered workshop, or senior center. Services are to be planned and implemented as an integral but distinct

point in the continuum of supportive services that should be offered and provided in a coordinated effort within a community.

Additional support to the individual should be provided as a part of adult day care services through the involvement of the family, including relatives and other significant persons who constitute the individual's emotional, psychological and economic support systems. Achievement of the individual's goals can be more effectively accomplished through this involvement with longer lasting results. The family should be involved beginning with the initiation of services and should continue to be involved throughout the family member's participation in the program.

II. Legal Base

On January 4, 1975, the President signed into law Title XX of the Social Security Act creating a new basis for federal, state, and local cooperation in the provision of Social Services to the nation's people. During the period of planning and public input prior to the implementation of Title XX in North Carolina, concerns were expressed about the need for services to assist with the care of the aging and the functioning of dependent adults. The Final Comprehensive Annual Services Program Plan initiated on October 1, 1975 included Day Care Services for Adults as an optional service to help meet these needs.

In accordance with its authority under North Carolina General Statute's 143B-153, the North Carolina Social Services Commission established rules and regulations for the provision of Day Care Services for Adults as defined in the Comprehensive Services Program Plan. In November, 1979, the Social Services Commission established rules governing the provision of Day Care Services for Adults under the State In-Home Services Fund. The rules specify that Day Care Services for Adults will be provided in accordance with the same standards, policies and procedures as are applicable for federal funding of this service.

In November, 1981, the Social Services Commission established rules governing the provision of Day Care Services for Adults under the State Adult Day Care Fund. Under these rules, Day Care Services for adults will be provided in accordance with the same standards, policies, and procedures as are applicable for federal funding of this service.

In June, 1985, the North Carolina General Assembly ratified an act to require the certification of adult day care programs. Under the authority of that act, which amended the General Statutes by adding a new section to Chapter 131D, the Social Services Commission adopted standards for programs providing Day Care Services for Adults and established penalties for failure to comply with these standards.

In 1999, the North Carolina General Assembly enacted legislation (Senate Bill 10) to provide rules for programs providing Special Care Services. Those programs are given designation of special care depending on the population that they serve and indicate they are certified as such. Link:

<http://www.ncga.state.nc.us/Sessions/1999/Bills/Senate/PDF/S10v4.pdf>

On March 5, 2001, the North Carolina General Assembly enacted legislation via Senate Bill 334 (link:

<http://www.ncga.state.nc.us/gascripts/BillLookUp/BillLookUp.pl?Session=2001&BillID=SB+334>) that made transportation an optional service as part of the provision of adult day care. The General Assembly amended General Statute 131D-6 to reflect this change in the provision of adult day care. Adult day care providers could opt to provide or arrange transportation to and from the program site.

The following North Carolina General Statutes mandate the provision and certification of adult day care and adult day health services:

G.S. 131D-6

http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_131D/GS_131D-6.html

G.S. 143B-181.1 (c)

G.S. 143B-181.1 (a) (10)

G.S. 143B- 181 (a) (11)

http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_143B/GS_143B-181.1.html

The following North Carolina Administrative PA provide direction on how to follow the above named General Statutes:

10A NCAC 6P

<http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2006%20-%20aging%20-%20programs%20operations/subchapter%20p/subchapter%20p%20rules.html>

10A NCAC 6Q

<http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2006%20-%20aging%20-%20programs%20operations/subchapter%20q/subchapter%20q%20rules.html>

10A NCAC 6R

<http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2006%20-%20aging%20-%20programs%20operations/subchapter%20r/subchapter%20r%20rules.html>

10A NCAC 6S

<http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2006%20-%20aging%20-%20programs%20operations/subchapter%20s/subchapter%20s%20rules.html>

10A NCAC 6T

<http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2006%20-%20aging%20-%20programs%20operations/subchapter%20t/subchapter%20t%20rules.html>

10A NCAC 6U

<http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2006%20-%20aging%20-%20programs%20operations/subchapter%20u/subchapter%20u%20rules.html>

10A NCAC 71R.0303

<http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2071%20-%20adult%20and%20family%20support/subchapter%20r/10a%20ncac%2071r%20.0303.html>

10A NCAC 71R.0903

<http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2071%20-%20adult%20and%20family%20support/subchapter%20r/10a%20ncac%2071r%20.0903.html>

III. Definitions

A. Definition of Adult Day Care Services

Adult day care means a program established for the purpose of providing group care and supervision on a less than 24—hour basis to adults who are physically or mentally disabled. The following programs are exempted from the provisions of G.S. 131D-6 and, therefore, are not required to be certified:

- Those that care for three people or less;
- Those that care for two or more persons, all of whom are related by blood or marriage to the operator of the facility;
- Those that are required by other statutes to be licensed by the Department of Human Resources.

Primary Service

Day Care Services for Adults is the provision of an organized program of services during the day in a community group setting for the purpose of supporting adults' personal independence, and promoting their social, physical, and emotional well-being. Services must include a variety of program activities designed to meet the individual needs and interests of the participants, and referral to and assistance in using appropriate community resources. Also included are medical examinations required for individual participants for admission to day care and periodically thereafter when not otherwise available without cost, food and food services to provide a nutritious meal and snacks as appropriate to the program, and transportation to and from the service facility is optional and may be provided and/or arranged at the provider's discretion.

Homes or centers providing the service must be certified to meet state standards for such programs. Services include recruitment, study and development of adult day care programs, evaluation and periodic reevaluation to determine if the programs meet the needs of the individuals they serve, and consultation and technical assistance to help day care programs expand and improve the quality of care provided.

10A NCAC 71R.0903

<http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2071%20-%20adult%20and%20family%20support/subchapter%20r/10a%20ncac%2071r%20.0903.html>

Components

None

Target Population

Adults who because of age and/or disability need the service to enable them to remain in or return to their own homes.

B. Definition of Terms

(10A NCAC 06R .0201, 06S .previously 10 NCAC 42E .0801, AND 42Z .0502)

1. Activities of Daily Living (ADL): eating; dressing; bathing; toileting; bowel and bladder control; transfers; and ambulation.
2. Adaptable Space: space in a facility that can be used for several purposes with little effort and without sacrificing safety and health standards; For example, an activities room that is used for crafts in the morning, used to serve lunch, and used for exercise activities in the afternoon.
3. Adaptable Activity: an activity where participation can be varied from individual, small group, or large group, and can occur seated, standing or laying down.
4. Adult: an individual eighteen years of age or older.
5. Adult Day Care Center: a day care program operated in a structure other than a single family dwelling.
6. Adult Day Care Home: a day care program for up to 16 people operated in a single family dwelling.
7. Adult Day Care Program: the provision of group care and supervision in a place other than their usual place of abode on a less than 24-hour basis to adults who may be physically or mentally disabled. This term is used to refer to adult day care programs, adult day health programs, and adult day care and combined adult day health programs (i.e. combination programs).
8. Alzheimer's Disease: is a progressive, degenerative disease of the brain resulting in impaired memory, thinking and behavior. Characteristic symptoms of the disease include gradual memory loss, impaired judgment, disorientation, personality change, difficulty in learning and loss of language skills.
9. Ambulatory: a person who is mobile and does not need the continuing help of a person or object for support (except a walking cane).
10. Capacity: the number of participants for which a day care program is certified.
11. Caretaker or Caregiver: an adult who regularly provides an impaired adult with continuous supervision, assistance with preparation of meals, assistance with housework and assistance with personal grooming.
12. Certification: the process whereby an adult day care program is approved as meeting the North Carolina Adult Day Care Rules in 10A NCAC 06.

13. Certifying Agency: the Department of Health and Human Services, Division of Aging and Adult Services.
14. Dementia: the loss of intellectual functions (such as thinking, remembering, and reasoning) of sufficient severity to interfere with a person's daily functioning. Dementia is not a disease itself but rather a group of symptoms that may accompany certain diseases or conditions. Symptoms may also include changes in personality, mood and behavior.
15. Group Process: at least three persons engaged in a common activity.
16. Institution: a facility that is established to serve a particular purpose and is required by State law to be provided and maintained by the State and any facility defined in federal regulations as an institution. In North Carolina, the list of institutions includes: general hospitals, state psychiatric hospitals, state centers for the mentally ill, skilled nursing facilities, and intermediate care facilities.
17. Instrumental Activities of Daily Living (IADL): meal preparation, medication intake, housekeeping, money management, phone use, laundering, reading, shopping, communication such as speaking, writing, signing, gestures, using communication devices and going to necessary activities.
18. Medication Schedule: a listing of medications taken by participants with dosages, route of administration, and times medications are taken.
19. Mental Health Disability: disorders with physiological or behavioral symptoms or impairment in functioning due to a social, psychological, genetic, physical, chemical or biological disturbance.
20. Modifiable Activity: an activity that can be simplified and adapted as a participant's abilities decline or improve.
21. Non-Ambulatory: a person who is bedfast.
22. Nucleus Area: refers to adult day care programs located in a multi-use building and refers to the areas not shared by any other programs located in the building but used only by the adult day care program.
23. Nursing Care: skilled nursing care or intermediate care.
24. On-Site: the area certified for the day care program
25. Owner: the person responsible for management of a day care home or day health home.
26. Other Special Needs Disease or Condition: a diagnosis, disease or disability, such as AIDS/HIV, that benefits from monitoring or oversight in a supervised setting.
27. Participant: a person enrolled in an adult day care or adult day health program.

28. Personal Care: tasks that range from assistance with basic personal hygiene and grooming, feeding, and ambulation, to medical monitoring and other health care related tasks.
29. Physical Therapy Program: a series of activities prescribed by a licensed physical therapist or activities administered under the supervision of a physical therapist.
30. Program Director: the person responsible for program planning, development and implementation in a day care program.
31. Progress Notes: written reports in the participant's file of staff discussions, conferences, or consultation with family or other interested parties, for the purpose of evaluation of a participant's progress and any other information regarding the participant's situation.
32. Related Disorders: dementia or impaired memory conditions characterized by irreversible memory dysfunction.
33. Respite Care: as a component of adult day care programs, means a service provided to give temporary relief to the family or caregiver. Primarily, respite is provided to families caring for children or adults with disabilities or families caring for frail or disabled older adults.
34. Responsible Party: the caregiver with primary day-to-day responsibility for an impaired adult.
35. Semi-Ambulatory a person who needs and uses the assistance of objects such as a wheelchair, crutches, walker, or other appliance or the support of another person on a regular and continuing basis to move about.
36. Senior Center: a community or neighborhood facility for the organization and provision of services including health, social, nutritional and educational services and a facility for recreational and group activities for older persons.
37. Special Care Services: are services by a certified adult day care program that promotes itself as providing programming, activities or care specifically designed for persons with Alzheimer's Disease or other dementias, or related disorders, mental health disabilities, or other special needs diseases or conditions.
38. Supervising Agency: the county department of social services in the county in which the day care program is located. The county department is responsible for seeing that certification standards are met on an ongoing basis and for making a recommendation to the Division of Aging and Adult Services regarding certification.

1. “Adult” means an individual eighteen years of age or older.
2. “Activities” mean the activities and services provided by the adult care program, including but not limited to social and educational events physical activity, and outings.
3. “Certification” means the process whereby an adult day care program is approved as meeting standards.
4. “Activities of Daily Living” means self-care activities necessary to maintain one’s home and to care for personal needs.
5. “Own Home” means a residence an individual maintains for himself or is maintained for him by his/her caretaker, including relatives. “Own Home” does not include any group living arrangement.
6. “Nursing Care” means care in a skilled nursing facility or intermediate \care facility.
7. “Group Care” means homes for the aged, family care homes, group homes for developmentally disabled adults, skilled nursing facilities, intermediate care facilities and other group living facilities which provide care, services and supervision.
8. “Aging” means 60 years of age or older.
9. “Disabled” means unable to engage in any substantial activity necessary for self—care or self—support by reason of a medically determinable physical or mental impairment which can be improved, corrected or ameliorated but which can be expected to last, or has lasted for a continuous period of not less than twelve months.
10. “Handicapped” means impaired in mind and/or body with reasonable certainty that because of the irremediable character of the impairment, the impairment cannot be improved, corrected or ameliorated and will continue at the same level of seriousness throughout the lifetime of the individual.
11. “Services plan” means a plan developed in accordance with the old manual. This is a reference to a “protective services plan.”

IV. Goals and Objectives

Day Care Services for Adults will be a means to pursuing or maintaining client goals in the following ways:

A. Economic Self-support

Increasing Caretaker Employability

Able-bodied persons who are responsible for providing the care required by a dependent adult can seek and accept employment if provisions can be made for care during working hours.

B. Personal Self-sufficiency

Providing a means of overcoming social isolation and its motivational effects

This service, by creating contact among persons who are often socially isolated, aids in overcoming the loss of self-esteem and self-respect that comes with isolation and promotes maintenance of good physical and mental health.

Providing for participants with an intellectual or developmental disability, training in skills needed in everyday living which will help them reach their maximum level of independent functioning.

C. Preventing or Remediating Abuse, Neglect or Exploitation

Aiding in achievement of the goal of “Personal Self-sufficiency”

Day activity programs bring older adults and/or adults with disabilities out of social isolation and help to promote a sense of self-worth and interest in daily life so that they are less likely to neglect themselves. Thus, progress in becoming self-sufficient prevents or remedies self—neglect.

Reducing the burden of an overwhelmed caretaker

A caretaker who is or would be overwhelmed by the responsibility of providing full-time care of an adult with care needs is often prone to frustration, aggression, or burn—out. Such aggression, in turn, is often directed at the dependent adult, or the burnt-out

caretaker may be unable to provide the necessary care. Partial relief of responsibility for providing care is frequently sufficient to overcome these causes of abuse and neglect.

D. Avoiding Inappropriate Institutional Care

Allowing a dependant adult's family to attain or maintain the goal of "Economic Self-Support"

Providing care for an adult with care needs during working hours is often necessary for able-bodied members of that person's family to become employable or to remain employable. The income gained from such employment may determine whether or not such a person's family is able to afford to maintain him or her at home.

Providing services to persons whose needs are not actually sufficient to require institutionalization if there is a community- based care alternative.

V. Service Provision Policies and Procedures

A. Client Eligibility

Before Adult Day Care Services may be provided to an individual, eligibility must be determined and documented by the appropriate county Department of Social Services in accordance with the “Requirements for the Provision of Services by County Departments of Social Services.” (<http://www.ncdhhs.gov/aging/adultsvcs/ssdelivery.htm>) Federal and state financial participation is available in the cost of providing this service only if the recipient is eligible in accordance with established criteria.

1. Need for the Service

An individual must be determined to be within the target population as identified in Section III, page 7 of this chapter to be eligible for Adult Day Care Services.

- a. If the individual falls within the target population, documentation of that fact is required. Documentation must be on the DAAS-6222 or 6220 or in the narrative case record which shows that because of age, disability or handicap, the individual needs the service to enable him/her to remain in or return to his/her own home. The specific location of the documentation must be referenced on the DSS-5027 by page number, date, or other specific location in the record.
- b. If an individual does not need the service (i.e. does not fall within the target population), the service is denied or terminated and the basis for the agency’s decision must be documented on the DAAS-6222 or 6220 or in the narrative case record and communicated to the client on the DSS-5027 or other form.
- c. No additional eligibility criteria can be imposed on applicants for Day Care Services for Adults.

A client’s need for transportation to the adult day care program cannot be an issue in determining eligibility. If the client falls within the target population, the client is eligible regardless of where he/she lives in the county in relation to existing transportation resources.

2. Priority Groups

Once an individual is determined to be eligible for the service (i.e., falls within the target population), it shall be provided according to the following order of priority:

- a. Adults who require complete, full-time daytime supervision in order to live in their own home or prevent impending placement in substitute care, and adults who need the service as part of a protective services plan.

Impending placement in substitute care means that the client's physician has recommended skilled nursing, intermediate, or adult care home; or the client has applied for admission to such a facility; or the client's family states that placement in such a facility is about to occur.

- b. Adults who need help for themselves with activities of daily living and/or support for their caretaker in order to maintain themselves in their own homes.

- c. Adults who need intervention in the form of enrichment and opportunities for social activities in order to prevent deterioration that would lead to placement in group care.

Intervention in the form of enrichment and opportunities for social activities is directed toward individuals who are isolated and withdrawn and who, because of their withdrawal, are in danger of deteriorating mentally and physically. Individuals who are lonely and who could benefit from planned social and recreational activities, but who are able to function independently, should be referred to an organization designed to meet such needs, not to adult day care.

- d. Individuals who need time-limited support in making the transition independent living to group care, or individuals who need time-limited support in making the transition from group care to independent living.

- (1) Individuals enrolled in an adult day care program who are no longer able to maintain themselves in an independent living situation and for whom placement in group care is necessary may continue attending the adult day care program for a maximum of ninety days after entering the group care facility. This time-limited participation in adult day care is for the purpose of providing support during the period of adjustment to the

new living situation. State and federal funds may not be used to support the provision of adult day care for individuals in group care beyond this ninety-day period.

- (2) Adult day care services may be provided for an individual preparing to leave a group care facility for an independent living arrangement for a period of up to ninety days prior to the individual's discharge from the group care facility. Adult day care in this instance is intended to assist the individual in preparing for independent living and for the move from the group care facility. The individual must fall within the target population on page I of this section after discharge from the group care facility in order to continue to receive the service.

The basis for the agency's determination that the client falls within a specific priority group must be documented on the DSS-1325 or in the narrative case record.

At times, Day Care Services for Adults may not be available in sufficient amounts to meet the requests from eligible individuals. In these instances, the policies and procedures on waiting lists in Requirements for the Provision of Services by County Departments of Social Services are applicable. See web site:

www.ncdhhs.gov/aging/adultsvcs.ssdelivery.pdf

3. Client Eligibility in Relation to Adult Day Care Program Enrollment Criteria

If an eligible client cannot be enrolled in an adult day care program because he/she does not meet the day care program's written enrollment criteria, the service is denied to the person because it is not available to him.

If a day care program's written enrollment criteria limit the number of persons with certain conditions (e.g., wandering behavior) which can be served at any one time, and an eligible client with such a condition cannot be accepted because the program has its maximum number of persons with that condition; the client must be considered for enrollment at the first opening for persons with that condition.

B. Reporting and Reimbursement

1. Review the Contract Policy in the Requirements for the Provision of Services by County Departments of Social Services located at:
www.ncdhhs.gov/dss/budget/contracts.htm

C. Scope of Services

1. The following activities and services are considered part of Day Care Services for Adults for purposes of reimbursement of funds administered by the Division of Social Services.
 - a. The activities and services provided by a certified adult day care center or home as approved through the certification process. (See the North Carolina Adult Day Care and Day Health Services Standards for Certification and pages 22-31 of this manual).
 - b. Social work activities of the county Department of Social Services, including: Recruitment study and development of adult day care programs. evaluation and periodic re-evaluation to determine if the programs meet the needs of the individuals they serve, and consultation and technical assistance to help day care programs expand and improve the quality of care provided. (See pages 22-31 of this manual for further discussion of these activities).

Medical examinations required for participants for enrollment in day care and annually thereafter when not otherwise available without cost.
 - c. Every effort should be made to obtain such examinations through screening clinics or using Medicaid. However, if no financial or medical resources are available to cover the cost, the county Department of Social Services may pay for and claim reimbursement for such examinations for eligible persons as adult day care services. Reimbursement of Federal/State funds is available for such examinations. Refer to the North Carolina Adult Day Care and Day Health Services Standards for Certification V.A.1 (d) pages 28-29 for information which must be obtained in such examinations. Reimbursement cannot be claimed for medical treatment provided for participants by program staff.
 - d. Transportation
Transportation to and from the day care program is an optional component of adult day care services. Though, providing transportation or arranging/coordinating transportation for participants may increase an individual's ability to attend the adult

day care program. The participant's family should be encouraged to provide transportation, if possible. In some areas, public transportation may be available and participants should be encouraged to use such resources if physically and mentally able to do so. Reimbursement of Federal/State funds may be claimed in accordance with fiscal policies for the cost of transporting participants to and from the day care program when provided or arranged by the day care program or by another organization.

- e. Adult Day Care/Adult Day Health providers are not permitted to charge an enrollment fee for participants whose care is funded or will be funded through federal or state funds to attend the program (e.g., SADCF, HCCBG). See Administrative Letter No. 02-10.
2. For purposes of reimbursement of funds administered through the Division of Social Services (State Adult Day Care Fund through Social Services Block Grant) assessment with the individual and/or his/her family of the appropriateness of and need for initial or continued care is reported as Case Management In-Home Services or Intake. Assistance in arranging for and in using day care for the individual's maximum benefit is reported and reimbursed under the appropriate service, such as Individual and Family Adjustment Services, Protective Services for Adults, etc., depending on the focus of work with the client and the service plan. When it is not appropriate to report these activities as a part of the provision of a specific service, such activities will be reported as Case Management In-Home Services. See Services Information System (SIS) Manual at: <http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/>

D. Service Codes

The following activities should be reported on the DSS 4263 (day sheet):

031, Day Care Services for Adults- Recruitment Only:

- Social work activities of consultation, monitoring and certification of adult day care and day health programs. This means the recruitment, study, and development of adult day care and day health programs, evaluation and periodic re-evaluation to determine if the programs meet the needs of the individuals they serve, and consultation and technical assistance to help day care and day health programs expand and improve the quality of care provided.

386, Case Management – In-Home Services

- Case management activities carried out to support and facilitate the provision of in-home services to a client. In-home services include Adult Day Care and Adult Day Health Services.

250, Transportation:

- Transportation as part of a service plan for participants to and from the day care or day health program and their homes.

The following activities should be reported on the DSS-5027:

030, Day Care for Adults- Daily Care:

- Daily care for participants enrolled as an adult day care participant

155, Day Health for Adults:

- Daily care for participants enrolled as an adult day health participant

386, Case Management – In-Home Services

- Case management activities carried out to support and facilitate the provision of in-home services to a client. In-home services include Adult Day Care and Adult Day Health Services.

250, Transportation

- Participants who need transportation to and from the day care or day health program and their homes

The following activities should be reported in ARMS (not day sheet reporting on the DSS-4263).

If the Department of Social Services in the county where the program is located and is receiving funding from the lead agency for the Home and Community Care Block Grant or is the lead agency for the Home and Community Care Block Grant, the following service codes would be used for transportation:

031, Transportation of an adult day care participant:

- One-way transportation of adult day care participants to the adult day care facility and/or from the adult day care facility to their homes

156, Transportation of an adult day health participant:

- One-way transportation of adult day health participants to the adult day health facility from their homes and/or from the adult day care facility to their homes

See Services Information System (SIS) Manual at:

<http://info.dhhs.state.nc.us/olm/manuals/dss/rim-01/man/>

E. Payment Methods for Day Care Centers and Homes

Adult Day Care may be provided directly by the county Department of Social Services, or by purchase of services contract. The county department may choose to use one or more of these methods concurrently if more than one program is operating in the county.

For all methods of service provision, reimbursement for services must be claimed in accordance with established fiscal reporting requirements.

1. Agency Operated Day Care Program

a. Scope

County departments of social services may operate their own adult day care programs.

b. Reimbursement

Reimbursement of Federal/State funds is paid for the cost of operating the adult day care program in accordance with an annual budget. Included are costs of staff, transportation, meals, facility, supplies and equipment and other expenses directly related to program operation.

Reimbursement will be made in accordance with procedures established by the Division of Aging and Adult Services.

2. Contracts

a. Scope

Under a contract, the county Department of Social Services agrees to purchase adult day care from a certified day care program at a standard fixed rate per day of service. A contract, DSS 2252, is negotiated annually

with the day care program specifying the services to be provided and the payment rate. The day care program must be certified before the agreement is finalized. The DSS-5027 is used to authorize services for an eligible client.

b. Reimbursement to Sub Recipients

Please review the information at the web address:

www.ncdhhs.gov/dss/budget/contracts.htm

Reimbursement will be made in accordance with procedures established and outlined in the Division of Aging and Adult Services' Fiscal Manual and the Division of Social Services' Fiscal Manual. Fees for services must be reported in accordance with established fiscal reporting requirements.

F. Social Work Activities with Clients

The county Department of Social Services has certain responsibilities regarding the participation of clients in adult day care services.

1. Family Centered Approach

In a sense, an adult day care services program is a family centered approach to the care of adults in the community. It can work to strengthen the relationship between the program participant and his/her family, to support the current care giving arrangement, to assure that the participant is receiving the appropriate type and amount of care, and to prevent any unnecessary removal or separation of the dependent adult from his/her home, family and community. This provision of service to both the participant and family can be achieved in different ways depending on the circumstances. The family should be involved beginning with the initial contact and should continue to be involved throughout the family member's participation in the program. The service plan can be strengthened through family involvement. Achievement of participant goals can be more effectively accomplished with longer lasting results when families participate in planning and follow through.

For purposes of the provision of day care services for adults, county departments of social services staff should consider that:

The family continues to be a significant unit within our society whether as immediate family, extended family, or non-related but significant persons.

All persons in a family deserve to have their attitudes, contributions, concerns and potential respected and considered.

Participants and their families should be given the opportunity to find their own ways to resolve problems.

Each situation and person should be treated individually, recognizing and taking into consideration any unique factors.

Each person in a family should be allowed to engage in decision- making and care giving to the extent that he/she can and desires.

Families have varying values, culture and lifestyles that should be taken into account during intervention, problem-solving and treatment.

Each participant has individual rights to choose not to engage his/her family in service planning and his/her needs should still be adequately addressed.

2. Interpretation of Adult Day Care Services and Assistance in Arranging for services

- a. adult day care and the reason for suggesting it as a service which could be of benefit to the individual should be clearly explained to the individual, and to family members if possible and appropriate, so that they will have a clear understanding of the nature of the service and of its purpose in relation to the client.

The client's understanding of the service will have a definite effect on his/her perception of whether or not he/she needs and can benefit from it. Since adult day care is a voluntary service and the client's cooperation is essential to its effectiveness, every effort should be made to insure the client understands of what is involved. It may be helpful to arrange a preliminary visit to the day care program so that the client can observe and talk with participants and staff.

In discussing adult day care as an appropriate service for the individual, the social worker should be knowledgeable about all of the services available in the community for older adults and adults with disabilities.

Other resources which may be available include: senior centers, social clubs, congregate meal sites, community living services, day treatment and partial hospitalization programs, in-home aide services and home health services in addition to residential care programs. It is important that the social worker be able to relate to these other services and organizations in the discussion, as necessary and appropriate.

- b. The social worker should be knowledgeable about the enrollment criteria and procedures of day care programs in the county in order to make appropriate referrals for enrollment. The day care program reviews referrals and retains the authority to make the final decision as to whether or not to accept a referral.
- c. Having referred an individual to a day care program, the social worker may need to assist the person in completing the application for enrollment, including the compilation of social and medical information. A physical examination is required as part of the enrollment process and the client may need assistance in arranging for the examination. The social worker may need to consult with day care staff to facilitate the individual's entry into the program.
- d. Consideration must be given to the number of days per week which the client should attend the program for maximum benefit. For many individuals, participation on a five-day-per-week basis is desirable; however, in some cases, full-time attendance may not be possible or warranted because of the frailty of the individual, because the family is able to provide needed support and assistance part of the week, or for other reasons. In addition, some clients may be reluctant initially to commit themselves to attendance five-days-per-week. These factors should be taken into consideration in planning with the client and day care program staff regarding the client's attendance on a regular basis.
- e. When a client is accepted for enrollment into a day care program, transportation may be arranged for the individual to and from his/her home. The social worker should explore the resources available to provide transportation and, if possible and appropriate, family members and public transportation should be used. The day care program is not required to provide transportation and may provide and/or arrange transportation at the provider's discretion.

3. Participation in Adult Day Care Services on an On-Going Basis

- a. The social worker should maintain regular contact with the individual and day care staff to be sure the individual is receiving satisfactory care and services in relation to his/her needs. As part of this regular contact, the social worker should visit the day care program as often as the client's situation dictates and at least every three months, to see the participant in the day care setting. During these contacts, the social worker should discuss with the participant his/her attitude about involvement in the day care program and whether or not he/she perceives it as beneficial. The social worker should have input into the development of the individual's day care service plan, and should consult with day care staff as needed and appropriate, and at least every three months, regarding the individual's status in relation to this plan. The social worker should be available to day care staff, the participant, and the participant's family for consultation regarding any problems which may develop concerning the individual's experience in adult day care.

- b. In determining the continued appropriateness of adult day care for an individual, several factors should be considered. For many persons, the care and supervision provided through adult day care will be necessary on a long-term basis. For these persons adult day care provides the supportive services necessary to maintain the current level of functioning. For others, however, significant progress may be made, to the extent that the individual no longer needs the intensive level of care provided in the day care setting. Also, there will be persons whose condition deteriorates to the point that adult day care no longer meets their needs and other arrangements must be made. For those persons who are able to significantly improve their level of functioning through participation in the day care program, consideration should be given to reducing the number of days in attendance, with the ultimate goal of terminating participation if the individual is able to maintain his/her functional level. Such changes should be made gradually, with the understanding and agreement of the individual and his/her family, as appropriate. A primary consideration is the extent to which there are other resources in the community which are available to the participant.

VI. Certification and Monitoring Policies and Procedures

A. Responsibilities of State Division of Aging and Adult Services

It is the responsibility of the Division of Aging and Adult Services to develop standards and policies for the delivery of adult day care services by county departments of social services and day care providers; and for all actions regarding certification of adult day care programs, based on the report and recommendation of the county Department of Social Services and the Adult Day Care Consultant in the state office. The Division of Aging and Adult Services will work with the Social Services Commission to establish the Administrative Rules that are the framework for providing adult day care services.

The Adult Day Care Consultant at the Division of Aging and Adult Services will work with county departments of social services and day care providers regarding the development of adult day care services, interpretation of standards for certification and related issues.

The regional Adult Program Representatives are available to county departments of social services for consultation regarding the development of adult day care services as part of a county social services system.

B. Responsibilities of the County Department of Social Services

In counties where there is an adult day care program, the Department of Social Services must designate a social worker to act as Adult Day Care Coordinator and carry out the responsibilities described in this section.

C. Responsibilities of Local Department of Health

The local Department of Health assigns a registered nurse to act as the Adult Day Health Specialist for adult day health or combination adult day care and adult day health programs that operate in a county covered by the appropriate Department of Health. The role of the local Department of Health and the Adult Day Health Specialist are detailed in the Adult Day Health Services Certification Procedures Manual.

D. Certification Requirement

Beginning January 1, 1986, the Division of Social Services was required to certify all adult day care programs as meeting adult day care standards adopted by the Social Services Commission. In July of 1998, the Division of Aging acquired the responsibility to certify all adult day care programs as meeting adult day care standards adopted by the Social Services Commission. In effect, the legislation requiring certification (G.S. 131D-6) moves this responsibility into the licensure arena and establishes penalties for violation of the standards.

Certain programs are exempt from certification under G.S. 131D-6. These are:

1. “Programs” that care for three people or less;
2. Programs that care for two or more persons, all of whom are related by blood or marriage to the operator of the facility;
3. Programs that are required by other statutes to be licensed by the Department of Health and Human Services.

The legislation defines the programs that must be certified, taking into account the above exceptions, as “the provision of group care and supervision in a place other than their usual place of abode on a less than 24 hour basis to adults who may be physically or mentally disabled.” Therefore, when county staff becomes aware of a program for adults operating or planning to operate in the county, a decision must be made, based on the above criteria, as to whether the county needs to contact the program regarding certification. The program may not necessarily identify itself as adult day care, per se, in program name or advertising materials. It is the responsibility of the county to determine if the program is subject to the provisions of G.S. 131D-6. The County will need to examine the following circumstances in making the determination. It must be kept in mind that some existing programs may be providing a combination of services. It will be necessary to isolate the service area that appears to meet the definition of adult day care services before considering compliance with G.S. 131D-6.

Any program which is serving a group of adults who do not reside at the facility and who require care and supervision because they be an adult with a mental or physical disability must be considered unless they are exempt because:

1. The program is licensed or required to be licensed by the Department of Health and Human Services under rules governing licensure of a service other than adult day care services.
2. Senior Centers are not covered by these standards. These are non residential programs which provide services at a lower level of care on the continuum of care. The distinction between the two programs is based on the population utilizing the service. Adults attend a Senior Center on an unscheduled basis and do not require care and supervision. Although they may be physically or mentally disabled, they are able to function at a lower level of care.
3. Some special needs organizations offer group services to individuals who have a specific physical, mental or cognitive impairment or illness and the focus of the program is the maximization of the individual's personal resources with a goal of mainstreaming rather than care and supervision. These programs would not meet the definition of adult day care.
4. Any program which meets the definition of adult day care is exempt if there are three or fewer individuals receiving care; or if two or more individuals receiving care are all related by blood or marriage to the operator.

Should the county have any difficulty securing information regarding the program or need any assistance in making the determination, contact the Adult Day Care Consultant of the Division of Aging and Adult Services.

E. Consultation

1. The Adult Day Care Coordinator should be able to provide information and assistance to individuals and organizations regarding the nature and scope of adult day care services, the need for the service within the community and guidelines to follow in developing an adult day care program. Refer to Appendix A for resource information on this topic. The appropriateness of potential service providers is an important consideration in terms of their orientation to services and whether or not their philosophy is compatible and consistent with the nature and purpose of adult day care. For example, an organization developed to operate recreation programs may require particular assistance in understanding the scope of adult day care services with recreation as one aspect of the total program. The Coordinator should be available to explain and interpret standards for certification

and the certification process to parties interested in developing an adult day care program.

2. The Coordinator should assist such parties in understanding the effect of standards on their proposed program. The Coordinator should be aware of and assist day care programs in identifying community agencies and organizations which may be resources in terms of increasing the variety and strengthening the activities and services offered through the day care program. Some possible resources are listed in Appendix A.
3. The Coordinator should work with day care programs in making changes necessary for compliance with certification standards, and helping to insure that changes are appropriate and consistent with standards.
4. In any instance that the Coordinator observes that improvement could be made in any aspect of the day care program operation, the Coordinator should discuss the proposed improvement with the Program Director. It should be understood that limited funds and staff may affect the extent to which improvements can be made; however, the possibilities should be explored with the idea of attempting to identify other sources of funding, if necessary. Also many improvements can be made without an outlay of funds.
5. Adult day care programs are required to review and evaluate their operation and services at regular intervals. The Coordinator should participate in this process, if asked, in order to assist the program in identifying strong and weak points and in suggesting ways of improving service delivery.

F. Certification Procedures

1. The county Department of Social Services is responsible for all activities at the local level concerning program certification. Such activities include certification reviews and monitoring of the day care program to insure that standards are met on an ongoing basis.

In order to carry out this responsibility, the Adult Day Care Coordinator must become familiar with all aspects of program operation including administration, activities and services provided and client and program records.

2. The procedures for Certification are described in Section VI of the North Carolina Adult Day Care and Day Health Services Standards for Certification Manual. It is the responsibility of the day care program to request necessary inspections by the local authorities (such as: fire, building and sanitation) and to make such requests sufficiently in advance to give adequate time for such inspections to be made within the timetable for certification. The Coordinator should explain this responsibility to the day care Program Director or operator and may provide the forms and types of inspectors (i.e., building, fire, environmental health) to contact.
3. The DAAS-1500, Adult Day Care Services Program Certification Report, must be completed by the Coordinator for initial and annual certification (recertification) reviews and for other actions as listed on the Report form. The DAAS-6205 (Part A), Adult Day Health Service Program Certification Report, must be completed by the Coordinator for an adult day health only program or for an adult day care/adult day health combination program. The DAAS-6205 (Part B) Adult Day Health Service Program Certification Report – Local Department of Health Standards Review, must be completed by the Adult Day Health Specialist for an adult day health only program or for an adult day care/adult day health combination program. These form serves as the Department of Social Services’ and Local Department of Health’s (if applicable) report and recommendation to the Division of Aging and Adult Services regarding certification. (See <http://www.ncdhhs.gov/aging/manual/adcahd/DAAS-1500.pdf>)
4. For initial certification, the review process should begin as policies are developed, staffs are employed, and the facility is readied for occupancy. By reviewing plans and draft policies, the Coordinator can identify any areas of noncompliance with standards and make recommendations for changes so that necessary corrections can be made before program policies are finalized. An adult day care program may not be certified until standards are met; however, it should be understood that if a program is new, some areas will be incomplete (for example, participant and program records). In such instances, the Coordinator should review plans and capability to comply with standards.
5. An Adult Day Care Consultant from the Division of Aging and Adult Services will visit each adult day care program with the coordinator as part of the initial certification process. Arrangements for the visit are made with the Coordinator and the Adult Day Health Specialist from the Local Department of Health (if applicable) after the Program Certification Report (DAAS-1500 or DAAS-6205) and certification package are received in the Division of Aging and Adult Services. The Adult Day Care Consultant reviews plans for activities and

services, written policies, evaluation activities, client and program records, inspections and other aspects of program operation as needed during the visit. After the visit, based on the county's report and recommendation and the results of the joint visit, a decision is made by the Division of Aging and Adult Services regarding certification. Within fourteen (14) business days, the Division of Aging and Adult Services shall provide a written notice after review of the Certification Packet and Visit to the program if program is certified or not.

6. As a part of the certification renewal process, the Adult Day Care Consultant will review the certification package submitted by the Coordinator. Based on the county's report and recommendation, a decision will be made by the Division of Aging and Adult Services regarding certification. The Adult Day Care Consultant or another staff person from the Division of Aging and Adult Services may visit the adult day care program as a part of the certification renewal process. The Coordinator may request a visit from the Adult Day Care Consultant when the Program Certification Report (DAAS-1500 or DAAS-6205) and certification package are sent to the Division, or the Consultant may make arrangements with the Coordinator for a joint visit.
7. A day care program may be certified for a maximum period of twelve months, with the certification period always ending on the last day of the twelfth month. The certification renewal process is the dual responsibility of the Coordinator and Program Director of the adult day care program. It is suggested that the process be initiated at least 90 days in advance as the county's report and recommendation (DAAS-1500 or DAAS-6205) must be received in the Division of Aging and Adult Services at least 30 days but no more than 60 days prior to the end of the certification period. By initiating the recertification review early, some problems may be corrected at the local level prior to submitting the report and recommendation to the Division of Aging and Adult Services. While the coordinator shares in this process, it is the Program Director's responsibility to ensure that all additional material that is to be attached to the DAAS-1500 or DAAS-6205 and required by standards for certification renewal is forwarded to the county Department of Social Services within the established time frames.

G. Monitoring Procedures

1. Although The Health Insurance Portability and Accountability Act (HIPAA) of 1996 was created in 1996, it did not become effective until 2003. HIPAA permits information contained in program records to be shared only with appropriate staff and local and state oversight or monitoring agencies (i.e., The Coordinator and Specialist, state Consultant, etc.). Therefore, monitors of adult day care and adult day health programs are permitted to review confidential information in relation to monitoring of these programs.

2. The county Department of Social Services is the monitoring agent for the day care program insofar as compliance with certification standards is concerned. The Coordinator is responsible for visiting the program at least once monthly and more frequently if necessary, to review the program's operation, compliance with standards, and follow up on recommendations made during the certification review and in previous visits. The monitoring visit may be viewed in a positive way by the Coordinator and Program Director or operator, in that the Coordinator acts as consultant as well as monitor and has a supportive role in helping the program to strengthen the quality of service provision through compliance with standards. The Coordinator may make announced or unannounced visits to the program to complete the required monitoring. It is recommended that the Coordinator complete a combination of announced and unannounced visits to the program to complete monitoring.

3. During each visit, the coordinator should observe activities in progress, talk with individual participants about their involvement in the program, review the calendar of events and menus, and review any aspects of program operation about which the Coordinator has a question. The Coordinator will review in depth one aspect of the program per visit in order to become knowledgeable about the total operation of the program. For example, one month the visit may focus on service plans, the next on program records, the next on the facility, etc. The Coordinator should use the appropriate Monitoring Report to record the findings of his/her visit. See <http://www.ncdhhs.gov/aging/adcdown.htm> for the current Monitoring Reports. Priority should be given to potential or identified problem areas. Any discrepancies or problems observed should be discussed with the Program Director or operator during the visit. Recommendations made in previous monitoring visits or the annual certification review should also be discussed. The Coordinator should take note of improvements and program accomplishments and acknowledge such achievements with program staff.

****NOTE** Prior to the next monitoring visit, the Adult Day Care Coordinator should refer to the previous monitoring report(s) and review any concerns/deficiencies noted and follow up on the next monitoring visit to ensure that these concerns are resolved. The follow up visits to the previous monitoring visits concerns should be noted on the current monitoring report.**

H. Documentation of Monitoring Visits

1. The Adult Day Care Coordinator must complete either the Adult Day Care and Day Health Monitoring Report (DAAS-6214) or the Notice of Violation (DSS-6215) or both if appropriate, following the instructions provided with the sample reports in the appendices. See <http://www.ncdhhs.gov/aging/adcdown.htm> for all of the Adult Day Care Forms including all of the DAAS-6214 and the DSS-6215.

The area identified on each monitoring report in the header of the report regarding participant enrollment- part-time and full time, is based on the previous month's enrollment for participants- both part-time and full time. For example, if the monitor completes a monitoring visit on April 2, 2019, the participant part-time and full-time enrollment is the March 2019 participant part-time and full-time enrollment. When completed, the forms should be promptly distributed, as indicated on the bottom of the form. The DAAS-6214 is used to acknowledge the program's improvements/achievements; identify concerns; initially cite deficiencies that do not involve the health, safety, or welfare of the participants and offer any other information useful to the program. The Coordinator should be specific in outlining the issues discussed during the visit and any actions to be taken in consequence. The program's representative must be given the opportunity to record comments on the DSS-6215 regarding anything cited.

2. The Coordinator must use the Notice of Violation Report (DAAS-6215) when there is:
 - (a) Recurring non-compliance with Standards that was previously documented on the DAAS-6214 during a previous monitoring visit, or
 - (b) Violations that involve the health, safety or welfare of the participants. Such as: hazardous chemicals or medications are unlocked, giving participants potential access to these items; a provisional sanitation inspection from the local Environmental Health Specialist; disapproved fire inspection, etc.
3. At the time it is determined that the non-compliance issue meets the above criteria, the DSS-6215 will serve to identify the specific standard(s) with which the program is out of compliance, the reason that the program is considered to be out of compliance with each standard cited, and the date by which the program must again meet the standard. The Coordinator must sign and date the form and have the Program Director or someone representing the Program Director, sign and date the form. Copies must be promptly distributed.

(a) Citation of Standards

The specific standard(s) with which the program is out of compliance must be clearly identified on the written notification. It will not be necessary to copy the standard(s) on the notice but reference must be made to the standard(s) in the Adult Day Care and Day Health Services Standards for Certification. The Coordinator should enter the complete outline reference for the standard as set forth in the Standards Manual. To assure understanding, the Coordinator should explain the violation as needed to the Program Director, and explain why the program is not

meeting the standard(s). Additionally, the Coordinator should be able to locate the standard in the Standards for Certification manual and point it out to the Program Director if the Program Director requests such. The explanation should also be documented on the DSS-6215.

(b) Completion Date

The Coordinator must discuss with the Program Director the corrective action plan required to bring the program into compliance. A reasonable date must be established within the allowable timeframe by which the corrective action plan must be completed. The maximum time allowed for corrective action plan is based on the severity of the violation and the effect of the violation on the participants of the program:

(1) Where a violation presents an immediate danger to the participant's health or safety, the Program Director is required to take immediate corrective action to correct the source of danger or to remove the participants from the source of danger. Such action shall be documented in writing within 72 hours.

(2) Where a violation has the potential to endanger the participant's health, safety or welfare, corrective action must be completed no later than 30 days after the written notification.

(3) Where a violation does not directly endanger the participants, such as a violation of administrative or record keeping standards, corrective action must be completed no later than 90 days after the written notification.

When the program is in violation of more than one standard, each standard must be cited on a separate DSS-6215 and the reason given as to why the program was determined to be out of compliance with each standard. Different completion dates for correcting each of the standards may be established, but in no instance may the completion date exceed the limitation for the type of violation as defined above.

(c) Corrective Action

Corrective action must be taken by the program for any violation of standards. The coordinator and the Program Director must discuss the violation to assure the program's clear understanding of the reason it was determined to be out of compliance, what change(s) needs to be made to

bring the program into compliance, the date(s) by which the program's corrective action must be completed, and the possible consequences if timely corrective action is not taken.

The program must develop a written corrective action plan specifying what steps will be taken to bring the program into compliance. The plan is to be documented on the DSS-6215.

The program should be cautioned that failure to complete the corrective action will place it in a position of being in willful violation and that the certification law (G.S. 131D-6) specifies that "any person, firm, agency, or corporation that harms or willfully neglects a person under its care is guilty of a misdemeanor.

(d) Follow-up

The Coordinator is responsible for assuring that timely corrective action is taken. This must be done by means of a site visit to review the standard(s) which were not being complied with and the corrective action taken by the program. Documentation of the follow-up visit must be on the DSS-6215. When planned corrections have not been made within the time frame allowed, the program will be considered in willful violation of the standards and negative actions shall be taken by the Division of Aging and Adult Services. The Adult Day Care Coordinator must notify the Division of Aging and Adult Services of the program's failure to complete the corrective action plan by the established deadline. The Division will notify the program in a timely manner in the event that negative action is to be taken.

I. Negative Actions

Any negative action taken against a program will be the responsibility of the Division of Aging and Adult Services based on information submitted by the county. Copies of any notice of negative action will be sent to the Coordinator.

1. Provisional Certification

Certification status will be changed by the Division of Aging and Adult Services to a provisional status under the circumstances set forth in Section VI.E of the Standards for Certification Manual. For two of the circumstances, the provisional status is designed to allow the program to continue operating for a designated period beyond its annual renewal date. A provisional certification may be granted to a program when the program does not meet all standards at the time of recertification, but the completion date of corrective action is after the ending date of the certification period, and when the certification renewal package is incomplete or has not been received by the Division of Aging and Adult Services in time for a thorough review prior to making the certification decision. This will be done by the 15 day of the month in which the certificate would expire. In this way, it assures that certification continues without interruption until the program can be evaluated for compliance.

The other circumstance under which the certification status will be changed to provisional status is when the program has failed to complete corrective action within the established time frame and at that time, the program will be considered to be in willful violation of the standards. Procedures for revocation of certification and imposition of a penalty will be initiated as soon as this determination is made but, because of due process, revocation cannot take effect until 20 days after the program receives the revocation notice. In the interim between the notification of willful violation and the effective date of revocation, the program's certification status will be changed to provisional. Provisional certification can be effective on the date of the program's receipt of the notice of pending revocation.

2. Termination of Certification

- a. Certification will automatically terminate at the end of a certification period if the Division of Aging and Adult Services has not received the certification renewal package from the county by the last day of the certification period.
- b. Certification will automatically terminate when the governing body changes. This means when ownership in its entirety is transferred if it is a proprietary program or, if the program is a private nonprofit or public agency, when the board of directors is dissolved. This does not mean changes in board membership which occur in accordance with the by-laws of the corporation.
- c. When the program moves to another location, certification will automatically terminate. The program should begin talking with the

Coordinator and/or Specialist regarding the pending move. The Program Director/designee should inform the Coordinator and/or Specialist and DAAS staff as soon as possible. Such as: once the program is notified of the need for the program to relocate from current location by the owner of the property (if program is renting/leasing program location), the Program Director/Designee should inform Coordinator and/or Specialist and DAAS staff as soon as Program Director/Designee receives information regarding the need for the program to relocate. The Coordinator shall inform the program well in advance of a move that it must follow certification procedures and submit its certification package within the required time frame for the new facility. Prompt submission of the required certification material through the county will avoid any delay in the review of the material by county and Division staff prior to making the certification decision.

3. Denial or Revocation of Certification

A certificate may be denied or revoked at any time by the Division of Aging and Adult Services for failure to comply with the standards.

A program must meet all standards in order to be certified initially. Certification will be denied by the Division of Aging and Adult Services if all standards are not met. A notice to that effect will be sent to the program by personal delivery or certified mail and will become effective 20 days after the receipt of the notice.

When violations have not been corrected by the date established in a corrective action plan, the Division of Aging and Adult Services may revoke a certificate. The revocation of certificate may become effective either by personal delivery or certified mail of the notice of revocation outlining the reasons for such action. Revocation will become effective 20 days after the program receives the notice. If the program is not closed by the effective date, unless an appeal has been properly filed, the Coordinator must notify the Division of Aging and Adult Services. When a program receives a notice of revocation, the Program Director must inform each participant and participant caretaker, as appropriate, of the notice and the basis on which it was issued.

4. Summary Suspension

In accordance with G.S. 150B-3(c), if the Division of Aging and Adult Services finds that the health, safety or welfare of the participants requires emergency

action and incorporates this finding in its notice, the certificate may be summarily suspended. Notice of the summary suspension shall be affected by serving the Program Director by personal delivery or certified mail, the summary suspension will be effective on the date specified in the notice or upon service of the notice, and whichever is later.

5. Penalty

The Division of Aging and Adult Services may impose a penalty upon receipt of information from the county, via Form DSS-6215, Adult Day Care and Day Health Notice of Violation Report, that the program continues to be out of compliance after the corrective action completion date.

The Division of Aging and Adult Services may impose a penalty upon receipt of information from the county, via Form DSS-6215, Adult Day Care and Day Health Notice of Violation Report, that the program continues to be out of compliance after the corrective action completion date.

If a program is in willful violation as specified in section G. Documentation of Monitoring Visits, pages 27-29 of this manual, a penalty may be imposed. The amount of the penalty, within the limitation established by G.S. 131D-6, shall be determined based on the degree and extent of the harm or potential harm caused by the willful violation.

- (a.) Where a violation presents a clear and immediate danger to the participants a civil penalty of \$100 per day will be imposed effective from the day that the corrective action was to have been completed.
- (b.) Where a violation has the potential to endanger the participants' health, safety or welfare, a civil penalty of \$50 per day will be imposed effective from the day the corrective action was to have been completed.
- (c.) Where a violation does not directly endanger the participants, a civil penalty of \$10 per day will be imposed effective from the date on which the corrective action was to have been completed.

The Division of Aging and Adult Services shall determine the penalty levied against a program based on the severity of the violation as described above, and

will notify the program by registered or certified mail. The penalty shall become due 20 days after receipt of the notice.

6. Appeals

When a program is notified of a negative action by the Division of Aging and Adult Services, the program may ask for an informal review by Division staff. The request for the informal review may be made in person, by telephone, or in writing to the:

Adult Day Care Consultant
Division of Aging and Adult Services
2101 Mail Service Center
Raleigh, North Carolina 27699-2101
(919) 733-0440

If the review is not satisfactory, the program may request a hearing.

The program may request a hearing within 60 days after receipt of written notification from the Division of a negative action, by written notice through registered or certified mail to the:

Office of Administrative Hearings
424 North Blount Street
Raleigh, North Carolina 27601

In addition, at any time before the hearing, the Division of Aging and Adult Services may rescind the notice of negative action upon being satisfied that the reasons for such action have been corrected.

Except as provided for in V. E. 4 of this Manual (page 31), upon receipt of a request for a hearing, the enforcement of a negative action will be suspended pending final agency decision.

The petition for a hearing shall be filed with the Office of Administrative Hearings in accordance with G.S. 150B-23 and 26 NCAC 3.0003. In accordance with G.S. 1A-1, Rule 4(j)(4), the petition shall be served on a registered agent for service of process for the Department of Health and Human Services. A list of registered agents may be obtained from the Office of Legislative and Legal Affairs.

Procedures for processing an appeal of an adverse certification action and for the final decision are specified in G.S. 150B, Article 3 and 10 NCAC 1B.0200.

J. Complaint Policy

The Adult Day Care/Adult Day Health Services Complaint Policy titled “Managing Complaints” is located in Appendix C of this manual. It also maybe viewed on the DAAS web site at:

http://www.ncdhhs.gov/aging/ADS_Complaint_Policy.pdf

VII. Guidance

Standards for certification of adult day care programs are contained in the Adult Day Care and Day Health Services Standards for Certification manual. They are not intended as standards for day hospitals, day treatment programs, other medically oriented day services or those programs licensed by Division of Health Service Regulation, Mental Health Licensure Section.

The Coordinator should be knowledgeable about the standards and able to assist service providers in understanding them. The following information is intended to clarify and explain certain standards or sections of standards. References in this material are to specific sections and pages of the standards. Additional clarification and interpretation may be obtained from the Adult Day Care Consultant in the Division of Aging and Adult Services.

A. Governing Body (Section I.A., pages 1-2)

1. There are specific areas of responsibility which must be carried out by the governing body or operator. If the day care program is governed by a board of directors, the bylaws should address these areas in defining the scope of the board's responsibilities.
2. For purposes of the annual audit requirement, it is the responsibility of the governing body to either perform the audit or secure the services of someone to do it. In any case, the audit may not be performed by the same individual who actually posted the records.
3. The program policies should be designed so that they can be distributed to participants, their families, community agencies, and to Board members, governmental agencies and anyone else that should be made aware of the day care program operation and services and any individual who requests them.

4. Appoint Program Director who will have responsibility for operating specific administrative and programmatic activities following the policies adopted by the governing body.

B. Program Policies

1. Program Goals (Section I.B.1, page 2)

- a. The program shall have stated goals that guide the character of the services given.
- b. These goals shall be in writing and consistent with the definition of adult day care and day health services.

2. Enrollment Policies (Section I.B.2., pages 2-3)

Enrollment policies should be specific in defining the population to be served, including any age restrictions and physical and mental conditions which cannot be accommodated by the adult day care program. Consideration should be given to the need for group balance and to participant demands on staff. It is suggested that the program address the extent to which it can serve persons with certain conditions, including any limits on the number of such persons who can be enrolled at one time. For example the program may be able to only accommodate at one time up to three persons in wheelchairs or four persons with diagnosed psychiatric disorders. The enrollment criteria should address such restrictions so that individuals who the program cannot care for and agencies that refer persons to the program are aware of the program's service limitations (i.e., an adult day care only [social model program] cannot enroll a participant who has a gastrostomy tube).

3. Discharge Policies (Section I. B. 3, p. 3)

These policies should include information about what situations would constitute a participant or caregiver receiving a discharge notice. These policies should also include how a participant/caregiver will be notified by the program of the pending discharge such as: in writing, verbally, etc as well as the time frame from when the discharge notice is issued and when

the participant will no longer be enrolled in the program for active service. Additionally, these policies should include what changes in care needs or behaviors that may necessitate the discharge process. For example, continued verbal abuse by a participant toward a fellow participant after interventions have been implemented by program and caregiver, versus a participant who is verbally abusive toward a fellow participant one day (which is abnormal for participant) and after the program and/or caregiver implemented interventions, it was determined that this individual had a urinary tract infection (UTI) and once received treatment, the verbal abuse toward other participant ceases. These policies should also include what information the program will provide to the participant/caregiver regarding any follow up services and/or referrals for alternate services.

4. Medication (Section IV. F., pages 26-27)

The program must have a policy regarding medication administration, changes in medications and medical disposal. This policy shall be included in the Program Policies. Adult Day Care (social model only) program staff may administer medications to participants. Training in medication administration is recommended. The Program Director may delegate medication administration to another staff member. However, medication administration should be listed as a job responsibility in the job description of the position which the Program Director has assigned this responsibility to.

In Adult Day Health only or Adult Day Care/Adult Day Health (combination) programs, the Health Care Coordinator position has the ultimate responsibility for medication administration to participants while at the program. The Health Care Coordinator may delegate medication administration to other staff members (unlicensed personnel); however, the ultimate responsibility for this delegation to other staff members is the Health Care Coordinator's.

- a. While standards permit medications to be administered as authorized by the responsible caretaker, the caretaker is only permitted to authorize over-the-counter medications and not prescription medications. Prescription medications are to be administered as directed by a physician via a physician's order. In the event that the program staff is concerned regarding the caretaker's authorization for certain over-the-counter medications, procedures in the North Carolina Adult Day Care and Day Health Services Standards for Certification IV.A.2.b should be followed.

These procedures indicate that any unusual behavior, change in mood, change in attitude, suggestion of family problems or personal problems, need for help or services will be reported to the appropriate person. This may include contacting the participant's family or appropriate social services person. In the event of an emergency the program shall arrange for medical assistance as authorized by the family during the initial enrollment. This would include contacting the participant's physician regarding any adverse reaction to any medications.

- b. Since many participants take various prescriptions and over the counter drugs are particularly susceptible to adverse drug interactions, the staff may want to seek physician approval also for over the counter medications administered by center staff with approval of the responsible caretaker.

- c. Participants may not self-administer medications or keep medications on his/her person while attending the program regardless of his/her cognitive function. Therefore, program staff are required to administer participant's medications while participants are attending the program.

- d. A record of all medications given to each participant must be kept indicating each dose given including the following:
 - (1.) participant's full name;
 - (2.) name, dosage, quantity and route of the medication;
 - (3.) instructions for giving medication;
 - (4.) date and time medication is administered; and
 - (5.) name or initials of person giving the medication. If initials are used, a signature equivalent to those initials is to be entered on this record.

- e. Medications shall be kept in the original pharmacy containers in which they were dispensed. The containers shall be labeled with:
 - (1.) participant's name
 - (2.) the name and strength of the medicine
 - (3.) dosage
 - (4.) instructions for administration

For example, programs should not accept participant medication in a pill box or napkin and should not administer medication delivered in such manner to participants at the program.

Prescription medications must have specific instructions on the label. "Use as directed" is not considered acceptable.

Over the Counter (OTC) medications are not required to be labeled with pharmacy label as detailed above.

- f. Medications shall be kept in a locked location at the program. If medications need refrigeration, these must be in a locked location as well. The program may opt to have a small refrigerator with a lock or a medication lock box that is placed in a refrigerator.
- g. Intravenous, intramuscular or subcutaneous medications should only be administered at Adult Day Health Only or Adult Day Care/Adult Day Health (combination) programs to a participant while he/she is attending the program. Only Adult Day Health Only or Adult Day Care/Adult Day Health (combination) programs shall enroll participants who required this type of medication while attending the program.
- h. The program shall indicate in their Medication Program Policy how the program will accept changes to a participant's medication regimen to be administered at the program. For example, a program may indicate in their medication program policy that they will only accept a change in a participant's medication regimen to be administered at the program in writing from the participant's physician who prescribed the medication in the form of a doctor's order. A program may indicate in their medication program policy that they will accept changes to a participant's medication regimen to be administered at the program via phone by the physician. The program should ensure that the individual responsible for authorizing program staff to administer medication to participant while at program is the individual providing such authorization to program.
- i. Medications shall be disposed of properly if the medications are expired or medications are left at the program after a participant discontinues attending the program according to the North Carolina Board of Pharmacy guidelines for medication disposal. Every effort should be made to return the participant's medication

to the caregiver in the instance that the participant no longer attends the program. It is strongly suggested that the program document the method of medication disposal or returning of said medication to family and include the medication's name, strength, number disposed or returned, the date the medication was disposed or returned and the signatures and printed names of the staff member disposing or returning the medication and the staff member who witnessed the disposal or return of the medication and include this as part of their medication disposal policy.

Recommendations are that medications should not be placed in the water system via flushing them in the toilet. This is only a recommendation. Currently, some recommendations for medication disposal include mixing the medications in need of disposal with kitty litter and disposing of the mixture in the trash. Here is a web site that may provide some assistance in drafting this part of the policy:

http://portal.ncdenr.org/c/document_library/get_file?uuid=60c73101-88c9-41ca-b8b3-3f23faf54459&groupId=38361

Adult Day Health Only or Adult Day Care/Adult Day Health (combination) programs also need to outline how the program will dispose of other medical waste they will likely encounter (i.e., sharps [needles for injections], used wound care products, etc.). Here is the Occupational Safety and Health Administration (OSHA) web site which may also provide some guidance in drafting this policy: <http://www.osha.gov/>

5. Participant's Right Description (I. B. 5, Page 3)

This section is to inform participants and families/caregivers of the participant's rights as an enrolled participant in an adult day program. Many programs have adopted Participant's Rights as outlined by the National Adult Day Services Association. A draft of Participant's Rights is located in the North Carolina Adult Day Care and Day Health Service Standards for Certification on the back of the manual's title page. The National Adult Day Services Association (NADSA) web site also has also outlined basic information/language that needs to be included in a statement of this type which includes participant's responsibilities as well as participant's rights. A link to their suggested language of

participant's rights and responsibilities is located on the North Carolina Adult Day Services Association's web page. Here is the web address to review guidelines for drafting a statement regarding participant's rights and responsibilities:

http://www.ncadsa.org/statement_of_rights_responsi.php

Other programs have adopted Rights from other entities such as the Local Management Entity (LME). Regardless of what set of rights a program opts to follow or adopt, a program must identify and describe the rights chosen in this section of the program policies.

6. Grievance Policies and Procedures for families (I.B. 5, page 3)

This set of policies and procedures is for families to share grievances about the program and its services with the management.

- a. These policies and procedures should include how the grievance needs to be submitted to the program such as verbally or writing and which staff member the grievance should be initially submitted to.
- b. These policies and procedures should also include information on specific time frames in reference to how long the program will take to respond to the initial submission of a grievance such as 10 business days or 12 calendar days, etc and how the response will be given to the family (i.e., verbally, in writing, etc).
- c. These policies and procedures should also include information about a family's recourse if they are not satisfied with the program's initial response to the initial submission of the grievance. This would need to include how to submit to the grievance to another member of the program staff (such as: in writing or verbally); which staff member the grievance should be submitted to (such as: Executive Director) and time frames about when the family can expect a response (such as 5 business days or 5 calendar days). These steps should be included in this policy for as many levels as the family can pursue their grievance until the grievance has been submitted to the terminal authority and the response to the grievance is

final with no further recourse through the program. Such as: the Board of Directors Chairperson, Owner(s), etc.

7. Advance Directives (i.e., Do Not Resuscitate Orders and Durable Powers of Attorney) Policy (I.B.7, page 3)

Health Care Powers of Attorney and Living Wills are legal documents called advance directives. A health care power of attorney authorizes someone, called a health care agent, to make health care decisions for another in the event an individual can no longer make or communicate their own health care decisions. A living will is a declaration by an individual explaining the care they wish to receive (or not receive) during his/her last illness.

According to the Patient Self-Determination Act of 1991(PSDA), if a program receives Medicare or Medicaid funding its services, they must inquire prior to enrollment if the applicant has any advance directives and if the applicant does, maintain copies in participants' records. If the individual does not have an advance directive, the program must provide written information regarding individual health care decision-making rights (i.e., advance directives).

For more information on the PSDA see:

http://www.abanet.org/publiced/practical/patient_self_determination_act.html

For free public informational material on advance directives go to the Division of Medical Assistance (DMA) web page at:

<http://www.ncdhhs.gov/dma/pub/consumerlibrary.htm>

There, you can download the Medical Care Decisions and Advance Directives document which is near the bottom of the page.

For free North Carolina advance directive forms see:

<http://www.secretary.state.nc.us/ahcdr/>

Providers shall develop a written policy on how the caregiver must present the advance directive documentation to the program. For

example, the provider shall detail how the caregiver may present the DNR documentation to the program.

Although a Do Not Resuscitate Order (DNR) is a medical or doctor's order and not an advance directive, it also needs to be addressed in program policies. Any provider may adopt a policy to not honor Out of Facility Do Not Resuscitate Orders. However, the provider must advise applicants of the program's policy regarding medical emergencies.

Individuals frequently have general Durable Powers of Attorney (POA) that grant broad authority for someone else, called an attorney in fact, to handle their personal, medical, business and financial affairs. Providers must retain a copy of the POA in their records if they are allowing another to make decisions for a recipient based on a POA.

8. Non Discrimination Policies (I. B. 8, page 3)

These policies are to ensure that a program is enrolling participants in an open, non-discriminatory manner. By receiving public funds, a program is agreeing to do many things and one of these (that providers may not be aware of) is to not discriminate when enrolling participants or when hiring program staff. Programs receiving public funding must follow the Civil Rights Legislation.

9. Policies Addressing Procedures to Maintain Confidentiality (I. B. 9, page 3)

This section addresses what steps a program takes to protect participants' confidential information. North Carolina Adult Day Care/Day Health Services Standards requires all programs document the specific steps the program takes to comply with The Health Insurance Portability and Accountability Act (HIPAA) of 1996. The program needs to indicate the specific steps they are taking to comply with HIPPA to secure confidential participant and program records.

Examples of procedures programs use to maintain confidentiality are:

- program and participant files are stored in a locked file
- new hires sign a confidentiality agreement indicating they agree to keep participant information confidential after they are educated on what is considered individual protected health information and given written materials on DAAS confidentiality policies and HIPPA. Documentation of this process along with the signed agreement must be maintained in all personnel folders.

10. Policies on Reporting Suspected Abuse or Neglect (I.B. 10.page 3)

It is the responsibility of any North Carolina citizen who suspects a vulnerable adult is the victim of abuse, neglect or exploitation (in this case, an older or an adult with a disability) to the local county Department of Social Services, Adult Protective Services Unit. Therefore, it is the responsibility of adult day program staff members to contact the local county Department of Social Services, Adult Protective Services Unit, if they suspect a program participant is the victim of abuse, neglect or exploitation, regardless of who the suspected perpetrator is thought to be. This policy should include how staff members make reports of this type to the local county Department of Social Services, Adult Protective Services Unit, and how staff will document that this report was made in the participant's record.

11. Description of geographical area serviced by the program
(I.B.11, Page 4)

The Description of Geographical area serviced by the program program's policy should name the specific counties served. For example, the program serves persons residing in A, B and C counties versus the program serves persons residing in A County and surrounding counties. If the program changes the counties that it serves, this program policy needs to be changed to reflect this and submitted to DAAS staff at the time of the program's next recertification.

12. Inclement Weather Policies (I. B. 12, page 4)

A program is required to have policies to address a program's operation in the event of inclement weather. These policies should include how a participant or caregiver can determine if a program will be opened, closed, have a delayed opening or early closure due to inclement weather. This policy should include the procedure the program will follow to inform caregivers if the program closes earlier than its normal operating hours due to inclement weather. These procedures should include how participants who are transported to and from the program's facility site via public transportation will be transported home if the program closes earlier than regularly scheduled. The policy should also include procedures for those participants who are transported to and from the program by caregivers.

13. Transportation Policies (Section IV. D., page 20)

Adult day care/day health services are not required to provide or arrange transportation for participants to and from the service facility. However, if a program opts to provide, arrange or coordinate public transportation for its participants, the program must have a Transportation Policy that addresses the following areas: routine and emergency procedures, accidents, medical emergencies, weather emergencies, escort issues. For programs that directly provide transportation, their transportation policy should outline the step-by-step processes for emergency and regular procedures, inclement weather/weather emergency, medical emergency, accident and escort issues. In relation to escort issues, the program should include in its transportation policy the procedure to be followed if a caregiver is not present to receive participant at time of drop off at drop off location.

When a program opts to arrange or coordinate public transportation for its participants, the program should indicate this in the program's transportation policy and cite the transportation vendor's policies. The provider should obtain copies of these policies and procedures from the transportation provider and provide as needed to caregivers.

If a program opts to provide transportation, the program must have a copy of the Transportation Policy in each vehicle along with a operational fire extinguisher and first aid kit. The program's vehicle must have a seat and be equipped with a seat belt for each participant who is transported by the program and be instructed by program staff to use his/her seatbelt while being transported. Participants utilizing a program's transportation will be transported for no longer then thirty minutes without being offered a rest break.

14. Hours and days of operation (I.B.14 a-c, page 4)

Adult day care programs shall be responsive to the needs of participants and families in establishing hours and days of operation. Six hours per day and five days per week are the minimum amount of time a program must operate to be certified as an adult day program by the Division of Aging and Adult Services. Programs may opt to be open more days per week and hours per day, but not overnight. Programs should indicate program closures for holidays and other anticipated events that would result in program closures. If the program opts to change its operating hours, families/caregivers must be notified and the program policy must be revised to reflect the change. Additionally, the revised program policy must be submitted to DAAS staff at the time of the program's next recertification.

15. Types of services provided (I.B.15, page 4)

This section shall address services that are offered in addition to the minimally required services, such as: beauty and barber services; physical therapy; occupational therapy, speech therapy. If a program opts to offer additional services, they must provide a fee schedule to participants/families/caregivers prior to arranging these services. If it is a medical service such as physical, occupational or speech therapy, the program must obtain a physician's order prior to arranging this type of service for a participant while participant is in attendance at the program.

C. Personnel (Section I.C. & Section II. A-F., pages 5-10)

1. Day care program staff must be employed in accordance with the standards. The coordinator has the authority and responsibility to review job descriptions, employee records, personnel policies, and hiring and orientation procedures to insure compliance.

2. The staffing pattern in the standards are the minimally acceptable ratios. If the day care program enrolls participants who require a great deal of individual attention, consideration should be given to increasing the staff-participant ratio to insure that the needs of the participants are adequately met.

3. The program may use part-time staff to meet the staff-participant ratio, as long as the required number of staff for the program's attendance are present during the hours the program is in operation. Trained volunteers may be used as substitutes when regular staff is absent. Trained volunteers used to maintain staff to participant ratios are considered regular staff and must meet the minimum requirements for the position he/she is substituting for and must have the same required employee paperwork maintained on file such as: required criminal history record check, medical statement, CPR and First Aid Certification, etc.

The required staff-participant ratio applies to attendance, not to capacity. In order for a program to be cost effective, it may elect to over enroll, that is, enroll more participants than would be allowed in relation to the number of staff at the facility, or it may elect to vary staff hours in relation to attendance patterns. In practice these procedures seem to work well. However, if a program elects to over enroll or stagger staff hours it must assure that qualified part-time staff will be available on any given day or part of a day to assure that the required staff-participant ratio is not exceeded. The program would be in violation of standards if the required ratio of staff to participants were not adhered to at all times. In no instance may more participants attend the program on a given day than the number established by the certified capacity.

4. It is the responsibility of the governing body of the day care program to employ a Program Director who meets the qualifications contained in this section and to document in writing to the county department the Program Director's qualifications in terms of compliance with standards. The Program Director's job description should include the characteristics, education and qualifications listed on pages 7 and 8 of the standards. If the person fulfilling the Program Director's position changes, the Coordinator must verify that he/she meets the minimum qualifications for the Program Director position and inform the Division of Aging and Adult Services of such in writing.

5. When a program hires a new staff member and prior to beginning employment, the program shall obtain the following and retain in each employee's personnel file:
 - a statewide criminal history records search for the past five (5) years conducted by an agency approved by the North Carolina Administrative Offices of the Courts. (web site to review list of approved background check agencies- <http://www.nccourts.org/>).

 - A written medical statement, completed within the past 12 months by a physician, nurse practitioner, or physician's assistant, certifying that the employee has no illness or health condition that would pose a health risk to others and that the employee can perform the duties assigned in the job. Programs may use the medical exam form on page 53 of the North Carolina Adult Day Care and Day Health Services Standards for Certification.

6. When a program hires an individual, the new employee must obtain CPR and First Aid Certification if he/she does not have it as soon as possible to ensure that program staff are able to respond appropriately to an emergency medical situation. Additionally, a newly hired employee that does not have current CPR and First Aid Certification should not be working alone at the program, he/she should be working with another staff member who has current CPR and First Aid certification.

7. Each program must have a written substitution plan in place to ensure that the minimum required staff to participant ratios are maintained at all times. Substitutes must have the same training and qualifications as required for the position he/she is substituting for, however, substitutes are not required to have current CPR and First Aid certification as long as there is another staff member present and working who has current CPR and First Aid certification. Smaller programs that have only an operator or staff person as in an adult day care home will need to ensure that the program's substitutes have current CPR and First Certification verification.

D. Volunteers (Section II.G., pages 10-11)

1. Programs are not required to use volunteers. If volunteers are used in the day care program, it is essential that the planning, written information and orientation required in this section be completed before volunteers are introduced into the program. The decision to use volunteers should include consideration of availability of staff to provide guidance and supervision. All volunteers should have formal or informal orientation, job descriptions; paid staff should be aware of volunteers' roles at the program and paid staff members' roles in relation to volunteers, and provision for evaluation, recognition and appreciation of volunteers.
2. The Coordinator should review plans for using volunteers to be sure that the written description of duties and responsibilities is clear and specific. Volunteers are not to be assigned duties which should be carried out by regular staff. (For example, volunteers should not be responsible for maintaining participant records or for developing the service plans.) If a volunteer group volunteers at the program regularly (i.e., once a month, once a week), the required evaluation process does not need to be for each member of the volunteer group nor formal. However, it should be at least an indication if the participants enjoyed the group and if the group worked well with the participants is valuable information to have when planning future activities. For example, a choir may come to the program monthly to sing songs. By the program providing orientation to the choir group, the group would know that because participants call out or display other inappropriate behaviors during their performance, it is not because the participants mean to be rude or do not enjoy the performance, but rather it is because the participants have diagnoses that may cause the participants to display these behaviors. Because the volunteer choir group has had orientation, they are less likely to take this behavior personally and are more likely to continue to volunteer at the program rather than to stop volunteering because they feel disrespected by the participants.
3. If a volunteer group comes to the program weekly to assist with crafts and a participant asks one of the members of the volunteer group to assist him/her in the bathroom, and this volunteer group member has not had orientation, he/she may think that this is something that is acceptable for him/her to do. However, if this volunteer group member has not had training in transferring a participant from a wheelchair to the toilet or toileting and attempts to do so, risk of injury to the participant and volunteer exist. If the volunteer group has had an orientation, the volunteer group member would know that it is not acceptable to assist participants with transferring from the wheelchair to the toilet and with toileting. Therefore, if a participant were to ask a volunteer group member for assistance with transferring from a wheelchair to the toilet or toileting, the

volunteer group member would be trained to indicate that they cannot assist him/her with this, but will inform a trained staff member of the participant's need. Once informed, the trained staff member will assist the participant. This approach will greatly reduce the risk of injury to participant and/or volunteer group member.

E. The Facility

1. General Requirements (Section III, A. 1-7, pages 11-12)

The facility and grounds of the adult day program shall be approved by the local environmental health specialist, local fire safety inspector, the county department of social services and the Division of Aging and Adult Services. A copy of any report that does not indicate overall approval by the inspector must be sent to the Consultants at the Division of Aging and Adult Services along with the corrective action plan. The facility must comply with all applicable zoning laws. There shall be adequate space for participants to engage in group activities as well as quiet activities. There must be a quiet area for participants who need/want to use the quiet area to rest, etc. There must be adequate storage areas for storage of clean linens, dirty linens, cleaning materials, household supplies, food equipment, and program supplies. There must be a locked area to store potentially hazardous materials (i.e., cleaning fluids, disinfectants, etc.). A minimum of one female and one male toilet is required in each facility and must be accessible in accordance with the North Carolina Accessibility Code. One toilet shall be available for each twelve adults, including staff and participants who utilize the facility. One hand lavatory (hand washing sink) is required for each two toilets. All rugs and floor coverings should be secure; throw rugs are not permitted and floors must not be slippery. There should be a telephone for participants to make and receive phone calls- a pay station phone is not acceptable. Unless certified as shared space, the space certified as adult day care is for the sole purpose of providing adult day care.

2. Kitchen Facilities (Section III. A.4.b. page 15)

See the 15A NCAC - 18A NCAC .3301 rules for exact language.

<http://reports.oah.state.nc.us/ncac/title%2015a%20-%20environment%20and%20natural%20resources/chapter%2018%20-%20environmental%20health/subchapter%20a/15a%20ncac%2018a%20.3301.html>

For questions regarding the use of a kitchen for participant activities, contact the local Environmental Health Specialist and/or the Adult Day Care Consultant at the Division of Aging and Adult Services.

3. Day Care Programs in Multi-Use Facilities (Section III. C. page13)

If an adult day care or adult day health or combination program is to be located in a building used at the same time for other activities, the following guidelines should be used in planning for the day care program.

- a. A letter of agreement or a contract signed by both parties sharing space that outlines the use of the space (such as: days of week and times of day to be used by each); which party is responsible for maintenance of the shared space; how and which party can dissolve the agreement (i.e., the amount of notice required [30 days, 90 days, etc], how the notice shall be given [in writing, verbally, etc.]).
- b. The area to be used by the day care program must be self-contained, separate and distinct with its own staff from all other activities taking place in the building. Separation must be sufficient to insure privacy and meet the building code requirements. The day care area should be immediately recognizable to avoid confusion.
- c. The separate space must be adequate to meet certification standards, including square footage per person, space for group and individual activities, number of bathrooms and other specific requirements. A central kitchen may be shared with other programs if it is adequate and approved by the local environmental health specialist for the total number of meals to be prepared and that is not being used for participant activities.

4. Building Construction (Section III. D., pages 11 & 14)

The county Department of Social Services and the Division of Aging and Adult Services should be notified prior to beginning any construction or renovation of the building or grounds in order to provide an opportunity for review of plans and for recommendations to be made before plans are finalized. It is also suggested that when the local building inspector, fire inspector and environmental health specialist inspect the building that they use specified report forms or an equivalent. Additionally, local monitors should note their recommendations for changes which must be made to obtain an approved inspection report.

5. Equipment and Furnishings (Section III. E., page 14-15)

The Standards require a minimum of 1 bed or cot in the quiet area of a program's facility. A foldaway cot is acceptable if stored in the day care facility and if there is a separate, quiet area where it can be quickly set up. The furnishings should be

sturdy, in good repair and able to accommodate the participant's needs. For example, if a chair has ripped upholstery and an exposed spring, this may cause injury to a participant, is not safe for use by participants and should be replaced with a chair that has intact upholstery and no exposed springs.

The program shall have at least one straight back chair or sturdy folding chair for each participant and staff person, except for persons in wheelchairs.

Table space that provides enough space for participants to be served and eat a meal at the same time and for program activities.

Chairs or sofas that allow for position changes that are upholstered or of soft material and easily cleaned so that at least half of the participants can relax at the same time.

****NOTE**** For programs that have a special care designation or serve persons who require different equipment, such as mats for resting versus beds or cots, this is acceptable. If the program does not have a special care designation, but a participant requires furnishing or equipment that differs from the required furnishing or equipment (such as using a mat to rest versus a bed or cot), this information should be noted on his/her service plan.

F. Planning Program Activities (Section IV. A.1-3, pages 15-19)

1. The service plan should be initiated at enrollment using the information obtained in preliminary interviews with the applicant and family or referral source to develop some general goals. It is important to include the applicant in the development of the service plan to the extent possible, to inquire about his/her interests and preferences in activities and to determine his/her perception of his/her needs and reasons for applying for enrollment in day care. As the service plan is reviewed, it is important to ascertain with the participant his/her assessment of his/her progress while in day care. The service plan shall be reviewed and updated at a minimum every six months.
2. The day care program plan should provide for a variety of activities on a daily basis. Community resources such as community colleges, cooperative extension service, health and mental health agencies, senior centers, libraries, and others should be used to the extent possible and appropriate. However, it should be understood that use of such resources does not relieve the responsibility of staff for planning and for supervision of all activities. Responsibility for supervision cannot be delegated to someone who is not an employee or trained volunteer.

G. Nutrition (Section IV. C., pages 19- 20)

1. Programs are required to provide a mid-day meal and two snacks per day to its participants. Programs may opt to provide meals and snacks on site or may opt to contract with a food vendor for meals and snacks. The midday meal shall provide at least one-third (1/3) of an adult's daily nutritional requirement as specified by the Dietary Guidelines for Americans
(website: <http://www.healthierus.gov/dietaryguidelines/>).
2. At a minimum, the two snacks that are required as part of the standards, should be offered at mid-morning and mid-afternoon and keep sugar, salt and cholesterol intake to a minimum. A Registered Dietitian or Licensed Nutritionist must approve the program's menus for meals and snacks to ensure that they meet the nutritional requirements as indicated in the North Carolina Adult Day Care and Day Health Services Standards for Certification. If the program is contracting with a Registered Dietitian or Licensed Nutritionist for menu review and approval, a contract must be present between the two parties that indicate what services the Registered Dietitian or Licensed Nutritionist will provide to the program and also have copies of the Registered Dietitian or Licensed Nutritionist's credentials.
3. It is the day care program's responsibility to provide therapeutic diets if the participant has a written prescription for such from a physician, physician's assistant, or nurse practitioner. If program staff prepare therapeutic diets, these staff members must have training in planning and preparing therapeutic diets or be required to provide documentation of previous training of this type and possess education that is sufficient to prepare meals that meet a physician's prescription for a therapeutic diet. A program should not admit or continue to serve a participant whose dietary needs cannot be met by the program.
4. The North Carolina Adult Day Care/Day Health Services Standards for Certification indicate that all programs shall have a registered dietician or licensed nutritionist provide consultation to staff on basic and special nutritional needs and proper food handling techniques and the prevention of food borne illness. If the program is contracting with a Registered Dietitian or Licensed Nutritionist to obtain this consultation or menu approval, a contract must be present between the two parties that indicate what services the Registered Dietitian or Licensed Nutritionist will provide to the program and also have copies of the Registered Dietitian or Licensed Nutritionist's credentials. All programs must have such consultation, regardless of whether meals are catered by a food vendor or prepared by the program on site. Resources for consultation include the

Cooperative Extension Service and local health department and ServSafe.
ServSafe's web site: www.servsafe.com

5. Meals and snacks that are served to participants while attending the program, regardless if meals and snacks are prepared on site or catered into the program should be prepared, stored and handled in a sanitary manner following safe food handling techniques such as those recommended by the United States Department of Agriculture
(website:http://www.fsis.usda.gov/Fact_Sheets/Safe_Food_Handling_Fact_Sheets/indx.asp). If meals are catered into the program, the caterer shall follow the food safety and sanitation practices required by the Commission for Health Services rules that apply to restaurants.

6. Programs may opt to participate in the Child and Adult Care Food Program (CACFP). The United States Department of Agriculture (USDA) and the Food and Nutrition Service (FNS) funds and administers the CACFP program. CACFP provides reimbursement to qualified caregivers for meals and supplements (snacks). While the FNS develops regulations and establishes policies, state agencies are responsible for administering the program at the state level and for assisting sponsors on the local level.

7. In North Carolina, the Special Nutrition Programs Unit in the Division of Public Health in the Department of Health and Human Services administers the CACFP program. Here is the state office web site:
<http://www.nutritionnc.com/snp/cacfp.htm>
and the federal office web site: <http://www.fns.usda.gov/cnd/Care/>

The CACFP and the Nutritional Standards as outlined in the North Carolina Adult DayCare/Day Health Services Standards for Certification are not equivalent.

8. This meal provision and 2 snacks are included in the daily care rate reimbursement and must be provided to participants at no additional charge.

H. Transportation (Section IV. D., pages 20-21)

1. The adult day health services program may provide transportation or arrange transportation with a vendor for participants if it wishes to do so. Transportation is not a required service; it is an optional service which may be offered at the provider's discretion. If a program contracts (arranges) transportation for participants to and from the program site, the program must still have a

transportation policy in place. If a program receives reimbursement for transportation from a funding source, the program is likely involved in some aspect of coordinating (arranging) the transportation and needs to have a transportation policy in place. Even if a program does not provide daily transportation to participants to and from the program site and only provides transportation for field trips, the program must have a transportation policy in place.

2. If the program opts to not provide or coordinate (arrange) transportation for participants to and from the program, the program should not be receiving reimbursement from a funding source for transportation.

I. Emergencies and First Aid (Section IV. E., pages 21-22)

1. The plan for emergencies should be comprehensive in specifying what staff members are to do if an emergency occurs. For example, if there is a fire, staff responsibilities for clearing the building, calling the fire department, staying with participants, etc., should be addressed. In a medical emergency, one staff member would be designated to stay with the sick participant, another staff member would be designated to contact physician and family and another staff member(s) would be designated to stay with other participants. Emergency drills are defined as reviews with staff of their responsibilities, including role-playing and step-by-step acting out of procedures. Such drills should be conducted quarterly. Fire drills shall be conducted monthly and documented by facilities without sprinklers. Fire drills shall be conducted quarterly and documented for facilities that have sprinklers.
2. Verification of current standard first aid training and Cardio Pulmonary Resuscitation (CPR) are required for all physically able staff who have direct participant contact. If a staff member is determined to be physically unable to complete this training, a signature by a licensed physician, physician's assistant or nurse practitioner attesting to such shall be provided indicating the time limit of such physical inability. Training must be renewed prior to the expiration date of the current certification. Some training resources are the Red Cross, technical schools, community colleges and rescue squads. Training taught by an instructor certified by the American Red Cross, American Heart Association, National Safety Council, American Safety and Health Institute or Emergency Medical Personnel. Emergency Medical Personnel who are first aid and CPR Instructors shall be certified as first aid and/or CPR instructors through one of the recognized certifying agencies as listed above.

J. Medication (Section IV. F., pages 26-27)

1. The program must have a policy regarding medication administration, changes in medications and medical disposal. This policy shall be included in the Program Policies. Adult Day Care (social model only) program staff may administer medications to participants. Training in medication administration is recommended. The Program Director may delegate medication administration to another staff member. However, medication administration should be listed as a job responsibility in the job description of the position which the Program Director has assigned this responsibility to.
2. In Adult Day Health only or Adult Day Care/Adult Day Health (combination) programs, the Health Care Coordinator position has the ultimate responsibility for medication administration to participants while at the program. The Health Care Coordinator may delegate medication administration to other staff members (unlicensed personnel); however, the ultimate responsibility for this delegation to other staff members is the Health Care Coordinator's.
 - a. While standards permit medications to be administered as authorized by the responsible caretaker, the caretaker is only permitted to authorize over-the-counter medications and not prescription medications. Prescription medications are to be administered as directed by a physician via a physician's order. In the event that the program staff is concerned regarding the caretaker's authorization for certain over-the-counter medications, procedures in the North Carolina Adult Day Care and Day Health Services Standards for Certification IV.A.2.b should be followed. These procedures indicate that any unusual behavior, change in mood, change in attitude, suggestion of family problems or personal problems, need for help or services will be reported to the appropriate person. This may include contacting the participant's family or appropriate social services person. In the event of an emergency the program shall arrange for medical assistance as authorized by the family during the initial enrollment. This would include contacting the participant's physician regarding any adverse reaction to any medications.
 - b. Since many participants take various prescriptions and over the counter drugs are particularly susceptible to adverse drug interactions, the staff may want to seek physician approval also for over the counter medications administered by center staff with approval of the responsible caretaker.

- c. Participants may not self-administer medications or keep medications on his/her person while attending the program regardless of his/her cognitive function. Therefore, program staff are required to administer participant's medications while participants are attending the program.

- d. A record of all medications given to each participant must be kept indicating each dose given including the following:
 - (1.) participant's full name;
 - (2.) name, dosage, quantity and route of the medication;
 - (3.) instructions for giving medication;
 - (4.) date and time medication is administered; and
 - (5.) name or initials of person giving the medication. If initials are used, a signature equivalent to those initials is to be entered on this record.

- e. Medications shall be kept in the original pharmacy containers in which they were dispensed. The containers shall be labeled with:
 - (1.) participant's name
 - (2.) the name and strength of the medicine
 - (3.) dosage
 - (4.) instructions for administration

For example, programs should not accept participant medication in a pill box or napkin and should not administer medication delivered in such manner to participants at the program.

Prescription medications must have specific instructions on the label. "Use as directed" is not considered acceptable.

Over the Counter (OTC) medications are not required to be labeled with pharmacy label as detailed above.

- f. Medications shall be kept in a locked location at the program. If medications need refrigeration, these must be in a locked location as well. The program may opt to have a small refrigerator with a lock or a medication lock box that is placed in a refrigerator.

- g. Intravenous, intramuscular or subcutaneous medications should only be administered at Adult Day Health Only or Adult Day Care/Adult Day Health (combination) programs to a participant while he/she is attending the program. Only Adult Day Health Only or Adult Day Care/Adult Day Health (combination) programs shall enroll participants who required this type of medication while attending the program.

- h. The program shall indicate in their Medication Program Policy how the program will accept changes to a participant's medication regimen to be administered at the program. For example, a program may indicate in their medication program policy that they will only accept a change in a participant's medication regimen to be administered at the program in writing from the participant's physician who prescribed the medication in the form of a doctor's order. A program may indicate in their medication program policy that they will accept changes to a participant's medication regimen to be administered at the program via phone by the physician. The program should ensure that the individual responsible for authorizing program staff to administer medication to participant while at program is the individual providing such authorization to program.

- i. Medications shall be disposed of properly if the medications are expired or medications are left at the program after a participant discontinues attending the program according to the North Carolina Board of Pharmacy guidelines for medication disposal. Every effort should be made to return the participant's medication to the caregiver in the instance that the participant no longer attends the program. It is strongly suggested that the program document the method of medication disposal or returning of said medication to family and include the medication's name, strength, number disposed or returned, the date the medication was disposed or returned and the signatures and printed names of the staff member disposing or returning the medication and the staff member who witnessed the disposal or return of the medication and include this as part of their medication disposal policy.

Recommendations are that medications should not be placed in the water system via flushing them in the toilet. This is only a recommendation. Currently, some recommendations for medication disposal include mixing the medications in need of disposal with kitty litter and disposing of the mixture in the trash. Here is a web site that may provide some assistance in drafting this part of the policy:
http://portal.ncdenr.org/c/document_library/get_file?uuid=60c73101-88c9-41ca-b8b3-3f23faf54459&groupId=38361

Adult Day Health Only or Adult Day Care/Adult Day Health (combination) programs also need to outline how the program will dispose of other medical waste they will likely encounter (i.e., sharps [needles for injections], used wound care products, etc.). Here is the Occupational Safety and Health Administration (OSHA) web site which may also provide some guidance in drafting this policy: <http://www.osha.gov/>

K. Program Evaluation (Section IV. G., page 23)

It is important to distinguish between the plan for evaluation, which should be a statement of how the annual evaluation is to be carried out, by whom, and what it will cover, and the report of the annual evaluation. The plan for evaluation should serve as a guide in conducting the evaluation and, as such, should be specific in describing the timetable, procedures, parties to be involved and topics to be covered. This is also a means and a mechanism to determine if the program's goals have been met and if the evaluation determines that they have not been met, the opportunity exists to revise the program's goals and also identifies areas for improvement and areas that a program is excelling in. The program evaluation will also allow a program to determine if their current operations and service are cost effective by possibly identifying areas where expenses could be reduced, etc.

L. Participant Records (Section V.A.1.a-l, pages, 24-25)

1. Confidentiality

Participant records contain confidential information and must be stored in a locked file, with access given only to appropriate adult day care/day health services staff. HIPAA permits information contained in such records to be shared only with appropriate staff and local and state oversight or monitoring agencies (i.e., The Coordinator and Specialist, state Consultant, etc.). Disclosure of personal health information is prohibited unless a signed release has been obtained from the participant or responsible party and a signed authorization stating what information and to whom it may be given must be obtained each time a request for participant information is made. A blanket authorization which does not identify the parties requesting and releasing information is not sufficient to comply with this standard.

At hire, each employee must sign a confidentiality agreement stating that he/she will keep participant and personnel information confidential. A copy of the signed and dated confidentiality agreement must be placed in each employee's personnel file.

2. Publicity Efforts Involving Day Care Participants

In any instance that the day care program engages in publicity efforts in which participants are involved in any identifiable way, the program should obtain prior written approval from the participant. If the participant is enrolled in the day care program by a family member or other responsible person, that party's approval should also be obtained. This includes photographs, brochures, videos, newspaper articles, etc.

M. Day Care Programs Serving More than One County

1. It is permissible for a day care program to serve more than one county. The following factors should be considered by the day care program in deciding whether or not to do so:
 - a. The proximity of the location of the day care program's facility site to other counties and the length of time involved in transporting participants who reside in these other counties to and from the program facility site
 - b. The extent to which other counties have funds available to purchase adult day care services and/or whether or not there are individuals living in the area who could pay the cost of the service themselves.
 - c. The logistics of referral to and assistance in using appropriate community resources for persons who do not live in the county in which the day care program is located.
2. If the day care program is able to resolve these issues satisfactorily, the following steps must be taken in expanding the geographical area served to include other counties. If a program wants to serve a portion of a county, this must be stated in the geographical area serviced by program in the program policies.
 - a. Enrollment criteria must specify the geographical area served, including a statement of the counties involved.
 - b. An agreement must be negotiated with the second county department of social services if that agency plans to purchase adult day care services.

c. The Department of Social Services of the county where the facility is located must continue to carry the responsibilities set forth in this manual and must be notified of the day care program's plans and of how it intends to deal with the issues listed in Paragraph 1.

N. Capacity and Attendance

The maximum number of persons for whom a day care program is certified is based on the available square footage (excluding restrooms, offices and hallways), furnishings, and rest rooms (number of toilets). Enrollment may exceed the certified capacity, but the number of persons in attendance on a daily basis cannot exceed the capacity. At any time the number of participants in attendance exceeds capacity, the program is in violation of certification.

Day care programs are encouraged to provide an opportunity for applicants to visit for part or all of a day before being enrolled in the program. Such visits are not to be counted in daily attendance. In most instances, one visit should be sufficient to acquaint the applicant with staff and program.

O. The DSS-Operated Adult Day Care Center

If county departments of social services wish to operate adult day care programs, the following guidelines must be followed in addition to compliance with certification standards.

1. An agency-operated day care program must have a minimum capacity of at least six participants.
2. Responsibility for program monitoring and certification must be assigned to a staff member other than the day care Program Director. The staff member with this assigned responsibility must carry out all activities as described in Section VI. pages 22-31 of this manual.
3. An agreement must be made with a neighboring County Department of Social Services to handle any complaints brought against the adult day care program and to complete the initial certification (i.e., relocation, change in governing body) and recertifications.

P. The Adult Day Care Home

1. The adult day care home is a day care program operated in a single family dwelling where the operator resides. An adult day care home can serve a maximum of sixteen (16) persons. Usually there is one staff member, the operator, who carries responsibility for all aspects of the program.
2. The day care home can be an effective way of providing adult day care services in sparsely populated, rural areas where there is insufficient need and justification for an adult day care center. In addition, the day care home may be advantageous for some people who are more comfortable in a small group home-like setting.
3. The North Carolina Adult Day Care/Day Health Services Standards for Certification distinguishes some differences between requirements for day care homes and centers. Requirements for programming and client records are the same, regardless of the capacity of the program.

VIII. Contracting

This section contains policies for determining the amount of reimbursement for adult day care services paid to a provider within the standard fixed rates established in the contract.

A. Maximum Payment Rate

This is the daily payment rate set by the Social Services Commission for daily care and transportation. It is the maximum amount on which federal and state financial participation will be reimbursed to the county Department of Social Services for daily care/transportation for any eligible client. This amount is designated as a standard fixed rate for purchase of adult day care services through a contract.

B. Reimbursement

1. Payment to the program is based on the enrollment plan, and begins on the date specified on the DSS-5027 and continues until terminated.
2. It should be understood that enrollment in the day care program is different from attendance at the program. The daily rate is paid to the program according to the enrollment plan for each client. Additionally, a client may be enrolled full-time or part-time. Full-time enrollment means that the client is enrolled for five days a week during each week. Part-time enrollment means that the client is enrolled for less than five days a week during each week.
3. Reimbursement is based on a per diem rate. A unit is considered a day of service. Providers should not be reimbursed for holidays, hazardous weather, emergency situations or any days that the program is not operational.

C. Attendance

1. Because of the frailty of the population being served, absences may be a common occurrence. It is important for the case manager to become involved if it appears that the participant is not utilizing the service as planned. The contract should include a requirement that the program notify the county Department of Social Services when an enrollee has been absent for ten consecutive scheduled days. In calculating consecutive scheduled days do not count weekends, holidays, planned staff work days and days the center is closed because of hazardous weather conditions. However, Departments of Social Services probably do not want to wait the ten days and are strongly encouraged to include language in their contract with the adult day care provider that the program should notify the Department of Social Services when an enrollee has been absent for one to two days.

2. The purpose of this notification is to alert the case manager that the service plan may no longer be appropriate and that the circumstances which are preventing the client from utilizing the service as planned should be explored with the client. The case manager would then make a decision as to whether it would be appropriate to terminate the service, hold the slot through the use of a holding fee as defined in the following paragraph, or revise the enrollment plan. In any case, the program must be involved and, in the case of termination of services, must be notified via the DSS-5027.

3. A program may seek reimbursement for a participant who is absent for 10 consecutive days. As of day 11, if the participant has not returned to the program, the program may not submit for additional reimbursement.

Appendix A 10/4/2010

Resource Information

The following information is intended to assist Adult Day Care Coordinators in working with individuals and organizations interested in establishing adult day care programs. Much of this information is general and inquiries will need to be made to obtain correct information about resources at the local level.

1. In response to an inquiry from someone interested in developing an adult day care program, the Adult Day Care Standards for Certification manual must be sent to the interested party and an appointment should be scheduled for a conference to discuss their plans.

2. The following information should be discussed with the interested party as appropriate.
 - a. The nature and scope of adult day care services. Refer to Sections I through IV of this manual and to the North Carolina Adult Day Care/Day Health Services Standards for Certification manual.

 - b. The need for adult day care within the community or county. Possible sources of information are the agency's service planning and budgeting materials, surveys of agency adult services case loads, the local council on aging and the regional council of government planning and aging units. The potential service provider may wish to advertise the service to determine interest in the community.

 - c. Guidelines to follow in developing an adult day care program. It should be understood that a quality day care program cannot be established in a matter of days or weeks, and that it may take from three - four months to two years to organize and implement a program. Variables include available funding, whether or not a building has to be constructed or renovated and the extent to which the sponsor has an organizational

structure which can act quickly in developing and finalizing program guidelines and policy.

- d. Certification requirement and certification standards in general.
- e. The role and authority of the county Department of Social Services, the Division of Aging and Adult Services and the local Department of Health, if applicable. The interested party should understand the importance of keeping the coordinator informed as the day care program develops. If the interested party is seeking to operate an Adult Day Health only or Adult Day Care/Adult Day Health (combination) program, the interested party should also understand that they may seek guidance from the Specialist at the local Department of Health as the adult day health only or combination program develops.
- f. Possible sources of funding. The coordinator should be knowledgeable about the extent to which the county Department of Social Services may be a funding resource for adult day care programs. Other possible sources of funding and resources to reduce program costs include:

(1) Division of Public Health. Reimbursement for meals and snacks may be available through the Department of Public Instruction-Child and Adult Food Program. Contact the Department of Public Instruction Child Nutrition Services Section for additional information.

(2) United Way

(3) Local places of worship (i.e., churches, synagogues, mosques, etc.) and civic groups. Some organizations may provide a scholarship fund to pay for one or more persons to attend the day care program.

(4). Local industry (for donations of money and/or craft supplies and equipment)

(5) Home and Community Care Block Grant (HCCBG) Funding for the purchase of service may be available through the HCCBG.

Contact the county lead agency or Area Agency on Aging for information about these funds to serve persons aged 60 and over.

(6) Title V Senior Community Service Employment Program. Employment opportunities for low-income individuals 55 or older in community service activities. For information regarding this program contact the N.C. Division of Aging and Adult Services.

(7) The State Adult Day Care Fund (SADCF) which is part of the Social Services Block Grant and is administered by County Departments of Social Services and provides service to persons age 18 and over.

(8) The Funding Fact Sheet that is available on the Division's web site at: <http://www.ncdhhs.gov/aging/adcfundfactsheet.htm>

g. Community agencies and organizations which may be resources for — day care program. Some possibilities are:

(1) Cooperative Extension Service

(2) Local Department of Health

(3) Senior Centers

(4) Technical Institutes and Community Colleges

(5) Public Libraries

(6) Religious Institutions/Places of Worship

(7) Parks and Recreation department

h. The need to be aware of any applicable zoning ordinances. The city and county managers' offices should be resources for questions regarding zoning. Call the local Zoning Board Office for city or county.

i. The local fire and building inspectors and environmental health specialists. Prior to making a commitment on a building, it should be inspected by these parties to determine the extent to which changes will be necessary to comply with regulations and any suggestions. The Coordinator should visit the building and note square footage, rest rooms, etc. Before a program purchases a building,

leases a building, builds a building or renovates a building, the program should consult with Glenda Artis at the Division of Aging and Adult Services to determine if the building under consideration meets or will meet the requirements.

- j. The location of nearby adult day care programs. If the prospective service providers have not done so already they should be encouraged to visit one or more adult day care programs.
- k. The need to plan carefully. Consider anticipated demand for the service and expected income in relation to the proposed capacity of the program and its effect on staffing, vehicles and facility.

(1) Develop a business plan including a needs assessment

(2) Develop a marketing plan

4. Resources for information about adult day care include the following:

N. C. Adult Day Services Association
Web site: <http://www.ncadsa.org/>

North Carolina Division of Aging and Adult Services, Adult Day Care Consultant
Web Site: www.ncdhhs.gov/aging

National Association of Adult Day Services
Web site: <http://www.nadsa.org/>
National Adult Day Services Association, Inc.,
1421 E. Broad Street
Suite 425
Fuquay-Varina, NC 27526
Toll Free Phone: 1-877-745-1440, Fax: 919-552-0254

North Carolina Department of Insurance
Web site: <http://www.ncdoi.com/main.asp>

North Carolina Office of the State Fire Marshall
Web site: <http://www.ncdoi.com/osfm/Default.asp>

Appendix B 4/16/2015
Suggested Issues to be Addressed in Contract

1. The Department of Social Services will provide supportive services and consultation to the day care program regarding participants certified by the department and regarding program operation. Supportive services regarding participants include: assistance in developing and reviewing service plans; scheduled consultation regarding participant needs and concerns; evaluation and planning with the participant and program staff at least annually regarding the effectiveness of and ongoing need for adult day care.

2. The day care program will notify the Department of Social Services of any instance in which consideration is given to termination of a DSS participant from the program. No decision for termination will be made without prior consultation with the department and without two weeks (ten business days) notice to the department and participant.

3. The program will notify the Case Manager at the Department of Social Services in the event of ten unscheduled, consecutive absences by a participant who is receiving Case Management services.

4. The day care program will have final authority to accept or deny applicants for enrollment based on written admission criteria and current enrollment. The Department of Social Services will refer persons eligible for adult day care using the DSS-5027. The Department of Social Services will provide, also, a summary of the person's need for services. The day care program will notify the department of action taken regarding the referral within seven days of receipt. Referrals from the day care program to the department for determination of eligibility will be reviewed and, as a general rule, the day care program will be notified within 30 days as to whether or not an individual is eligible.

5. The day care program will send to the county Department of Social Services by the ___ day of each month a list of all referrals and actions taken regarding referrals and applications for the previous month.

The following issues relate specifically to adult day care homes:

1. The adult day care home operator agrees to take a maximum of ten days annual vacation leave without financial penalty and to notify the County Department of Social Services and participants one month in advance regarding plans to take leave.
2. The adult day care home operator agrees that a maximum of ten days annual sick leave may be taken without financial penalty. The operator agrees to notify the Department of Social Services immediately when such leave must be taken.

Appendix C 1/2020
Adult Day Care/Adult Day Health Services Complaint Policy

Division of Aging and Adult Services
Adult Day Care and Day Health Services
January 2020

Managing Complaints

I. Complaint Investigation Rationale

II. Legal Authority

III. Receipt of Complaint

- A. General Guidelines
- B. Guidelines for Staff Taking the Initial Complaint
 1. Complaint received by Local Monitors (Adult Day Care Coordinator/Adult Day Health Specialist)
 2. Complaint received by Division of Aging and Adult Services Staff (Adult Day Care Consultant)
 3. Complaint Specifics
 4. Multiple Complaints

IV. Complaint Investigation Visit

- A. Preparing for the Visit
- B. Scheduling the Visit
- C. What Information to Review Prior to the Visit
- D. How to Conduct the Fact Finding Complaint Investigation Visit
- E. Forms/Equipment/Supplies Needed to Complete a Fact Finding Complaint Investigation
- F. Interviewing Techniques

V. Preparing for The Fact Finding Complaint Investigation Visit

- A. Introduction
- B. Minimum Items to be Requested and Reviewed
 1. Participant Record
 2. Medication Administration Record
- C. Staff Interviews
 1. Preparing Questions Prior to Actual Fact Finding Complaint Investigation
 2. Actual Interviews
- D. Recording Your Findings
- E. Reaching a Conclusion
- F. Corrective Action
- G. Exit Conference

VI. The Investigation's Findings

Appendices

- Appendix 1. Adult Day Services Complaint Intake Form (DAAS-600)
- Appendix 2. Adult Day Services Complaint Investigation Report (DAAS-601)

I. Rationale

North Carolina General Statute 131D-6 (b) states that the North Carolina Department of Health and Human Services shall inspect and certify adult day care programs. The Social Services Commission adopted rules granting consultation to county departments of social services and providers, certification and monitoring responsibilities for Adult Day Care to the Division of Aging and Adult Services per 10A NCAC 06P.0401. County department of social services responsibilities include designating a social worker to be the Adult Day Care Coordinator responsible for consultation to service providers and all activities at the local level concerning certification, recertification reviews and supervision of the day care program to insure Standards are being met on an ongoing basis per 10A NCAC 06P.0402.

II. Legal Authority

The Older Americans Act of 1965, 42 USC§ 3025 (a) (1) (c) and 3025 (a) (2) (B); 3027 (a) (4)

Fed 45 CFR 1321.17 (f) (4) A7)

North Carolina General Statute 131D-6

Adult Day Care and Health Services Rules 10A NCAC .06P; 10A NCAC 06R; 10A NCAC 06S and specifically:

- 10A NCAC 06P.040
- 10A NCAC 06P.0402
- 10A NCAC 06R.0501 (a) (4); (a) (6) (C) and (a) (6) (D)
- 10A NCAC 06R.0507- program policies are provided at time of enrollment
- 10A NCAC 06R.0509 (d) and (d)(2)
- 10A NCAC 06S.0101

III. Receipt of Complaint

A. General Guidelines

The person making the complaint is referred to as the “caller,” the “complainant” and sometimes, the “reporter” and he or she expects a timely response to his/her complaint. The person taking the complaint is referred to as “staff” or the “receiver.” Generally, there are 3 basic types of complaints:

1. Uncertified Programs- an allegation that an individual is or individuals are providing adult day care and/or adult day health services without certification from the Division of Aging and Adult Services (DAAS) in violation of G.S. 131D-6.

2. Standards Violations- an allegation that an adult day care and/or adult day health provider is not meeting the minimum standards for certification.
3. Adult Abuse/Neglect/Exploitation Reports- an allegation that an adult day care and/or adult day health program participant is being abused/neglected/or exploited. The complainant should be directed to immediately report this allegation to the county department of social services, adult protective services section, where the program is located. Additionally, the receiver of this category of allegation shall contact the county department of social services, adult protective services section, where the program is located if the receiver has reasonable cause to believe that a disabled adult is in need of protective services. See Protection of the Abused, Neglected or Exploited Disabled Adult Act, Section 108A-102, Duty to Report.

The DAAS-600 form should be used to record any complaint.

Incidents precipitating complaint must have occurred within a reasonable amount of time and must be regulated by NC General Statute, federal law or the DAAS Standards for Certification.

B. Guidelines For Staff Taking the Initial Complaint

*****NOTE** Regardless of who takes the complaint, the local monitors will make the initial investigation visit to the program.***

The county department of social services' Adult Day Care Coordinator (Coordinator) or the local department of health's Adult Day Health Specialist (Specialist) should be the first contact to take complaints.

Complaints may be submitted via telephone call, mail, email, fax or in person.

1. Complaint Received By Local Monitors (Adult Day Care Coordinators or Adult Day Health Specialists)

The Coordinator or Specialist may take complaints for services and/or care provided to participants of adult day care, adult day health or adult day care/health programs. The Coordinator or Specialist will complete the DAAS-600 with all of the required information. Once completed, the Coordinator or the Specialist will contact the Adult Day Care Consultant (Consultant) at DAAS and advise him/her of the complaint. Complaints may be made by phone, in person, email, mail or facsimile.

If the complaint is taken locally and there is uncertainty about which Division in the Department of Health and Human Services or authority has responsibility for a complaint, the local authorities should contact the Adult Day Care Consultant at

DAAS to determine which Division in the Department of Health and Human Services or other authority has responsibility for the complaint.

If the complaint is the responsibility of another Division of the Department of Health and Human Services or authority, DAAS staff will contact the appropriate division or authority and forward the complaint to the appropriate entity. DAAS staff shall follow up with the appropriate division or authority to determine what actions were or were not taken regarding the complaint.

2. Complaint Received By North Carolina Division of Aging and Adult Services' Staff (Adult Day Care Consultants)

NC Division of Aging and Adult Services (DAAS) staff may take complaints for services and/or care provided to participants of adult day care, adult day health or adult day care/health programs.

Any complaint received by DAAS staff will be referred to the local monitors in the appropriate county department of social services and/or local department of health for complaint investigation. DAAS staff will do additional investigation as needed.

DAAS staff will forward a copy of the completed DAAS-600 to the Coordinator and if needed, the Specialist via fax or email within 48 business hours of receiving the complaint. If DAAS staff is unable to reach the Coordinator directly, the Consultant will contact the Adult Services Supervisor at the appropriate county department of social services.

3. Obtaining Specific Information about the Complaint

Receiver will obtain as much factual information as possible during the first contact with the complainant.

- What: what type of complaint is this?
- When: date and time complaint occurred?
- Who: make a list of all possible persons involved in complaint
- What: what have others already done to address complaint?
- Which: which agencies have already been contacted or need to be contacted about this complaint?
- What: Standards that may apply to the complaint- did program follow or not follow Standards related to complaint?

Request that the complainant be as fact specific as possible, avoiding descriptions, using opinions, judgments and non-factual information about what his/her complaint is. For example, if a complainant states "The adult day care is mean to my dad" or "The adult day staff does not feed the participants" ask the

complainant for facts of what is occurring such as, “What does that staff do when they are taking care of your dad?” or “What times does the program serve snacks and lunch?”

If the complainant wishes to remain anonymous, respect this wish and advise the complainant that the local monitor (the Coordinator or Specialist) who performs the initial investigation will be informed of the request for anonymity. However, the staff member (the Coordinator, Specialist or DAAS Consultant) receiving the complaint should inform the complainant that anonymity cannot be guaranteed. It shall be explained to the complainant that the program management/staff may determine whom the complainant is or what participant the complaint concerns during the investigation process.

If the complainant alleges abuse, neglect or exploitation, then receiver shall advise complainant to report such allegations to the appropriate county department of social services, Adult Protective Services unit. Additionally, the receiver of this category of allegation shall contact the county department of social services, adult protective services section, where the program is located if the receiver has reasonable cause to believe that a disabled adult is in need of protective services. See Protection of the Abused, Neglected or Exploited Disabled Adult Act, Section 108A-102, Duty to Report.

If the complaint indicates that participants are in imminent danger, make the initial visit immediately.

If the complaint does not indicate imminent danger for participants, make the initial visit within 72 hours of receiving complaint.

4. Multiple Complaints

If there are multiple complaints about the same issue, they can be condensed into 1 Complaint Investigation Report (DAAS-601), but there should be multiple Adult Day Services Intake Forms (DAAS 600) completed for each complaint received.

IV. Preparing for the Complaint Investigation Visit

A. Scheduling the Visit

Most visits should be unannounced and take into account the time of day referenced in the complaint. Such as: if the complaint was regarding the mid-day meal, the initial investigation visit to the program should be when the mid-day meal is served to observe the meal service.

B. What to Review Before the Actual Fact Finding Visit to the Program

- Review the DAAS-600 in detail.
- Review the program's file kept in your records. What does it reveal? Have there been other complaints in the past about this program? If so, was it the same type as the current complaint? What does the program's monitoring reports reveal? Is the program in compliance? Has the program received any Provisional Certifications? If yes, what for?
- Identify the Adult Day Care and Day Health Services Standards for Certification that were violated.

C. Questions to Ask and Answer Before Conducting the Complaint Investigation Visit

- Who will you interview? Who will be the best source of information? Will you only interview persons at the facility?
- What areas do you need to observe? (Such as: if the complaint is regarding meals, you would observe meals being served and if the meals are prepared on site, the meal preparation and you would also contact the local Environmental Health Specialist to do the observation of the meal preparation. If the meals are catered, you would review the contract between the food vendor and the program to see what has been agreed upon, etc.)
- What time of day will you visit? (Such as: if the complaint is in reference to the am snack, you would want to visit the program when the am snack is served- this information should be available via the activity calendar)
- What documents/files will you want to review?
- Will you conduct surveillance? (This maybe necessary if there is an allegation of an uncertified provider providing services)

D. Information Needed to Conduct a Complaint Investigation

Bring the Following Items with you to the facility:

- Adult Day Care and Health Services Standards for Certification Manual to reference as needed.
- Previous monitoring reports to reference if needed.
- Last Recertification Package to reference if needed.
- Completed DAAS 600 Form.
- Complaint Investigation Report Form (DAAS-601).

V. The Fact Finding Complaint Investigation Visit

The goal of the complaint investigation is to determine 1). if the complaint is covered by certification requirements 2). is substantiated or not; or 3). "inconclusive" when there is insufficient information to substantiate or unsubstantiate.

During the Coordinator and/or Specialist's visit, he/she should monitor the following areas for compliance in addition to the alleged areas noted in the complaint:

- Staff/participant ratio
- Number of participants in attendance at time of visit versus maximum certified capacity
- Participant supervision by staff and activities

Note that a complaint investigation is not the same as an initial certification or recertification. However, if the Coordinator and/or Specialist note several Standards Violations, issue the program the violations and develop a corrective action.

A. Coordinator or Specialist's Introduction to Program Staff

When the Coordinator and/or Specialist arrives at the program for the Fact Finding Complaint Investigation Visit, he/she should ask to speak with the program director/designee, introduce him/herself and present his/her official identification.

The Coordinator and/or Specialist may want to use the following explanation to explain the reason for his/her visit (using the mid-day meal as the reason for the complaint):

Hello, my name is _____ and I am the Adult Day Care Coordinator and/or Adult Day Health Specialist and I am here to follow up on a report we received regarding the mid-day meal. I will need to review the program's recent menus for about the last 2 weeks and also observe the mid-day meal service. Do you have copies available? I may need to speak with the cook (if program has one) and the staff that assists with the mid-day meal service. (If the program contracts with a food vendor, inform program director that you'll [Adult Day Care Coordinator and/or Specialist] need to review the program's current contract with said food vendor). After I finish, I'll talk with you about my findings. "Would you like to join me? Do you have any questions before I start? Please feel free to ask me questions or provide information to me at any time."

B. Minimum Items that Coordinator or Specialist Should Request from Program

Once the introduction is complete between the Coordinator and/or Specialist and the program director/designee, the Coordinator and/or Specialist should request the following items:

- the file and medication administration record of the participant for whom the complaint is about (if the complainant wishes not to reveal his/her identity, pick several participant records including participant cited in complaint). One reason to review the medication administration record is so the Coordinator and/or Specialist can determine if the participant was taking his/her medications as ordered, if the program staff was administering the participant's medications as ordered, etc. All of which may have an affect on the participant's behavior. An

example of this may be: a participant has an order for Tylenol to be administered every six hours while the participant is at the program, but in reviewing the medication administration record, the Coordinator and/or Specialists notes that the program staff documented that the participant has refused it every day for a week. The program staff indicates in the participant's progress notes that the participant has been aggressive and difficult to care for. One of the reasons that the participant may have been aggressive and difficult to care for is because he or she has been in pain because he or she has refused the Tylenol that was ordered for him or her. However, because the participant has refused his or her medications, should not be used to excuse the complainant's complaint, but rather, helps to better illustrate the situation that may have contributed in part to the complaint.

- the participant attendance sheets for the days(s) that the incident(s) occurred;
- the time cards/sheets for staff members working the day(s) the incident(s) occurred.

1. **Participant(s) File Review**

In each participant's file that is reviewed, the Coordinator and/or Specialist should ensure that the following items are in the participant's file and are current:

- **Enrollment Application** (should be completed prior to first day of attendance according to the Standards)
- **Advance Directives** (Programs are required to have a policy on advance directives. If a participant has advance directives and this was indicated to the program, there must be a copy of the properly executed document for Power of Attorneys, Living Wills, etc and an Original with physician signature; notary seal and has not expired for Do Not Resuscitate Out of Facility Forms/Goldenrod forms with red stop sign)
- **Signed Statement from Participant/Caregiver that the program policies were explained to them, a copy was given to them and they agree to uphold the program policies** (This should have been obtained by the program at the time of enrollment)
- **Service Plan** (it is required to be written within the first 30 days of a participant's enrollment and revised every 6 months according to the Standards);
- **Health Care Plan** (it is required to be signed by a Registered Nurse according to the Standards and should be updated at a minimum of once every 6 months according to the Standards);
- **Progress Notes** (these are to be updated as needed, but minimally every 3 months according to the Standards);
- **Medical Report** (must be renewed every year on the anniversary date of the participant's enrollment into the program according to the Standards);
- **Medication List** (this is to be updated quarterly according to the Standards)

2. Participant(s) Medication Administration Record Review

In the review of each participant's Medication Administration Record, the Coordinator and/or Specialist should ensure that the following items are in the participant's file and are current:

- That the medications administered while participant is at program are documented and include the following information: participant's name; name, dosage, quantity and route of the medication; instructions for giving the medication; date and time medication is administered; and name or initials of person giving the medication. If initial are used, a signature equivalent to those initials shall be entered on this record.
- Ensure that the medication administration record matches the medications listed on the medical examination report that should be in the participant's record according to the Standards or as authorized by the participant's caregiver.

When reviewing participant records, look for factual and specific information related to the complaint.

Take notes and make sure your notes for your report are clear and factual.

C. Staff Interviews

4. Preparing Questions Prior to Actual Fact Finding Complaint Investigation

- Before speaking with staff, make sure you know what questions you will ask.
- Ask open-ended questions to try to get more information from staff than just yes/no questions.

5. Actual Interviews

- When speaking with staff, try to make the environment as private as possible so that they will feel more at ease talking with you. Explain who you are and what you are doing.
- Try to schedule a meeting during the initial visit with the Program Director and/or Health Care Coordinator and any other member of the management staff that you feel you need to interview, to get their point of view on the complaint.

D. Recording Your Findings

- The steps leading up to the visit and the results of your visit to investigate the complaint will be compiled into a report. Use a narrative format; remember to include full names, dates and times of actions taken and include issues discussed, objective descriptions or observations.
- Record as much information as you can from the complainant- keep the notes you take from the initial contact.
- Include information from the participant's record that you locate during your visit in the report. Make copies of the parts of the participant's record that you include in your narrative portion of the investigation report as supportive documentation for your investigation report.
- Use the Complaint Investigation Report Form (DAAS-601) for the formal report (the narrative portion) and submit the completed report along with the Adult Day Services Intake Form (DAAS-600) to the Division of Aging and Adult Services, Adult Day Care Consultant, within 10 business days of the investigation visit.

E. Reaching a Conclusion: Verifying or Substantiating the Complaint

- *Substantiated:* A complaint should be deemed substantiated when the information compiled during the investigation indicates that the complaint occurred as reported by complainant.
- *Unsubstantiated:* A complaint should be deemed unsubstantiated when the information compiled during the investigation indicates that the complaint did not occur as reported by the complainant. If your investigation does not reveal that the complainant's complaint was verified or substantiated, this must be stated in the investigation report.
- *Inconclusive:* A complaint should be deemed inconclusive when the information compiled during the investigation is not sufficient to indicate whether the complaint occurred as reported by the complainant or not.

F. Corrective Action

If the investigation reveals that the program is in violation of the Adult Day Care and Adult Health Services Standards for Certification, a corrective action shall be completed using the DAAS-6215. Follow the steps regarding time frames for corrective action completion as indicated based on the type of violation it is. If the violation is identified during the time of the Complaint Investigation Visit, complete the DAAS-6215 and issue it to Program Director/designee during the Exit Conference so that Coordinator and/or Specialist can explain violation to Program Director/designee, corrective action may be

determined and date that corrective action is to be completed can be determined. Include the completed DAAS-6215 with the rest of the report.

G. Exit Conference

- Prior to leaving the program, have an exit interview with the program director/designee.
- During the exit conference, the Coordinator and/or Specialist shall inform the program director/designee of any violations that were noted during the investigation visit. At that time, issue the DAAS-6215 to the Program Director/designee, allow the program director/designee to complete the program director's comments section of the DAAS-6215 and determine the date that the corrective action shall be completed by the program.
- If the Coordinator and/or Specialist has not determined the outcome of the complaint at the end of his/her investigation visit, inform the program director or his/her designee that once a determination has been made, the program director or his/her designee will be notified within 5 business days. Once a conclusion has been reached, the Coordinator and/or Specialist should notify the program director in writing. During the review of the findings, if the Coordinator and/or Specialist determines that any program operation errors were made, the program director should be notified of these errors and inform of any needed corrections.
- The Coordinator and/or Specialist should tell the program director/designee that he/she may provide a written explanation/response to the complaint and/or the findings. Include the written explanation/response in the report.

VI. Compiling the Investigation's Findings

DAAS-6215

Violations of the Adult Day Care and Day Health Services Standards for Certification identified during the investigation visit should be documented on the DAAS-6215. The completed DAAS-6215 with the completion date of the corrective action indicated if it has not been resolved yet.

The Coordinator and/or Specialist should make the follow up visit to the program to determine that the corrective action has been completed on the date that the corrective action was to be completed. If the corrective action has been completed, the Coordinator and/or Specialist should update the DAAS-6215. The updated DAAS-6215 indicating that the corrective action has been completed should be submitted to the Division of Aging and Adult Services, Adult Day Care Consultant, within 5 business days of the Coordinator and/or Specialists' follow up visit to the program.

Letter to Complainant

The Coordinator and/or Specialist should use the Letter to Complainant sample to draft a letter to the complainant and forward it to him/her within 30 days of completing the investigation.

Letter to Program

The Coordinator and/or Specialist should use the Letter to Program sample to draft a letter to the program director and forward it to him/her within 30 days of completing the investigation.

VII. Forwarding of Completed Documents

Copies to DAAS

Gather all of the information regarding the complaint and forward it to the DAAS Adult Day Care Consultant.

The information should include:

- The completed *Adult Day Services Intake Form (DAAS-600)*
- The completed *Complaint Investigation Report Form (DAAS-601)* (the narrative portion)
- *Letter to Complainant*
- *Letter to Program*
- If violations of the Adult Day Care and Day Health Services Standards for Certification are identified during the investigation visit, completed Violation of Standards form(s) (DAAS-6215) with the completion date of the corrective action indicated if the violations have not yet been resolved.
- If DAAS-6215(s) are issued, the follow up documentation to show the program completed the corrective action by the due date and is now in compliance with the date the follow-up was completed with the program.
- The completed DAAS-6215 with the completion date of the corrective action indicated if it has not been resolved yet.

Copies to the local Department of Health

If the program is an Adult Day Health Only or a Combination Program, ensure that the local Department of Health receives a copy of the above listed documents.

Copies to the County Department of Social Services

If the Adult Day Health Specialist from the local Department of Health completed the investigation versus the Adult Day Care Coordinator from the County Department of Social Services, please ensure that the County Department of Social Services and DAAS receives a copy of each of the above listed documents.

****NOTE** If the complainant requested that his/her identity not be revealed, make sure that any identifying information is omitted.**

Appendix D 10/11/2010

Adult Day Care/Day Health Services Forms

- **DAAS-1500** (Certification form for adult day care- social only model programs used for initial certification and recertification) *Completed by Coordinator*

- **DAAS-6205 Part A** (Certification Form for adult day health- health only model or adult day care/day health services- combination programs used for initial certification and recertification) *Completed by Coordinator*

- **DAAS-6205 Part B** (Certification Form for adult day health- health only model or adult day care/day health services- combination programs used for initial certification and recertification) *Completed by Specialist*

- **DAAS-6214** (Monitoring Report Form used to document monitoring visits by Coordinators and/or Specialists) *Completed by Coordinators and/or Specialists*

- **DSS-6215** (Violation of Standards Form used to document programs that are in violation of the Standards for Certification) *Completed by Coordinators and/or Specialists*

- **DAAS-600** (Complaint Intake Form used to document complaints) *Completed by Coordinators and/or Specialists*

- **DAAS-601** (Complaint Investigation Report Form used to document complaint investigations) *Completed by Coordinators and/or Specialists*

All Adult Day Care/Day Health Services Forms are available on-line at the Division of Aging and Adult Services' web site at this web address:

<http://www.ncdhhs.gov/aging/adcdwn.htm>

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