
ADULT DAY CARE/DAY HEALTH SERVICES

I. Statement of Philosophy and Purpose

Adult Day Care/Adult Day Health services are provided in a community group setting during the day for adults with cognitive and/or physical impairments and offer supervision; assistance with Activities of Daily Living (ADLs); opportunities for socialization and stimulation; and physical, mental and emotional enrichment based on each participant's individual needs. There are several purposes behind the need for this service provision. One of the purposes is to enable aging and/or persons with disabilities whose impairments prohibit them from living independently without supportive services during the day to continue residing in the community rather than in an institution. Another is to support primary caregivers of persons in need of these services by providing respite and/or the ability to work outside of the caregiver role to financially support him/herself and potentially, the person for whom they are the primary caregiver.

II. Legal Base

Older Americans Act of 1965 as Amended: 42 U.S.C. 3001; Public Law 100-175, Sections: 102 (a) (9) (40) 306(a)(1) and 342(1)(D); Older Americans Act of 1965 as Amended 2006: Public Law 109-365, Sections: 102 (a) 9.

G.S. 143B-181.1(c)

G.S. 143B-181.1 (a)(11)

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

III. Definition of Service

A. Adult Day Care: 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. Within this framework, the service provision must include an organized program of services in a community group setting for the purpose of supporting older adults and adults with disabilities' independence while also enhancing their social, physical and emotional well-being. The provided services must consist of a variety of program activities designed to meet the individual needs and interests of the participants, a nutritious mid-day meal and 2 snacks per day, and referral to and assistance in using community resources. Medical examinations are required for admission to a program and annually thereafter. Transportation is an optional service that the provider may opt to offer to participants.

B. Adult Day Health Care: A service that provides an organized program of services during the day in a community group setting for the purpose of supporting older adults and adults with disabilities' independence, and promoting their social, physical, and emotional well-being. Adult Day Health Care services must include health care services as outlined in the North Carolina

Adult Day Care and Day Services Standards for Certification established by the North Carolina Social Services Commission; a nurse on site for a minimum of 4 hours per day or more as needed to meet the requirements for the provision of health and; personal care services during the program's operational hours and 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. Medical examinations are required for admission to a program and annually there after. Also included are a nutritious mid-day meal and 2 snacks per day. Transportation is an optional service that the provider may opt to offer to participants.

IV. Target Population

Older individuals¹ age 60 and over whose cognitive and/or physical impairments prohibit them from living independently in the community without supportive services. These individuals require supervision.

V. Eligibility

Persons 60 years of age or older who meet the target population above and meet the detailed criteria outlined below for Adult Day Care and Adult Day Health Services.

A. Adult Day Care Eligibility

An individual must be:

1. aged 60 or over
2. Must meet the definition of "frail" as defined by the Older Americans Act, Re-Authorization of 2006 ²:
 - Is unable to perform at least two (2) activities of daily living (ADLs)³ without substantial human assistance, including verbal reminding, physical cueing or supervision
 - OR**
 - Due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

B. Adult Day Health Services Eligibility

An individual must be:

1. aged 60 or over,
2. Must meet the definition of "frail" as defined by the Older Americans Act, Re-Authorization of 2006²:

- is unable to perform at least two (2) activities of daily living (ADLs)³ without substantial human assistance, including verbal reminding, physical cueing or supervision
- OR**
- Due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

3. **AND require one of the following during hours of attendance at the day health program coordinated by the Health Care Coordinator⁴:**

- a. Monitoring of a medical condition; or
- b. Administration of medication, special feedings⁵, or provision of other treatment or services related to health care needs.

C. Priority of Service

Once individuals have been determined to be eligible for Adult Day Care or Adult Day Health services, individuals shall be served in the following priority order:

- (1) Older adults for whom the need for Adult Protective Services has been substantiated by the local department of social services and the service is needed as part of the adult protective services plan.
- (2) Older adults who are at risk of abuse, neglect, or exploitation.
- (3) Older adults with three or more impairments in activities of daily living (ADLs), or instrumental activities of daily living (IADLs), who are at risk of institutionalization substitute care.
- (4) Older adults with three or more ADLs or IADLs impairments.
- (5) Older adults with no more than two ADLs or IADLs impairments.
- (6) Well older adults (this priority group is not eligible for Adult Day Care or Adult Day Health due to the previously stated Adult Day Care and Adult Day Health Care eligibility requirements). *See pages 2-3, IV. Target Population and V. Eligibility of these Standards.*

VI. Service Provision

A. Adult Day Care/Day Health Care: Adult Day Care/Day Health Care services must be provided in accordance with policies and procedures contained in the Division of Aging and Adult Services' Home and Community Care Block Grant Manual for Community Service Providers: <http://www.ncdhhs.gov/aging/manual/hccbg/hccbg.htm> In addition, Adult Day Care/Day Health Care services must be provided in accordance with the Adult Day Care/Day Health Services Standards for Certification.

If additional information is needed regarding the North Carolina Adult Day Care and Day Health Services Standards for Certification, please contact the North Carolina Division of Aging and Adult Services, Service Operations Section, 919-855-3400.

VII. Reporting, Documentation and Reimbursement

A. Reporting

DAAS-101

All providers must use the Division of Aging and Adult Services Client Registration Form (DAAS-101) to register new service recipients or update client data for existing clients. Client registration information must be entered into the Division of Aging and Adult Services' Aging Resource Management System (ARMS).

Local Departments of Social Services that are direct service provider or contract for services and determine eligibility

All local departments of social services who directly provide services, or contract for services and retain responsibility for determining client eligibility and service authorization, will complete **both** the Division of Social Services Client Intake Form (DSS-5027) and Client Registration Form (DAAS-101) to register new service recipients or update client data for existing clients and follow the current procedures for the DSS-5027 and the DAAS-101. Client registration information will be entered into the Division of Social Services' Services Information System (SIS) and Aging Resources Management System (ARMS) following the current procedures.

Local Departments of Social Services that contract for services and delegate eligibility determination to the provider

In instances where the local department of social services contracts for the provision of Home and Community Care Block Grant services and delegates to the provider, the task of determining the client's eligibility and service authorization, the local department of social services will need to complete the DSS-5027 and follow the current procedures for the DSS-5027.

If the DSS contracts the task of determining client eligibility and service authorization to another entity, the entity responsible for determining client eligibility and service authorization shall complete the DAAS-101 and enter the information into ARMS. If the agency that DSS contracts with does not key the information into ARMS, the information must be given to the entity responsible for the ARMS entries. When the local department of social services chooses to register clients through ARMS, all updates to client registration information must be made through ARMS and all unit/expenditure data must be reported in ARMS.

Reassessments

In order to maintain accurate client data, agencies must conduct an update of client registration information during regularly scheduled service reassessments, at least annually. Depending upon the type of agency providing the service(s), information will be updated on the DAAS-101 form and, if a DSS, would be updated on both the DAAS-101 form and the DSS-5027 form and entered into the appropriate information system. Only the signature of the agency staff person completing the update is required. Updated information must be documented in each client's record.

DAAS-101 Form Completion Instructions

Specific information regarding the completion of the DAAS-101 form is located in the Division of Aging and Adult Services' Home and Community Care Block Grant Procedures Manual for Community Service Providers: <http://www.ncdhhs.gov/aging/manual/hccbg/hccbg.htm>.

Specific Instructions for completing the DAAS-101 form are contained in the Aging Resource Management Resources Provider User Manual (ARMS):
<http://www.ncdhhs.gov/aging/arms/armsman.htm>

Current instructions to complete the DAAS-101 form are located on the DAAS' Monitoring Web Site on the Forms Web Page: <http://www.ncdhhs.gov/aging/arms/armsforms.htm>

All of the above links are located on the DAAS Monitoring Web Site page:
<http://www.ncdhhs.gov/aging/monitor/monitor.htm>

DSS-5027 Form Completion Instructions

Specific instructions for completing form DSS-5027 are contained in the Division of Social Services' Services Information System (SIS) Users Manual:
<http://info.dhhs.state.nc.us/olm/manuals/dss/rim-06/man/>

B. Eligibility Documentation

ADL Impairment

If an ADC or ADH participant meets the definition of 'frail' related to ADL impairment, the DAAS-101 will be the document used to confirm a participant's eligibility for ADC or ADH to ensure that the participant's ADL impairment meets the definition of frail, which states:

Participant is unable to perform at least two (2) activities of daily living (ADLs)³ without substantial human assistance, including verbal reminding, physical cueing or supervision

Cognitive Impairment

If an ADC or ADH participant meets the definition of 'frail' related to cognitive impairment, the participants' medical examination report will be the document used to confirm a participant's

eligibility for ADC or ADH to ensure that the participant's cognitive impairment meets the definition of frail, which states:

A cognitive or other mental impairment requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

The following shall be located in the participant's record:

The medical examination report must indicate that the individual has a diagnosis of a cognitive or other mental impairment and requires supervision.

- a. The participant's medical examination report must be signed by a physician, nurse practitioner or physician's assistant, completed within the prior 3 months, and shall be obtained by the program within 30 days of enrollment. This report must be updated annually no later than the anniversary of the date of the initial report.
- b. The participant's medical examination report is required to include the following information:
 - i. current diseases and chronic conditions and the degree to which these diseases and conditions require observation by day care staff, and restriction of normal activities by the participant;
 - ii. presence and degree of psychiatric problems;
 - iii. amount of direct supervision the participant requires;
 - iv. any limitations on physical activities;
 - v. listing of all medications with dosages and times medications are to be administered; and
 - vi. most recent date participant was seen by doctor.

ADH Participant's File:

1. Preadmission Health Assessment that meets the following:

- a. A completed preadmission health assessment for initial acceptance into the program, including problem-identification and care planning completed by an RN (input from an LPN per the Nurse Practice Act is permitted)

2. A service plan/care plan that includes a health care component (input from an LPN per the Nurse Practice Act is permitted) that meets the following:

- a. Completed and signed by an RN.
- b. Include the participant's health needs
- c. Include the goals for meeting the health needs of the participant.
- d. The health care coordinator is responsible for the implementing of the health care components of the established service plan, which shall include:
 - i. medication administration;
 - ii. wound care;
 - iii. enteral or parenteral feedings;
 - iv. bowel or bladder training and maintenance programs;
 - v. tracheostomy care and suctioning; and
 - vi. delegating nursing care tasks to unlicensed personnel (which may include assistance with ADLs, medication administration, etc.)

3. Ensure that health and personal care services are provided to participants consistent with the participant's service plans which may include:

- a. assistance with activities of daily living including feeding, ambulation, or toileting as needed by individual participants;
- b. health care monitoring of each participant's general health and medical regimen. This includes documenting of periodic assessment of the vital signs, weight, dental health, general nutrition, and hygiene of each participant. When health changes occur, positive or negative, the adult day care program staff shall notify the family, caregiver or responsible party of the changes
- c. assistance to participants and caregivers with medical treatment plans, diets, and referrals as needed.

4. Documented Monitoring of participant's response to health care services

Documentation of monitoring participant's response to medical treatment plan and nursing interventions and revising the plan of care as necessary

5. Based on client healthcare status, needs, and changes, RN assessments (input from an LPN per the Nurse Practice Act is permitted) that meet the following:

Reporting and recording results of the nursing assessment, care rendered as outlined in the service plan and participant's response to care.

C. Reimbursement

Adult Day Care/Day Health services shall be reimbursed in units of service based on a participant's enrollment plan rather than on a participant's actual attendance. A unit of service equals 1 day of enrollment to an eligible individual. This means the reimbursement should

reflect the number of days a participant is **scheduled** to attend the program rather than the number of days a participant actually attended the program. The enrollment information must be included in each participant's individual service plan. The scheduled days of attendance along with the payer source for each scheduled day of attendance must be included on each participant's service plan. Programs may only request reimbursement for days that the program is operational. Adult Day Care/Day Health Care providers cannot request reimbursement for holidays, weekends, or days when the adult day care/day health care center is closed.

C. **Absentee Policy**

Programs may submit for reimbursement when a participant is absent from the program for a maximum of 10 consecutively scheduled days. After the 10th consecutively scheduled day of a participant's absence, the program should not submit for reimbursement and will not receive reimbursement until the participant returns to the program.

D. **Maximum Reimbursement Rates for Adult Day Care**

The Social Services Commission has established maximum reimbursement rates for daily care and transportation associated with the provision of Adult Day Care services. A description of the three service components and identification of the maximum reimbursement rate, if applicable, is as follows:

Daily Care – the direct cost of providing care to a participant for (1) day. The maximum rate for daily care is \$33.07 per day, per participant for adult day care and \$40.00 per day, per participant for adult day health.

Administration – represents all other cost associated with the provision of the Adult Day Care service. No maximum reimbursement rate for this service component applies.

Information regarding the establishment of maximum reimbursement rates, including Administration costs, for Adult Day Care services administered by the Division of Aging and Adult Services is contained in the Division of Aging Home and Community Care Procedures Manual for Community Service Providers: <http://www.ncdhhs.gov/aging/manual/hccbg/hccbg.htm>

Adult Day Care and Adult Day Health services are subject to Consumer Contribution Policies and Procedures as specified in the Division of Aging and Adult Services' Consumer Contribution Policies and Procedures Manual: <http://www.ncdhhs.gov/aging/consumercontributions.htm>

Transportation – Transportation is an optional service that may be offered to participants at the provider's discretion. Transportation represents the cost of

providing transportation for participants to and from the service facility by the program itself or by a transportation vendor that the program contracts with to provide this service. The maximum daily rate for transporting a client one-way will not exceed \$1.50, regardless if the program provides this service directly or if the program contracts for this service. The maximum daily reimbursement rate for round trip transportation will not exceed \$3.00, regardless if the program provides this service directly or if the program contracts for this service.

Transportation for Adult Day Care Participants

The ARMS code for Transportation for an Adult Day Care participant is 031. ARMS code 031 shall be used when reimbursement is sought for an Adult Day Care participant's transportation to and/or from the program.

Transportation for an Adult Day Health Participant

The ARMS code for Transportation for an Adult Day Health participant is 156. ARMS code 156 shall be used when reimbursement is sought for an Adult Day Health participant's transportation to and/or from the program.

****NOTE**** A provider may only seek reimbursement for transportation if a provider provides or arranges for transportation to and from the service facility for its participants. Providers that do not provide or arrange transportation to and from the service facility for its participants should not seek reimbursement for transportation.

¹ According to the Older Americans Act, Re-Authorization of 2006, the term "older individual" means an individual who is 60 years of age or older.

² According to the Older Americans Act, Re-Authorization of 2006, the term "frail" means, with respect to an older individual living in a State, that the older individual is determined to be functionally impaired because the individual-

- (A) (i) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
 - (ii) at the option of the State, is unable to perform at least three such activities without such assistance;
- or

- (B) due to a cognitive or other mental impairment requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual.

³ Per NCAC 10A 06R.0201 "Activities of Daily Living (ADL)" means eating; dressing; bathing; toileting; bowel and bladder control; transfers; and ambulation.

⁴ Consistent with the Nurse Practice Act, the Health Care Coordinator practices within his/her scope of practice depending upon his/her license type (LPN or RN). If the Health Care Coordinator is an LPN, an RN provides the required on-site supervision to the LPN at a minimum, every two weeks per 10A NCAC 06S.0204 and the North Carolina Adult Day Care and Day Health Services Standards for Certification.

⁵ Special Feedings are enteral or parenteral nutrition provided through a tube in the nose or stomach or through the veins (intravenously).