

## NORTH CAROLINA

### Overview

The Division of Aging and Adult Services in the North Carolina Department of Health and Human Services oversees adult day care (ADC) and adult day health services (ADHS). All providers must meet state certification standards. Programs may be certified to provide both ADC and ADHS. The certification standards include additional requirements for both ADC programs and ADHS programs that market themselves as providing special care services.

An ADC or ADHS program that advertises, markets, or otherwise promotes itself as providing special care services for persons with Alzheimer's disease or other dementias; a mental health disability; or other special needs, diseases, or conditions must provide written disclosures to the Department and to persons seeking special care services from an ADC or ADHS program. The disclosure must address the process and criteria for enrollment in and discharge from special care services.

Only programs that meet these requirements may advertise or represent themselves as providing special care services. However, an ADC or ADHS program that does not advertise, market, or otherwise promote itself as providing special care services is not prohibited from providing ADC or ADHS to persons with Alzheimer's disease or other dementias; a mental health disability; or other special needs, diseases, or conditions.

Medicaid covers ADHS under a 1915(c) waiver--Community Alternatives Program for Disabled Adults--and contracts only with certified providers.

### Definitions

**Adult day care** means the provision of group care and supervision on a less than 24-hour basis to adults with physical and/or mental disabilities in a place other than their usual residence. Services include a variety of program activities designed to meet the individual needs and interests of participants, a nutritious meal and snacks as appropriate to the program, and referral to and assistance with using appropriate community resources.

Services must be provided in a home or a center certified to meet state standards for such programs. Programs operated in a single family dwelling limited to 16 adults are called **adult day care homes**. Those operating in a structure other than a single family dwelling are called **adult day care centers**.

**Adult day health services** means the provision of an organized program of services during the day in a community group setting for the purpose of supporting an adult's personal independence and promoting his or her social, physical, and emotional well-being. Services must include health care services as defined in state standards and a variety of program activities designed to meet participants' individual needs and interests, and referral to and assistance with using appropriate community resources. The health care component of ADHS distinguishes it from ADC.

**Adult day health (ADH) centers** operate in a structure other than a family dwelling, but **adult day health homes** for up to 16 adults can operate in a single family dwelling.

**Adult day health combination** programs can operate both ADC and ADH in one program.

**Special care services** are those furnished by a certified ADC or ADHS program that promotes itself as providing programming, activities, or care specifically designed for persons with Alzheimer's disease or other dementias; mental health disabilities; or other special needs, diseases, or conditions as determined by the Medical Care Commission.

## Parameters for Who Can Be Served

Adults who need ADC and ADHS are aged and disabled persons who have impairments that prevent them from living independently without supportive services and put them at risk of becoming institutionalized. Some have conditions that have led or will lead to substantial deterioration of their physical, emotional, mental, and social well-being.

Providers must have specific enrollment policies to guard against enrolling people whose needs cannot be met by the planned activities. The policies should also provide for dismissal of participants whose needs can no longer be met or who can no longer be cared for safely. Providers may serve both semi-ambulatory and non-ambulatory individuals.

ADHS programs have additional requirements. Providers may serve individuals who are age 18 years or older who need ADHS in order to support their independence and who require: (1) monitoring of a medical condition; (2) provision of assistance with or supervision of activities of daily living (ADLs); and (3) administration of medication, special feedings, or provision of other treatment or services related to health care needs. Participants enrolled in ADH must require daily nursing supervision.

A participant transferring from standard ADC services to special care services must meet the criteria for the special care services. The participant's medical

examination report must specify a diagnosis, disability, or condition consistent with the program’s special care services.

## Inspection and Monitoring

Following review of the initial certification application, the North Carolina Division of Aging and Adult Services makes a precertification visit. To ensure compliance with certification standards, the Division recertifies ADC and ADHS programs annually in addition to monthly monitoring of compliance by county Departments of Social Services. ADHS programs receive additional monitoring at least quarterly by county Departments of Health. Certification is for a 12-month period from issuance unless it is revoked for cause, voluntarily or involuntarily terminated, or changed to provisional certification status.

## Required and Optional Services

All ADC and ADHS programs furnish socialization, social activities, nutrition services, and supervision to ensure safety. They also monitor participants’ health and functioning at a basic level to determine if the adult day services program can continue to meet participants’ health and functional needs. The table below lists additional required and optional services.

Required and Optional Services	Adult Day Care		Adult Day Health Services	
	Required	Optional	Required	Optional
ADL Assistance		X <sup>1</sup>	X	
Health Education and Counseling		X	X	
Health Monitoring/Health-Related Services			X	
Medication Administration	X		X	
Nursing Services			X	
Physical Therapy, Occupational Therapy, or Speech Therapy		X <sup>2</sup>	X	
Skilled Nursing Services			X	
Social Services				
Transportation		X		X
<p>1. ADL assistance is optional. Providers determine if they will furnish this service based on the population they are targeting. The provision of assistance with ADLs may be a criterion for some funding sources, such as the Home and Community Care Block Grant. The majority of ADC providers in North Carolina do offer assistance with ADLs on some level.</p> <p>2. These services may be provided by program staff, if qualified, or arranged for through the program if available through community resources.</p>				

## Medication Provisions

All ADC programs must have written policies on participant medication use, changes to medication administration orders, and medical disposal. Only ADHS or ADC

and ADH combination programs can enroll or serve participants who require intravenous, intramuscular, or subcutaneous medications while attending the program.

## Staffing Requirements

**Type of Staff.** ADC and ADH centers must have a full-time program *director*. In ADC homes where the only staff person is the operator, the operator must meet the same requirements as the director. Substitute or relief staff must meet the same requirements as the operator.

ADH centers must have a *health care coordinator* to organize the delivery of health care services and participate in direct care. The health care coordinator must be either a registered nurse (RN) or a licensed practical nurse (LPN), currently licensed to practice in North Carolina. If the health care coordinator is an LPN, an RN must provide supervision consistent with the Nursing Practice Act, and on-site supervision by the RN must occur no less frequently than every 2 weeks.

In ADH centers with ten or fewer participants, the director may also serve as the health care coordinator.

**Staffing Ratios.** The staffing pattern is dependent upon the enrollment criteria and the participants' needs. The ratio of staff to participants must be adequate to meet the goals and objectives of the program. Whenever regularly scheduled staff are absent, substitutes must be used to maintain the staff-to-participant ratio and, for ADH programs, to ensure proper supervision of the delivery of the health care services. The minimum ratios are:

*Adult day care homes.* One full-time equivalent staff person with responsibility for direct participant care for each six participants--up to 16 participants--the maximum number that can be served in this setting.

*Adult day care centers.* One full-time equivalent staff person with responsibility for direct participant care for each eight participants.

*Adult day health centers and adult day health homes.* One full-time equivalent staff person with responsibility for direct participant care for each five participants.

*Adult day health combination.* One full-time equivalent staff person with responsibility for direct participant care for each six participants.

*Special care services.* The ADC program must disclose in writing procedures that address staff-to-participant ratios in the special care services to meet participants' needs.

In ADH centers, the health care coordinator must be on-site a minimum of 4 hours per day and any additional hours necessary to meet requirements for the provision of health and personal care services.

In ADC homes where the only staff person is the operator, a minimum of one staff person must be present during all hours of operation and the operator must ensure that substitute or relief staff are available to enable the ADC home to remain open on days when the operator is not available to supervise the program.

## Training Requirements

Providers must have a written plan for orientation and staff development of new employees and volunteers and ongoing development and training of all staff.

**Special Care Services.** An ADC program providing special care services must ensure that special care services staff receive at least the following orientation and training, which must be documented in the center's files.

- The program director must have in place a written plan for training staff that identifies content, sources, evaluations and training schedules. The plan must be reviewed and updated annually.
- The program director must ensure that within a month of employment, each staff person assigned to special care services shall demonstrate knowledge of participants' needs, interests, and levels of abilities. This information must be documented in the center's files.
- Within 6 months of employment, each staff person assigned to special care services must complete three trainings. The training must include, but not be limited to, population specific techniques for communication, behaviors, and ADLs.
- Each staff person working directly with participants in special care services must complete a minimum of two population specific educational experiences annually.

## Location of Licensing, Certification, or Other Requirements

The following site contains information about adult care and links to additional information, including the certification standards for both adult day care and adult day health services: *North Carolina Adult Day Care and Day Health Services Standards for Certification*. North Carolina Department of Health and Human Services, Division of Aging and Adult Services. [July 2007]

North Carolina Division of Aging and Adult Services website: Adult Day Care.  
<http://www.ncdhhs.gov/aging/adcsvc.htm>

## Information Sources

Michael Boles  
President  
North Carolina Adult Day Services Association

Theresa Johnson  
Managing Director  
National Adult Day Services Association

Wrenia Bratts-Brown  
CAP/DA Manager  
North Carolina Department of Health and Human Services  
Division of Medical Assistance

# REGULATORY REVIEW OF ADULT DAY SERVICES: FINAL REPORT, 2014 EDITION

## Files Available for This Report

### FULL REPORT

Executive Summary <http://aspe.hhs.gov/daltcp/reports/2014/adultday14es.cfm>  
HTML <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.cfm>  
PDF <http://aspe.hhs.gov/daltcp/reports/2014/adultday14.pdf>

### SEPARATE STATE PROFILES

[**NOTE:** These profiles are available in the full HTML and PDF versions, as well as each state available as a separate PDF listed below.]

Alabama <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AL.pdf>  
Alaska <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AK.pdf>  
Arizona <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AZ.pdf>  
Arkansas <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-AR.pdf>

California <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CA.pdf>  
Colorado <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CO.pdf>  
Connecticut <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-CT.pdf>

Delaware <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DE.pdf>  
District of Columbia <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-DC.pdf>

Florida <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-FL.pdf>

Georgia <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-GA.pdf>

Hawaii <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-HI.pdf>

Idaho <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ID.pdf>  
Illinois <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IL.pdf>  
Indiana <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IN.pdf>  
Iowa <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-IA.pdf>

Kansas <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KS.pdf>  
Kentucky <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-KY.pdf>

Louisiana <http://aspe.hhs.gov/daltcp/reports/2014/adultday14-LA.pdf>

Maine	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ME.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ME.pdf</a>
Maryland	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MD.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MD.pdf</a>
Massachusetts	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MA.pdf</a>
Michigan	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MI.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MI.pdf</a>
Minnesota	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MN.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MN.pdf</a>
Mississippi	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MS.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MS.pdf</a>
Missouri	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MO.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MO.pdf</a>
Montana	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MT.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-MT.pdf</a>
Nebraska	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NE.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NE.pdf</a>
Nevada	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NV.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NV.pdf</a>
New Hampshire	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NH.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NH.pdf</a>
New Jersey	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NJ.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NJ.pdf</a>
New Mexico	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NM.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NM.pdf</a>
New York	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NY.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NY.pdf</a>
North Carolina	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NC.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-NC.pdf</a>
North Dakota	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ND.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-ND.pdf</a>
Ohio	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OH.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OH.pdf</a>
Oklahoma	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OK.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OK.pdf</a>
Oregon	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OR.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-OR.pdf</a>
Pennsylvania	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-PA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-PA.pdf</a>
Rhode Island	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-RI.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-RI.pdf</a>
South Carolina	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SC.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SC.pdf</a>
South Dakota	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SD.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-SD.pdf</a>
Tennessee	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TN.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TN.pdf</a>
Texas	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TX.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-TX.pdf</a>
Utah	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-UT.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-UT.pdf</a>
Vermont	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VT.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VT.pdf</a>
Virginia	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-VA.pdf</a>
Washington	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WA.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WA.pdf</a>
West Virginia	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WV.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WV.pdf</a>
Wisconsin	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WI.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WI.pdf</a>
Wyoming	<a href="http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WY.pdf">http://aspe.hhs.gov/daltcp/reports/2014/adultday14-WY.pdf</a>