

CHAPTER 06 – AGING: PROGRAM OPERATIONS

SUBCHAPTER 06A – AGING: IN-HOME AIDE SERVICES FOR OLDER ADULTS

SECTION .0100 - SCOPE OF SERVICE

10A NCAC 06A .0101 SCOPE OF IN-HOME AIDE SERVICES

As used in this Subchapter, the following definition of In-Home Aide Services shall apply:

- (1) Primary Service. In-Home Aide Services are those paraprofessional services which assist the individual, his family or both with essential home management tasks, personal care tasks, or supervision, or all of the above, to enable the individual, his family, or both to remain, and function effectively, at home as long as possible.
- (2) Respite Care Component. In-Home Aide Services may be used for the purpose of providing respite for a primary caregiver. For this purpose, In-Home Aide Services may be provided to a client or patient in his own home or in the home of his primary caregiver. Respite Care may consist of any level of home management or personal care tasks.

History Note: Authority G.S. 143B-181.1(c); 143B-181.9A; Eff. December 1, 1991; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06A .0102 DEFINITIONS

As used in this Subchapter, the following terms shall have the meanings specified:

- (1) "Activities of Daily Living (ADL)" include eating, dressing, bathing, toileting, bowel and bladder control, transfers, ambulation and communication such as speaking, the written word, signing, gestures and communication devices.
- (2) "Available Person" is someone who lives with or near the client, who has the time and is willing to perform the needed services.
- (3) "Primary Caregiver" is the person who voluntarily provides the most care or assumes the most responsibility for another person.
- (4) "Home Management" includes tasks that range from basic housekeeping, shopping, and essential transportation to intensive work with individuals and their families on budgeting and family management.
- (5) "Instrumental Activities of Daily Living (IADL)" includes meal preparation, medication intake, cleaning, money management, phone use, laundering, reading, writing, shopping and going to necessary activities.
- (6) "Medically Stable" means physical or mental adaptation to previously recognized health problems with effective maintenance by diet, medication, or routine physical exercise, or a combination of these remedies.
- (7) "Medically Unstable" means a recent acute illness or complications of a chronic condition that are not physically or mentally controlled by diet, medication, or physical exercise, or a combination of these remedies and which require frequent monitoring and testing by skilled professionals.
- (8) "Older Adult" means 60 years of age or older.
- (9) "Own Home" means that the service recipient is living in a residence he maintains for himself or is maintained for him. "Own home" does not include any group care setting.
- (10) "Personal Care" includes tasks that range from assistance with basic personal hygiene and grooming, feeding, and ambulation to medical monitoring and other health care related tasks.
- (11) "Respite Care" is a component of In-Home Aide Services which provides needed relief to primary caregivers of persons who cannot be left alone because of mental or physical problems.
- (12) "Responsible Person" is someone who is dependable and capable of performing the needed services for the client.

History Note: Authority G.S. 143B-181.1(c); 143B-181.9A; Eff. December 1, 1991;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06A .0103 DESCRIPTION OF IN-HOME AIDE SERVICE LEVELS

As used in this Subchapter, the following descriptions of In-Home Aide Service levels shall apply for older adults:

- (1) Level I - Home Management. In-Home Aide Services at this level are intended to provide support to persons and their families who require assistance with basic home management tasks, such as housekeeping, cooking, shopping, and bill paying. Clients to be served include those who are self-directing, medically stable, and who have at least one instrumental activity of daily living (IADL) impairment. Personal care tasks may not be performed at this level.
- (2) Level II - Home Management and Personal Care. In-Home Aide Services at this level are intended to provide support to persons and their families who require assistance with basic activities of daily living and home management tasks. Both the home management and assistance with personal care tasks can be provided to the client when his capacities are diminishing or when the client is striving to maintain or improve his own functioning. Clients to be served include those who are medically stable and partially dependent in carrying out one or two activities of daily living (ADL) due to physical or mental impairments, or both; or who have maintenance needs or rehabilitative potential, or both. In addition to their personal care needs, clients may also require assistance with IADL activities to improve IADL functioning or to learn independent living skills; or they may have two to four IADL needs requiring additional support to maintain or achieve overall functioning.
- (3) Level III - Home Management. In-Home Aide Services at this level are intended to provide intensive education and support to persons and their families in carrying out home management tasks and improving family functioning skills. Provision of the service primarily focuses on individualized work with a client and his family in teaching and demonstrating skills and tasks and reinforcing improved client and family accomplishments. It also involves direct care and support in crisis situations. Clients to be served generally have moderate to severe limitations in cognitive or psycho-social functioning, but have potential for partial or total independence in IADL or home management functioning, or both. Some clients may have more than four IADL impairments.
- (4) Level III - Personal Care. In-Home Aide Services at this level are intended to provide substantial ADL support to persons who require assistance with health or personal care tasks, or both. Provision of these tasks involves extensive "hands on" care and potential assistance with a wide range of health related conditions. Clients to be served include those who are medically stable with three or more ADL impairments resulting from a chronic condition; or who are medically stable with significant ADL impairments, but have rehabilitative potential; or who are medically unstable due to recent illness, complications of a chronic condition, or a deteriorating condition with variable ADL and IADL needs.
- (5) Level IV - Home Management. In-Home Aide Services at this level are intended to provide a wide range of educational and supportive services to persons and their families who are in crisis or who require long term assistance with complex home management tasks and family functioning skills. Provision of the service involves quick and creative response to individual and family crisis situations identified by the case manager; it also focuses on appropriate learning sessions with small groups of persons from different families who have similar needs. Clients to be served include those who have serious limitations in cognitive or psycho-social functioning, or both, but who have the potential for major or complete independence in IADL functioning and who have little or no ADL impairment.

History Note: Authority G.S. 143B-181.1(c); 143B-181.9A; Eff. December 1, 1991; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06A .0104 TARGET POPULATION

The target population consists of individuals who are unable to carry out tasks essential to the activities of daily living or the instrumental activities of daily living, or both, who have no responsible person available to perform these tasks, and who need the service in order to remain in their own homes. It also includes functionally impaired persons whose

primary caregivers need relief from everyday caregiving responsibilities in order for the impaired individuals to remain at home.

History Note: Authority G.S. 143B-181.1(c); 143B-181.9A;
Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SECTION .0200 - CLIENT ELIGIBILITY

10A NCAC 06A .0201 ELIGIBILITY FOR IN-HOME AIDE SERVICES

- (a) Persons eligible for services must be 60 years of age or older, live at home, and have home management or personal care needs, or both.
- (b) Persons served must be in need of the service for all of the following reasons:
- (1) the person is unable to carry out one or more tasks essential to the activities of daily living (ADL's) or instrumental activities of daily living (IADL's);
 - (2) the person needs help with these tasks in order to remain in his own home; and
 - (3) a responsible person is not available to perform these tasks or the primary caregiver needs relief.
- (c) Persons must be served in the following order of priority:
- (1) older adults for whom the need for Adult Protective Services has been substantiated 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 extensive ADL or IADL impairments who are at risk of placement in substitute care;
 - (4) older adults with three or more ADL or IADL impairments; and
 - (5) older adults with one or two ADL or IADL impairments.

History Note: Authority G.S. 143B-181.1(c); 143B-181.9A;
Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SECTION .0300 - SERVICE PROVISION

10A NCAC 06A .0301 SERVICE DELIVERY

In-Home Aide Services must be provided in accordance with the standards established in Rules .0304, .0305, .0306, .0307, and .0310 of this Section for task levels, competency requirements, supervision, and quality assurance requirements regardless of whether the aide performing the tasks is a paid employee or a volunteer under the supervision of an established agency.

History Note: Authority G.S. 143B-181.1(c); 143B-181.9A;
Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06A .0302 ASSESSMENT AND REASSESSMENT OF CLIENT

- (a) The purpose of the initial assessment and regular reassessments is to determine each client's level of functioning and determine or confirm the need for In-Home Aide Services.
- (b) The initial assessment and reassessments must be conducted by an appropriate professional and are prerequisites to providing In-Home Aide Services.
- (c) An initial assessment is not a prerequisite when the health or safety of a client is at risk. In these instances the initial assessment must be completed within five working days of the onset of services.
- (d) The initial assessment and reassessment must be conducted in the client's home and must address the mental, social, environmental, economic, and physical health status of the client, as well as the ability to perform activities of daily living (ADL's) and instrumental activities of daily living (IADL's).

- (e) The initial assessment and reassessments must be signed and dated by the professional responsible for assuring the completion of the initial assessment and reassessments.
- (f) An initial assessment must be completed prior to the professional's development of an In-Home Aide Service Plan.
- (g) A full reassessment must be completed at least every 12 months or as the client and family situation warrants.
- (h) A review of the client and family situation must be completed by an appropriate professional at least quarterly. If a reassessment is conducted, it meets the requirements for a quarterly review.
- (i) If the person needs Home Management tasks at Levels I, II, or III, the initial assessment and reassessments must be completed by a social worker or other appropriate professional such as a registered nurse or registered dietitian. If a registered nurse or dietitian is conducting the initial assessment or reassessment at Levels I, II, or III, and the client's social needs appear more extensive than the assessor is able to adequately evaluate, then a social worker must be consulted for further input. If the person needs Home Management tasks at Level IV, the initial assessment and reassessments must be completed by a social worker.
- (j) If the client needs Personal Care tasks at Level III, a registered nurse must complete the physical health status and the ADL portions of the initial assessment and reassessments. For Level II Personal Care tasks, if a social worker or registered dietitian is conducting the initial assessment or reassessment and the client's personal care needs appear more extensive than the assessor is able to adequately evaluate, then an appropriate health professional must be consulted for further input.

History Note: Authority G.S. 143B-181.1(c); 143B-181.9A; Eff. December 1, 1991; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06A .0303 IN-HOME AIDE SERVICE PLAN

- (a) Each client must have an In-Home Aide Service Plan which is based on the initial assessment and regular reassessments.
- (b) The In-Home Aide Service Plan must include:
 - (1) measureable client outcome goals;
 - (2) In-Home Aide Service level or levels to be provided;
 - (3) specific tasks to be performed;
 - (4) frequency of service provision;
 - (5) anticipated duration of the service; conditions for continuing or discontinuing service;
 - (6) signature of client or designated person indicating agreement with the service plan;
 - (7) signature of agency's professional staff developing the service plan; and
 - (8) a physician's signature if required by a specific funding source.
- (c) All changes in tasks must be documented and dated on the In-Home Aide Service Plan by the responsible professional.

History Note: Authority G.S. 143B-181.1(c); 143B-181.9A; Eff. December 1, 1991; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06A .0304 COMPETENCY REQUIREMENTS

- (a) Aides who provide In-Home Aide Services must meet the competency requirements for the level of service they are regularly required to perform. In addition, an aide performing any tasks in Level III Personal Care must meet the competency requirements for that level and be registered as a Nurse Aide I with the NC Board of Nursing. Meeting competency requirements includes a correct demonstration of the tasks to an appropriate professional.
- (b) The agency employing the in-home aides must maintain documentation of each aide's competence; this includes verification of knowledge of all content areas and ability to correctly perform all tasks at the level of service regularly provided. If the aide is required to perform selective tasks at a higher level, documentation of competence in the specific tasks is also required. An aide must be fully competent at the current level of service provision before being assigned tasks at a higher level.
- (c) By July 1, 1991, regardless of the level of service to which the aide is assigned, demonstrated competence for the specific tasks assigned to that aide must be documented before allowing the aide to perform the tasks independently.

(d) Competency requirements for all levels except Level III Personal Care are applicable on July 1, 1993 for all persons hired after that date. All aides performing any Level III Personal Care tasks must have met the NC Board of Nursing's competency requirements and be registered as a Nurse Aide I with the North Carolina Board of Nursing by January 1, 1991 or within four months of being assigned these tasks. Each service provider agency is responsible for ensuring that competency testing is appropriately administered.

(e) A listing of the tasks and related areas of competence for each level from which a competency test for the aide will be drawn is provided in Rule .0305 of this Section.

(f) Each service provider agency is responsible for insuring that its aides have sufficient training to pass a competency test for the level of service the aides will regularly provide.

(g) In the event that a spouse, parent, child or sibling is paid to provide care, the service provider agency can make a determination that the family member is capable of providing the care needed without requiring any formal training. The family member must demonstrate competence to perform the tasks needed by the client to an appropriate professional. When the family member provides Personal Care at Level III, he must meet the NC Board of Nursing's competency requirements and be registered as a Nurse Aide I with the NC Board of Nursing within four months of being assigned these tasks.

(h) Demonstration of competence in the presence of an appropriate professional can take place in a variety of settings including, but not limited to, the classroom, laboratory, local agency, or the home of the client and family.

History Note: Authority G.S. 143B-181.1(c); 143B-181.9A; Eff. December 1, 1991; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06A .0305 IN-HOME AIDE TASKS AND REQUIRED COMPETENCIES

(a) Tasks to be performed and required competencies for In-Home Aides performing Level I - Home Management are as follows:

Tasks	Required Competencies
Home Management	
<ul style="list-style-type: none">• Pay bills as directed by client• Provide transportation for medical appointments and shopping• Clean and care for clothing: ironing, simple mending, laundering• Do basic housekeeping tasks: sweeping, vacuuming, dusting, mopping, dishes• Make minor repairs to house and furnishings• Make un-occupied bed• Recognize and report changes in health and environment• Identify medications for client• Provide companionship and emotional support• Prepare simple meals• Shop for food from verbal or written instruction• Observe and report symptoms of abuse, neglect, and illness to proper professional	<ul style="list-style-type: none">Communication Skills<ul style="list-style-type: none">• Methods of communication• Maintaining control• Observing, documenting and reporting• ConfidentialityMental Health and Illness<ul style="list-style-type: none">• Characteristics of good mental health• Personality differencesFamily Dynamics<ul style="list-style-type: none">• Cultural and Ethnic Life-styles• Role of families in meeting individual needsHome Management Skills<ul style="list-style-type: none">• Maintaining a clean and safe environment• Basic housekeeping• Shopping

- Clothing care and repair
- Paying bills

Food and Nutrition

- Role of nutrition in promoting good health
- Balanced meal preparation and food handling and storage

Disabled Adults

- Life long aging process
- Disabled persons as individuals
- Specific needs of older persons

Understanding Basic Human Needs

- Physical and psychological needs
- Needs hierarchy
- Client and Patient Rights

Medications

- Retrieve and identify medications for client
- Do's and don'ts of medication

Responding to Emergencies

- Fire
- Personal injury and sickness
- Observe and report systems of abuse, neglect, exploitation, illness, or unsafe environment to proper professionals
- Other dangers

Personal Hygiene (worker)

- Expectations regarding cleanliness, odors, smoking

Safety Measures

- Household safety tips
- Body mechanics for aides
- Transporting of client

Inappropriate Tasks

- Personal care
- Deviation from care plan
- Other inappropriate tasks

(b) Tasks to be performed and required competencies for In-Home Aides providing Level II - Home Management and Personal Care are as follows:

Tasks

Required Competencies

Home Management

- Assist in following budget prepared by case manager
- Assist to find and use community resources
- Perform reading and writing tasks
- Demonstrate and model simple altering and mending techniques
- Demonstrate and model housekeeping
- Assist in organizing household routines
- Assist in making or purchasing clothing or other household items
- Plan menus using food guide
- Assist with developing a market order and shopping
- Demonstrate and model food handling, preparation and storage

Personal Care

- Assist ambulatory client with mobility and toileting
- Provide care for normal, unbroken skin
- Assist with personal hygiene, (mouth care, hair and scalp grooming, fingernails and bathing; shower, tub, bed, basin)
Cut and trim hair
- Shave client (electric and safety razor)
- Provide basic first aid
- Apply ace bandages, TED's, binders (demonstrated competency verified by R.N.)
- Make occupied bed
- Assist limited function patient with dressing
- Observe, record and report self-administered medications
- Apply and remove prosthetic devices for stable clients (demonstrated competency verified by R.N.)
- Assist with feeding clients with special conditions (no swallowing difficulties)
- Assist and encourage physical activity and prescribed exercise

Communication Skills

- Roles of the service delivery team
- Plan of care
- Report writing

Mental Health and Illness

- Effects of stress
- Defense mechanisms
- Dementia

Family Dynamics

- Family life cycle
- Issues at each stage of life
- Effects of disruption

Home Management Skills

- Housekeeping techniques and routines
- Demonstrating and modeling homemaking tasks
- Working within a budget
- Clothing and household supply purchasing
- Knowledge and use of community resources

Food and Nutrition

- Planning menus from a food guide
- Developing a market order
- Principles of food preparation
- Following a prescribed diet

Ill and Disabled Adults

- Diseases of the elderly
- Coping with chronic illness

Special Care Skills

- Assist with feeding clients with special conditions (excluding swallowing difficulties)
- Application of ace bandage, TED's, binders
- Assist and encourage physical activity and prescribed exercise
- Assist ambulatory client

- Assist client with self-monitoring of temperature, pulse, blood pressure and weight (demonstrated competency verified by R.N.)

with mobility and toileting

- Assist limited function client with dressing
- Making occupied bed
- Assist with application and removal of prosthetic devices

Personal Hygiene (client)

- Assist with bathing (bed, tub, shower, basin)
- Assist with mouth care
- Assist with hair and scalp grooming (cut and trim hair)
- Assist with fingernail care (clean and file)
- Shaving clients (electric and safety razor)
- Normal skin care

Medications

- Reminding and reinforcing self-administered medications
- Observe, report, record self-administered medications

Abuse and Neglect

- Recognizing and reporting criteria (age specific)

Infection Control

- Preventing the spread of diseases
- Hand washing techniques

Basic First Aid

- Principles of cardio-pulmonary Resuscitation
- Taking temperature, pulse, height and weight
- Taking blood pressure

Inappropriate Tasks

(c) Tasks to be performed and required competencies for In-Home Aides providing Level III - Home Management and Level III - Personal Care are as follows:

Tasks

Home Management

- Demonstrate securing and caring for household furnishing
- Teach basic sewing and use of

Required Competencies

Communication Skills

- Promoting client independence
- Strategies for guiding,

sewing machine

- Demonstrate how to plan for a move, locate housing, and organize moving activities
- Teach and reinforce house-keeping methods, home safety, energy conservation, and sanitation skills
- Teach and reinforce personal hygiene and self care, reinforce sound health care practices, and personal safety techniques
- Take and accompany to medical appointments; reinforce special diet routines; monitor treatment plans
- Teach and reinforce household budgeting and planning skills; teach proper use of credit
- Demonstrate and reinforce comparison shopping and good consumer practices with food, clothing and furnishings
- Teach and reinforce management of time and resources, including work simplification techniques
- Teach and reinforce appropriate food handling and cooking skills
- Monitor and reinforce family progress on protective service plan goals

Personal Care

(Tasks subject to nurse supervision requirements of the Nursing Practice Act.)

- Assist with feeding clients with special conditions
- Give bed bath
- Make occupied bed
- Assist with mobility, gait training using assistive devices
- Assist with range of motion exercises
- Assist limited function patient with dressing
- Take and record temperature, pulse, blood pressure, height and weight, respirations
- Observe, record and report self-administered medications
- Apply and remove prosthetic

supporting, and encouraging

- Medical terminology
- Documentation

Mental Health and Illness

- Substance abuse
- Mental retardation
- Types of mental disorders

Principles of Adult Education

- How Adults Learn
- "Let's Do" teaching

Food and Nutrition

- Comparison Shopping
- Principles of therapeutic (specialized) diets
- Purchasing, planning and preparing therapeutic (specialized) diets
- Observing dietary treatment plans

Infection Control

- Isolation techniques
- Universal precautions
- Application in the home

Death and Dying

Personal Care Track

Personal Hygiene

- Bed bath
- Shampoo in bed
- Shave client with skin disorders
- Trim toenails (no diabetes or peripheral vascular disease)
- Perineal and catheter care

Treatment Techniques

- Assist with feeding clients with special conditions
- Force and restrict fluids
- Care of non-infected skin ulcers
- Clean dressing changes (non-sterile)
- Vaginal douches
- Apply prescribed heat and cold

devices for stable client

- Apply ace bandages, TED's, binders
- Assist with scalp care
- Trim toenails for clients without diabetes or peripheral vascular disease
- Empty and record drainage of catheter bag
- Shave clients with skin disorders
- Administer enemas
- Insert rectal tubes and flatus bags
- Bowel and bladder retraining
- Collect and test urine or fecal specimens
- Perineal care
- Apply condom catheters
- Chair and stretcher transfer
- Turn and position
- Safety measures (side rails, mitts, restraints)
- Change non-sterile dressings
- Force and restrict fluids
- Apply prescribed heat and cold
- Care for non-infected decubitus ulcers
- Assist clients in understanding medical orders and routines, encourage compliance
- Assist with purchase and preparation of diet food specified by professional
- Vaginal douches after instruction
- Assist with prescribed physical and occupational therapy
- Plan menus for special diets
- Monitor dietary treatment plan, provide feedback to professional

Tasks With Special Training
(Requires Nurse Aide II
registration with the NC Board
of Nursing)

- Administer gastrostomy tube feedings
- Perform in and out bladder catheterizations
- Change sterile dressings

- Assist client in understanding medical orders and routines, encourage compliance
- Intake and output
- Take respirations

Elimination and Treatment

- Empty and record drainage of catheter bag
- Bowel and bladder retraining
- Collect and test urine or fecal specimens
- Insert rectal tube and flatus bag
- Apply condom catheters
- Administer enemas
- Use of bedpans and urinals

Other Training Techniques

- Apply and remove EKG monitor leads
- Post mortem care
- Gastric suction (maintenance)
- Turn, cough and deep breath
- Restorative services

Body Mechanics

- Transfer techniques
- Use of lifts
- Assistive devices
- Assist with prescribed physical and occupational therapy

Safety Measures

- Side rails, mitts restraints

Basic First Aid

- Cardiopulmonary Resuscitation

Home Management Track

Home Management Skills

- Teaching housekeeping skills
- Planning and organizing moving activities
- Energy conservation
- Basic mending and sewing and use of sewing machine

- Home safety skills

Financial Management

- Setting family goals
- Developing a family budget
- Making good budgeting and spending choices
- Use of credit
- Consumer protection practices

Resource Management

- Securing and caring for household furnishings
- Teaching management of time and resources
- Locating housing
- Work simplification techniques

Self Care

- Personal hygiene and health care practices
- Personal safety techniques
- Following treatment plans

Family Dynamics

- Understanding dysfunction in families
- Impact of substance abuse
- Reinforce new skills and patterns in poorly functioning families

(d) Tasks to be performed and required competencies for In-Home Aides providing Level IV - Home Management are as follows:

Tasks

Home Management

- Provide supervision and role modeling of appropriate care and supervision when family is available but unable to perform caretaker duties due to physical or emotional illness (under close case supervision by social worker)
! Implement strategies developed on social work plan including arranging transportation, housing and other auxiliary services
(under close case supervision by social worker)
- Demonstrate management of food

Required Competencies

Family Dynamics

- Characteristics and interventions for multi problem families
- Impact of loss, separation
- Family violence
- Confrontation skills
- Principles of adult learning

Home Management Skills

- Planning moves
- Understanding eviction procedures
- Elimination of household

resources and menu planning (under close case supervision by social worker)

- Provide case tracking and follow up to social work staff by observing families in home environment
- Assist professionals in establishing and maintaining various client groups
- Provide tracking of household budgets with clients
- Identify indicators of risks to families and appropriately report to social worker

safety hazards relevant to client functioning

Protective Services

- Legal base and liability
- Factors of increased risk for abuse or neglect
- Indicators of mental and emotional functioning

History Note: Authority G.S. 143B-181.1(c); 143B-181.9A; Eff. December 1, 1991; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06A .0306 TIME FRAMES FOR COMPLETING COMPETENCY REQUIREMENTS

The following time frames for completing competency requirements for each level of In-Home Aide Services shall apply:

- (1) Level I. Competency requirements consist of demonstration of knowledge and skills indicated for Level I tasks listed in Rule .0305 of this Section. Competency requirements for Level I must be met within one year of employment as a Level I aide.
- (2) Level II. Competency requirements consist of demonstration of knowledge and skills indicated for Level II tasks listed in Rule .0305 of this Section. Competency requirements for Level II must be met within one year of employment as a Level II aide.
- (3) Level III. This level is tracked for either Home Management or Personal Care and shall consist of the following competency requirements:
 - (a) Home Management Track. Competency requirements consist of demonstration of knowledge and skills indicated for Level III Home Management tasks listed in Rule .0305 of this Section. Competency requirements for Level III Home Management must be met within one year of employment at this level.
 - (b) Personal Care Track. Competency requirements consist of demonstration of knowledge and skills indicated for Level III Personal Care tasks and registration as a Nurse Aide I with the NC Board of Nursing. Level III Personal Care Tasks are listed in Rule .0305 of this Section. Aides performing Level III Personal Care tasks must complete training or competency testing, or both within four months of employment at this level.
- (4) Level IV. Competency requirements consist of demonstration of knowledge and skills indicated for Level IV tasks listed in Rule .0305 of this Section. Competency requirements for Level IV must be met within one year of employment as a Level IV aide.

History Note: Authority G.S. 143B-181.1(c); 143B-181.9A; Eff. December 1, 1991; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06A .0307 AIDE SUPERVISION

- (a) It is the responsibility of the agency providing the In-Home Aide Service to assure that supervision is given to all aides.
- (b) Regardless of the level of tasks performed, supervisory home visits must be made at least twice during the first month of the aide's employment.

- (c) Following the first month of the aide's employment, supervisory home visits must be made as follows:
- (1) Level I - at least quarterly;
 - (2) Level II - at least quarterly;
 - (3) Level III - at least every sixty days; and
 - (4) Level IV - at least every sixty days.
- (d) The frequency of aide supervision must be increased as needed to respond to the capabilities of the aide and the needs of the client.
- (e) Each service provider agency must assure at least some portion of the supervisory visits occur when the aide is providing care to clients.

*History Note: Authority G.S. 143B-181.1(c); 143B-181.9A;
Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06A .0308 SELECTION OF AIDES

Agencies providing in-home aide services must have a written policy regarding who may serve as in-home aids. The written policy shall include, at a minimum, the following information about who may serve as in-home aides:

- (1) aides shall be 18 years of age or older or emancipated minors; and
- (2) aides shall be persons who have demonstrated competency to perform the tasks needed by the client; and
- (3) whether or not the agency allows the hiring of relatives to serve as the client's in-home aide. If the agency allows a relative to be the client's in-home aide, the policy must also contain the following requirements:
 - (a) that relatives of the client, for this purpose are either a parent, spouse, child, or sibling of the client including step relations of the client for any of those; and
 - (b) that the relative must have given up employment or the opportunity for employment in order to perform the tasks needed by the client; and
- (4) any other hiring guidelines established by the agency.

*History Note: Authority G.S. 143B-181.1(c); 143B-181.9A;
Eff. December 1, 1991;
Amended Eff. May 1, 1995;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06A .0309 CLIENT RECORDS

Records must be kept for each In-Home Aide Services client and must include:

- (1) documentation of request or authorization for services;
- (2) a copy of the completed initial assessment;
- (3) copies of all completed reassessments;
- (4) copies of the initial and any revised In-Home Aide Services Plans;
- (5) documentation of significant client information;
- (6) documentation of client eligibility;
- (7) documentation of quarterly reviews; and
- (8) documentation notifying client of service reduction, denial or termination.

*History Note: Authority G.S. 143B-181.1(c); 143B-181.9A;
Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06A .0310 QUALITY ASSURANCE REQUIREMENTS

(a) All agencies providing In-Home Aide Services must be either licensed by the Department of Health and Human Services as a home care agency, or be certified or accredited through one of the following accreditation organizations, or other entities recognized by the Health and Human Services or the North Carolina Medical Care Commission:

- (1) North Carolina Accreditation Commission for In-Home Aide Services;
- (2) National Home Caring Council;
- (3) Joint Commission on Accreditation of HealthCare Organizations (Home Care accreditation); or
- (4) National League for Nursing.

(b) Licensure by the Health and Human Services is required by July 1, 1992 for agencies providing In-Home Aide Services at Level II - Home Management and Personal Care, Level III - Personal Care, or both. If the agency is certified or accredited as described in Paragraph (a) of this Rule, then the agency shall be given deemed status for licensure.

(c) Certification or accreditation by one of the accreditation organizations described in Paragraph (a) of this Rule is required by July 1, 1996 for agencies providing In-Home Aide Services at Level I - Home Management, Level III - Home Management, Level IV - Home Management, or any combination thereof. If the agency is licensed as a home care agency by the Health and Human Services, then certification or accreditation shall not be required.

*History Note: Authority G.S. 143B-181.1(c); 143B-181.9A;
Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

SUBCHAPTER 06B - INSTITUTIONAL RESPITE CARE SERVICE

SECTION .0100 - SCOPE OF INSTITUTIONAL RESPITE CARE

10A NCAC 06B .0101 SCOPE OF INSTITUTIONAL RESPITE CARE SERVICE

Primary Service. Institutional Respite Care Service is temporary placement of an individual who requires constant care or supervision, or both, out of his or her home to provide the primary, unpaid caregiver temporary relief from caregiving responsibilities.

*History Note: Authority G.S. 143B-181.1(c); 143B-181.10;
Eff. November 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

SECTION .0200 - SERVICE PROVISION

10A NCAC 06B .0201 SCREENING OF CLIENT

(a) Screening is a preliminary process used to determine if client eligibility is met.

(b) A screening instrument must be completed for each unpaid primary caregiver who requests service.

(c) The screening instrument must address:

- (1) Caregiver identification information;
- (2) Ability of the person requiring care to perform activities of daily living;
- (3) Ability of the person requiring care to perform instrumental activities of daily living;
- (4) Physical functioning of the person requiring care;
- (5) Caregiver's perception of the emotional well-being of the person requiring care;
- (6) Extent of support provided by the primary caregiver;
- (7) Services currently received by the person requiring care or the caregiver.

*History Note: Authority G.S. 143B-181.1(c); 143B-181.10;
Eff. November 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06B .0202 HOME VISIT

(a) A home visit shall be made to verify information obtained during the screening process.

(b) The screening instrument must be signed and dated by the person conducting the home visit and filed in the client record.

*History Note: Authority G.S. 143B-181.1(c); 143B-181.10;
Eff. November 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06B .0203 SERVICE PLANS

(a) A service plan shall be maintained by the service provider agency for each person requiring constant care or supervision, or both.

(b) The service plan shall indicate the tasks to be provided in the absence of the caregiver.

(c) The service plan must be dated and signed by the caregiver and the professional responsible for developing the service plan.

*History Note: Authority G.S. 143B-181.1(c); 143B-181.10;
Eff. November 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06B .0204 DOCUMENTATION/RECORDS FOR PERSON REQUIRING CONSTANT CARE OR SUPERVISION

(a) Records shall include a completed copy of the screening instrument, documentation of home visit, and service plan.

(b) An emergency contact person must be identified and maintained in the client record.

*History Note: Authority G.S. 143B-181.1(c); 143B-181.10;
Eff. November 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

SUBCHAPTER 06C – INFORMATION AND ASSISTANCE

SECTION .0100 - SCOPE OF INFORMATION AND ASSISTANCE

10A NCAC 06C .0101 DEFINITIONS AND SCOPE OF INFORMATION AND ASSISTANCE

(a) SCOPE. Information and Assistance is identified as a critical service which assists older adults, their families and others acting on behalf of older adults, in their efforts to acquire information about programs and services and to obtain appropriate services to meet their needs.

(b) DEFINITIONS. The following definitions shall apply throughout this Section:

- (1) "Agency" is any agency who receives Home and Community Care Block Grant Funds for the provision of Information and Assistance Services.
- (2) "Information" includes informing people about programs and services, identifying the types of assistance they need and connecting them to appropriate service providers.
- (3) "Assistance" is a more intensive service for those persons who require additional help with negotiating the service delivery system. Assistance includes the provision of planning, referral, coordination of services, follow-up and advocacy activities on behalf of the older adult or their family, or both, in an effort to ensure that needed assistance is received and that the assistance provided meets identified needs. Assistance may also include a home visit to more clearly identify a client's needs for the purpose of initiating the development of a care plan.

*History Note: Authority G.S. 143B-181.1(c); 143B-181.1(a)(11);
Eff. November 1, 1991;
Amended Eff. July 18, 2002;*

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06C .0102 SERVICE PROVISION

Any agency offering Information and Assistance shall have the capacity and capability to provide all of the following functions:

- (1) Assess/Evaluate: Determine the immediate problem or concern of the individual; probe for other problems or concerns.
- (2) Inform: Provide individuals with information related to the assessed problems or concerns on services and opportunities available within the community.
- (3) Refer: Link the individual with the service or provide information on how to access or connect with available services.
- (4) Research: Locate information requested, but not immediately available, relevant to meeting the individual's needs.
- (5) Plan: Assist individual in identifying the desired outcome(s) and method(s) for obtaining what the individuals needs.
- (6) Coordinate: Directly connect the individual to the service desired; monitor on a short-term basis the person's success in making the connection to needed services.
- (7) Follow-up: Re-contact the individual or service provider to determine the outcome of the situation and provide additional services if requested.
- (8) Advocate: Intervene on behalf of an individual or a group of individuals in an effort to obtain a positive change in the availability or delivery of one or more essential services.

History Note: Authority G.S. 143B-181.1(c); 143B-181.1(a)(11); Eff. July 18, 2002; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SECTION .0200 – SERVICE PROVISION

10A NCAC 06C .0201 ELIGIBILITY FOR INFORMATION AND ASSISTANCE

Those eligible for Information and Assistance Services are persons 60 years of age and older or persons acting on behalf of persons age 60 and older and, who are in need of information or services.

History Note: Authority G.S. 143B-181.1(c); 143B-181.1(a)(11); Eff. November 1, 1991; Amended Eff. July 18, 2002; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06C .0202 RESOURCE FILE

- (a) The agency providing Information and Assistance shall develop, maintain, and use an accurate, up-to-date resource file that contains information on available community resources. The Information and Assistance provider shall update the resource file annually.
- (b) A profile shall be developed on each service organization and agency that shall include, but is not limited to: the legal name, common name, or acronym; address; telephone number; hours and days of service; services provided; area served; branch offices; known barriers to accessibility and restrictions on facility use.
- (c) The resource file shall be accessible to all staff providing Information and Assistance.

History Note: Authority G.S. 143B-181.1(c); 143B-181.1(a)(11); Eff. November 1, 1991; Amended Eff. July 18, 2002; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06C .0203 STAFF COMPETENCE

The agency providing Information and Assistance shall make orientation and training available to paid and volunteer staff.

- (1) Staff shall participate in an orientation program which, at a minimum, reviews the role, purpose, and function of Information and Assistance; the role of the agency; and the administrative structure and policies for providing the service.
- (2) Agencies shall also provide education and to enable staff to perform the functions defined in 10 NCAC 22L .0102. At a minimum, this shall include the development of interviewing techniques and communication.

History Note: Authority G.S. 143B-181.1(a)(11); 143B-181.1(c); Eff. November 1, 1991; Amended Eff. July 18, 2002; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06C .0204 DOCUMENTATION

- (a) Each agency providing Information and Assistance shall maintain a daily log or tracking system indicating contacts made during the course of the day.
- (b) For those persons who receive Information, as defined in 10A NCAC 06C .0101, the log shall include the date, nature of the concern and action taken.
- (c) For those persons who receive Assistance, as defined in 10A NCAC 06C .0101, a client record or file shall be maintained by the agency and shall include: client identification information; identification of client needs; a client plan showing anticipated outcomes and methods to be used and action taken or agencies to whom the client was referred and dates; necessary coordination of services; and follow-up contacts made to or on behalf of the client and the dates.
- (d) The provider agency shall have written procedures in place to keep client information confidential.

History Note: Authority G.S. 143B-181.1(a)(11); 143B-181.1(c); Eff. November 1, 1991; Amended Eff. July 18, 2002; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SUBCHAPTER 06D - CARE MANAGEMENT

SECTION .0100 - SCOPE OF SERVICE

10A NCAC 06D .0101 SCOPE OF CARE MANAGEMENT

Primary Service. Care Management is a coordinated care function which incorporates case finding, assessment and reassessments, negotiation, care plan development and implementation, monitoring, and advocacy to assist functionally impaired older adults targeted in Rule .0103 of this Section with obtaining the services necessary to be safely cared for within the home and community setting.

History Note: Authority G.S. 143B-181.1(c); 143B-181.10; Eff. December 1, 1991; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06D .0102 DEFINITIONS

As used in this Subchapter, the following terms shall have the meanings specified:

- (1) "Activities of daily living (ADL's)" include eating, dressing, bathing, toileting, bowel and bladder control, transfers, ambulation, and communication such as ability to express needs to others through speech, written word, signing, gestures, or communication devices.

- (2) "Instrumental activities of daily living (IADL's)" include meal preparation, medication intake, house cleaning, money management, telephone use, laundering, reading, writing, transportation, mobility, shopping, and going to necessary activities.
- (3) "Case closure" means the discontinuation of Care Management Services when the goals of the care plan have been met or when the client is no longer eligible for Care Management Services.
- (4) "Functionally impaired" means individuals whose illness, disabilities, or social problems have reduced their ability to perform self-care and household tasks in an independent manner.
- (5) "Complex care needs" means the presence of significant impairments in activities of daily living or instrumental activities of daily living, or both, with complicating mental, medical, social, or behavioral problems, which necessitates professional intervention.
- (6) "Review" means a regular contact by an appropriate professional with the individual or family or both to note progress, maintenance or deterioration, changes in circumstances, and adequacy of the care plan in meeting the person's and family's needs, and to make any needed adjustments.

History Note: Authority G.S. 143B-181.1(c); 143B-181.10;
 Eff. December 1, 1991;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06D .0103 TARGET POPULATION

The target population consists of functionally impaired older adults who are at risk of abuse, neglect, exploitation, or have complex care needs, or both; and who, due to a critical time factor or the complexity of services needed, are unable to access needed services in order to remain safely at home.

History Note: Authority G.S. 143B-181.1(c); 143B-181.10;
 Eff. December 1, 1991;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SECTION .0200 - SERVICE PROVISION

10A NCAC 06D .0201 CLIENT ELIGIBILITY

Care Management Services are limited to older adults 60 years of age or older and their spouses who meet the identified target population.

History Note: Authority G.S. 143B-181.1(c); 143B-181.10;
 Eff. November 1, 1991;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06D .0202 SCREENING

- (a) Screening is a preliminary process used to determine if an individual appears to belong in the target population.
- (b) A screening instrument must be completed for each person requesting Care Management Services.

History Note: Authority G.S. 143B-181.1(c); 143B-181.10;
 Eff. November 1, 1991;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06D .0203 ASSESSMENT AND REASSESSMENT

- (a) The assessment and reassessment are comprehensive multidimensional methods used to determine the client's level of functioning and confirm eligibility for Care Management Services.
- (b) The initial assessment and all reassessments shall be conducted in the client's home and shall address the mental, social, environmental, economic, and physical health status of the client, as well as the ability to perform activities of daily living (ADL's) and instrumental activities of daily living (IADL's).

- (c) The assessment and reassessment shall be conducted in the client's home by a Social Worker and a Registered Nurse.
- (d) A full reassessment shall be completed at least every 12 months or more frequently as the client's condition warrants, based upon factors specified in Paragraph (b) of this Rule.
- (e) The initial assessment and reassessments shall be signed and dated by the Social Worker and the Registered Nurse and shall be maintained in the client's file.

*History Note: Authority G.S. 143B-181.1(c); 143B-181.10;
Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06D .0204 CARE PLANNING

The purpose of the care plan is to identify the course of action to be followed:

- (1) Care plans for an eligible client shall be developed within 12 working days of the initial screening.
- (2) The care plan shall include, at a minimum, the following information:
 - (a) Outcome oriented goal statements and conditions for case closure;
 - (b) Both formal and informal services to be provided;
 - (c) Agencies responsible for service provision;
 - (d) Frequency of service provision;
 - (e) Duration of service provision;
 - (f) Signature of the client or designated representative indicating agreement with the care plan;
 - (g) Signature of the Registered Nurse and the Social Worker developing the care plan;
 - (h) Date of care plan development.
- (3) Care plans shall be reviewed at least quarterly or more frequently as the client's condition warrants by both the Social Worker and the Registered Nurse based upon factors specified in Rule .0203(b) of this Section.
- (4) All changes to the care plan must be documented and dated on the care plan by the Social Worker and Registered Nurse, or both.

*History Note: Authority G.S. 143B-181.1(c); 143B-181.10;
Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06D .0205 MONITORING

The purpose of monitoring is to guarantee continuity of services and to evaluate the client's continued eligibility for Care Management Services:

- (1) At a minimum, a monthly contact must be made to the client.
- (2) At least one contact per quarter must be conducted in the client's home.
- (3) All monitoring activities must be documented in the client's file by the appropriate professional.

*History Note: Authority G.S. 143B-181.1(c); 143B-181.10;
Eff. November 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06D .0206 DOCUMENTATION

Client records for Care Management Services shall include:

- (1) A completed copy of the screening instrument;
- (2) A completed copy of the initial assessment;
- (3) Completed copies of all reassessments;
- (4) Copies of the initial and any revised care plans;
- (5) Documentation of all monitoring activities;
- (6) Denial, termination or reduction of service when appropriate;
- (7) Documentation of client's approval for release of information.

History Note: Authority G.S. 143B-181.1(c); 143B-181.10;
Eff. November 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SUBCHAPTER 06E - HOUSING AND HOME IMPROVEMENT SERVICE

SECTION .0100 - SCOPE OF SERVICE

10A NCAC 06E .0101 SCOPE OF HOUSING AND HOME IMPROVEMENT SERVICE
10A NCAC 06E .0102 DEFINITIONS
10A NCAC 06E .0103 TARGET ELIGIBLE POPULATION

History Note: Authority G.S. 143B-181.1(a)(11); 143B-181.1(c);
Eff. August 3, 1992;
Repealed Eff. July 1, 2007.

SECTION .0200 - SERVICE PROVISION

10A NCAC 06E .0201 RESERVED FOR FUTURE CODIFICATION
10A NCAC 06E .0202 SERVICE DELIVERY

History Note: Authority G.S. 143B-181.1(a)(11); 143B-181.1(c);
Eff. August 3, 1992;
Repealed Eff. July 1, 2007.

SECTION .0300 - GENERAL

10A NCAC 06E .0301 PURPOSE

The Older Americans Act, through the Administration on Aging (AoA), awards funds to the North Carolina Division of Aging and Adult Services (DAAS) for supportive services targeted to individuals with the greatest economic or social need as indicated in 10A NCAC 05C .0205. Housing and Home Improvement is a supportive service which can make a vital difference in the lives of older individuals wishing to live independently in safe affordable homes within their communities of choice. This service can enable them to obtain, retain, or return to independent housing and resolve health and safety issues affecting their home or areas adjacent to their home. For the purpose of this Subchapter, the service has three elements:

- (1) Housing services that support independent living by providing information on:
 - (a) fair housing;
 - (b) foreclosures;
 - (c) grants or loans for home repair;
 - (d) home buying;
 - (e) homelessness prevention;
 - (f) independent housing options and locations;
 - (g) landlord tenant relations;
 - (h) mortgage delinquency and default resolution counseling;
 - (i) predatory lending;
 - (j) reasonable accommodations;
 - (k) reverse mortgage counseling; and
 - (l) tenant's rights and responsibilities;
- (2) Home improvement services that identify health and safety issues affecting the home or areas adjacent to the home in which an individual or family lives, and provide needed improvements to resolve those issues through:

- (a) installation of security features;
 - (b) minor home repairs and improvements; and
 - (c) modifications to the home to promote mobility; and
- (3) Provision of, or replacement of, basic furnishings or household appliances that promote independent living.

History Note: Authority G.S. 143B-181.1; 42 U.S.C. § 3030d(a)(4);
Eff. July 1, 2007;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06E .0302 DEFINITIONS

For the purposes of this Subchapter, the following definitions shall apply:

- (1) "Activities of Daily Living (ADL)" means personal care activities including bathing or showering, dressing, eating, getting in or out of bed or chair, and toileting.
- (2) "Instrumental Activities of Daily Living (IADL)" means independent living activities including doing household chores, managing personal money, preparing meals, shopping for groceries and personal items, and using the telephone or transportation.
- (3) "Greatest economic need" means the need resulting from an income level at or below the poverty line.
- (4) "Greatest social need" means the need caused by physical or mental disabilities; language barriers; or cultural, social or geographical isolation caused by racial or ethnic status that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.
- (5) "Home" means a housing unit for individuals or families. The home may be owned, rented, or accessed through a lifetime right. It may stand alone and be stick built, manufactured or modular; or may be an apartment or condominium within a larger structure that is secured by lock and key.
- (6) "Independent housing" means a home that provides a private living arrangement and is not part of a licensed facility.
- (7) "Service provider" is an area agency on aging or any public or private agency or individual from whom an area agency purchases services to conduct housing and home improvement services.
- (8) "Waiting for service" means that an individual has requested housing and home improvement service that exists in the county but is not receiving it and is potentially eligible for the service, and could be served if the service were expanded.

History Note: Authority G.S. 143B-181.1(a)(11); 143B-181.1(c);
Eff. July 1, 2007;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06E .0303 SERVICE POPULATIONS

For the purposes of this Subchapter:

- (1) Eligible population. Individuals are eligible for housing and home improvement services if they:
 - (a) are 60 years of age or older;
 - (b) have no one able and willing to perform the services for them; and
 - (c) reside within a county where housing and home improvement services are funded.
- (2) Target population. Services shall be provided to individuals based on need for one or more elements of the housing and home improvement services:
 - (a) to obtain independent housing, to receive housing services in order to retain their home, or to return to their home from other settings;
 - (b) to secure security features, to secure minor home repairs and improvements, and to secure modifications to the home to enhance mobility; and
 - (c) to secure basic furnishings or household appliances that promote independent living.
- (3) Priority population. When more than one eligible individual is waiting for services, priority for housing and home improvement services shall be given in accordance with 10A NCAC 05G. 0302(a).

History Note: Authority G.S. 143B-181.1(a)(11); 143B-181.1(c);
Eff. July 1, 2007;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06E .0304 APPLICATION FOR SERVICES

For services pursuant to this Subchapter, an application shall be signed and dated for housing and home improvement services and shall be made by:

- (1) an adult on his or her own behalf; or
- (2) an adult acting on behalf of a disabled adult as defined in G.S. 108A-101(d).

History Note: Authority G.S. 143B-181.1(a)(11); 143B-181.1(c);
Eff. July 1, 2007;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SECTION .0400 - SERVICE PROVISION

10A NCAC 06E .0401 SERVICE PROVIDER RESPONSIBILITIES

For purposes of this Subchapter, the housing and home improvement service provider shall:

- (1) provide orientation, training, or supervision for volunteers assisting with housing and home improvement service provision;
- (2) refer individuals to federal, state, and local agencies for additional housing and home improvement services;
- (3) maintain records documenting financial and service activities for each individual receiving services;
- (4) request reimbursement from Division of Aging and Adult Services for actual project costs: administrative, labor, and materials, not to exceed one thousand five hundred dollars (\$1,500) per home per program year;
- (5) provide opportunities for individuals to voluntarily contribute towards the cost of services received;
- (6) maintain confidentiality of all individual records; and
- (7) maintain a listing of individuals waiting for housing and home improvement services.

History Note: Authority G.S. 143B-181.1(a)(11); 143B-181.1(c);
Eff. July 1, 2007;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06E .0402 PROHIBITED SERVICE ACTIVITIES

For purposes of this Subchapter, housing and home improvement service funding shall not be used for:

- (1) rent;
- (2) utility bills;
- (3) food;
- (4) medicine;
- (5) security and utility deposits;
- (6) taxes;
- (7) home improvements negatively affecting the structural integrity of the housing unit;
- (8) home improvements which are an obligation of the landlord;
- (9) work done to the property of a landlord without written approval; and
- (10) duplication of any home improvement service to the same housing unit for three consecutive years following receipt of initial service.

History Note: Authority G.S. 143B-181.1(a)(11); 143B-181.1(c);
Eff. July 1, 2007;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06E .0403 REQUEST FOR WAIVER

The Division of Aging and Adult Services (DAAS) may waive any rule in this Subchapter that is not statutorily required if an area agency on aging submits a written request. Factors DAAS shall use in determining whether to grant the waiver are:

- (1) additional cost requirements;
- (2) need for the waiver;
- (3) degree of benefit to the service recipient;
- (4) whether the agency had control over the circumstances that required the requested waiver; and
- (5) previous requests for waivers submitted from the agency.

History Note: Authority G.S. 143B-181.1(a)(11); 143B-181.1(c);
Eff. July 1, 2007;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SUBCHAPTER 06F - HEALTH SCREENING SERVICES

SECTION .0100 - SCOPE OF SERVICE

10A NCAC 06F .0101 SCOPE OF HEALTH SCREENING SERVICES

As used in this Subchapter, the following definition of Health Screening Services shall apply. Health Screening Services consist of providing general medical testing, screening, and referral for the purpose of promoting the early detection and prevention of health related problems in older adults.

History Note: Authority G.S. 143B-181.1(c);
Eff. March 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SECTION .0200 - SERVICE PROVISION

10A NCAC 06F .0201 PROVISION OF HEALTH SCREENING SERVICES

(a) Health Screening Services shall:

- (1) be provided at facilities that are able to ensure individual privacy while conducting screening activities;
- (2) include, at a minimum, basic screenings of height and weight, blood pressure, and visual acuity;
- (3) include a medical history questionnaire for participants; and
- (4) provide individualized counseling to participants.

(b) Medical treatment may not be provided as part of the health screening service.

History Note: Authority G.S. 143B-181.1(c);
Eff. March 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06F .0202 ELIGIBILITY FOR HEALTH SCREENING SERVICES

Persons eligible for Health Screening Services shall include persons 60 years of age or older:

- (1) who are at the highest risk of having or developing health problems;
- (2) who have not sought primary medical care; and
- (3) who may be at risk of developing health problems.

History Note: Authority G.S. 143B-181.1(c);
Eff. February 1, 1994;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06F .0203 PERSONNEL REQUIREMENTS

All personnel providing services shall meet relevant licensure and certification requirements established by North Carolina General Statutes.

*History Note: Authority G.S. 143B-181.1(c);
Eff. February 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

SUBCHAPTER 06G - SENIOR COMPANION

SECTION .0100 - SCOPE OF SERVICE

10A NCAC 06G .0101 SCOPE OF SENIOR COMPANION

Primary Service. Senior Companion programs serve a dual purpose:

- (1) the Senior Companion program provides part-time community service opportunities for low-income persons aged 60 and over with an hourly stipend to assist in defraying the costs associated with volunteering; and
- (2) the Senior Companion program provides one-on-one assistance to adults who have developmental disabilities or other medical or social problems or both who would benefit from companionship, therefore preventing isolation.

*History Note: Authority G.S. 143B-181.1(c);
Eff. March 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06G .0102 DEFINITION OF VOLUNTEER STATION

Volunteer Station is a public agency, private non-profit organization, or proprietary health care agency or organization that accepts responsibility for assignment and supervision of Senior Companions.

*History Note: Authority G.S. 143B-181.1(c);
Eff. February 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

SECTION .0200 – SENIOR COMPANION ELIGIBILITY

10A NCAC 06G .0201 SENIOR COMPANION ELIGIBILITY

Adults 60 years of age or older, whose income is below 125 percent of the federally established poverty level, may apply to become Senior Companions.

*History Note: Authority G.S. 143B-181.1(c);
Eff. February 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06G .0202 LETTER OF AGREEMENT

(a) Volunteer stations managing in-home placements shall develop a Letter of Agreement with the Senior Companion and the individual receiving Senior Companion services authorizing and describing the Senior Companion's activities in each home.

(b) The individual receiving Senior Companion services, or his or her legal representative(s), and the volunteer station staff must sign the Letter of Agreement.

History Note: Authority G.S. 143B-181.1(c);
Eff. February 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06G .0203 HOURS

Senior Companions must serve 20 hours per week.

History Note: Authority G.S. 143B-181.1(c);
Eff. February 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06G .0204 TRAINING AND COMPETENCY

Senior Companions must receive at least 40 hours of pre-service orientation and four hours of monthly in-service training from the volunteer station.

History Note: Authority G.S. 143B-181.1(c);
Eff. February 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06G .0205 TERMINATION

Terminating individuals receiving Senior Companion services, for reasons such as increased medical needs, family or friends assuming the caregiving role, or the relationship between the Senior Companion and the individual receiving Senior Companion services is no longer benefiting either individual, must be made jointly by the project and the volunteer station staff.

History Note: Authority G.S. 143B-181.1(c);
Eff. February 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SUBCHAPTER 06H - VOLUNTEER PROGRAM DEVELOPMENT

SECTION .0100 - SCOPE OF SERVICE

10A NCAC 06H .0101 SCOPE OF VOLUNTEER PROGRAM DEVELOPMENT SERVICE

Volunteer Program Development is the development of a systematic process of utilizing volunteers of all ages to assist in providing services to older adults within the community.

History Note: Authority G.S. 143B-181.1(c);
Eff. February 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SECTION .0200 - SERVICE PROVISION

10A NCAC 06H .0201 NEEDS ASSESSMENT

(a) Each agency providing Volunteer Program Development must conduct or update, or both, an annual needs assessment to determine the need for volunteers to assist in providing services to older adults within the community.

- (b) If the needs assessment indicates the need for volunteers, then the agency shall:
- (1) develop and maintain a file of potential volunteer opportunities;
 - (2) design written job descriptions for each volunteer assignment which include job title; job responsibilities; required training, orientation, or both regarding the assignment; date and time of assignment; location of assignment; extent of commitment; level of on-the-job supervision needed; and name of supervisor;
 - (3) promote volunteer involvement through use of the media and other public relations techniques;
 - (4) interview volunteers for assessment of skills and assignments;
 - (5) develop written procedures regarding acceptance, denial, or termination of volunteers;
 - (6) negotiate time commitments from each volunteer for each assignment;
 - (7) establish and maintain a system of recording volunteer hours;
 - (8) provide orientation and training for volunteers prior to or at time of assignment;
 - (9) provide for supervision of volunteers;
 - (10) monitor and evaluate volunteer assignment and performance;
 - (11) provide formal recognition of volunteers; and
 - (12) develop and maintain personnel files on all volunteers.

History Note: Authority G.S. 143B-181.1(c);
Eff. February 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06H .0202 ADEQUACY OF INSURANCE

Agencies providing Volunteer Program Development shall provide liability insurance coverage for volunteers providing volunteer duties.

History Note: Authority G.S. 143B-181.1(c);
Eff. February 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06H .0203 DOCUMENTATION

- (a) Each agency providing Volunteer Program Development must maintain a log of active volunteers and their assignments.
- (b) The log must include the volunteer's name, date of enrollment, and volunteer assignment.

History Note: Authority G.S. 143B-181.1(c);
Eff. February 1, 1994;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SUBCHAPTER 06I - HOME HEALTH SERVICES

SECTION .0100 - SCOPE OF SERVICES

10A NCAC 06I .0101 SCOPE OF HOME CARE SERVICES

- (a) As used in this Subchapter, Home Care Services mean the provision of medical services to individuals in need of such services with the goal of maintaining or improving the individual's health status within the individual's home.
- (b) Allowable Home Care Services include nursing, physical therapy, speech therapy, occupational therapy, medical social services, and nutrition care.
- (c) Home Care Services shall be prescribed by a physician.

History Note: Authority G.S. 143B-181.1(c);

Eff. April 1, 1994;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06I .0102 DESCRIPTION OF HOME CARE SERVICES

As used in this Subchapter, the following descriptions of Home Care Services shall apply for older adults:

- (1) Nursing Services, Physical Therapy, Occupational Therapy, Speech Therapy, and Medical Social Work shall be defined as in 10A NCAC 13J .0901.
- (2) Nutrition Care Services are offered by a licensed home care agency and provided by a licensed dietitian or nutritionist in accordance with the Dietetics and Nutrition Practice Act as defined in G.S. 90, Article 25 and in accordance with physician's signed orders.

History Note: Authority G.S. 131E-142; 143B-181.1(c);

Eff. March 1, 1994;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SECTION .0200 - SERVICE PROVISION

10A NCAC 06I .0201 ELIGIBILITY FOR HOME CARE SERVICES

Individuals eligible for Home Care Services must be 60 years of age or older and in need of physician prescribed medical care which they or their caregiver are unable to provide and which can be provided safely in their own home.

History Note: Authority G.S. 131E-142; 143B-181.1(c);

Eff. March 1, 1994;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06I .0202 SERVICE DELIVERY

Home Care Services, including Nutrition Care Services, shall be delivered in accordance with 10A NCAC 13J .0901 through .1402 with the exception of .1005, .1006, .1107, .1108, .1109, and .1110.

History Note: Authority G.S. 131E-142; 143B-181.1(c);

Eff. March 1, 1994;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06I .0203 QUALITY ASSURANCE

Home Care Services shall be provided by an agency licensed as a home care agency in North Carolina in accordance with the Home Care Agency Licensure Act G.S 131E, Article 6, Part C.

History Note: Authority G.S. 131E-142; 143B-181.1(c);

Eff. March 1, 1994;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SUBCHAPTER 06J – MULTIPURPOSE SENIOR CENTERS

SECTION .0100 – GENERAL PROVISIONS

10A NCAC 06J .0101 MULTIPURPOSE SENIOR CENTER OPERATING REQUIREMENTS

Multipurpose senior centers are required to meet the standards and conditions specified by the Division of Aging. In addition to the federally mandated standards, the Division has the following requirements:

- (1) Program:

- (a) Senior center programs shall consist of group activities, individual services and community service opportunities in a variety of areas such as health, education, recreation, social work, nutrition, and other supportive services;
 - (b) Senior centers shall have an advisory council composed of center participants and individuals from the community who are knowledgeable about the needs and interest of older people and about community resources, and who have skills and expertise necessary for guiding the center;
 - (c) The center's participants and older adults in the center's service area shall have continuous input into the types of programs offered by the center;
 - (d) Senior centers shall provide for necessary coordination with other services and programs in the service area by co-locating staff and services of other programs at the center or referring individuals needing services to other service providers; and
- (2) Staffing. Each senior center shall employ a senior center activity director who can give leadership to the total function of the center and insure that the stated purposes and goals of the center are carried out in the best interest of the participants. The qualifications of the director may vary with the size of the center, the emphasis of programs and services and the type and degree of participants' needs. The areas of knowledge and skills identified as a major importance for directors are:
- (a) knowledge and understanding of individual development--the physical, social and emotional growth patterns of all ages, with special knowledge of the physical, social, emotional and spiritual aspects of the older years and interest in learning more;
 - (b) knowledge and understanding of groups, and the skill and ability to help people in groups work together to achieve their goals;
 - (c) knowledge about the learning process for all ages, with special emphasis on the learning process and pattern of older people, including motor learning; and the understanding and ability to help older people use their learning ability, and overcome blocks to their own learning;
 - (d) knowledge and skills of administration, including supervision of paid and volunteer staff;
 - (e) knowledge and skill in developing an atmosphere and structure, conducive to a democratically based self-government to operate in the areas of decision-making appropriate to the participants;
 - (f) knowledge and skills in several areas of program activities;
 - (g) skills in community organizations;
 - (h) knowledge of the research being done in the field and how it applies to the work of the center; and
 - (i) public relations knowledge and skills.

Senior centers shall employ adequate numbers of qualified staff to assure the satisfactory operation of the center.

- (3) Facility:
- (a) All facilities used for senior center activities shall comply with all applicable state and local health, fire, safety, building, zoning and sanitation laws, ordinances or codes;
 - (b) All senior center facilities shall be adequate in size and designed to carry out the center's program of activities and services;
 - (c) All senior center facilities shall be environmentally comfortable and conducive to participant use;
 - (d) All senior center facilities shall comply with the minimum handicapped accessibility requirements of the Architectural Barriers Act of 1968; and
 - (e) All facilities shall have procedures for fire safety including:
 - (i) provision for fire drills;
 - (ii) inspection and maintenance of fire extinguishers;
 - (iii) adequate number of smoke detectors; and
 - (iv) training by fire department personnel.

History Note: Authority G.S. 143B-10; 143B-138; 45 C.F.R., Chapter XIII, Part 1321; Eff. October 1, 1980; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SUBCHAPTER 06K – NUTRITION SERVICES

SECTION .0100 – SCOPE OF SERVICE

10A NCAC 06K .0101 DEFINITION OF CONGREGATE AND HOME-DELIVERED MEALS

(a) A congregate meal is a hot or cold nutritionally balanced meal that meets one-third of the current daily recommended dietary allowance (as recommended by the Food and Nutrition Council) served in strategically located centers such as schools, churches, community centers, senior centers, and other public or private facilities where older persons can obtain other social and rehabilitative services. Besides promoting better health among the older segment of the population through improved nutrition, such a program is aimed at reducing the isolation of old age and offering older person the opportunity to live their remaining years in dignity.

(b) A home-delivered meal consists of a hot, cold, frozen, dried, canned or supplemental food, that meets one-third of the current NRC daily recommended dietary allowance served in the home to a home-bound older person. Such a program is aimed at promoting better health among the older segment of the population through improved nutrition and at keeping the individual in his or her own home rather than in an institution by providing the opportunity to achieve greater independence in meal preparation and the activities of daily living.

History Note: Authority G.S. 143B-10; 143B-138; 45 C.F.R., Chapter XIII, Part 1321; Eff. October 1, 1980; Amended Eff. November 1, 1993; April 1, 1990; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SECTION .0200 – SERVICE PROVISION

10A NCAC 06K .0201 STAFFING

Staffing requirements for nutrition service providers shall be:

- (1) Each nutrition service provider that receives Home and Community Care Block Grant funds shall make arrangements for a qualified dietitian or nutritionist to certify the menu. A qualified dietitian or nutritionist is a licensed dietitian/nutritionist as defined in G.S. 90-350.
- (2) The nutrition service provider shall provide staff to operate the program including a nutrition program director and, if funded for congregate nutrition, a site manager.
- (3) The nutrition program director must be empowered with the authority necessary to conduct the day-to-day management and administrative functions.
- (4) The site manager may be paid from Home and Community Care Block funds for no more than four hours per day.
- (5) Nutrition service providers shall recruit, orient, train, and supervise volunteers to assist in nutrition program services and activities.
- (6) Training Requirements:
 - (a) Nutrition program directors must complete within 12 months of employment at least 15 hours of instruction in food service sanitation practices.
 - (b) Within 12 months of employment the nutrition program director must participate in training on Nutrition Program Management arranged by the Division of Aging.
- (7) The following staff shall have knowledge of the following:
 - (a) Nutrition Program Directors: administration procedures, record keeping systems, reporting, food safety, food service.
 - (b) Site Manager: (for Congregate Nutrition Sites) site operations, site records, community resources and methods of referrals, food safety, and food portioning.
 - (c) Volunteers: site procedures for specific volunteer activities.
 - (d) All staff: aging process and fire/disaster evacuation.

History Note: Authority G.S. 143B-10; 143B-138; 143B-181.1 (c); 45 C.F.R., Chapter XIII, Part 1321; Eff. October 1, 1980; Amended Eff. July 1, 2003; November 1, 1993; April 1, 1990;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06K .0202 FOOD PREPARATION AND SAFETY REQUIREMENTS

All congregate and home delivered meal nutrition services providers shall meet the following requirements, in addition to those specified in the federal regulations:

- (1) Food Preparation.
 - (a) Each nutrition provider must abide by food safety and sanitation practices required in the "Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments" (15A NCAC 18A .2600).
 - (b) All staff working in the preparation of food shall be under the supervision of a person who shall insure the application of hygienic techniques and practices in food handling, preparation and service. This supervisory person shall consult with the nutrition service provider's dietitian for advice and consultation as necessary.
 - (c) Recipes adjusted to yield the number of servings needed shall be used to achieve a consistent quality and quantity of meals.
 - (d) All foods shall be prepared and served in a manner to present optimum flavor and appearance, while retaining nutrients and food value.
- (2) Home-delivered Meal Packaging and Packing Standards.
 - (a) All meals packaged at nutrition sites for home delivery shall be individually packaged first (before congregate meals are served) and packed in secondary insulated food carriers with tight fitting lids and transported immediately.
 - (b) All home-delivered meals pre-plated at food preparation centers shall be individually packaged and packed in secondary insulated food carriers with tight fitting lids and transported immediately.
 - (c) Only divided containers with air-tight seals shall be used for hot food. Bread shall not be placed on top of other food.
 - (d) Cold and hot food shall be packaged and packed separately.
 - (e) Individual containers with tight-fitting coverings shall be used for all cold food. "Sandwich" type bags that can be sealed may be used for bread.
 - (f) All food delivery carriers must meet National Sanitation Foundation Standards (pursuant to the "Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments" at 15A NCAC 18A .2600) and must be sanitized daily by the food service provider.
- (3) Food Safety.
 - (a) All food shall be packaged and transported in a manner to protect against potential contamination including dust, insects, rodents, unclean equipment and utensils, and unnecessary handling. Packaging and transport equipment must maintain food temperatures that meet the requirements of the "Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments" (15A NCAC 18A .2600). Records of all temperature checks shall be kept on file for audit by the service provider.
 - (b) Nutrition service providers shall educate participants and all staff regarding the sources and prevention of foodborne illness.
 - (c) All nutrition providers and food preparation sub-contractors shall follow the "Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments" (15A NCAC 18A .2600) to maintain a Grade A sanitation rating.
 - (d) Food prepared, frozen, or canned in the home shall not be served at the site.
 - (e) Food from unlabeled, rusty, leaking, or broken containers or cans with side dents, rim dents, or swells shall not be used.
 - (f) All meat and poultry, fresh or frozen, used in the meals must be inspected by USDA, the N.C. Department of Agriculture and Consumer Services, or other states' agencies having regulatory authority, from Federally or State inspected plants, and must bear inspection stamps on the box or package.
 - (g) All foods used in the meals must be from sources approved by USDA, FDA, the N.C. Department of Agriculture and Consumer Services, or other states' agencies having regulatory authority; be in compliance with applicable state and local laws, ordinances, and

regulations; and be clean, wholesome, free from spoilage, free from adulteration and mislabeling, and safe for human consumption.

- (h) Fresh raw fish must bear the PUFU (Packed Under Federal Inspection) Shield.
- (i) Fresh fruits and vegetables free from disease and infestation may be donated and incorporated into their menu only when they can be used to serve all participants. Prior to use, all fruits and vegetables shall be washed to remove dirt or insecticide residues.
- (j) Food temperatures must be taken and recorded immediately before serving congregate meals. If warming equipment or refrigeration equipment is used to hold food prior to serving, then temperatures also must be taken and recorded at the time of food delivery. Food temperatures shall be recorded by the name of each specific food item. All temperature records must be maintained until audited.
- (k) Temperature checks shall be made at least one time per month on each home-delivered meal route to document that food temperatures meet the "Rules Governing the Sanitation of Restaurants and Other Foodhandling Establishments" (15A NCAC 18A .2600).
- (l) The area where meals are handled or served must be kept clean and in good repair.

History Note: Authority G.S. 143B-10; 143B-138; 143B-181.1(c); 45 C.F.R., Chapter XIII, Part 1321; Eff. October 1, 1980; Amended Eff. July 1, 2003; November 1, 1993; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06K .0203 MENU PLANNING REQUIREMENTS

(a) Agencies providing congregate nutrition or home delivered meal services must comply with the following menu planning requirements:

- (1) Each meal served shall contain at least one-third of the current daily Recommended Dietary Allowances as established by the Food and Nutrition Board of the National Research Council of the National Academy of Sciences. If a nutrition program provides additional meals, then the nutrient analysis of the combined food items may be used to document that at least two-thirds of the Recommended Dietary Allowances have been provided for two meals per day or 100% of the Recommended Dietary Allowances for three meals per day, rather than each individual meal providing one-third of the nutrients.
- (2) All foods must be identified on the menu in order to calculate nutrient value.
- (3) The calorie content must be at least 700 calories per meal.
- (4) The sodium content shall not exceed 1,300 mg per meal.
- (5) Recipes for all foods used in combination must be supplied to the person responsible for certifying the menu to facilitate nutrient analysis. When recipe ingredients are changed, the recipe must be re-submitted for approval by the licensed dietitian/nutritionist.
- (6) All prepared or breaded meat items or meat in combination must be specified on the menu.
- (7) The form of vegetable or fruit used (fresh, frozen, dried, or canned) must be indicated on the menu for nutrient analysis.

(b) Menu Requirements

- (1) All menus shall be written at least 20 days in advance of the meal and shall be certified by a licensed dietitian/nutritionist to assure the menus provide one-third of the current Recommended Daily Allowances.
- (2) All regular menus shall be submitted to the dietitian/nutritionist for review and approval at least two weeks prior to use.
- (3) The approved menus shall be kept on file, with any changes in writing, for at least one year by the service provider.
- (4) At least one hot or cold nutritious meal shall be provided daily at least five days a week. Frozen, canned, dehydrated, or nutritional supplement products may also be used for emergency situations and additional or weekend meals. All frozen meals shall be dated with the delivery dates.
- (5) Menus with serving dates must be posted in a conspicuous location in each congregate meal site as well as each preparation area.

- (6) All menus shall be adhered to subject to reasonable availability of food items as well as availability of USDA donated food.
- (c) Therapeutic Diet Standards.
- (1) Prior to serving a therapeutic diet, a physician's prescription written according to the guidelines in the current North Carolina Dietetic Association Diet Manual shall be on file with the nutrition service provider.
 - (2) Each therapeutic diet prescription shall be re-ordered in writing by the physician every six months. Menus for each type of therapeutic diet must be written by a qualified dietitian/nutritionist. Menus for the therapeutic diets shall follow the standard set forth in the North Carolina Dietetic Association Diet Manual. These menus shall remain on file for at least one year.
- (d) Each food group and amount of the following "Menu Pattern" shall be offered and must be available to be served to each participant.

<u>MENU PATTERN FOOD GROUP</u>	<u>AMOUNT</u>
Meat/Meat Alternative	2 ounces cooked, edible portion or equivalent
Bread/Grains	2 servings
Vegetables/Fruits	2 servings
Fats	total fat not to exceed 30% of total calories per meal
Dairy	1 serving

- (1) Meat/Meat Alternative Group.
 - (A) The total protein content of each meal must be no less than 21 grams. Of this, 14 grams must be a "complete protein" in the form of 2 oz. edible meat, fish or poultry, exclusive of fat, bone, or gristle. One-half cup cooked drained dried beans, peas or lentils may be used as a substitute for 1 oz. of meat. One cup of dried beans may be used as a substitute for 2 oz. meat; however, a "complementary" protein source must be served at the same meal with the one cup dried beans in order to serve a complete protein (i.e., rice, corn, or cornbread). Other protein sources such as one egg or two tablespoons peanut butter may also be substituted for 1 oz. meat.
 - (B) Ground meat may be used in entrees no more than twice in one week. Casseroles or other mixed dishes must have ingredients specified on the menu to facilitate nutrient analysis.
- (2) Bread/Grains Group. Each meal shall contain two servings of a whole grain or enriched grain product.
- (3) Vegetable/Fruit Group.
 - (A) Each meal must contain two servings of different fruits and vegetables. When salad is served, it must be placed in a separate compartment of a compartmental tray to avoid mixing with other foods or served in a separate salad bowl. Juice may fulfill no more than half of the vegetable/fruit requirement for any one meal.
 - (B) One serving of vitamin C-rich food must be served twice per week. The USDA Food Values Handbook lists all foods containing Vitamin C.
- (4) Fat Group. Total fat shall not exceed 30% of the total calories per meal. One teaspoon of butter or fortified margarine in an individual covered package chip or container may be used if it adds palatability to the menu. The menu must identify whether gravy, salad dressing, mayonnaise, margarine or butter is used when served.
- (5) Dairy Group. Each meal must contain a total of no less than 400 mg. calcium. This may be obtained by one serving of 8 ounces of whole, low fat, skim, buttermilk, chocolate (not chocolate drink), sweet acidophilus milk, or Ultra High Temperature (UHT) milk, fortified with vitamins A & D in an individually sealed carton, or other foods.

History Note: Authority G.S. 143B-181.1(c); Eff. November 1, 1993; Amended Eff. July 1, 2003; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

(a) Congregate Nutrition Program.

(1) Target Population.

(A) Congregate nutrition services shall be available to persons 60 years of age and older and their spouses, regardless of age. Spouses under the age of 60 are eligible for services when the person 60 and over is receiving nutrition services.

(B) Area Agencies on Aging shall establish written procedures that will also allow congregate nutrition programs the option to offer a meal, on the same basis as meals are provided to persons 60 years of age and older, to individuals providing volunteer services during the meal hours and to individuals with handicaps or disabilities who have not attained 60 years of age but who reside with an eligible older adult or reside in housing facilities occupied primarily by the elderly at which congregate nutrition services are provided. Disability status shall be verified by reviewing a notice of disability benefit award. Nutrition service providers shall maintain a current copy of the notice of benefit award for each person served.

(2) Service Priority. Priority shall be given to serving:

(A) Individuals who have been abused, neglected, or exploited as substantiated by the county department of social services and for whom the service is needed as part of the adult protective services plan;

(B) Individuals who are at risk of abuse, neglect, or exploitation because of a decline in mental or physical functioning;

(C) Individuals who are health impaired and who are in need of nutritional supports, or those older persons whose independent living arrangements do not provide facilities adequate for meal preparation.

(3) Ineligible Persons.

(A) Eligibility for the service is restricted to those persons whose dietary needs can be met by the meals available through the program as outlined in Rule .0203 of this Section.

(B) Persons residing in long term care facilities and persons enrolled in a care-providing program or a facility, including an adult day care or adult day health care program in which a meal is provided, are not eligible. Persons who meet eligibility criteria who are enrolled in care providing programs including adult day care or adult day health care programs are eligible to receive congregate meals on the days they do not participate in such programs.

(b) Home Delivered Meals.

(1) Target Population.

(A) Home delivered meals shall be available to persons 60 years of age and older who are physically or mentally unable to obtain food or prepare meals, who have no responsible person who is able and willing to perform this service, and who are unable to participate in the congregate nutrition program because of physical or mental impairment. The spouse of an eligible older person is also eligible to receive a home delivered meal if one or the other is homebound by reason of illness or incapacitating disability.

(B) Area Agencies on Aging shall establish procedures that will allow home delivered meals programs the option to offer a meal, on the same basis as meals are provided to persons 60 years of age and older, to individuals providing volunteer services during the meal hours and to individuals with disabilities who reside at home with an eligible older adult. Disability status shall be verified by reviewing a notice of disability benefit award.

(C) Where a family caregiver is caring for an eligible homebound older person, the family caregiver is also eligible to receive a meal.

(2) Service Priority. Priority shall be given to serving:

(A) Individuals who have been abused, neglected, or exploited as substantiated by the county department of social services and for whom the service is needed as part of the adult protective service plan;

(B) Individuals who are at risk of abuse, neglect, or exploitation because of a decline in mental or physical functioning;

(C) Individuals who do not have a caregiver or another responsible party available to assist with care; and

(D) Individuals who experience impairment in performance of activities of daily living (ADL) and instrumental activities of daily living (IADL) as defined in 10A NCAC 05G .0301.

- (3) Ineligible Persons. Eligibility for the service is restricted to those persons whose dietary needs can be met by home delivered meals available through the program as outlined in Rule .0203 of this Section. Persons residing in long term care facilities and persons enrolled in a care-providing program or a facility, including an adult day care or adult day health care program in which a meal is provided, are not eligible. Persons who meet eligibility criteria who are enrolled in care providing programs or adult day care or adult day health care programs are eligible to receive home delivered meals on the days they do not participate in such programs.

*History Note: Authority G.S. 143B-181.1(c);
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10A NCAC 06K .0205 ADMINISTRATION REQUIREMENTS

Agencies providing Congregate and Home Delivered Meal nutrition services shall:

- (1) Apply for authorization to accept food stamps as contributions at the nearest Field Office of the Food and Nutrition Service, USDA.
- (2) Assure that all provisions relating to the use and handling of USDA issued food stamps as prescribed by federal, state, and local agencies responsible for administering the food stamp program are met.
- (3) Maintain records documenting service activities which shall include:
 - (a) Client registration forms;
 - (b) Unit of service records;
 - (c) Service cost sharing records;
 - (d) Diet prescriptions for each therapeutic diet served;
 - (e) Meal delivery tickets if food preparation is sub-contracted or similar documentation of meals prepared, meals served, and meals unserved; and
 - (f) Employment records including equal opportunity employment goals and outcomes.
- (4) Comply with all regulations related to donated USDA food and cash reimbursement. Disbursements of cash in lieu of commodities shall only be used by grant recipients and contractors to purchase U.S. agricultural commodities and other foods for their nutritional projects.
- (5) Submit client records and units of service reports for reimbursement on a regular basis. Correct errors when they are identified.
- (6) Maintain confidentiality of all participant records.
- (7) Operate five days per week, 52 weeks per year, except for holidays designated by the county or state or during emergency situations. Participants shall be notified in writing of designated holidays.
- (8) Inform participants of agency procedures governing the provision of service, confidentiality, waiting lists, service priorities, complaints and grievances, and other matters germane to the participant's decision to accept service.
- (9) Congregate requirements:
 - (a) Have a site director who is responsible for activities at the site;
 - (b) Make provisions necessary for the service of meals to eligible handicapped individuals with limited mobility;
 - (c) Meet all local and state fire codes and building code requirements;
 - (d) Meet all local and state sanitation codes adopted in accordance with 15A NCAC 18A .2600;
 - (e) Be located in areas as close as feasible to the majority of eligible individuals' residences;
 - (f) Update client registration information for each client at least annually;
 - (g) Develop emergency plans for each site for medical emergencies and for evacuation in case of fire or explosion. Conduct fire drills at least quarterly during hours of site operation; and
 - (h) Have a written plan which describes procedures to be followed in case a participant becomes ill or is injured. The plan shall be explained to staff, volunteers, and participants and shall be posted in at least one visible location in each nutrition site.
- (10) Home-delivered requirements:
 - (a) Conduct an in-home assessment in writing within seven working days of acceptance of referral;

- (b) Notify a participant in writing of his/her eligibility or ineligibility for home delivered meals within 10 working days of assessment;
- (c) Conduct a written reassessment of each home-delivered meal participant every six months, except those on temporary home delivered meal status;
- (d) Establish in writing the area to be served by the Home Delivered Meals program;
- (e) Ensure that each home delivered meal route maintains food delivery temperatures that meet the requirements of "Rules Governing the Sanitation of Restaurants and Other Food Handling Establishments" (15A NCAC 18A .2600);
- (f) Deliver meals only to an eligible person residing in a home setting and only when they are received by an individual; and
- (g) Establish written agency procedures for reporting changes in participant eligibility.

*History Note: Authority G.S. 143B-181.1(c);
Eff. November 1, 1993;
Amended Eff. July 1, 2003;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06K .0206 PROHIBITED ACTIVITIES

- (a) Funds shall not be used to purchase vehicles to deliver home delivered meals to participants.
- (b) Prohibited service activities:
 - (1) Medical treatment or medication shall not be provided or administered by program staff or volunteers.
 - (2) Financial transactions except those related to service cost sharing shall not be carried out by program staff or volunteers.
 - (3) Unapproved meals may not be provided to participants.
 - (4) Gifts from participants may not be accepted by program staff or volunteers.
 - (5) Meals shall not be provided to residents of long term care facilities, guests, ineligible handicapped persons under age 60, adult day care or adult day health care participants, and paid staff under age 60 without reimbursement of the full cost of the meal. Participants in adult day care or adult day health care programs are eligible for nutrition services on the days they do not attend day care or day health care programs.
 - (6) Therapeutic diets may not be served unless a physician's order is on file and the nutrition program has the capability to provide the service.
 - (7) Except on an emergency basis, nutrition site(s) shall not be closed or combined on a temporary or permanent basis without the prior written approval of the Area Agency on Aging Administrator assuring that options for maintaining services for participants have been considered.

*History Note: Authority G.S. 143B-181.1(c); 42 U.S.C. 3027;
Eff. November 1, 1993;
Amended Eff. July 1, 2003;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

SUBCHAPTER 06L – RESERVE FOR FUTURE CODIFICATION

SECTION .0100 - RESERVE FOR FUTURE CODIFICATION

10A NCAC 06L .0101 RESERVE FOR FUTURE CODIFICATION

SUBCHAPTER 06M – RESERVE FOR FUTURE CODIFICATION

SECTION .0100 - RESERVE FOR FUTURE CODIFICATION

10A NCAC 06M .0101 RESERVE FOR FUTURE CODIFICATION

SUBCHAPTER 06N – RESERVE FOR FUTURE CODIFICATION

SECTION .0100 - RESERVE FOR FUTURE CODIFICATION

10A NCAC 06N .0101 RESERVE FOR FUTURE CODIFICATION

SUBCHAPTER 06O – RESERVE FOR FUTURE CODIFICATION

SECTION .0100 - RESERVE FOR FUTURE CODIFICATION

10A NCAC 06O .0101 RESERVE FOR FUTURE CODIFICATION

SUBCHAPTER 06P – ADMINISTRATION OF ADULT DAY CARE SERVICES

SECTION .0100 – SERVICE DESCRIPTION: DEFINITION OF TERMS

10A NCAC 06P .0101 DEFINITION OF TERMS

As used in this Subchapter, the following terms have the meanings specified:

- (1) "Adult" means an individual eighteen years of age or older.
- (2) "Program activities" means the activities and services provided by the adult day care program, including but not limited to social and educational events, crafts, physical activity, and outings.
- (3) "Certification" means the process whereby an adult day care program is approved as meeting adult day care 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 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.

*History Note: Authority G.S. 131D-6; 143B-153;
Eff. July 1, 1979;
Amended Eff. January 1, 1986; July 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

SECTION .0200 - CLIENT ELIGIBILITY: FEES AND CHARGES

10A NCAC 06P .0201 LIMITATIONS

Limitations on the provision of day care services for adults receiving state or federal funds include the following:

- (1) Day care services for adults shall be provided on a time-limited basis to individuals enrolled in adult day care who are no longer able to maintain themselves in an independent living situation and for whom placement in group care is necessary. Under these circumstances, adult day care services may continue to be provided for a maximum of 90 days after entering the group care facility. State and federal funds may not be used to support the provision of adult day care for individuals in group care beyond this 90 day period, except in the circumstances of Item (2) of this Rule.
- (2) Day care services for adults shall be provided on a time-limited basis for individuals preparing to leave a group care facility for an independent living arrangement. Under these circumstances, adult day care

services may be provided for a period of up to 90 days prior to the individual's discharge from the group care facility. Continued eligibility for adult day care after discharge from the group care facility shall be determined on the basis of basic eligibility criteria and need for the service as stated in 10A NCAC 71R .0501 or 10A NCAC 05A .0101(6) and (12). State and federal funds shall not be used to support the provision of adult day care for individuals in group care prior to this 90-day period, except in the circumstances of Item (1) of this Rule.

- (3) If a day care program's written admission criteria limit the number of persons with certain conditions 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.
- (4) Adult day care participants shall be:
 - (a) adults who do not need nursing supervision but who require complete, full-time daytime supervision in order to live in their own home or the home of a relative; or
 - (b) adults who need help with activities of daily living in order to maintain themselves in their own home; or
 - (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; or
 - (d) adults enrolled in an adult day care program who need time-limited support in making the transition from independent living to group care, or adults who need time-limited support in making the transition from group care to independent living.

History Note: Authority G.S. 131D-6; 143B-153; Eff. July 1, 1979; Amended Eff. July 1, 2007; July 1, 2000; July 1, 1984; July 1, 1983; January 1, 1983; July 1, 1982; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SECTION .0300 - PAYMENT METHODS FOR DAY CARE CENTERS/HOMES

10A NCAC 06P .0301 GENERAL POLICY

- (a) Day care services for adults may be provided directly by staff of county departments of social services or under a purchase contract with another provider.
- (b) The purchase contract shall be developed annually between the governing body of the day care program and the county department of social services specifying the terms of service, reimbursement and operation of the day care program.

History Note: Authority G.S. 131D-6; 143B-153; Eff. July 1, 1979; Amended Eff. March 1, 1992; July 1, 1990; November 1, 1984; July 1, 1984; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SECTION .0400 - ROLE RESPONSIBILITIES IN PROGRAM CERTIFICATIONS

10A NCAC 06P .0401 STATE DIVISION OF AGING AND ADULT SERVICES RESPONSIBILITIES

The Division of Aging and Adult Services is responsible for:

- (1) Consultation. The adult day care consultant in the Division of Aging and Adult Services shall be available to county departments of social services and day care providers regarding the development of adult day care services, interpretation of the North Carolina Adult Day Care and Day Health Services Standards for Certification and related issues. The regional service representatives shall be 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;
- (2) Certification. The Division of Aging and Adult Services shall be responsible for all actions regarding initial certification and annual recertification of adult day care programs based on the report and

recommendations of the county department of social services and the adult day care consultant in the central office; and

- (3) Monitoring. The Division of Aging and Adult Services shall establish criteria for the local department of social services adult day care consultant to make announced and unannounced monitoring visits to certified adult day programs. An administrative letter identifying the criteria shall be signed by the Division Director and sent to all county departments of social services directors and adult day care providers.

*History Note: Authority G.S. 131D-6; 143B-153;
Eff. July 1, 1979;
Amended Eff. July 1, 2007; October 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06P .0402 COUNTY DEPARTMENT OF SOCIAL SERVICES RESPONSIBILITY

The county department of social services has the following responsibilities in certification of adult day care programs:

- (1) The county department of social services must designate a social worker to act as adult day care coordinator.
- (2) The adult day care coordinator in the county department of social services is responsible for consultation to service providers regarding initial and ongoing development of adult day care programs.
- (3) The county department of social services is responsible for all activities at the local level concerning program certification, including initial and recertification reviews and supervision 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.

*History Note: Authority G.S. 143B-153;
Eff. July 1, 1979;
Amended Eff. July 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

SECTION .0500 – PROGRAM CERTIFICATION

10A NCAC 06P .0501 DAY CARE PROGRAMS SERVING MORE THAN ONE COUNTY

A day care program may serve more than one county. If a program elects to serve more than one county, the following steps must be taken:

- (1) Enrollment criteria must specify the geographical area served, including a statement of the counties involved;
- (2) An agreement must be negotiated with each county department of social services that plans to purchase adult day care services;
- (3) The supervisory county department of social services must be notified of the day care program's plans and how it intends to deal with the following issues:
 - (a) the proximity of the day care program to other counties that it serves and the length of time involved in transporting persons;
 - (b) the extent to which the other counties have funds available to purchase adult day care services and whether or not there are individuals living in the area who could pay the cost of 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.

*History Note: Authority G.S. 143B-153;
Eff. July 1, 1979;
Amended Eff. July 1, 1990;*

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06P .0502 THE DSS-OPERATED ADULT DAY CARE CENTER

County departments of social services which wish to operate adult day care programs must meet the following requirements:

- (1) The day care program must have a minimum capacity of at least six participants;
- (2) Responsibility for program certification and monitoring must be assigned to a staff member other than the day care director. The staff member with this assigned responsibility must carry out all activities described in Rules .0402 of this Subchapter.

*History Note: Authority G.S. 143B-153;
Eff. July 1, 1979;
Amended Eff. July 1, 1990; July 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

SUBCHAPTER 06Q - ADULT DAY CARE

SECTION .0100 - SCOPE OF ADULT DAY CARE

10A NCAC 06Q .0101 ADULT DAY CARE STANDARDS

Agencies providing Adult Day Care services with funds administered by the North Carolina Division of Aging and Adult Services shall comply with the North Carolina Division of Aging and Adult Services Certification Standards for Adult Day Care, as established by the North Carolina Social Services Commission in 10A NCAC 06R, which is hereby adopted by reference, including subsequent amendments and editions.

*History Note: Authority G.S. 143B-181.1(a)(11); 143B-181.1(c);
Eff. July 1, 1992;
Readopted Eff. July 1, 2019.*

SECTION .0200 - REQUIREMENTS

10A NCAC 06Q .0201 MAXIMUM REIMBURSEMENT RATES

*History Note: Authority G.S. 143B-181.1(a)(11); 143B-181.1(c);
Eff. July 1, 1992;
Readopted Eff. July 1, 2019;
Repealed Eff. November 18, 2021 pursuant to G.S. 150B-21.7.*

SUBCHAPTER 06R - ADULT DAY CARE STANDARDS FOR CERTIFICATION

SECTION .0100 - INTRODUCTION

10A NCAC 06R .0101 CERTIFICATION REQUIREMENT

(a) Subchapter 06R contains standards for certification of adult day care programs. The standards relate to the operation of an adult day care program including administration, facility, and program operation. Adult day care programs, as defined in G.S. 131D-6, shall be required to meet these standards. Programs meeting the exemptions in G.S. 131D-6(d) shall meet these standards for certification only if receiving funds administered by the Division of Aging and Adult Services for social services programs established by the Older Americans Act and Title XX of the Social Security Act.

Certification is the responsibility of the county department of social services pursuant to G.S. 108A-14(a)(5) and the Department of Health and Human Services, Division of Aging and Adult Services.

(b) Any program making application for certification or application for renewal of certification shall be in compliance with all standards for certification. If all standards are not being met, certification shall be denied or the adult day care program shall be issued a provisional certificate as provided for in Rule .0802 of this Subchapter. Certification of any program in willful violation of standards as defined in Rule .0102(e) of this Subchapter shall be revoked. Procedures in G.S. 150B-3 shall be followed.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6);
Eff. July 1, 1979;
Amended Eff. July 1, 2007; October 1, 2000; July 1, 1990; January 1, 1986;
Readopted Eff. September 1, 2019.

10A NCAC 06R .0102 CORRECTIVE ACTION

(a) Adult day care programs shall be inspected annually and monitored in accordance with the Division of Aging and Adult Services criteria to assure compliance with the rules governing adult day care programs. These visits shall be announced and unannounced. Where a violation of G.S. 131D-6 or of this Subchapter is identified by staff of the county department of social services, the Division of Aging and Adult Services, or any State or local government inspector such as environmental health specialists, building and fire safety inspectors, the program director of the adult day care program shall be notified in writing of the nature of the violation by that inspector and requested to take corrective action by the county department of social services. Pursuant to G.S. 108A-14(a)(5), the county department of social services shall determine, in consultation with the program director, the date by which corrective action shall be completed based upon the severity of the violation and the effect of the violation on the participants of the program.

(b) Where a violation is a danger to the participants' health, safety or welfare, the program director or his or her designee shall take corrective action at the time the violation is identified to correct the source of danger or to remove the participants from the source of danger. The corrective action shall be documented in writing within 72 hours.

(c) Where a violation has the potential to endanger the participants' health, safety, or welfare, the program director shall take corrective action. The date specified for the completion of the corrective action shall be no later than 30 days of written notification.

(d) Where a violation does not endanger the participants' health, safety or welfare, such as a violation of administrative or record keeping standards, the program director shall take corrective action. The date specified for the completion of the corrective action shall be within 90 days of written notification.

(e) Failure to take corrective action as required by Paragraphs (b), (c), and (d) of this Rule constitutes a willful violation of the standards for certification of adult day care programs. Willful violation shall lead to disciplinary action as set forth in Rules .0802, .0804, and .0805 of this Subchapter.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6); 42 USC 3026(a)(13)(E);
Eff. January 1, 1986;
Amended Eff. July 1, 2007; June 1, 2000; July 1, 1990;
Readopted Eff. September 1, 2019.

SECTION .0200 - DEFINITION OF TERMS

10A NCAC 06R .0201 DEFINITIONS

As used in this Subchapter, the following definitions shall apply:

- (1) "Activities of Daily Living (ADL)" means eating, dressing, bathing, toileting, bowel and bladder control, transfers, and ambulation.
- (2) "Adaptable space" means space in a facility that can be used for several purposes and without sacrificing the health, safety or welfare of the participants. 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" means an activity where participation can be varied from individual, small group, or large group, and can occur seated, standing or lying down.
- (4) "Adult" means an individual 18 years of age or older.
- (5) "Adult Day Care Center" means a day care program operated in a structure other than a single family dwelling.

- (6) "Adult Day Care Home" means a day care program for up to 16 people operated in a single family dwelling where the owner resides.
- (7) "Adult Day Care Program" means 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 combined adult day care and adult day health programs (i.e., combination programs).
- (8) "Alzheimer's Disease" means a progressive, degenerative disease of the brain resulting in impaired memory, thinking and behavior. Characteristic symptoms of the disease include gradual memory loss, impaired judgement, disorientation, personality change, difficulty in learning and loss of language skills.
- (9) "Ambulatory" means 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" means the number of participants for which a day care program is certified.
- (11) "Caretaker" (or "Caregiver") means an adult who provides an impaired adult with supervision, assistance with preparation of meals, housework, or personal grooming.
- (12) "Certification" means 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" means the Department of Health and Human Services, Division of Aging and Adult Services.
- (14) "Dementia" means the loss of intellectual functions (such as thinking, remembering, and reasoning) that interferes with a person's daily functioning.
- (15) "Direct Participant Care" means the opportunity for employees, volunteers, or individuals with whom the facility contracts either directly or through an agency, to physically interact with, be in the presence of, or supervise participants.
- (16) "First Aid Kit" means a collection of first aid supplies, such as bandages, tweezers, scissors, disposable nonporous gloves, adhesive tape, antiseptic, micro shield or face mask, liquid soap, or cold pack, for treatment of minor injuries or stabilization of major injuries.
- (17) "Governing Body" means the individual(s), organization, agency, corporation, or other entity that has legal responsibility for policy, management, administration, operation, and financial liability for the adult day care or adult day health program.
- (18) "Group process" means at least three persons engaged in a common activity.
- (19) "Instrumental Activities of Daily Living (IADL)" means 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 health activities.
- (20) "Medication schedule" means a listing of all medications taken by participants with dosages, route of administration, and times medications are to be taken.
- (21) "Mental health disability" means disorders with psychological or behavioral symptoms or impairment in functioning due to a social, psychological, genetic, physical, chemical or biological disturbance.
- (22) "Modifiable activity" means an activity that can be simplified and adapted as a participant's abilities decline or improve.
- (23) "Non-ambulatory" means a person who is bedfast.
- (24) "Nucleus area" means adult day care programs located in a multi-use building and refers to the area not shared by any other programs that are located in the building but used only by the adult day care program.
- (25) "Nursing care" means skilled nursing care or intermediate care.
- (26) "On-site" means the area certified for the day care program.
- (27) "Owner" means the person who is responsible for management, operation, and financial liability of a day care home or day health home.
- (28) "Other special needs disease or condition" means a diagnosis, disease or disability, such as AIDS/HIV, that benefits from monitoring or oversight by program staff in a supervised setting.
- (29) "Participant" means a person enrolled in an adult day care program.
- (30) "Personal care" means tasks that range from assistance with basic personal hygiene and grooming, feeding, and ambulation, to medical monitoring and other health care related tasks.
- (31) "Physical therapy program" means a series of activities prescribed by a licensed physical therapist or activities administered under the supervision of a physical therapist.

- (32) "Program director" means the person responsible for program planning, development and implementation in a day care program.
- (33) "Progress notes" means written reports in the participant's file of staff discussions, conferences, or consultation with family or caregiver, for the purpose of evaluation of a participant's progress and any other information as required by Rule .0501 in this Subchapter regarding the participant's situation.
- (34) "Related disorders" means dementia or impaired memory characterized by irreversible memory dysfunction.
- (35) "Respite care," as a component of adult day care programs, means a service provided to give temporary relief to the family or caregiver. Respite is provided to families caring for children or adults with disabilities or families caring for frail or disabled older adults.
- (36) "Responsible party" means the caretaker with primary day-to-day responsibility for an impaired adult.
- (37) "Semi-ambulatory" means 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.
- (38) "Senior center" means 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.
- (39) "Special care services" means services by a certified adult day care program that promotes itself as providing programming, activities or care specifically designed for persons with Alzheimer's or other dementias, or related disorders, mental health disabilities, or other special needs diseases or conditions.
- (40) "Supervising agency" means the county department of social services in the county where the day care program is located. Pursuant to G.S. 108A-14(a)(5), the county department is responsible for seeing that certification standards are maintained and for making a recommendation to the Division of Aging and Adult Services regarding certification.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6);
 Eff. January 1, 1981;
 Amended Eff. July 1, 1990; January 1, 1986; July 1, 1984;
 Temporary Amendment Eff. September 28, 1999;
 Amended Eff. July 1, 2007; July 17, 2000;
 Readopted Eff. September 1, 2019.

SECTION .0300 - ADMINISTRATION

10A NCAC 06R .0301 GOVERNING BODY

- (a) Responsibility for management rests with the governing body of the day care program. In a private for-profit program, responsibility for management rests with the owner or board of directors; in a private, non-profit program, with the board of directors; in a public agency, with the board of that agency.
- (b) The governing body of a day care program shall establish and maintain management procedures, including:
 - (1) approval of organizational structure;
 - (2) adoption of an annual budget;
 - (3) regular review of financial status, making sure that the program is under fiscal management; This includes conducting a review of the annual budget, monthly accounts of income and expenditures to reflect against the projected budget, and an annual audit;
 - (4) appointment of the program director who shall delegate responsibility for conduct of specific programmatic and administrative activities in accordance with policies adopted by the governing body; and
 - (5) adoption of written policies regarding operation, including:
 - (A) program policies outlining program goals; enrollment and discharge criteria and procedures; hours of operation; types of services provided, including transportation if offered; rates and payments; and management of medications. The policies shall be designed so copies may be given to interested parties who request information about the day care program;
 - (B) personnel policies; and

- (C) any other policies deemed necessary by the governing body, such as agreements with other agencies and organizations.
- (c) All policies affecting clients shall be written in direct and understandable language.
- (d) The owner of a day care home shall establish and maintain operating procedures, including the following:
 - (1) develop an annual budget;
 - (2) maintain monthly accounts of income and expenditures; and
 - (3) establish written policies regarding operation, including:
 - (A) program policies outlining program goals; enrollment and discharge criteria and procedures; hours of operation; types of services provided, including transportation if offered; rates and payments; and management of medications. The policies shall be designed so copies may be given to interested parties who request information about the day care program;
 - (B) personnel policies; and
 - (C) any other policies deemed necessary, such as agreements with other agencies and organizations.

History Note: Authority G.S. 131D-6; 143B-153;
 Eff. July 1, 1978;
 Amended Eff. July 1, 1990; January 1, 1981;
 Temporary Amendment Eff. October 1, 2001;
 Amended Eff. July 1, 2007; August 1 2002;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06R .0302 PROGRAM GOALS

The adult day care program shall have written goals to ensure the health, safety and welfare of the participants are met. These goals shall also meet the definition of adult day care services as stated in 10A NCAC 71R .0903.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6);
 Eff. July 1, 1978;
 Amended Eff. July 1, 1990; January 1, 1983;
 Readopted Eff. September 1, 2019.

10A NCAC 06R .0303 AGREEMENTS

- (a) When a day care program is located in a multiple-use facility (e.g., school, church) there shall be a written agreement regarding the facility's cooperative use. The agreement shall contain the following as they apply to the adult day care program: time of use, maintenance of space, use of equipment, security, liability, and insurance.
- (b) For a program to utilize space currently certified or licensed for another purpose by a state agency, such as the North Carolina Division of Health Service Regulation or the North Carolina Division of Child Development, a letter from the licensing agency shall be obtained granting permission to use the space for a purpose other than the original licensed one.

History Note: Authority G.S. 131D-6; 143B-153;
 Eff. July 1, 1978;
 Amended Eff. July 1, 2007; March 1, 1992;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06R .0304 INSURANCE

The governing body shall provide for liability insurance coverage for the facility and vehicles used by the program.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6);
 Eff. July 1, 1978;
 Readopted Eff. September 1, 2019.

10A NCAC 06R .0305 PERSONNEL: CENTERS: HOMES WITH OPERATOR AND STAFF

- (a) General Requirements

- (1) The owner of adult day care homes initially certified after January 1, 2003, or homes that make structural modifications to the home after this date, shall reside in the home.
- (2) Staff positions shall be planned and filled to develop and direct the activities of the goals that meet the requirements of Rule .0302 in this Section.
- (3) There shall be a Statewide criminal history records search of all newly-hired employees of adult day care programs for the past five years conducted by an agency contracted with the North Carolina Administrative Office of the Courts.
- (4) There shall be a written job description for each position, full-time or part-time. Each job description shall specify qualifications of education and experience; to whom the employee reports; and duties.
- (5) References, including employment verification from former employers, shall be required in recruitment of staff.
- (6) There shall be an established review process discussing employment performance for each employee at least annually and following any probationary period. The review process must be approved by the governing body.
- (7) There shall be a written plan for orientation and staff development of new employees and volunteers and ongoing development and training of all staff. Documentation from the orientation, staff development and training shall be recorded, including attendance.
- (8) There shall be a written plan for staff substitutions in case of absences. The plan shall include the coverage of responsibilities in each job description as well as maintenance of staff-participant ratio as required in Paragraph (c) of this Rule. Substitute staff shall have the same qualifications and training as those required by the position and in this Subchapter. Substitutes are not required to have current certified CPR and First Aid training as long as other staff are present with this training at all times. Trained volunteers may be used instead of paid substitutes.
- (9) Prior to beginning employment, each new employee shall present a written medical statement, completed within the prior 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.

(b) Personnel Policies

- (1) Each adult day care program shall establish written personnel policies and provide a copy to each employee. Personnel policies shall address:
 - (A) annual leave;
 - (B) training;
 - (C) pay practices;
 - (D) employee benefits;
 - (E) grievance procedures;
 - (F) performance and evaluation procedures;
 - (G) criteria for advancement;
 - (H) discharge procedures;
 - (I) hiring and firing responsibility;
 - (J) use of any probationary period;
 - (K) staff participation in reviews of personnel practices;
 - (L) maternity leave;
 - (M) military leave;
 - (N) civil leave (jury duty and court attendance); and
 - (O) protection of confidential information.
- (2) All policies developed shall conform to the United States Department of Labor Fair Labor Standards Act.

(c) Staffing Pattern. The staffing pattern shall be dependent upon the enrollment criteria and the particular needs of the participants who are to be served. The ratio of staff to participants shall meet the goals and objectives of the program. Whenever regularly scheduled staff are absent, substitutes shall be used to maintain the staff-participant ratio. The minimum ratios shall be as follows:

- (1) Adult Day Care Homes
One full-time equivalent staff person with responsibility for direct participant care for each 6 participants, up to 16 participants total.
- (2) Adult Day Care Centers

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

(d) Program Director

- (1) The program director shall have the authority and responsibility for the management of activities and direction of staff to ensure that activities and services are provided in accordance with its program policies.
- (2) The program director shall:
 - (A) be at least 18 years of age;
 - (B) have completed a minimum of two years of post secondary education from an institution accredited by an accrediting agency recognized by the United States Department of Education (including colleges, universities, technical institutes, and correspondence schools) or have a high school diploma or the equivalent and a combination of a minimum of five years experience and training in services to elderly or adults with disabilities;
 - (C) have at least two years of work experience in supervision and administration;
 - (D) present prior to employment, a written medical statement, completed within the prior 12 months by a physician, nurse practitioner, or physician's assistant, certifying that the program director has no illness or health condition that would pose a risk to others and that the program director can perform the duties assigned on the job; and
 - (E) provide at least three reference letters or the names of individuals who can be contacted, one of which shall include previous employment verification. The individuals providing reference information shall have knowledge of the applicant program director's background and qualifications.
- (3) In employing a program director, the governing body, agency or owner shall hire applicants that exhibit these characteristics:
 - (A) ability to make decisions and set goals;
 - (B) knowledge and understanding of the needs of the aging and disabled;
 - (C) ability to design and implement a program of group and individual activities that meets the changing physical and cognitive needs of participants; and
 - (D) managerial and administrative skills, including the ability to supervise staff and to plan and coordinate staff training.
- (4) The adult day care program shall have an on-site program director or substitute program director meeting the requirements as specified in this Rule during the program's operational hours. The program director shall assign authority and responsibility for the management of activities and direction of staff when the program director is not on site.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6);
Eff. July 1, 1978;
Amended Eff. September 1, 2007; July 1, 2007; May 1, 1992; July 1, 1990; July 1, 1984; January 1, 1981;
Readopted Eff. September 1, 2019.

10A NCAC 06R .0306 PERSONNEL: DAY CARE HOMES: ONLY STAFF PERSON IS OPERATOR

- (a) The operator of an adult day care program shall meet the qualifications of director as defined in Rule .0305 of this Section.
- (b) There shall be a minimum of one staff person during all hours of operation meeting the requirements set forth in Rule .0305 of this Section.
- (c) A day care home shall have substitute or relief staff to enable the day care home to remain open on days when the operator is not available to supervise the program. The substitute or relief staff shall meet the requirements for this position as set forth in Rule .0305 of this Section.

History Note: Authority G.S. 131D-6; 143B-153;
Eff. July 1, 1978;
Amended Eff. September 1, 2007; July 1, 2007; May 1, 1992; July 1, 1990; July 1, 1984; January 1, 1981;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06R .0307 PERSONNEL: VOLUNTEERS

- (a) When volunteers are used in an adult day care program, adequate planning prior to the placement of the volunteers shall take place in order to provide the volunteer with a written description of his duties and responsibilities. This written description shall outline in detail the tasks to be performed, qualifications for performing them, and specifics of hours, days and length of commitment needed from the volunteer.
- (b) The volunteer shall take part in a formal or informal orientation and training session to inform him of the goals of the program, the operation and daily schedule of the program, specific needs of the adults being served and any necessary specialized approaches the volunteer shall be expected to use.
- (c) Paid staff of the program shall be properly informed of the use of a volunteer prior to his working in the program, staff's responsibility and role and the volunteer's responsibility and role. Paid staff shall be involved in planning for the volunteer and shall assist in writing up the duties the volunteer shall perform.
- (d) Provision shall be made to evaluate the volunteer in his execution of the job.
- (e) Provision shall be made for recognition and appreciation of the volunteer.

*History Note: Authority G.S. 143B-153;
Eff. July 1, 1978;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

SECTION .0400 - THE FACILITY

10A NCAC 06R .0401 GENERAL REQUIREMENTS

- (a) The facility and grounds of an adult day care program shall meet the requirements of the local environmental health specialist, the local fire safety inspector, the county department of social services, and the North Carolina Division of Aging and Adult Services.
- (b) The facility shall comply with all applicable zoning laws.
- (c) There shall be adaptable spaces, as defined in Rule .0201(2) of this Subchapter, suitable for activities for participants. Programs shall provide space for participants to engage in group activities and separate space for times when a participant needs privacy and quiet.
- (d) The facility shall provide a minimum of 40 square feet of indoor space for each participant in the portion of the buildings utilized for adult day care programs. This minimum square footage requirement excludes hallways, offices, and restrooms.
- (e) If meals are prepared within the facility, the kitchen shall meet environmental health rules, as defined in 15A NCAC 18A .3300, which is hereby incorporated by reference, including any subsequent amendments.
- (f) Storage areas shall be provided for clean linens, dirty linens, cleaning materials, household supplies, food, equipment, and program supplies needed to conduct activities. These items shall be stored in areas that do not pose a hazard to participants. For the purpose of this Rule, "dirty linen" is any linen which has touched something, other than the storage area itself, or someone after being placed in the clean linen storage area.
- (g) A minimum of one male and one female toilet shall be located in each facility and accessible in accordance with the North Carolina Building Code, which is hereby incorporated by reference, including any subsequent amendments or editions, and can be accessed at no cost at www.ncdoi.com/OSFM/. One toilet shall be available for each 12 adults, including staff and participants who utilize the facility. One hand lavatory shall be provided for each two toilets.
- (h) All rugs and floor coverings must be fastened down. Loose throw rugs are not allowed. Floors shall not be slippery or made from a material that is worn or poses a fall risk to participants.
- (i) A telephone shall be available for participants to make and receive calls.
- (j) Unless identified by the Division of Aging and Adult Services as shared space, the area certified for adult day care shall be used for the sole purpose of the adult day care program and its activities during hours of program operation.

*History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6);
Eff. July 1, 1978;
Amended Eff. September 1, 2007; July 1, 1990; January 1, 1981;
Readopted Eff. September 1, 2019.*

10A NCAC 06R .0402 BUILDING CONSTRUCTION

- (a) An adult day care building shall meet the approval of the local building inspector in terms of structural soundness and fire safety.
- (b) The program shall provide at least one entrance at ground level with no steps or an entrance ramp with rails and a maximum slope of 1 in 12 (eight percent). The ramp shall be covered with a securely fastened non-skid floor covering which is secured at both ends.
- (c) Facilities where 16 or fewer adults are served in a single family dwelling shall meet building construction requirements for adult day care homes specified in Section .0700 of this Subchapter.
- (d) All facilities initially certified after January 1, 2003, or those that make structural building modifications after this date shall meet the North Carolina State Building Code, which is hereby incorporated by reference, including any subsequent amendments or additions and can be obtained through the North Carolina Department of Insurance, 1202 Mail Service Center, Raleigh, NC 27699-1202 at a cost of eighty dollars and 00/100 (\$80.00).

*History Note: Authority G.S. 131D-6; 143B-153;
Eff. July 1, 1978;
Amended Eff. September 1, 2007; July 1, 2007; July 1, 1990; July 1, 1984; January 1, 1981;
September 1, 1978;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06R .0403 EQUIPMENT AND FURNISHINGS

- (a) The adult day care facility shall have the following equipment and furnishings:
- (1) at least one straight back chair or folding chair for each participant and each staff person, excluding those participants or staff in wheelchairs or other specialized seating equipment. Each chair shall support the weight of the individual participant or staff person sitting in the chair;
 - (2) table space for all participants to be served a meal at a table and for program activities;
 - (3) chairs or sofas that allow for position changes, are upholstered or cushioned and water and stain resistant, so that at least half of the participants can relax and rest at the same time. If all participants take a daily rest period at the same time, the facility shall have enough of this seating for all participants. The seating requirement does not apply if the participant utilizes a wheelchair or other specialized seating equipment; and
 - (4) a quiet space or room with a minimum of one bed or cot so that participants can lie down as needed separate from other program activities.
- (b) All equipment and furnishings shall be functional, as intended for its use, and shall not pose a safety risk to any participant or staff of the facility.

*History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6);
Eff. July 1, 1978;
Amended Eff. July 1, 2007; January 1, 1981;
Readopted Eff. September 1, 2019.*

SECTION .0500 - PROGRAM OPERATION

10A NCAC 06R .0501 PLANNING PROGRAM ACTIVITIES

- (a) Enrollment Policies and Procedures
- (1) Each adult day care program shall have written program policies including enrollment policies that define the population served. These policies shall serve as the basis for determining who shall be accepted into the program and for planning activities for the participants. The planned activities shall be created to meet the needs of the participant to satisfy their service plan. The enrollment policies shall outline the criteria for people whose needs cannot be met by the planned activities. The enrollment policies shall provide for discharge of participants whose needs can no longer be met by the adult day care program. If a day care program serves semi-ambulatory or non-ambulatory persons, it shall be stated in the enrollment policies.

- (2) Prior to enrollment, the applicant, family members or caregiver shall have a minimum of one personal interview with a program staff member. During the interview, the staff shall complete initial documentation identifying support networks, activities enjoyed by the participant, medical care needs, any spiritual, religious or cultural needs, and a determination of whether the program can meet the individual's expressed needs. The staff person doing the interviewing shall sign the determination of needs and the applicant, family member or caregiver shall sign the application for enrollment. These signed documents shall be obtained before the individual's first day of attendance as a participant in the program.
- (3) A medical examination report signed by a physician, nurse practitioner or physician's assistant, completed within the prior three months, shall be obtained by the program within 30 days of enrollment. This report must be updated annually no later than the anniversary date of the initial report. The requirements for the medical examination report shall be found in Rule .0508 of this Section.
- (4) At enrollment, or in the initial interview, the program policies shall be discussed with the applicant, family member or caregiver and a copy of the program policies shall be provided.
- (5) Documentation of receipt of and agreement to abide by the program policies by the applicant, family member or caregiver shall be obtained by the program and kept in the participant's file.
- (6) The program policies shall contain:
 - (A) a discharge policy outlining the criteria for discharge and notification procedures for discharge, the timeframe and procedures for notifying the applicant, family member or other caregiver of discharge, and referral or follow-up procedures;
 - (B) a medication policy as specified in Rule .0505 of this Section;
 - (C) a description of participant's rights while enrolled in the adult day care program;
 - (D) the grievance policies and procedures for families;
 - (E) the advance directives policy;
 - (F) the non-discrimination policies;
 - (G) the procedure to maintain confidentiality;
 - (H) the policy on reporting suspected abuse or neglect;
 - (I) the description of the geographical area served by the program; and
 - (J) the inclement weather policies.

(b) Planning Services for Individual Participants

- (1) Within 30 days of enrollment of a new participant, the program shall perform a comprehensive assessment and written service plan for each individual. The comprehensive assessment shall address the individual's ability to perform activities of daily living and instrumental activities of daily living while in the program. The mental, social, living environment, economic and physical health of the individual shall also be assessed. The service plan shall be signed and dated by the program director or the director's designee. For adult day health participants the health component of the service plan shall be written and signed by a registered nurse.
- (2) In developing the written service plan, the program shall include input from the participant, family members, or caregiver and other agency professionals with knowledge of the individual's needs. The service plan shall be based on strengths, needs and abilities identified in the assessment. The assessment and service plan shall be reviewed at regular intervals, and no less than once every six months. The service plan shall include:
 - (A) the needs and strengths of the participant;
 - (B) the interests of the participant;
 - (C) the measurable service goals and objectives of care for the participant while in the adult day care program;
 - (D) the type of interventions to be provided by the program in order to reach desired outcomes;
 - (E) the services to be provided by the program to achieve the goals and objectives;
 - (F) the roles of participant, family, caregiver, volunteers and program staff; and
 - (G) the time limit for the plan, with provision for review and renewal.
- (3) Progress notes in the participant's record shall be updated at least every three months.
- (4) The participant, caregiver, and other service providers may contribute to the development, implementation and evaluation of the service plan.

- (5) Any change in behavior, mood, or attitude or need for help or services shall be reported by the program. If the participant is a department of social services client, the report shall be made to the participant's family, caregiver, or responsible party and the department of social services worker or the social worker designated as consultant to the adult day care program by the department. If the participant is not a social services client, the report shall be made to the person's family, caregiver or responsible party. A note shall be made in the participant's record of action taken.
- (6) The participant or the responsible party may choose the days and number of days the participant will attend, with the program director's approval.
- (7) The reason for any unscheduled participant absence shall be determined by the program staff and documented on the day it occurs. The program shall attempt to contact the absent participant or the responsible party to determine why the participant was absent on a scheduled day of attendance.
- (8) The adult day care program is responsible for the participant's safety when a participant is registered in attendance. A participant leaving the program for part of a day shall sign out relieving the program of further responsibility. If a participant has emotional or mental impairment that requires supervision and that person needs or wants to leave the program during the day, the social worker, family, caregiver, friend, or responsible party shall sign the person out.

(c) Program Activities Plan

- (1) The day care center or home shall have a program activities plan that meets the following criteria:
 - (A) Overall planning of activities shall be based on elements of the individual service plans.
 - (B) Program activities shall follow the group process, both large and small groups, with provision for individual activities and services as needed.
 - (C) Activities shall be adaptable and modifiable to allow for greater participation and to maintain participant's individual skill level.
 - (D) Activities shall be consistent with the stated program goals.
 - (E) Activities shall be planned jointly by staff and participants. Staff shall encourage participants to participate in the planning and operation of the program as much as the participant is able, and to use their skills, talent and knowledge in program planning and operation.
 - (F) All program activities shall be supervised by program staff.
 - (G) Participants may refuse to participate in any given activity.
- (2) The activities schedule shall provide for the inclusion of cognitive activities to be available on a daily basis, and be designed to:
 - (A) stimulate thinking and creativity;
 - (B) provide opportunities for learning new ideas and skills;
 - (C) help maintain existing reasoning skills and knowledge base; and
 - (D) provide opportunities to utilize previously learned skills.
- (3) The activities schedule shall provide for the inclusion of physical activities to be available on a daily basis, and be designed to:
 - (A) improve or maintain mobility and overall strength; and
 - (B) increase or maintain joint range of motion.
- (4) The activities schedule shall provide for the inclusion of psychosocial activities, as determined by the client's service plan, to be available on a daily basis, and be designed to:
 - (A) provide opportunities for social interaction;
 - (B) develop a sense of belonging;
 - (C) promote goal-oriented use of time;
 - (D) create feelings of accomplishment;
 - (E) foster dignity and self-esteem;
 - (F) prompt self-expression; and
 - (G) provide fun and enjoyment.
- (5) The activities schedule shall:
 - (A) be in writing, specifying the name of each activity to be provided, the days of the week each activity shall be conducted, and the approximate length of time of each activity;
 - (B) indicate the length of time the schedule is to be followed; and
 - (C) be posted weekly or monthly in the facility and visible to anyone into the facility.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6);

Eff. July 1, 1978;
Amended Eff. February 1, 2008; July 1, 2007; July 1, 1990; January 1, 1981;
Readopted Eff. September 1, 2019.

10A NCAC 06R .0502 NUTRITION

- (a) An adult day care program shall provide a midday meal to each participant in attendance. The meal shall provide at least one-third of an adult's daily nutritional requirement as specified by the United States Department of Agriculture, Dietary Guidelines for Americans, which are incorporated by reference, including any subsequent amendments or additions to these guidelines. These guidelines may be accessed at no cost at <http://www.health.gov/dietaryguidelines/>. A licensed dietitian/nutritionist shall approve the menu following the requirements set forth in this Paragraph.
- (b) An adult day program shall offer snacks and fluids to meet the participant's nutritional and fluid needs as determined by their most current medical record. The adult day program shall offer a mid-morning and mid-afternoon snack daily to participants. Snacks shall be planned to keep sugar, salt and cholesterol intake to a minimum, as determined by a licensed dietitian/nutritionist.
- (c) An adult day program shall provide a therapeutic diet, if prescribed in writing by a physician, physician's assistant or nurse practitioner for any participant. If therapeutic diets are prepared by program staff, such staff shall have training in planning and preparing therapeutic diets or shall provide documentation of previous training and education in planning and preparing therapeutic diets to prepare meals in accordance with a physician, physician's assistant or nurse practitioner's prescription.
- (d) A licensed dietician/nutritionist shall give guidance and training to the staff on basic and special nutritional needs as set forth in this Rule and proper food handling techniques as required by the Environmental Health Section of the Division of Public Health and the prevention of foodborne illness.
- (e) An adult day care program shall neither admit nor continue to serve a participant whose dietary requirements cannot be accommodated by the program.
- (f) An adult day care program shall store, prepare and serve meals following required food handling techniques as required by the Environmental Health Section of the Division of Public Health. The food service provider or adult day care program shall abide by the food safety and sanitation practices required by the Commission for Public Health and the United States Department of Agriculture, including any subsequent amendments or additions, which are incorporated by reference. Copies of the rules may be found at the following websites: <https://ehs.ncpublichealth.com/docs/rules/294306-14-3300.pdf> and http://www.fsis.usda.gov/Fact_Sheets/Safe_Food_Handling_Fact_Sheets/index.asp.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6);
Eff. July 1, 1978;
Amended Eff. February 1, 2008; July 1, 2007; March 1, 1992; October 1, 1981; January 1, 1981;
Readopted Eff. September 1, 2019.

10A NCAC 06R .0503 TRANSPORTATION

- (a) For programs providing or arranging for public transportation, the adult day care program shall have a transportation policy that includes routine and emergency procedures. For the purposes of this Rule, "routine procedures" shall mean maintenance of vehicle and actions taken to minimize risk to participants when transported. For the purposes of this Rule, "emergency procedures" shall mean accidents, medical emergencies, weather emergencies and escort issues of the participants, including pick-up and drop-off of participants to ensure their safety.
- (b) When the adult day care program provides transportation, the following requirements shall be met:
- (1) Each person transported shall have a seat in the vehicle.
 - (2) Participants shall be transported no more than 30 minutes without being offered the opportunity to have a rest stop.
 - (3) Vehicles used to transport participants shall be equipped with seatbelts. Participants shall be instructed to use seatbelts while being transported.
 - (4) Vehicles shall be equipped with a first aid kit and a fire extinguisher.
 - (5) A copy of the transportation policy shall be located in the vehicle used for transport.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6);
Eff. July 1, 1978;
Amended Eff. January 1, 1981;

*Temporary Amendment Eff. October 1, 2001;
Amended Eff. February 1, 2008; July 1, 2007; August 1, 2002;
Readopted Eff. September 1, 2019.*

10A NCAC 06R .0504 EMERGENCIES AND FIRST AID

(a) A fire safety and evacuation plan, approved by the Office of the State Fire Marshal or its designee, shall be prepared and maintained by each adult day care program in compliance with the North Carolina State Building Code and Fire Prevention Code, which is hereby incorporated by reference, including any subsequent amendments or editions, and can be accessed at no cost at www.ncdoi.com/OSFM/.

(b) Plan for Emergencies. A written plan for handling emergencies shall be established and displayed in the facility and in a location visible to participants and staff. For the purpose of this Rule, an "emergency" is any dangerous or unexpected situation that would require immediate action by a staff member. All staff shall know the plan. The plan shall:

- (1) relate to medical and non-medical emergencies. For the purpose of this Rule, a "medical emergency" is any dangerous or unexpected situation that would require a participant to receive immediate medical care by a staff member; and
- (2) specify responsibilities of each staff member in an emergency.

Quarterly drills in handling emergencies, such as medical emergencies, natural disasters, and facility security shall be conducted. Monthly fire drills shall be conducted. All drills shall be documented including the date and kind of emergency.

(c) Evacuation Plan. An evacuation plan shall be posted in each room of an adult day care program. A record shall be kept of dates and time required to evacuate the facility.

(d) All physically able staff who will provide direct participant care shall complete certified training in standard first aid and cardio-pulmonary resuscitation (CPR). 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 stating the time limit of such physical inability. The first aid and CPR training shall be:

- (1) taught by an instructor certified through the American Heart Association, American Red Cross, National Safety Council, or American Safety and Health Institute;
- (2) current, as determined by the organization conducting the training and issuing the certification; and
- (3) documented on an official attendance card issued by the organization certifying the training, or documented by the attendance course roster, in which case the roster shall be signed by the instructor, indicate pass or fail for each student, indicate the length of time the training is valid, and be accompanied by a copy of the instructor's certification.

(e) The program shall arrange for medical assistance to be available to participants in the event of an emergency.

(f) The program shall have a portable emergency information file that includes electronic files available on each participant that includes:

- (1) hospital preference, physician of record and physician's telephone number;
- (2) emergency contact (family or caregiver);
- (3) insurance information;
- (4) medications and allergies;
- (5) current diagnosis and history; and
- (6) advance directives, if any.

(g) Adult day care staff shall report actions taken in case of sickness and all incidents resulting in physical injury or suspected physical injury, including incidents involving missing participants, to the program director. The adult day care staff shall make sure that all persons needing medical attention receive it as soon as possible. The person taking emergency action shall notify the family or responsible party of the participant involved and other program staff shall be notified of emergency action taken as soon as possible. The program director shall compile and keep on record a report of all emergency actions taken. A copy of the report shall be sent to the county department of social services within 72 hours of the incident.

*History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6);
Eff. July 1, 1978;
Amended Eff. July 1, 2007; July 1, 1990; January 1, 1981;
Readopted Eff. September 1, 2019.*

10A NCAC 06R .0505 MEDICATIONS

- (a) All adult day care programs shall have written policies on participant medication use, medication administration order changes and medical disposal.
- (b) Medications shall be administered according to the participant's medication schedule as defined in Rule .0508(a)(4)(E) of this Section or as authorized by the participant's caregiver.
- (c) A record of all medications given to each participant shall be updated at a minimum of once every quarter and as needed and shall document the following:
 - (1) participant's 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 shall be entered on this record.
- (d) Medications shall be kept in the original pharmacy containers in which they were dispensed. The containers shall be labeled with the participant's full name, the name and strength of the medicine, and dosage and instructions for administration. Medicines shall be kept in a locked location.
- (e) Only adult day health or adult day care and day health combination programs shall enroll or serve participants who require intravenous, intramuscular or subcutaneous medications while attending the program.

History Note: Authority G.S. 131D-6; 143B-153;
Eff. July 1, 1978;
Amended Eff. July 1, 2007; March 1, 1992; January 1, 1981;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06R .0506 HOURS AND DAYS OF OPERATION

- (a) Whenever participants are present at the adult day care program, the program participants shall be supervised and services shall be provided.
- (b) The program shall operate for a minimum of six hours per day.
- (c) Day care programs shall provide supervision of participants and program activities at least five days per week, except that a facility may be closed for holidays, hazardous weather conditions, emergency situations, and vacations. The county department of social services shall be notified of late openings or early closures on days when hazardous weather conditions exist or when emergency situations arise. For the purpose of this Rule, an "emergency situation" is any dangerous or unexpected event that would require immediate action by a staff member.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6);
Eff. July 1, 1978;
Amended Eff. July 1, 2007; March 1, 1992;
Readopted Eff. September 1, 2019.

10A NCAC 06R .0507 AVAILABILITY AND ACCESSIBILITY OF PROGRAM POLICIES

The adult day care program policies shall be provided to the participant's family member, responsible party or caretaker at the time of enrollment and available on request [.0301(b)(5)(A) or (c)(3)(A) of this Subchapter].

History Note: Authority G.S. 131D-6; 143B-153;
Eff. July 1, 1978;
Amended Eff. July 1, 2007; March 1, 1992;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06R .0508 RECORDS

- (a) Individual Participant Records. Each adult day care program shall maintain records to document the progress of each participant and to document program operation. These records shall be kept in a locked file. An individual folder for each participant shall be established and maintained and include the following:
 - (1) a signed application recording:
 - (A) the participant's full name;

- (B) the participant's address and telephone number;
 - (C) the date of birth, marital status and living arrangement of participant;
 - (D) the time of day participant will arrive and time of day participant will leave the program;
 - (E) the travel arrangements to and from the program for the participant;
 - (F) the name, address and telephone number of at least two family members, friends or caregivers of the participant who can be contacted in emergencies;
 - (G) the name, address and telephone number of a licensed medical service provider who will see the participant upon request of the participant; and
 - (H) the personal concerns and knowledge of the caregiver that may have an impact on the participant's health, safety, and welfare.
- (2) copies of all current and former signed authorizations for the adult day care program to receive and give out confidential personal identifiable information and health information on the participant. The current authorization shall include the name of the party from whom information is requested and to whom information is given. The current authorization shall be dated within the prior 12 months and obtained each time a request for participant information is made.
 - (3) a signed authorization for the participant to receive emergency medical care from any licensed medical practitioner, if emergency care is requested by the participant or deemed necessary by program staff.
 - (4) a medical examination report conducted within three months before enrollment and updated annually, signed by a licensed physician, physician's assistant or nurse practitioner. The report shall include information on:
 - (A) any 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;
 - (B) any presence and degree of psychiatric problems;
 - (C) the amount of supervision the participant requires;
 - (D) any limitations on physical activities;
 - (E) the listing of all medications with dosages and times medications are to be administered; and
 - (F) the most recent date participant was seen by doctor.
 - (5) documentation identified in Rule .0501(a)(2) and (b)(1) and (b)(2) of this Section.
 - (6) progress notes that are the written report of staff discussions, conferences, consultation with family, friends or caregivers, evaluation of a participant's progress and any information regarding a participant's changed health, social or financial situation.
 - (7) service plans for the participant, including scheduled days of attendance, for the preceding 12 months.
 - (8) a signed authorization if the participant or his or her responsible party will permit photographs, video, audio recordings or slides of the participant to be made by the day care program, whether for medical documentation, publicity, or any other purpose. The authorization shall specify how and where such photographs, videos, audio recordings or slides will be used, and shall be obtained prior to taking any photographs, videos, audio recordings or slides of the participant.
 - (9) a statement signed by the participant, a family member or caregiver acknowledging receipt of the program policies and agreeing to uphold program policies pertaining to the participant.
- (b) The adult day care program shall keep the following program records a minimum of six years:
- (1) copies of activity schedules;
 - (2) monthly records of expenses and income, including fees collected, and fees to be collected;
 - (3) all bills, receipts and other information that document expenses and income;
 - (4) a daily record of attendance of participants by name;
 - (5) accident reports;
 - (6) a record of staff absences, annual leave and sick leave, including dates and names of substitutes;
 - (7) reports on emergency and fire drills;
 - (8) individual personnel records on all staff members including:
 - (A) application for employment;
 - (B) evidence of a State criminal history check on each employee providing direct participant care;
 - (C) job description;
 - (D) medical certification of absence of a health condition that would pose a risk to others;
 - (E) written note or report on any personnel action taken with the employee;

- (F) written report of annual employee review;
- (G) CPR and first aid training documentation; and
- (H) signed statement to keep all participant information confidential.
- (9) a copy of all written policies, including:
 - (A) program policies;
 - (B) personnel policies;
 - (C) agreements or contracts with other agencies or individuals;
 - (D) plan for emergencies; and
 - (E) evacuation plan;
- (10) program evaluation reports; and
- (11) control file of DSS-5027 (SIS Client Entry Form) for all participants for whom Social Services Block Grant (Title XX) reimbursement is claimed. The SIS Client Entry form (DSS-5027) shall include the participant's personal information such as name, social security number, date of birth, address and the case manager's name in addition to the types of services requested, the action or actions taken, and if the provider is authorized to claim reimbursement for the services rendered. A copy of this form is accessible at the North Carolina Department of Health & Human Services' website.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6); Eff. July 1, 1978; Amended Eff. February 1, 2008; July 1, 2007; March 1, 1992; July 1, 1990; January 1, 1981; Readopted Eff. September 1, 2019.

10A NCAC 06R .0509 PROGRAM EVALUATION

- (a) Each adult day care program shall have in writing a plan for an annual internal evaluation of its operation and services. The plan shall include the timetable for initiating and completing the annual evaluation, the parties to be involved, the areas that will be addressed and the methods to be used in conducting the evaluation.
- (b) The following parties shall be involved, to the extent considered appropriate, as determined by the governing body or program director, in the evaluation process:
 - (1) the governing body;
 - (2) the program director;
 - (3) the staff;
 - (4) the participants;
 - (5) the families or caregivers of participants; and
 - (6) the local department of social services.
- (c) Evaluation shall focus on the following three areas:
 - (1) the extent to which the program is achieving its goals;
 - (2) the extent to which the program is meeting the needs and interests of participants; and
 - (3) the extent to which the program is meeting the adult day care needs of the local community in its operation.
- (d) A written report of the program evaluation and findings shall be made and kept on file.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6); Eff. July 1, 1978; Amended Eff. January 1, 1981; Readopted Eff. September 1, 2019.

10A NCAC 06R .0510 DAY CARE PROGRAMS IN MULTI-USE FACILITIES

Adult day care programs established in buildings which are used at the same time for other activities must adhere to the following guidelines:

- (1) The day care program must be self-contained with its own staff and separate area.
- (2) Participation is open only to persons enrolled in the program and to visitors on a planned basis. Depending on the nature of the other activities in the building, it may or may not be appropriate for day care participants to share in them on a planned basis. Such involvement must be as part of the day care program plan and must be supervised by a day care staff member. (Examples of appropriate involvement might include senior center crafts and social events and lunch at a congregate meal site.)

*History Note: Authority G.S. 143B-153;
Eff. January 1, 1981;
Amended Eff. July 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

SECTION .0600 – CERTIFICATION PROCEDURE

10A NCAC 06R .0601 PROCEDURE

(a) All individuals, groups or organizations operating or wishing to operate an adult day care program as defined by G.S. 131D-6 shall apply for a certificate to the county department of social services in the county where the program is to be operated.

(b) A social worker shall provide technical assistance and shall conduct a study of the program using the State Division of Aging and Adult Services Form DAAS-1500 or DAAS-6205. Form DAAS-1500 (The Adult Day Care Services Program Certification Report) shall include the type of action requested, type of program, identifiable information about the program including the name, address, name of director and email address, and document whether the adult day care program meets certification standards. Form DAAS-6205 (The Adult Day Health Services Program Certification Report) shall include the type of action requested, type of program, identifiable information about the program including the name, address, name of director and email address, and document whether the adult day health program meets certification standards. A copy of DAAS-1500 or DAAS-6205 can be obtained on the North Carolina Department of Health & Human Services' website.

(c) The county of social services shall submit the initial certification package to the Division of Aging and Adult Services. The materials and forms to be included in the package are:

- (1) program policies;
- (2) organizational diagram;
- (3) job descriptions;
- (4) Form 732a-ADS (Daily Rate Sheet) or the equivalent showing planned expenditures and resources available to carry out the program of service for a 12 month period. The 732a-ADS form shall contain the provider's name, county, current budget period, projected client transportation costs, projected service days, average daily participation utilizing transportation, average daily cost of round trip per client, projected revenue including local match, and projected transportation costs. A copy of the form may be obtained at the North Carolina Department of Health & Human Services' website.
- (5) a floor plan of the facility showing measurements, restrooms and planned use of space;
- (6) Form DOA-1498 (Fire Inspection Report) or the equivalent, as determined by the local fire inspector, completed and signed by the local fire inspector, indicating approval of the facility, no more than 30 days prior to submission with the certification package;
- (7) Form DOA-1499 (Building Inspection Report for Adult Day Care Centers), DOA-1499a (Building Inspection Form for Adult Day Care Homes), or the equivalent, as determined by the local building inspector, completed and signed by the local building inspector indicating approval of the facility, no more than 30 days prior to submission with the certification package;
- (8) Form DENR-4054 (Sanitation Evaluation Report) or the equivalent, as determined by the local registered environmental health specialist, completed and signed by a local registered environmental health specialist indicating approval of the facility, no more than 30 days prior to the submission with the certification package;
- (9) written notice and the effective date if a variance of local zoning ordinances has been made in order for property to be utilized for an adult day care program;
- (10) a copy of the articles of incorporation, bylaws and names and addresses of board members for adult day care programs sponsored by a non-profit corporation;
- (11) the name and mailing address of the owner of an adult day care program;
- (12) a written medical statement from a physician, nurse practitioner or a physician's assistant, completed within the 12 months prior to submission of the certification package, for each proposed staff member certifying absence of a health condition that would pose a risk to others and that the employee can perform the duties assigned to him or her on the job;

- (13) verification of standard first aid and cardio-pulmonary resuscitation certification (CPR) for each proposed staff member who is physically able and who will provide direct participant care. The requirements of Rule .0504(d) of this Subchapter shall be applicable to this Rule.
 - (14) evidence of the completion of a Statewide criminal history records search for the past five years for the adult day care program owner and each proposed staff member who provides direct participant care, conducted by an agency approved by the North Carolina Administrative Office of the Courts; and
 - (15) DAAS-1500 (Adult Day Care Certification Report). This form must be submitted by the county department of social services with a copy to the program.
- (d) No more than 90 days prior to the end of the current period of certification, the county department of social services shall submit to the Division of Aging and Adult Services the following forms and materials that make up a certification package for the renewal of a certification.
- (1) Form DOA-1498 (Fire Inspection Report) or the equivalent, as determined by the local fire inspector, completed and signed by the local fire inspector, indicating approval of the facility, dated no more than 12 months prior to submission with the certification package;
 - (2) Form DOA-1499 (Building Inspection Report for Adult Day Care Centers), DOA-1499a (Building Inspection Form for Adult Day Care Homes), equivalent, as determined by the local building inspector, when structural building modifications have been made during the previous 12 months, completed and signed by the local building inspector indicating approval of the facility, within 30 days following completion of the structural building modifications;
 - (3) Form DENR-4054 (Sanitation Evaluation Report) or equivalent, as determined by the local registered environmental health specialist, completed and signed by a local registered environmental health specialist, indicating approval of the facility, no more than 12 months prior to submission with the certification package;
 - (4) a written medical statement from a physician, nurse practitioner or physician's assistant for each staff member hired subsequent to the previous certification or recertification expiration date, certifying absence of a health condition that would pose a risk to others and that the employee can perform the duties normally assigned on the job;
 - (5) an updated copy of the program policies, organizational diagram, job descriptions, names and addresses of board members if applicable, and a floor plan showing measurements, restrooms, and planned use of space, if any changes have been made since the previous certification package was submitted;
 - (6) Form 732a-ADS (Daily Rate Sheet) or the equivalent showing planned expenditures and resources available to carry out the program of service for a 12 month period;
 - (7) verification of standard first aid and cardio-pulmonary resuscitation certification (CPR) for each proposed staff member who is physically able and who will provide direct participant care. The requirements of Rule .0504(d) shall be applicable to this Rule;
 - (8) Evidence of the completion of a Statewide criminal history record which complies with Subparagraph (c)(14) of this Rule; and
 - (9) DAAS-1500 (Adult Day Care Certification Report). This form must be submitted with the certification package by the county department of social services to the Division of Aging and Adult Services at least 30 days in advance of the expiration date of the certificate, with a copy to the program.
- (e) Following review of the certification package, a pre-certification visit for certification shall be made by staff of the Division of Aging and Adult Services.
- (f) Within 14 business days, the Division of Aging and Adult Services shall provide written notification to the applicant and the county department of social services of the action taken after a review of the certification package and visit.

*History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6);
 Eff. January 1, 1986;
 Amended Eff. September 1, 2007; July 1, 2007; July 1, 2000; May 1, 1992; July 1, 1990;
 Readopted Eff. September 1, 2019.*

10A NCAC 06R .0602 CHANGES IN PERSONNEL

Whenever there is a change in program director or operator, the qualifications of the new staff person as meeting the standards in Rule .0305 or .0306 of this Subchapter must be documented in writing to the county department of social

services no later than the effective date of the change. The adult day care consultant of the Division of Aging shall be notified in writing of the change and the county department of social services' satisfaction that standards are met.

*History Note: Authority G.S. 131D-6; 143B-153;
Eff. January 1, 1986;
Amended Eff. July 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

SECTION .0700 - CONSTRUCTION REQUIREMENTS FOR DAY CARE HOME

10A NCAC 06R .0701 RESIDENTIAL BUILDING CODE REQUIREMENTS

Adult Day Care Homes initially certified after January 1, 2003 and those that make structural building modifications after this date shall meet the residential building code requirements of the North Carolina Commercial Building Code. The requirements shall include:

- (1) standard wood frame, brick, block or veneer construction;
- (2) attic shall not be used for storage;
- (3) porches and stoops shall be protected by handrails;
- (4) steps shall be protected by handrails; and
- (5) all entrances, pathways and exits shall adhere to the North Carolina State Accessibility Code.

*History Note: Authority G.S. 131D-6; 143B-153;
Eff. July 1, 1978;
Amended Eff. July 1, 2007;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06R .0702 FIRE AND SAFETY REQUIREMENTS

Adult Day Care Homes shall:

- (1) have fire extinguishers of the type recommended by the fire inspector and governed by the North Carolina Fire Prevention Code, centrally located in the kitchen;
- (2) provide automatic station products of combustion type smoke detectors as required by the North Carolina Fire Prevention Code;
- (3) provide listed heat detectors in the attic and basement from the approved list in the North Carolina Fire Prevention Code; and
- (4) provide a fire safety and evacuation plan to be prepared according to requirements of the North Carolina Fire Prevention Code.

*History Note: Authority G.S. 131D-6; 143B-153;
Eff. July 1, 1978;
Amended Eff. July 1, 2007;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06R .0703 OTHER

Adult day care programs initially certified after January 1, 2003, or those that make structural building modifications after this date, shall comply with the North Carolina building codes where are hereby incorporated by reference, including subsequent amendments and additions. Copies of the building codes may be obtained from the North Carolina Department of Insurance, Office of State Fire Marshall, 2101 Mail Service Center, Raleigh, NC 27699-2101, or telephone (919) 661-5880, at a cost of fifty dollars (\$50.00); or available at the following website: <http://www.ncdoi.com/OSFM/default.asp>.

*History Note: Authority G.S. 131D-6; 143B-153;
Eff. July 1, 1978;
Amended Eff. July 1, 2007;*

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SECTION .0800 - CERTIFICATION INFORMATION

10A NCAC 06R .0801 THE CERTIFICATE

(a) The certificate shall be issued by the Division of Aging and Adult Services, when requirements for certification have been met under the rules of this Subchapter. The certificate shall be posted in the facility and visible to anyone upon entry into the facility.

(b) The certificate shall be in effect for 12 months from the date of issuance unless revoked for cause, voluntarily or involuntarily terminated, or changed to provisional certification status.

*History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6);
Eff. January 1, 1986;
Amended Eff. July 1, 2000;
Readopted Eff. September 1, 2019.*

10A NCAC 06R .0802 PROVISIONAL CERTIFICATE

(a) A provisional renewal certificate shall be issued by the Division of Aging and Adult Services when:

- (1) The certification renewal process identifies violations and a plan for corrective action is in place. The provisional certification will continue until corrections have been made and the Division is informed or until revoked.
- (2) Corrective action has not been completed by the completion date established in a corrective action plan. The provisional certification will continue until corrections have been made and the Division is informed or until revoked.
- (3) Renewal materials have not been submitted by the applicant per the Division's requested date, but were received by the Division prior to the expiration date of the current period of certification. The provisional certificate will remain in place until revoked or until replaced with full certification.
- (4) There is an exigent circumstance such as an extreme weather event including a hurricane, major flooding, fire or earthquake, that prohibits the provider from satisfying the requirements of the adult day care program. If an exigent circumstance prohibits an adult day care program from meeting the requirements for recertification, the Division of Aging and Adult Services may issue a provisional certification for up to 180 calendar days from the date of the exigent circumstance.

(b) A provisional certificate shall not be effective for more than six months.

(c) When a provisional certificate is issued, the program shall post a copy of the notice from the Division of Aging and Adult Services adjacent to the current certificate. The notice shall include the reason why the program received a provisional certificate.

*History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6);
Eff. January 1, 1986;
Amended Eff. July 1, 2000; July 1, 1990;
Readopted Eff. September 1, 2019.*

10A NCAC 06R .0803 TERMINATION OF CERTIFICATION

The certificate will automatically terminate under the following conditions:

- (1) In a private for-profit program, when ownership in its entirety is transferred; in a private, non-profit program, when the board of directors is dissolved; in a public agency, when the board of that agency is dissolved;
- (2) When the program moves to another location;
- (3) When the required certification renewal materials are not received by the Division of Aging by the expiration date of the current period of certification.

*History Note: Authority G.S. 131D-6; 143B-153;
Eff. January 1, 1986;
Amended Eff. July 1, 2000; July 1, 1990;*

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06R .0804 DENIAL OR REVOCATION OF CERTIFICATE

- (a) A certificate shall be denied or revoked by the Division of Aging and Adult Services at any time for failure to comply with the rules of this Subchapter.
- (b) When a program fails to comply with the rules of this Subchapter at the time initial certification is requested, the certification shall be denied by the Division of Aging and Adult Services. A notice setting forth the particular reasons for the denial shall be delivered personally or by certified mail to the applicant. Such denial becomes effective 20 days after the receipt of the notice. If the provider appeals pursuant to Rule .0806 in this Subchapter, the Division of Aging and Adult Services shall reinstate a provider if applying for a renewal certificate, unless the health, safety and welfare of a participant is at risk as determined by the Division of Aging and Adult Services, until administrative appeals have been exhausted.
- (c) When the Division of Aging & Adult Services revokes a certificate when a violation has not been corrected by the date established by a corrective action plan, the Division of Aging & Adult Services shall issue a notice setting forth the particular reasons for the revocation and the notice shall be delivered personally or by certified mail to the applicant. Such revocation becomes effective 20 days after the receipt of the notice. If the provider appeals pursuant to Rule .0806 in this Subchapter, the Division of Aging & Adult Services shall reinstate the provider, unless the health, safety and welfare of a participant is at risk, until administrative appeals have been exhausted.
- (d) In accordance with 150B-3(c), if the Division finds that the health, safety, or welfare of the participants requires emergency action and incorporates this finding in its notice, the certificate shall be summarily suspended. Notice of the summary suspension shall be effected 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, whichever is later.
- (e) When a program receives a notice of revocation, the program director shall inform each participant or caretaker of the notice and the reason for the revocation.

*History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6);
Eff. January 1, 1986;
Amended Eff. July 1, 2000; July 1, 1990;
Readopted Eff. September 1, 2019.*

10A NCAC 06R .0805 PENALTY

- (a) If the program is in willful violation as specified in Rule .0102 of this Subchapter, a penalty may be imposed.
- (b) 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.
- (1) Where a violation presents a clear and immediate danger to the participants a civil penalty of one hundred dollars (\$100.00) per day will be imposed effective from the day that corrective action was to have been completed.
 - (2) Where a violation has the potential to endanger the participants' health, safety or welfare a civil penalty of fifty dollars (\$50.00) per day will be imposed effective from the day that corrective action was to have been completed.
 - (3) Where a violation does not directly endanger the participants a civil penalty of ten dollars (\$10.00) per day will be imposed effective from the date on which corrective action was to have been completed.
- (c) The Division of Aging shall determine the penalty levied against a program based on the severity of the violation as described in (b) of this Rule and will notify the program by registered or certified mail. The penalty shall become due 20 days after receipt of the notice.

*History Note: Authority G.S. 131D-6; 143B-153;
Eff. January 1, 1986;
Amended Eff. July 1, 2000; July 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06R .0806 PROCEDURE FOR APPEAL

- (a) When the program is notified by the Division of Aging and Adult Services of a negative action, the program may ask for an informal review by Division staff. For the purpose of this Rule, a "negative action" shall include a violation, statutory penalty, provisional certificate, termination, revocation, summary suspension, or denial. If the informal review is not, satisfactory to the governing body or its designee, the governing body or designee may request a hearing.
- (b) The program may request a hearing with the Office of Administrative Hearings within 60 days after receipt of written notification from the Division of a negative action.
- (c) Except as provided for in Rule .0804(d) of this Subchapter, upon receipt of a request for a hearing, the enforcement of the negative action shall be suspended pending the final decision or until the governing body or its designee has exhausted the appeal process.
- (d) The petition for a hearing shall be filed with the Office of Administrative Hearings in accordance with G.S. 150B-23 and 26 NCAC 03 .0103.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6); 150B-22;
Eff. January 1, 1986;
Amended Eff. July 1, 2000; March 1, 1992; July 1, 1990;
Readopted Eff. September 1, 2019.

SECTION .0900 - SPECIAL CARE FOR PERSONS WITH ALZHEIMER'S DISEASE OR OTHER DEMENTIAS, MENTAL HEALTH DISABILITIES OR OTHER SPECIAL NEEDS DISEASES OR CONDITIONS IN ADULT DAY CARE CENTERS

10A NCAC 06R .0901 DISCLOSURE

The rules of this Chapter are established to govern the disclosure requirements for adult day care programs that provide or promote themselves as providing special care services for persons with Alzheimer's or other dementias, mental health disabilities, or other special needs diseases or conditions. Only those centers that meet these requirements may advertise or represent themselves as providing special care services as defined in Rule .0201.

History Note: Authority G.S. 131D-6; 143B-153; S.L. 1999-334;
Temporary Adoption Eff. September 28, 1999;
Eff. July 17, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06R .0902 POLICIES AND PROCEDURES

Adult day care programs shall have written special care services policies and procedures implemented by staff and available for review within the center. In addition to the applicable policies and procedures established by this Subchapter, adult day care centers that provide special care services shall write policies and establish procedures that address:

- (1) The philosophy of the special care service that includes a statement of mission and objectives regarding the specific population to be served by the center that shall address the following:
 - (a) an environment that maintains and promotes the use of skills for daily living;
 - (b) a structured program of daily activities that allows for flexibility to respond to the needs, abilities, and preferences of participants;
 - (c) individualized service plans that address the maintenance of participant's abilities and promote the highest possible level of physical and mental functioning, as determined by program staff and the participant's current status; and
 - (d) methods of behavior management that preserve dignity through design of the physical environment, physical exercise, social activity, medication administration, proper nutrition and health maintenance.
- (2) The process and criteria for enrollment in and discharge from the service.
- (3) A description of the special care services offered by the center.
- (4) Participant assessment and service planning, including opportunity for family or caretaker involvement in the service planning and the implementation of the service plan, including responding to changes in the participant's condition.

- (5) Safety measures addressing dangers such as wandering, ingestion, falls, smoking, and aggressive behavior.
- (6) Lost or missing participants.
- (7) Staff to participant ratios in the special care service to meet the needs of participants.
- (8) Amount and content areas of staff training both at orientation and annually based on the special care needs of the participants.
- (9) Physical environment and design features that address the needs of the participants. These features can encompass an entire center if the center promotes itself as providing special care or any section separated by closed doors from the rest of the center and advertised especially for special care of participants.
 - (a) Center or section exit doors may be locked only if the locking devices meet the requirements outlined in the State Building Code for special locking devices; and
 - (b) Where exit doors are not locked, a system of security monitoring shall be provided.
- (10) Activities based on personal preferences and needs of the participants that focus on the individual's interests and abilities.
- (11) Opportunity for involvement of families or caregiver in participant care.
- (12) The availability of or information on family support groups and other community services.
- (13) Additional costs and fees to the participant for the special services provided.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6);
 Temporary Adoption Eff. September 28, 1999;
 Eff. July 17, 2000;
 Readopted Eff. September 1, 2019.

10A NCAC 06R .0903 THE FACILITY – SPECIAL CARE SERVICES

In addition to meeting general requirements for facility grounds in Rule .0401(a) of this Subchapter, an adult day care center or home providing special care services shall assure that participants receiving this service have access to an outside area. This area shall be secured or supervised when participants have a physical or cognitive impairment and their safety and well-being would otherwise be compromised.

History Note: Authority G.S. 131D-6; 143B-153; S.L. 1999-334;
 Eff. July 17, 2000;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06R .0904 ENROLLMENT – SPECIAL CARE SERVICES

In addition to meeting enrollment policies and procedures requirements in Rule .0501(a) of this Subchapter, an adult day care center or home that provides special care services shall:

- (1) Provide disclosure information to a participant or the responsible party of a participant seeking enrollment in a center or home providing special care services. The disclosure information shall be written and address policies and procedures listed in Rule .0902 of this Subchapter.
- (2) Obtain the participant's medical examination report that shall specify a diagnosis, disability or condition consistent with the special care service offered by the program.
- (3) Ensure that a participant transferring from adult day care services to special care services meets the criteria for that special care service. Family or responsible persons shall agree to the transfer decision.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6);
 Eff. July 17, 2000;
 Readopted Eff. September 1, 2019.

10A NCAC 06R .0905 INDIVIDUAL SERVICE PLANS – SPECIAL CARE SERVICES

In addition to meeting individual service plan requirements in Rule .0501(b) of this Subchapter, an adult day care center or home providing special care services shall assure that the individual service plan is based on the participant's needs, interests and level of abilities. It shall specify programming that involves environmental, social and health care strategies to help the participant attain or maintain the maximum level of functioning possible and compensate for lost abilities.

History Note: Authority G.S. 131D-6; 143B-153; S.L. 1999-334; Eff. July 17, 2000; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06R .0906 PROGRAM PLAN – SPECIAL CARE SERVICES

In addition to meeting program plan requirements in Rule .0501(c) of this Subchapter, an adult day care center or home providing special care services shall assure that the program plan provides for a balance of activities that promote an optimum level of functioning in all activity areas including personal care activities.

History Note: Authority G.S. 131D-6; 143B-153; S.L. 1999-334; Eff. July 17, 2000; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06R .0907 STAFF ORIENTATION AND TRAINING – SPECIAL CARE SERVICES

An adult day care center or home providing special care services shall assure that special care services staff receive at least the following orientation and training:

- (1) Prior to assuming responsibility for a special care service, the program director shall document receipt of training specific to the population(s) to be served.
- (2) The program director shall have in place a written plan for training staff that identifies content, sources, evaluations and schedules of training. The plan shall be reviewed and updated annually.
- (3) The program director shall assure that within a month of employment, each staff person assigned to special care services shall demonstrate knowledge of the needs, interests and levels of abilities of the participants. This shall be documented in the center's files.
- (4) Within six months of employment, each staff person assigned to special care service shall complete three training experiences. The training shall include, but not be limited to, population specific techniques for communication, behaviors and activities of daily living.
- (5) Each staff person working directly with participants in special care service shall complete a minimum of two population specific educational or training experiences annually.
- (6) All training experiences of each staff person shall be documented in the center's files.

History Note: Authority G.S. 131D-6; 143B-153; S.L. 1999-334; Eff. July 17, 2000; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06R .0908 REQUIREMENTS FOR SPECIAL CARE SERVICES UNIT

In addition to meeting all other special care services requirements, an adult day care center with a special care services unit shall assure the following:

- (1) An area designated as a special care services unit located within a center that also serves other participants, shall have the unit providing special care separated by closed doors and located so that other participants, visitors or staff do not have to pass through the section to reach other areas of the building.
- (2) A special care services unit separated by closed doors from the rest of the adult day center shall meet equipment and furnishing requirements as stated in Rule .0403(a)(1),(2),(3) and (b) of this Subchapter.
- (3) At least one toilet shall be located in the unit.
- (4) An area designated as a special care services unit shall provide space on the unit for each participant as stated in Rule .0401(d)(1) of this Subchapter.
- (5) An area designated as a special care services unit within an adult day center shall meet existing adult day care staffing ratio requirements as stated in Rule .0305(c)(2) of this Subchapter.

History Note: Authority G.S. 131D-6; 143B-153; S.L. 1999-334; Eff. July 17, 2000;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SUBCHAPTER 06S – ADULT DAY HEALTH STANDARDS FOR CERTIFICATION

SECTION .0100 - INTRODUCTION AND DEFINITIONS

10A NCAC 06S .0101 INTRODUCTORY STATEMENT

Subchapter 06S contains standards for certification of adult day health programs, which are a type of adult day care, set forth in 42 USC 3032c, and referenced in G.S. 131D-6.1(a). The standards relate to all aspects of operation of an adult day health program including administration, facility, and program operation. In order for payment to be made for adult day health services provided to individuals who are eligible for this service under Title XIX of the Social Security Act, the provider must be certified as meeting these standards. Certification shall be the responsibility of the adult day health program, the county departments of health and social services in accordance with G.S. 108A-14(a)(5), and the Department of Health and Human Services, Division of Aging and Adult Services.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6); 42 USC 3032c; Eff. September 1, 1990; Amended Eff. July 1, 2000; Readopted Eff. November 1, 2019.

10A NCAC 06S .0102 DEFINITIONS

(a) "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 shall include health care services as defined in Rule .0403(a) of this Subchapter, different types of program activities designed to meet the individual needs and interests of the participants, and referral to and assistance in using community resources to meet the needs of the participant. This definition includes the provision of food and food services to provide a nutritional meal and snacks as appropriate to the program in accordance with 10A NCAC 06R .0502. Transportation to and from the service facility may be provided by the adult day health program.

(b) "Community group setting" means:

- (1) a day health center, which is a program operated in a structure other than a single family dwelling;
- (2) a day health home, which is a program operated in a single family dwelling limited to 16 adults;
- (3) a day health program in a multi-use facility, which is a day health center established in a building that is used at the same time for other activities, such as school or church; or
- (4) a combination program, which is a program offering both adult day care and adult day health services.

(c) In addition to Paragraphs (a) and (b) of this Rule, the definitions in 10A NCAC 06R .0201 shall apply.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6); 42 USC 3032c; Eff. September 1, 1990; Temporary Amendment Eff. October 1, 2001; Amended Eff. July 1, 2007; August 1, 2002; Readopted Eff. November 1, 2019.

SECTION .0200 - ADMINISTRATION

10A NCAC 06S .0201 ADMINISTRATION

Administrative and personnel requirements as set forth in 10A NCAC 06R .0301, .0303, .0304, .0305(a)(1) and (3) through (8), .0305(b) and .0307 shall be met.

History Note: Authority G.S. 131D-6; Eff. September 1, 1990; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06S .0202 PROGRAM GOALS

The program shall have stated goals to guide the character of the services given. The goals shall be in writing and consistent with the definition of adult day health services as stated in Rule .0102 of this Subchapter.

*History Note: Authority G.S. 131D-6;
Eff. September 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06S .0203 STAFFING PATTERN

(a) The staffing pattern in adult day health centers and homes shall be dependent upon the number of enrolled participants and the needs of the participants, in accordance with 10A NCAC 06R .0501.

(b) There shall be a minimum of one full-time equivalent staff position with responsibility for direct participant care for each five participants. In combination programs, there shall be a minimum of one full-time equivalent staff position with responsibility for direct participant care for each six participants.

(c) Substitute staff in accordance with 10A NCAC 06R .0305 shall be used to maintain the staff-participant ratio and to assure supervision of the delivery of adult health care services whenever regularly scheduled staff are absent.

*History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6); 42 USC 3032c;
Eff. September 1, 1990;
Amended Eff. July 1, 2007;
Readopted Eff. November 1, 2019.*

10A NCAC 06S .0204 STAFF REQUIREMENTS

(a) Standards set forth in 10A NCAC 06R .0305(a), (b), and (d) shall be met by adult day health programs.

(b) The program director for adult day health programs with a capacity of 10 or fewer participants may also serve as the health care coordinator provided that the individual meets all the requirements set forth in 10A NCAC 06R .0305(d), Paragraph (c) of this Rule, and requirements in Rule .0203 of this Section. If requirements of 10A NCAC 06R .0305(d) and Paragraph (c) of this Rule are met, and the capacity is greater than 10 participants, the program director may serve as the substitute health care coordinator for no more than three consecutive weeks.

(c) Health Care Coordinator of Adult Day Health Programs:

- (1) Adult day health programs shall have a health care coordinator to coordinate the delivery of health care services and participate in direct care as specified in Subparagraph (c)(2) of this Rule. The health care coordinator shall be on-site a minimum of four hours per day and any additional hours necessary to meet the requirements for the provision of health care services to satisfy the participants' service plans as set forth in this Subchapter.
- (2) The nursing responsibilities of the health care coordinator, consistent with the Nursing Practice Act, G.S. 90-171.19, shall include:
 - (A) completing preadmission health assessment for initial acceptance into the adult day health program, including problem-identification and care planning;
 - (B) implementing the health care components of the established service plan that include medication administration, wound care, enteral or parenteral feedings, bowel or bladder training and maintenance programs, tracheotomy care and suctioning, and delegating nursing care tasks to unlicensed personnel;
 - (C) monitoring a participant's response to a medical treatment plan and nursing interventions and revising a participant's service plan as necessary;
 - (D) reporting and recording results of the nursing assessment, care rendered, and the participant's response to care;
 - (E) collaborating with other health care professionals and caregivers regarding provision of the participant's health care;
 - (F) educating other staff members about emergency procedures and providing information to staff and caregivers about health concerns and conditions of the participants;
 - (G) providing first aid treatment as needed; and

- (H) ensuring health and personal care services as outlined in 10A NCAC 06S .0403 are provided to participants consistent with the participant's service plans.
- (3) The health care coordinator:
- (A) shall be either a registered nurse or a licensed practical nurse licensed to practice in North Carolina;
 - (B) if the health care coordinator is a licensed practical nurse, supervision shall be provided by a registered nurse consistent with the Nursing Practice Act and 21 NCAC 36 .0224 and .0225. These Rules are hereby incorporated by reference, including subsequent amendments. The licensed practical nurse shall also receive on-site supervision by a registered nurse as determined by the supervising registered nurse or at minimum every two weeks;
 - (C) shall have knowledge and understanding of the physical and emotional aspects of aging, the resultant diseases and infirmities, and related medications and rehabilitative measures;
 - (D) shall be at least 18 years of age;
 - (E) shall present, prior to beginning employment, a written medical statement completed within the prior 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 risk to others and ability to perform the duties assigned on the job; and
 - (F) shall provide at least three reference letters or the names of individuals who can be contacted, one of which shall include previous employment verification. The individuals providing reference information shall have knowledge of the applicant health care coordinator's background and qualifications.
- (d) Staff Responsible for Personal Care in Adult Day Health Programs. All adult day health program staff providing personal care shall present evidence of meeting the following qualifications prior to assuming such responsibilities:
- (1) completion of nurse's aide, home health aide, or equivalent training course; or
 - (2) a minimum of one year of experience in caring for impaired adults.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6); 42 USC 3032c; Eff. September 1, 1990; Amended Eff. September 1, 2007; July 1, 2007; May 1, 1992; Readopted Eff. November 1, 2019.

SECTION .0300 - FACILITY REQUIREMENTS FOR CENTERS AND HOMES

10A NCAC 06S .0301 REQUIREMENTS

- (a) General requirements governing facilities, construction, equipment, and furnishings for adult day care as set forth in 10A NCAC 06R .0400 shall apply to adult day health.
- (b) Additional facility requirements are as follows:
 - (1) Facility space shall be of sufficient dimension and size to allow for required program group activities. Notwithstanding the space requirements of 10A NCAC 06R .0401:
 - (A) adult day health centers and adult day health homes shall provide at least 60 square feet of indoor space excluding hallways, offices, and restrooms for each participant;
 - (B) combination programs shall provide at least 50 square feet of indoor space excluding hallways, offices, and restrooms for each participant; and
 - (C) adult day health programs or combination programs that share space with other programs or activities in a multi-use facility shall have a nucleus area separate from other activities in the rest of the building and shall have a fire-resistant rated separation according to the North Carolina Building Code. The nucleus area must provide at least 40 square feet of indoor space per participant excluding hallways, offices, and restrooms, and a minimum of 20 square feet per participant must be provided in other space in the facility designated for use by the adult day health program. When the other space is being used at the same time by individuals participating in other services provided in the multi-use facility, the 20 square feet per participant is in addition to any minimum square footage requirement for other use of such space. Shared facility space outside the nucleus area that may be used by the adult day health program and counted in meeting the 20 square feet per participant requirement includes craft,

therapy, and other activity areas. Dining space may be included if also used for activities. Offices, restrooms, hallways, kitchens, and shared treatment rooms shall not be counted in meeting the 20 square feet per participant requirement. Participation shall be open only to persons enrolled in the program and to visitors on a planned basis, as referenced in 10A NCAC 06R .0510. Involvement of adult day health participants in other activities in the building shall be on planned basis, as part of the adult day health program plan, and supervised by an adult day health staff member.

- (2) Facilities shall have a minimum of one male and one female accessible toilet in accordance with the North Carolina Building Code. One toilet shall be available for each 12 adults, including staff and participants who utilize the facility. One hand lavatory shall be provided for each two toilets.
- (3) The facility shall have a minimum of one private office for staff use with equipment and furnishings for administrative purposes and for conferences with individual participants and families.
- (4) The facility shall include a treatment room that is enclosed and private from the rest of the facility. The treatment room shall meet the North Carolina State Building Code. The treatment room shall have a sink or have a doorway that connects it to a room containing a sink. The room shall contain a treatment table or bed with a waterproof mattress cover that will serve as a treatment table, storage cabinet for first aid and medical supplies and equipment, table or desk, and two chairs. The storage cabinet shall be kept locked.
- (5) The treatment room shall provide a means of ensuring the privacy of the person on the treatment table.
- (6) The treatment room shall have the following medical supplies and equipment:
 - (A) first aid supplies consisting of absorbent compress, adhesive bandages, adhesive tape, antiseptic, burn treatment, medical exam gloves, sterile pads, and triangular bandage;
 - (B) fever thermometer;
 - (C) blood pressure cuff;
 - (D) stethoscope;
 - (E) medical scales, or scales that can be calibrated;
 - (F) emesis pail or bag;
 - (G) bed pan;
 - (H) urinal; and
 - (I) wash basin.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6); 42 USC 3032c;
Eff. September 1, 1990;
Amended Eff. July 1, 2007.
Readopted Eff. November 1, 2019.

10A NCAC 06S .0302 CONSTRUCTION REQUIREMENTS FOR DAY HEALTH HOMES

The adult day health facility shall meet the standards set forth in 10A NCAC 06R .0700.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6); 42 USC 3032c;
Eff. September 1, 1990;
Readopted Eff. November 1, 2019.

SECTION .0400 - PROGRAM OPERATION

10A NCAC 06S .0401 PROGRAM OPERATION REQUIREMENTS

Program operation standards as set forth in 10A NCAC 06R .0501, .0502, .0505, .0506, .0507, .0508, and .0509 shall be met.

History Note: Authority G.S. 131D-6;
Eff. September 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06S .0402 ADDITIONAL ENROLLMENT AND PARTICIPATION REQUIREMENTS

(a) Adult day health programs shall serve persons 18 years of age or older who need adult day health services in order to support their independence and who require one or more of the following during the hours of the adult day health program:

- (1) Monitoring of a medical condition;
- (2) Provision of assistance with or supervision of activities of daily living; or
- (3) Administration of medication, special feedings, or provision of other treatment or services related to health care needs. For the purpose of this Rule, "special feedings" shall mean the enteral or parenteral nutrition provided through a tube in the nose or stomach or through the veins intravenously.

(b) Adult day health programs shall not enroll or continue to serve persons whose needs exceed the capability of the program in accordance with 10A NCAC 06R .0501.

(c) Each participant's written service plan, in addition to the requirements set forth in 10A NCAC 06R .0501, shall include the health needs and the goals for meeting the health needs of the participant.

*History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6); 42 USC 3032c;
Eff. September 1, 1990;
Amended Eff. July 1, 2007; March 1, 1992;
Readopted Eff. November 1, 2019.*

10A NCAC 06S .0403 HEALTH AND PERSONAL CARE SERVICES

(a) In adult day health programs, the following health care and personal care services shall be provided:

- (1) assistance with activities of daily living including feeding, ambulation, or toileting as needed by individual participants;
- (2) health care monitoring of each participant's general health and medical regimen. This shall include documenting the assessment of the vital signs, weight, dental health, general nutrition, and hygiene of each participant in accordance with 10A NCAC 06R .0501. When positive or negative health changes occur, the adult day care program staff shall notify the family, caretaker, or responsible party of the changes. The change in health status and notification shall be recorded in the participant's file;
- (3) assistance to participants and caregivers with medical treatment plans, diets, and referrals as needed;
- (4) health education programs for all participants on a monthly basis, and health care counseling tailored to meet the needs of participants and caregivers; and
- (5) first aid treatment as needed.

(b) Specialized services, such as speech therapy, physical therapy, and counseling, shall be facilitated by the adult day health program as ordered by a physician and as available through community services.

*History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6); 42 USC 3032c;
Eff. September 1, 1990;
Amended Eff. July 1, 2007; March 1, 1992;
Readopted Eff. November 1, 2019.*

10A NCAC 06S .0404 TRANSPORTATION

For adult day health programs providing or arranging transportation, the standards of 10A NCAC 06R .0503 shall apply.

*History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6); 42 USC 3032c;
Eff. September 1, 1990;
Temporary Amendment Eff. October 1, 2001;
Amended Eff. July 1, 2007; August 1, 2002;
Readopted Eff. November 1, 2019.*

10A NCAC 06S .0405 EMERGENCIES AND FIRST AID

Adult day health programs shall meet the standards set forth in 10A NCAC 06R .0504.

*History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6); 42 USC 3032c;
Eff. September 1, 1990;
Amended Eff. July 1, 2007;*

Readopted Eff. November 1, 2019.

SECTION .0500 - CERTIFICATION INFORMATION

10A NCAC 06S .0501 PROCEDURE

(a) All individuals, groups or organizations operating or wishing to operate an adult day health program as defined by G.S. 131D-6 shall apply for a certificate to the county department of social services in the county where the program is to be operated.

(b) A social worker shall provide technical assistance and shall conduct a study of the program using the Division of Aging and Adult Services form DAAS-6205, as set forth in 10A NCAC 06R .0601(b).

(c) The county department of social services shall submit the initial certification package to the Division of Aging and Adult Services. The materials and forms to be included in the package are:

- (1) program policies;
- (2) organizational diagram;
- (3) job descriptions;
- (4) Form 732a-ADS (Daily Rate Sheet) or the equivalent, as set forth in 10A NCAC 06R .0601(c)(4), showing planned expenditures and resources available to carry out the program of service for a 12 month period;
- (5) a floor plan of the facility showing measurements, restrooms and planned use of space;
- (6) Form DOA-1498 (Fire Inspection Report) or the equivalent, as determined by the local fire inspector, completed and signed by the local fire inspector, indicating approval of the facility, no more than 30 days prior to submission with the certification package;
- (7) Form DOA-1499 (Building Inspection Report for Adult Day Care Centers), DOA-1499a (Building Inspection Form for Adult Day Care Homes), or the equivalent, as determined by the local building inspector, completed and signed by the local building inspector, or fire inspector or fire marshal, if a building inspector is not available, indicating approval of the facility, no more than 30 days prior to submission with the certification package;
- (8) Form DENR-4054 (Inspection of Adult Day Service Facility), or the equivalent, as determined by a local registered environmental health specialist, completed and signed by a local registered environmental health specialist, indicating approval of the facility, no more than 30 days prior to the submission with the certification package;
- (9) written notice and the effective date if a variance of local zoning ordinances has been made in order for property to be utilized for an adult day health program;
- (10) a copy of the articles of incorporation, bylaws and names and addresses of board members for adult day health programs sponsored by a non-profit corporation;
- (11) the name and mailing address of the owner of an adult day health program;
- (12) a written medical statement from a physician, nurse practitioner, or a physician's assistant, completed within the 12 months prior to submission of the certification package, for each proposed staff member certifying absence of a health condition that would pose a risk to others and that the employee can perform the duties assigned to him or her on the job;
- (13) verification of standard first aid and cardio-pulmonary resuscitation (CPR) certification for each proposed staff member who is physically able and who will provide direct participant care as defined in 10A NCAC 06R .0201. The requirements of 10A NCAC 06R .0504(d) shall be applicable to this Rule.
- (14) evidence of the completion of a Statewide criminal history records search for the past five years for the adult day health program owner and each proposed staff member who provides direct participant care, conducted by an agency approved by the North Carolina Administrative Office of the Courts; and
- (15) DAAS-6205 (Adult Day Health Certification Report). This form must be submitted by the county department of social services with a copy to the program.

(d) No more than 90 days prior to the end of the current period of certification, the county department of social services shall submit to the Division of Aging and Adult Service the following forms and materials that make up a certification package for the renewal of a certification.

- (1) Form DOA-1498 (Fire Inspection Report) or the equivalent, as determined by the local fire inspector, completed and signed by the local fire inspector, indicating approval of the facility, no more than 12 months prior to submission with the certification package;

- (2) Form DOA-1499 (Building Inspection Report for Adult Day Care Centers), DOA-1499a (Building Inspection Form for Adult Day Care Homes), or the equivalent, as determined by the local building inspector, when structural building modifications have been made during the previous 12 months, completed and signed by the local building inspector, or fire inspector or fire marshal, if a building inspector is not available, indicating approval of the facility, within 30 days following completion of the structural building modifications;
- (3) Form DENR-4054 (Sanitation Evaluation Report) or the equivalent, as determined by a local registered environmental health specialist, completed and signed by a local registered environmental health specialist, indicating approval of the facility, no more than 12 months prior to submission with the certification package;
- (4) a written medical statement from a physician, nurse practitioner, or physician's assistant for each staff member hired subsequent to the previous certification or recertification expiration date, certifying absence of a health condition that would pose a risk to others and that the employee can perform the duties normally assigned on the job;
- (5) an updated copy of the program policies, organizational diagram, job descriptions, names and addresses of board members if applicable, and a floor plan showing measurements, restrooms, and planned use of space, if any changes have been made since the previous certification package was submitted;
- (6) Form 732a-ADS (Daily Rate Sheet) or the equivalent showing planned expenditures and resources available to carry out the program of service for a 12 month period;
- (7) verification of standard first aid and cardio-pulmonary resuscitation certification (CPR) for each proposed staff member who is physically able and who will provide direct participant care;
- (8) evidence of the completion of a Statewide criminal history record that complies with Subparagraph (c)(14) of this Rule; and
- (9) DAAS-6205 (Adult Day Health Certification Report). This form must be submitted with the certification package by the county department of social services to the Division of Aging and Adult Services at least 30 days in advance of the expiration date of the certificate, with a copy to the program.

(e) If during the study of the program it does not appear that all standards can be met, the county department shall send written notice to the applicant, stating the reasons the standards are not met, and shall give the applicant an opportunity to withdraw the application or remedy the defect by the deadline provided by the local department of social services.

(f) Following review of the certification package, a pre-certification visit for certification shall be made by staff of Division of Aging and Adult Services.

(g) Within 14 business days, the Division of Aging and Adult Services shall provide written notification to the applicant and the county department of social services and local departments of health of the action taken after a review of the certification package and visit.

History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6); 42 USC 3032c;
 Eff. May 1, 1992;
 Amended Eff. July 1, 2000; March 1, 1993;
 Readopted Eff. November 1, 2019.

10A NCAC 06S .0502 CHANGES IN PERSONNEL

The requirements in 10A NCAC 06R .0602 shall control for this Subchapter.

History Note: Authority G.S. 131D-6; 143B-153;
 Eff. March 1, 1992;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06S .0503 THE CERTIFICATE

The requirements in 10A NCAC 06R .0801 shall control for this Subchapter.

History Note: Authority G.S. 131D-6; 143B-153;
 Eff. March 1, 1992;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06S .0504 PROVISIONAL CERTIFICATE

The requirements in 10A NCAC 06R .0802 shall control for this Subchapter.

*History Note: Authority G.S. 131D-6; 143B-153;
Eff. March 1, 1992;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06S .0505 TERMINATION OF CERTIFICATION

The requirements in 10A NCAC 06R .0803 shall control for this Subchapter. Subchapter.

*History Note: Authority G.S. 131D-6; 143B-153;
Eff. March 1, 1992;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06S .0506 DENIAL OR REVOCATION OF CERTIFICATE

The requirements in 10A NCAC 06R .0804 shall control for this Subchapter.

*History Note: Authority G.S. 131D-6; 143B-153;
Eff. March 1, 1992;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06S .0507 PENALTY

The requirements in 10A NCAC 06R .0805 shall control for this Subchapter.

*History Note: Authority G.S. 131D-6; 143B-153;
Eff. March 1, 1992;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06S .0508 PROCEDURE FOR APPEAL

The requirements in 10A NCAC 06R .0806 shall apply to this Subchapter.

*History Note: Authority G.S. 131D-6; 143B-153(2a); 143B-153(6); 42 USC 3032c;
Eff. March 1, 1992;
Readopted Eff. November 1, 2019.*

10A NCAC 06S .0509 CORRECTIVE ACTION

The requirements in 10A NCAC 06R .0102 shall control for this Subchapter.

*History Note: Authority G.S. 131D-6; 143B-153;
Eff. March 1, 1992;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

SECTION .0600 - SPECIAL CARE FOR PERSONS WITH ALZHEIMER'S DISEASE OR RELATED DISORDERS, MENTAL HEALTH DISABILITIES, OR OTHER SPECIAL NEEDS DISEASES OR CONDITIONS IN ADULT DAY CARE CENTERS

10A NCAC 06S .0601 DISCLOSURE

Disclosure standards as set forth in 10A NCAC 06R .0902 shall control for this Subchapter.

History Note: Authority G.S. 131D-6; 143B-153; S.L. 1999-334;
Temporary Adoption Eff. September 28, 1999;
Eff. July 17, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06S .0602 THE FACILITY – SPECIAL CARE SERVICES

In addition to meeting the general requirements for facility grounds as set forth in 10A NCAC 06S .0401(a), an adult day health home or center or combination center providing special care services shall assure that participants receiving this service have access to an outside area. This area shall be secured or supervised when participants have a physical or cognitive impairment and their safety and well-being would otherwise be compromised.

History Note: Authority G.S. 131D-6; 143B-153; S.L. 1999-334;
Eff. July 17, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06S .0603 ENROLLMENT – SPECIAL CARE SERVICES

In addition to meeting enrollment and participation requirements in Rule .0402 of this Subchapter, an adult day health home or center or a combination center providing special care services shall meet the Enrollment – Special Care Services standards set forth in 10A NCAC 06R .0904.

History Note: Authority G.S. 131D-6; 143B-153; S.L. 1999-334;
Eff. July 17, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06S .0604 INDIVIDUAL SERVICE PLANS – SPECIAL CARE SERVICES

The Individual Service Plans – Special Care Services standards as set forth in 10A NCAC 06R .0905 shall control for this Subchapter.

History Note: Authority G.S. 131D-6; 143B-153; S.L. 1999-334;
Eff. July 17, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06S .0605 PROGRAM PLAN – SPECIAL CARE SERVICES

The Program Plan – Special Care Services standards as set forth in 10A NCAC 06R .0906 shall control for this Subchapter.

History Note: Authority G.S. 131D-6; 143B-153; S.L. 1999-334;
Eff. July 17, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06S .0606 STAFF ORIENTATION AND TRAINING – SPECIAL CARE SERVICES

The Staff Orientation and Training – Special Care Services standards as set forth in 10A NCAC 06R .0907 shall control for this Subchapter.

History Note: Authority G.S. 131D-6; 143B-153; S.L. 1999-334;
Eff. July 17, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06S .0607 REQUIREMENTS FOR SPECIAL CARE SERVICES UNIT

(a) In addition to meeting all other special care services requirements, an adult day health center or combination center with a special care services unit shall assure the following:

- (1) A special care services unit separated by closed doors from the rest of the center shall meet equipment and furnishing requirements set forth in 10A NCAC 06R .0403(a)(1),(2),(3) and (b).
- (2) An area designated as a special care services unit shall provide space on the unit for each participant as stated in Rule .0301(b)(1)(A),(B) of this Subchapter.
- (3) An area designated as a special care services unit within the center shall meet existing adult day health staffing ratio requirements as stated in Rule .0203(b) and (c) of this Subchapter.

(b) The Requirements for Special Care Services Unit standards as set forth in 10A NCAC 06R .0908(1),(3) shall control for this Subchapter.

History Note: Authority G.S. 131D-6; 143B-153; S.L. 1999-334; Eff. July 17, 2000; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SUBCHAPTER 06T – STATE ADULT DAY CARE FUNDING

SECTION .0100 – RESERVED FOR FUTURE CODIFICATION

SECTION .0200 - STATE ADULT DAY CARE FUND

10A NCAC 06T .0201 NATURE AND PURPOSE OF STATE ADULT DAY CARE FUND

(a) The State adult day care fund shall be used for adult day care and adult day health services provided through county departments of social services for the purpose of enabling people to remain in or return to their own homes.

(b) The fund shall be used to increase State financial participation in the costs of this service.

(c) A county department of social services or a designee of the board of county commissioners may purchase adult day care services for an individual following a preadmission assessment as specified in 10A NCAC 06R .0501. A county department of social services or a designee of the board of county commissioners may purchase adult day health services for an individual following a preadmission health assessment as specified in 10A NCAC 06S .0204(c)(2)(A) and a determination that the individual needs one or more services as set forth in 10A NCAC 06S .0402(a).

(d) If an adult day care or adult day health provider elects to provide or arrange for transportation services for the individual who attends the program, the county department of social services or a designee of the board of county commissioners may reimburse the adult day care or adult day health provider for transporting the individual to the adult day care or adult day health program.

History Note: Authority G.S. 143B-153(2a); 143B-153(6); S.L. 1981, c. 1048; S.L. 2023-65; Eff. January 1, 1982; Temporary Amendment Eff. July 27, 1994 for a period of 180 days or until the permanent rule becomes effective, whichever is sooner; Amended Eff. December 1, 1994; July 1, 1990; Temporary Amendment Eff. December 8, 1997; Amended Eff. March 1, 2007; April 1, 2005; April 1, 1999; Readopted Eff. November 1, 2019; Amended Eff. February 1, 2024.

10A NCAC 06T .0202 DEFINITION OF SERVICE

The definition of adult day care services is the same as the definition of the service under the Social Services Block Grant (Title XX) codified in 10A NCAC 71Q .0900.

History Note: Authority G.S. 143B-153;

Eff. January 1, 1982;
Amended Eff. July 1, 1983; January 1, 1983;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06T .0203 ELIGIBILITY

- (a) Eligibility for adult day care services is based on Social Services Block Grant (Title XX) eligibility criteria, codified in 10A NCAC 71Q.
- (b) Application for the service is made to the department of social services in any county providing the service.
- (c) Eligibility for the service is determined by the county department of social services.

History Note: Authority G.S. 143B-153;
Eff. January 1, 1982;
Amended Eff. July 1, 1983; January 1, 1983;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06T .0204 COST-SHARING

Cost-Sharing Requirements for day care services for adults provided under the state adult day care fund shall be determined in accordance with policies governing service cost-sharing, codified in 10A NCAC 71R, which is incorporated by reference, including subsequent amendments and editions. Copies of these Rules may be obtained from the Office of Administrative Hearings, Post Office Drawer 27447, Raleigh, NC 27611-7447, (919) 733-2678, at a cost of two dollars and fifty cents (\$2.50) for up to ten pages and fifteen cents (\$.15) for each additional page at the time of the adoption of this Rule.

History Note: Authority G.S. 143B-153;
Eff. January 1, 1982;
Amended Eff. March 1, 1994; July 1, 1983; January 1, 1983;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06T .0205 PROGRAM POLICIES AND STANDARDS

The service is provided in accordance with the policies, procedures and standards set out in 10A NCAC 06R and 06P or the service is provided in combination with an adult day health service in accordance with the standards and procedures for combination programs codified in 10A NCAC 06S.

History Note: Authority G.S. 143B-153;
Eff. January 1, 1982;
Amended Eff. November 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06T .0206 ALLOCATION

Funds are allocated to county departments of social services in accordance with procedures approved by the Secretary of Human Resources.

History Note: Authority G.S. 143B-153;
Eff. January 1, 1982;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SUBCHAPTER 06U – STATE IN-HOME SERVICES FUND

SECTION .0100 – STATE IN-HOME SERVICES FUND

10A NCAC 06U .0101 NATURE AND PURPOSE OF STATE IN-HOME SERVICES FUND

- (a) The State In-Home Services Fund is used for four services provided through county departments of social services for the purpose of enabling people to remain in or return to their own homes. These services are: day care services for adults, in-home aide services, housing and home improvement services, and preparation and delivery of meals.
- (b) The fund is used for increasing state financial participation in the costs of these services.

History Note: Authority G.S. 143B-153;
Eff. July 23, 1979;
Amended Eff. December 1, 1991; July 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06U .0102 DEFINITIONS OF SERVICES

Definitions of the four services are the same as the definitions of these services under the Social Services Block Grant (Title XX), codified in 10A NCAC 06U .0900.

History Note: Authority G.S. 143B-153;
Eff. July 23, 1979;
Amended Eff. December 1, 1991; July 1, 1983; January 1, 1983;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06U .0103 ELIGIBILITY

- (a) Eligibility for the four services is based on Social Services Block Grant (Title XX) eligibility criteria codified in 10A NCAC 71Q.
- (b) Application for the services is made to the department of social services in any county providing the services.
- (c) Eligibility for the services is determined by the county department of social services.

History Note: Authority G.S. 143B-153;
Eff. July 23, 1979;
Amended Eff. December 1, 1991; July 1, 1983; January 1, 1983;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06U .0104 COST-SHARING

Cost-sharing requirements for the following services provided under the State In-Home Services Fund shall be determined in accordance with policies governing service cost-sharing, codified in 10A NCAC 71R, which is incorporated by reference, including subsequent amendments and editions: day care services for adults, in-home aide services, preparation and delivery of meals and housing and home improvement (renovations or repair and furnishing or appliance purchases only). Copies of these Rules may be obtained from the Office of Administrative Hearings, Post Office Drawer 27447, Raleigh, NC 27611-7447, (919) 733-2678, at a cost of two dollars and fifty cents (\$2.50) for up to ten pages and fifteen cents (\$.15) for each additional page at the time of adoption of this Rule.

History Note: Authority G.S. 143B-153;
Eff. July 23, 1979;
Amended Eff. March 1, 1994; December 1, 1991; July 1, 1990; July 1, 1983;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06U .0105 PROGRAM POLICIES AND STANDARDS

The four services are provided in accordance with the policies, procedures and standards set out for each of them in 10A NCAC 06R or 06S as applicable, 06X, 06V, 06P, and 06W.

History Note: Authority G.S. 143B-153;

Eff. July 23, 1979;
Amended Eff. December 1, 1991; November 1, 1984; January 1, 1983;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06U .0106 ALLOCATION

Funds will be allocated to county departments of social services on the basis of each county's rate of expenditure for the prior state fiscal year.

History Note: Authority G.S. 143B-153;
Eff. July 23, 1979;
Amended Eff. October 1, 2000;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SUBCHAPTER 06V – STATE IN-HOME SERVICES FUND: PREPARATION AND DELIVERY OF MEALS

SECTION .0100 – SERVICE DESCRIPTION

10A NCAC 06V .0101 REIMBURSABLE COST ITEMS

Under state and federal funds administered by the division, the provision of preparation and delivery of meals includes the cost of:

- (1) raw food necessary to provide the meal service;
- (2) preparation of nutritious meals;
- (3) delivery of nutritious meals;
- (4) facility, equipment and supplies for preparing, serving and delivering.

History Note: Authority G.S. 143B-153;
Eff. March 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SECTION .0200 - DEFINITIONS

10A NCAC 06V .0201 DEFINITIONS

As used in 71Q .0913 and this Subchapter the following terms have the meanings specified:

- (1) "Nutritious Meals" means that the total intake for a 24 hour period must meet the nutritional needs appropriate for age, sex and disability. One meal should meet a minimum of one-third of the recommended dietary allowance for the individual.
- (2) "Blind" means visually impaired persons whose eye condition is described as follows:
 - (a) persons with best corrected central visual acuity of 20/70 or less in the better eye; or
 - (b) persons with one or both of the following conditions:
 - (i) the presence of chronic, progressive eye pathology;
 - (ii) visual acuity better than 20/70 which nevertheless results in a vocational or functional handicap.
- (3) "Aging" for this meal service means age 60 years or older.
- (4) "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.
- (5) "Own Home" means that the service recipient is living in a residence he maintains for himself or is maintained for him by his caretaker. "Own Home" does not include any group care.
- (6) "Central Dining Facility" means a group feeding site.

(7) "Malnutrition" means both inadequate and excessive intake of any essential nutrient.

History Note: Authority G.S. 143B-153;
Eff. March 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1990; July 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SECTION .0300 - METHODS OF SERVICE PROVISION

10A NCAC 06V .0301 GENERAL POLICY

Preparation and delivery of meals may be provided directly, purchased under contract (i.e. purchase of service contract or vendor agreement), or through cash payments to individuals capable of selecting and purchasing nutritious meals for themselves, or any combination of these methods.

History Note: Authority G.S. 143B-153;
Eff. March 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SECTION .0400 - MAXIMUM PURCHASE AND DELIVERY RATES: FEES: AND VOLUNTARY CONTRIBUTIONS

10A NCAC 06V .0401 MAXIMUM PURCHASE AND DELIVERY RATES

Maximum rates have been set by the North Carolina Social Services Commission for purchase of preparation and delivery of meals under a vendor agreement. Information regarding the maximum rates is contained in policy material issued by the division and is available in accordance with 10A NCAC 71Q .0503.

History Note: Authority G.S. 143B-153;
Eff. March 1, 1977;
Readopted Eff. October 31, 1977;
Amended Eff. July 1, 1984; March 1, 1980; February 28, 1979;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SECTION .0500 - ADDITIONAL REQUIREMENTS

10A NCAC 06V .0501 HEALTH AND SAFETY REQUIREMENTS

Any building used in the provision of the meal service must meet applicable local and state sanitation requirements and building codes.

History Note: Authority G.S. 143B-153;
Eff. March 1, 1977;
Readopted Eff. October 31, 1977;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06V .0502 PROFESSIONAL CONSULTATION REQUIRED

Under any of the approved methods of providing the preparation and delivery of meals service, the following requirements must be met to insure the provision of nutritionally sound meals to recipients of the service:

- (1) If prescribed in writing by a physician, a therapeutic diet must be provided following the pattern of an approved diet manual (available from a registered dietitian or nutritionist with the division of health services).
- (2) When the meal service is provided through a purchase of service contract or directly by the county department of social services, a registered dietitian or nutritionist must assist in the initial menu planning. At a minimum quarterly consultations with qualified professionals are required to assure appropriate menu planning and preparation of food for nutritious meals. In addition to a registered dietitian or nutritionist, other qualified professional personnel include but are not limited to the following: public health nurse, home economics teacher and extension service home economist.

History Note: Authority G.S. 143B-153;
 Eff. March 1, 1977;
 Readopted Eff. October 31, 1977;
 Amended Eff. July 1, 1990;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SUBCHAPTER 06W – STATE IN-HOME SERVICES FUND: HOUSING AND HOME IMPROVEMENT SERVICES

SECTION .0100 – PROGRAM REQUIREMENTS

10A NCAC 06W .0101 DEFINITIONS

10A NCAC 06W .0102 METHODS OF SERVICE PROVISION

History Note: Authority G.S. 143B-153;
 Eff. July 1, 1977;
 Readopted Eff. October 31, 1977;
 Amended Eff. December 1, 1992; July 1, 1990; July 1, 1984; December 31, 1980;
 Repealed Eff. July 1, 2007.

10A NCAC 06W .0103 SERVICE DELIVERY

History Note: Authority G.S. 143B-153;
 Eff. December 1, 1992;
 Repealed Eff. July 1, 2007.

10A NCAC 06W .0104 NATURE AND PURPOSE

(a) Housing and Home Improvement is a supportive service which can make a difference in the lives of individuals and families who wish to live independently in safe affordable homes within their communities of choice. This service can enable them to obtain, retain, or return to independent housing, and resolve health and safety issues affecting their home or areas adjacent to their home. For the purpose of this Subchapter, the service has three elements:

- (1) Housing services that support independent living by providing information on:
 - (A) fair housing;
 - (B) foreclosures;
 - (C) grants or loans for home repair;
 - (D) home buying;
 - (E) homelessness prevention;
 - (F) independent housing options and locations;
 - (G) landlord tenant relations;
 - (H) mortgage delinquency and default resolution counseling;
 - (I) predatory lending;
 - (J) reasonable accommodations;
 - (K) reverse mortgage counseling; and

- (L) tenant's rights and responsibilities;
- (2) Home improvement services that identify health and safety issues affecting the home or areas adjacent to the home in which the individual or family lives, and provide needed improvements to resolve those issues through:
 - (A) installation of security features;
 - (B) minor home repairs and improvements; and
 - (C) modifications to the home to promote mobility; and
- (3) Provision of, or replacement of, basic furnishings or household appliances that promote independent living.

History Note: Authority G.S. 143B-153; 42 U.S.C. 5301; Eff. July 1, 2007; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06W .0105 DEFINITIONS

As used in this Subchapter, the following terms shall have the meanings specified:

- (1) "Activities of Daily Living (ADL)" means personal care activities including bathing or showering, dressing, eating, getting in or out of bed or chair, and toileting.
- (2) "Instrumental Activities of Daily Living (IADL)" means independent living activities including doing household chores, managing personal money, preparing meals, shopping for groceries and personal items, and using the telephone or transportation.
- (3) "Home" means a housing unit for individuals or families. The home may be owned, rented, or accessed through a lifetime right. It may stand alone and be stick built, manufactured or modular, or may be an apartment or condominium within a larger structure that is secured by lock and key.
- (4) "Independent housing" means a home which provides a private living arrangement and is not part of a licensed facility.
- (5) "Service provider" means a county department of social services or any public or private agency or individual from whom a county department of social services purchases services to provide housing and home improvement services.
- (6) "Waiting for service" means that an individual has requested housing and home improvement service that exists in the county but is not receiving it and is potentially eligible for the service, and could be served if the service were expanded.

History Note: Authority G.S. 143B-153; Eff. July 1, 2007; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06W .0106 SERVICE POPULATIONS

For the purposes of this Subchapter:

- (1) Eligible population. Individuals and families are eligible for housing and home improvement services if they:
 - (a) have no one able and willing to perform the service for them; and
 - (b) reside within a county where housing and home improvement services are funded.
- (2) Target population. Services shall be provided to individuals and families based on need for one or more elements of the housing and home improvement services:
 - (a) to obtain independent housing, to receive housing services in order to retain their home, or to return to their home from other settings;
 - (b) to secure security features, to secure minor home repairs and improvements, and to secure modifications to the home to enhance mobility; and
 - (c) provision of, or replacement of, basic furnishings or household appliances that promote independent living.
- (3) Priority population. When more than one eligible individual or family is waiting for housing and home improvement service, priority shall be given in the following order:

- (a) Adults and children for whom the need for protective services has been substantiated and the service is needed as part of a protective services plan as referred to in 10A NCAC 71R .0915 and .0916, or intervention plan as referred to in 10A NCAC 70A .0107, including all subsequent amendments.
- (b) Adults who are at risk of abuse, neglect or exploitation, and children who are at risk of abuse, neglect, or dependency as defined in 10A NCAC 22O .0123, including all subsequent amendments.
- (c) Adults with ADL or IADL impairments who are at risk of placement in a health care facility as defined in G.S. 108A-60.
- (d) Children who need the service as part of a plan of preventive services designed to strengthen the family and preserve the home for the child, or as part of permanency planning to enable a child to return home from substitute care.
- (e) Adults with three or more ADL or IADL impairments.
- (f) Adults with one or two ADL or IADL impairments.

*History Note: Authority G.S. 143B-153;
Eff. July 1, 2007;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06W .0107 APPLICATION FOR SERVICES

For services pursuant to this Subchapter, an application shall be signed and dated for housing and home improvement services and shall be made by:

- (1) an adult on his or her own behalf;
- (2) an adult on behalf of his or her minor child; or
- (3) an adult acting on behalf of a disabled adult as defined in G.S. 108A-101(d).

*History Note: Authority G.S. 143B-153;
Eff. July 1, 2007;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06W .0108 SERVICE PROVIDER RESPONSIBILITIES

For purposes of this Subchapter, the housing and home improvement service provider shall:

- (1) provide orientation, training, or supervision for volunteers assisting with housing and home improvement services;
- (2) refer individuals to federal, state, and local agencies for additional housing and home improvement services;
- (3) maintain records documenting financial and service activities for each individual or family receiving services;
- (4) request reimbursement from Division of Aging and Adult Services for actual project costs: administrative, labor, and materials, not to exceed one-thousand five-hundred dollars (\$1,500) per home per program year;
- (5) provide opportunities for service recipients to voluntarily contribute towards the cost of services received;
- (6) maintain confidentiality of all records; and
- (7) maintain a listing of individuals or families waiting for housing and home improvement services.

*History Note: Authority G.S. 143B-153;
Eff. July 1, 2007;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06W .0109 PROHIBITED ACTIVITIES

For purposes of this Subchapter, housing and home improvement service funding shall not be used for:

- (1) rent;
- (2) utility bills;
- (3) food;
- (4) medicine;
- (5) security and utility deposits;
- (6) taxes;
- (7) home improvements negatively affecting the structural integrity of the housing unit;
- (8) home improvements which are an obligation of the landlord;
- (9) work done to the property of a landlord without written approval; and
- (10) duplication of any home improvement service to the same housing unit for three consecutive years following receipt of initial service.

History Note: Authority G.S. 143B-153;
 Eff. July 1, 2007;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06W .0110 REQUEST FOR WAIVER

The Division of Aging and Adult Services (DAAS) may waive any rule in this Subchapter that is not statutorily required if a county department of social services makes a written request to the regional area agency on aging. The area agency on aging will forward the request to DAAS. Factors DAAS shall use in determining whether to grant the waiver are:

- (1) additional cost requirements;
- (2) need for the waiver;
- (3) degree of benefit to the service recipient;
- (4) whether the agency had control over the circumstances that required the requested waiver; and
- (5) previous requests for waivers submitted from the agency.

History Note: Authority G.S. 143B-153;
 Eff. July 1, 2007;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SUBCHAPTER 06X – STATE IN-HOME SERVICES FUND: IN-HOME AIDE SERVICES

SECTION .0100 - COORDINATION

10A NCAC 06X .0101 IN-HOME AIDE SERVICES FOR OLDER ADULTS

The rules in 10A NCAC 06A and Rule .0214 of this Subchapter shall apply for the provision of In-Home Aide Services for Older Adults with any allocation received by county departments of social services from the Division of Social Services.

History Note: Authority G.S. 143B-153;
 Eff. December 1, 1991;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

SECTION .0200 - PROGRAM REQUIREMENTS

10A NCAC 06X .0201 IN-HOME AIDE SERVICES: ADULTS, CHILDREN AND THEIR FAMILIES

As described in this Subchapter, Rules .0202 through .0214, shall apply for the provision of In-Home Aide Services for Adults and Children and Their Families with any allocation received by county departments of social services from the Division of Social Services as part of the state's Comprehensive Annual Services Plan.

History Note: Authority G.S. 143B-153;

Eff. December 1, 1991;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06X .0202 DEFINITIONS

As used in this Subchapter and in 10A NCAC 71Q .0911, In-Home Aide Services, the following terms have the meanings specified:

- (1) "Activities of Daily Living (ADL)" include eating; dressing; bathing; toileting; bowel and bladder control; transfers; ambulation; and communication such as speaking, writing, signing, gestures, and using communication devices.
- (2) "Adult" means 18 to 59 years of age.
- (3) "Available Person" is someone who lives with or near the client, who has the time and is willing to perform the needed services.
- (4) "Child" means under 18 years of age.
- (5) "Home Management" includes tasks that range from basic housekeeping, shopping, and essential transportation to intensive work with individuals and children and their families on budgeting and family management.
- (6) "Instrumental Activities of Daily Living (IADL)" includes meal preparation, medication intake, cleaning, money management, phone use, laundering, reading, writing, shopping and going to necessary activities.
- (7) "Medically Stable" means physical or mental adaptation to previously recognized health problems with effective maintenance by diet, medication, routine physical exercise, or a combination of these remedies.
- (8) "Medically Unstable" means a recent acute illness or complications of a chronic condition that are not physically or mentally controlled by diet, medication, or physical exercise and which require frequent monitoring and testing by skilled professionals.
- (9) "Own Home" means that the service recipient is living in a residence he maintains for himself or is maintained for him. "Own home" does not include any group care setting. For children and their families own home also means a family foster home licensed by the North Carolina Department of Human Resources to provide care for children and supervised by a county department of social services or licensed child-placing agency.
- (10) "Personal Care" includes tasks that range from assistance with basic personal hygiene and grooming, feeding, and ambulation to medical monitoring and other health care related tasks.
- (11) "Primary Caregiver" is the person who voluntarily provides the most care or assumes the most responsibility for another person.
- (12) "Respite Care" is a component of In-Home Aide Services which provides needed relief to primary caregivers or parents of persons who cannot be left alone because of mental or physical problems or the need for care and supervision.
- (13) "Responsible Person" is someone who is dependable and capable of performing the needed services for the client.
- (14) "Review" means a regular contact by an appropriate professional with the individual or family or both to note progress, maintenance or deterioration, changes in circumstances, and adequacy of the In-Home Aide Service Plan in meeting the person's and family's needs, and to make any needed adjustments.

History Note: Authority G.S. 143B-153;

Eff. December 1, 1991;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06X .0203 DESCRIPTION OF IN-HOME AIDE SERVICE LEVELS FOR ADULTS

As used in this Subchapter, the following descriptions of In-Home Aide Service levels shall apply for adults:

- (1) Level I - Home Management. In-Home Aide Services at this level are intended to provide support to individuals and their families who require assistance with basic home management tasks, such as housekeeping, cooking, shopping, and bill paying. Clients to be served include those who are

self-directing, medically stable, and who have at least one instrumental activity of daily living (IADL) impairment. Personal care tasks may not be performed at this level.

- (2) Level II - Home Management and Personal Care. In-Home Aide Services at this level are intended to provide support to individuals and their families who require assistance with basic activities of daily living and home management tasks. Both the home management and assistance with personal care tasks can be provided to the client when his capacities are diminishing or when the client is striving to maintain or improve his own functioning. Clients to be served include those who are medically stable and partially dependent in carrying out one or two activities of daily living (ADL) due to physical or mental impairments, or both; or who have maintenance needs or rehabilitative potential, or both. In addition to their personal care needs, clients may also require assistance with IADL activities to improve IADL functioning or to learn independent living skills; or they may have two to four IADL needs requiring additional support to maintain or achieve overall functioning.
- (3) Level II - Home Management Only. In-Home Aide Services at this level are intended to provide support to individuals and their families who require assistance with home management tasks and do not require assistance with personal care. Provision of home management tasks focuses more on strengthening and developing the individual's own skills rather than on doing these tasks for him. Clients to be served include those who need assistance to remain in their own homes; or who need assistance to maintain, strengthen, and safeguard their functioning because of physical or emotional illness or handicap.
- (4) Level III - Home Management. In-Home Aide Services at this level are intended to provide intensive education and support to individuals and their families in carrying out home management tasks and improving family functioning skills. Provision of the service primarily focuses on individualized work with a client and his family in teaching and demonstrating skills and tasks and reinforcing improved client and family accomplishments. It also involves direct care and support in crisis situations. Clients to be served generally have moderate to severe limitations in cognitive or psycho-social functioning, but have potential for partial or total independence in IADL or home management functioning, or both. Some clients may have more than four IADL impairments.
- (5) Level III - Personal Care. In-Home Aide Services at this level are intended to provide substantial ADL support to individuals who require assistance with health or personal care tasks, or both. Provision of these tasks involves extensive "hands on" care and potential assistance with a wide range of health related conditions. Clients to be served include those who are medically stable with significant ADL impairments (three or more) resulting from a chronic condition; or who are medically stable with significant ADL impairments, but have rehabilitative potential; or who are medically unstable due to recent illness, complications of a chronic condition, or a deteriorating condition with variable ADL and IADL needs.
- (6) Level IV - Home Management. In-Home Aide Services at this level are intended to provide a wide range of educational and supportive services to individuals and their families who are in crisis or who require long term assistance with complex home management tasks and family functioning skills. Provision of the service involves quick and creative response to individual and family crisis situations identified by the case manager; it also focuses on appropriate learning sessions with small groups of persons from different families who have similar needs. Clients to be served include those who have serious limitations in cognitive or psycho-social functioning, or both, but who have the potential for major or complete independence in IADL functioning and who have little or no ADL impairment.

*History Note: Authority G.S. 143B-153;
December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06X .0204 DESCRIPTION OF IN-HOME AIDE LEVELS FOR CHILDREN/FAMILIES

As used in this Subchapter, the following descriptions of In-Home Aide Service levels shall apply for children and their families:

- (1) Level I - Home Management. In-Home Aide Services at this level are intended to provide support to children and their families who require assistance with basic home management tasks, such as housekeeping, cooking, shopping, and bill paying.

- (2) Level II - Home Management and Personal Care. In-Home Aide Services at this level are intended to provide support to children and their families who require assistance with basic personal care and home management tasks. Both the home management and assistance with personal care tasks can be provided to families when their capacities are diminishing or when the family is striving to maintain or improve family functioning.
- (3) Level II - Home Management Only. In-Home Aide Services at this level are intended to provide support to children and their families who require assistance with home management tasks and do not require assistance with personal care. Provision of home management tasks focuses more on strengthening and developing the family's own skills rather than on doing these tasks for them. Children and their families to be served include those who need assistance to remain in their own homes; or who need assistance to maintain, strengthen, and safeguard their functioning because of physical or emotional illness or handicap or to preserve and strengthen family functioning; or who need assistance to obtain education, training, and employment to improve their economic self-sufficiency.
- (4) Level III - Home Management. In-Home Aide Services at this level are intended to provide intensive education and support to children and their families in carrying out home management tasks and improving family functioning skills. Provision of the service primarily focuses on individualized work with a family in teaching and demonstrating skills and tasks and reinforcing improved family accomplishments. It also involves direct assistance and support in crisis situations.
- (5) Level III - Personal Care. In-Home Aide Services at this level are intended to provide substantial support to children and their families who require assistance with health or personal care tasks, or both. Provision of these tasks involves extensive "hands on" care and potential assistance with a wide range of health related conditions.
- (6) Level IV - Home Management. In-Home Aide Services at this level are intended to provide a wide range of educational and supportive services to children and their families who are in crisis or who require long term assistance with complex home management tasks and family functioning skills. Provision of the service involves quick and creative response to family crisis situations identified by the case manager; it also focuses on appropriate learning sessions with small groups of persons from different families who have similar needs.

History Note: Authority G.S. 143B-153;
 Eff. December 1, 1991;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06X .0205 SERVICE DELIVERY

In-Home Aide Services must be provided in accordance with the standards established in Rules .0203, .0204, .0206, and .0210 of this Section for task levels, competency requirements, supervision, and quality assurance requirements regardless of whether the aide performing the tasks is a paid employee or a volunteer under the supervision of an established agency.

History Note: Authority G.S. 143B-153;
 Eff. December 1, 1991;
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10A NCAC 06X .0206 ASSESSMENT AND REASSESSMENTS

- (a) The purpose of the initial assessment and regular reassessments is to determine each individual's or family's level of functioning and determine or confirm the need for In-Home Aide Services.
- (b) The initial assessment and reassessments must be conducted by an appropriate professional, which means a social worker, registered nurse, registered dietitian or certified nutritionist, physical therapist and occupational therapist. The initial assessment and reassessments are prerequisites to providing In-Home Aide Services.
- (c) An initial assessment is not a prerequisite when the health, safety, or well-being of an individual or family is at risk. In these instances the initial assessment must be completed within five working days of the onset of services.

- (d) The initial assessment and reassessment must be conducted in the individual's or family's home and must address the mental, social, environmental, economic, and physical health status of the individual or family, as well as an individual's ability to perform activities of daily living (ADL's) and instrumental activities of daily living (IADL's).
- (e) The initial assessment and reassessments must be signed and dated by the professional responsible for assuring the completion of the initial assessment and reassessments.
- (f) An initial assessment must be completed prior to the professional's development of an In-Home Aide Service Plan.
- (g) A full reassessment must be completed at least every 12 months or earlier if the appropriate professional, as specified in Paragraph (b) of this Rule, determines that the family's or individual's needs have increased or decreased due to changes in one or more of the functional areas listed in Paragraph (d) of this Rule.
- (h) A review of the individual's or family's situation must be completed by an appropriate professional as specified in Paragraph (b) of this Rule at least quarterly. When Level II or III - Personal Care tasks are provided to a client, the quarterly review must be conducted in the client's home. If a reassessment is conducted, it meets the requirements for a quarterly review.
- (i) If the individual or family needs Home Management tasks at Level I or II, the initial assessment and reassessments must be completed by an appropriate professional, as specified in Paragraph (b) of this Rule. If a professional other than a social worker is conducting the initial assessment or reassessment at Level I or II, and the individual's or family's social needs appear more extensive than the assessor is able to adequately evaluate, then a social worker must be consulted for further input. If the individual or family needs Home Management tasks at Level III or IV, the initial assessment and reassessments must be completed by a social worker.
- (j) If the individual or family needs Personal Care tasks at Level III, a registered nurse must complete the physical health status and the ADL portions of the initial assessment and reassessments. For Level II Personal Care tasks, if a social worker or registered dietitian is conducting the initial assessment or reassessment and the individual's or family's personal care needs appear more extensive than the assessor is able to adequately evaluate, then an appropriate health professional must be consulted for further input.
- (k) Consultation with a registered nurse is required for Level II clients receiving Personal Care tasks if the client's personal care needs have increased due to changes in a medically related problem to determine the appropriate level of In-Home Aide Services.

*History Note: Authority G.S. 143B-153;
 Eff. December 1, 1991;
 Amended Eff. September 1, 1993;
 Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06X .0207 IN-HOME AIDE SERVICE PLAN

- (a) Each individual must have an In-Home Aide Service Plan which is based on the initial assessment and regular reassessments.
- (b) The In-Home Aide Service Plan must include:
 - (1) Measurable client outcome goals;
 - (2) In-Home Aide Service level or levels to be provided;
 - (3) Specific tasks to be performed;
 - (4) Frequency of service provision;
 - (5) Anticipated duration of the service; conditions for continuing or discontinuing service;
 - (6) Signature of agency's professional staff developing the service plan;
 - (7) A physician's signature, if required by a specific funding source.
- (c) When a client receiving Level II - Personal Care Services requests assistance with one or more of the following tasks:
 - (1) Applying ace bandages, TED's or binders;
 - (2) Applying or removing prosthetic devices; and
 - (3) Self-monitoring of temperature, pulse, blood pressure and weight;
 the In-Home Aide Service Plan must specify that the client has requested such assistance and that the client is responsible for directing these tasks and for making decisions regarding actions to be taken as a result of temperature, pulse, blood pressure and weight readings.
- (d) All changes in tasks must be documented and dated on the In-Home Aide Service Plan by the responsible professional.

(e) Children and their families must have a plan that is consistent with the family's services plan to prevent family disruption and unnecessary out-of-home placement of children.

*History Note: Authority G.S. 143B-153;
Eff. December 1, 1991;
Amended Eff. September 1, 1993;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06X .0208 COMPETENCY REQUIREMENTS

(a) An aide performing any tasks in Level III-Personal Care must be listed on the Nurse Aide Registry with the N.C. Board of Nursing within four months of being employed as specified in 21 NCAC 36 .0400. Copies of the rules in 21 NCAC 36 .0400 may be obtained at no cost by writing the Nurse Aide Registry, N.C. Board of Nursing, P.O. Box 1998, Raleigh, N.C. 27602.

(b) In the event that a spouse, parent, child or sibling is paid to provide care, the service provider agency can make a determination that the family member is capable of providing the care needed without requiring any formal training. The family member must demonstrate competence to perform the tasks needed by the client to an appropriate professional. When the family member provides Personal Care at Level III, he must be listed on the Nurse Aide Registry with the N.C. Board of Nursing within four months of being employed to perform these tasks.

(c) The following competency requirements for aides hired on or after July 1, 1993 shall apply:

- (1) Aides who provide In-Home Aide Services must meet the competency requirements for the level of service they are regularly required to perform.
- (2) Meeting competency requirements includes a correct demonstration of tasks to an appropriate professional.
- (3) The agency employing the in-home aides must maintain documentation of each aide's competence; this includes verification of knowledge of all content areas and ability to correctly perform all tasks at the level of service regularly provided. If the aide is required to perform selective tasks at a higher level, documentation of competence in the specific tasks is also required. An aide must be competent to complete all tasks at the current level of service provision before being assigned tasks at a higher level.
- (4) Each service provider agency is responsible for ensuring that competency testing is appropriately administered.
- (5) Each service provider agency is responsible for ensuring that its aides have sufficient training to pass a competency test for the level of service the aides will regularly provide.

(d) Demonstration of competence in the presence of an appropriate professional can take place in a variety of settings including, but not limited to, the classroom, laboratory, local agency, or the home of the client and family.

*History Note: Authority G.S. 143B-153;
Eff. December 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.*

10A NCAC 06X .0209 TIME FRAMES FOR COMPLETING COMPETENCY REQUIREMENTS

(a) By December 1, 1991, regardless of the level of service to which the aide is assigned, demonstrated competence for the specific tasks assigned to that aide must be documented before allowing the aide to perform the tasks independently.

(b) For aides performing Level III-Personal Care, requirements in Rule .0208(a) of this Section shall apply.

(c) The following time frames for completing competency requirements for each level of In-Home Aide Services shall apply only to aides hired on or after July 1, 1993 with the exception of Subparagraph (c)(3)(b) of this Rule:

- (1) Level I. Competency requirements consist of demonstration of the knowledge and skills required to carry out the functions described in Rules .0203(1) and .0204(1) of this Section. Competency requirements for Level I must be met within one year of employment as a Level I aide.
- (2) Level II. Competency requirements consist of demonstration of the knowledge and skills required to carry out the functions described in Rules .0203(2) or (3) and .0204(2) or (3) of this Section. Competency requirements for Level II must be met within one year of employment as a Level II aide.
- (3) Level III. This level is tracked for either Home Management or Personal Care and shall consist of the following competency requirements:

- (A) Home Management Track. Competency requirements consist of demonstration of the knowledge and skills required to carry out the functions described in Rules .0203(4) and .0204(4) of this Section. Competency requirements for Level III Home Management must be met within one year of employment at this level.
- (B) Personal Care Track. Competency requirements consist of demonstration of the knowledge and skills required to carry out the functions described in Rules .0203(5) and .0204(5) of this Section and registration as a Nurse Aide I with the NC Board of Nursing within four months of being employed at this level.
- (4) Level IV. Competency requirements consist of demonstration of the knowledge and skills required to carry out the functions described in Rules .0203(6) and .0204(6) of this Section. Competency requirements for Level IV must be met within one year of employment as a Level IV aide.

*History Note: Authority G.S. 143B-153;
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10A NCAC 06X .0210 AIDE SUPERVISION

- (a) It is the responsibility of the agency providing the In-Home Aide Service to assure that supervision is given to all aides.
- (b) Regardless of the level of tasks performed, supervisory home visits must be made at least twice during the first month of the aide's employment.
- (c) Following the first month of the aide's employment, supervisory home visits must be made as follows:
 - (1) Level I - at least quarterly;
 - (2) Level II - at least quarterly;
 - (3) Level III - at least quarterly;
 - (4) Level IV - at least every 60 days.
- (d) The frequency of aide supervision must be increased as needed to respond to the capabilities of the aide and the needs of the client.
- (e) Each service provider agency must assure at least some portion of the supervisory visits occur when the aide is providing assistance or care to clients.
- (f) Aides providing In-Home Aide Services subject to home care agency licensure as specified in Rule .0213 of this Section must be supervised in accordance with requirements codified in 10A NCAC 13J .1110, which is incorporated by reference, including subsequent amendments and editions. Copies of these Rules may be obtained from the Office of Administrative Hearings, Post Office Drawer 27447, Raleigh, NC 27611-7447, (919) 733-2678, at a cost of two dollars and fifty cents (\$2.50) for up to 10 pages and fifteen cents (\$.15) for each additional page at the time of adoption of this Rule.

*History Note: Authority G.S. 143B-153;
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10A NCAC 06X .0211 SELECTION OF AIDES

Agencies providing in-home aide services must have a written policy regarding who may serve as in-home aides. The written policy shall include, at a minimum, the following information about who may serve as in-home aides:

- (1) aides shall be 18 years of age or older or emancipated minors; and
- (2) aides shall be persons who have demonstrated competency to perform the tasks needed by the client; and
- (3) whether or not the agency allows the hiring of relatives to serve as a client's in-home aide. If the agency allows a relative to be a client's in-home aide, the policy must also contain the following requirements:
 - (a) that the relative of the client for this purpose is either a parent, spouse, child, or sibling of the client, including step relations of the client for any of those; and

- (b) that the relative must have given up employment or the opportunity for employment in order to perform the tasks needed by the client; and
- (4) any other hiring guidelines established by the agency.

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10A NCAC 06X .0212 CLIENT RECORDS

Records must be kept for each In-Home Aide Services client and must include:

- (1) Documentation of request or authorization for services;
- (2) A copy of the completed initial assessment;
- (3) Copies of all completed reassessments;
- (4) Copies of the initial and any revised In-Home Aide Service Plans;
- (5) Documentation of significant client information;
- (6) Documentation of client eligibility;
- (7) Documentation of quarterly reviews;
- (8) Documentation notifying client of service reduction, denial or termination.

History Note: Authority G.S. 143B-153;
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Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. September 6, 2016.

10A NCAC 06X .0213 QUALITY ASSURANCE REQUIREMENTS

(a) All agencies providing In-Home Aide Services must be either licensed by the Department of Health and Human Services as a home care agency, or be certified or accredited through one of the following accreditation organizations, or other entities recognized by the Department of Health and Human Services or the North Carolina Medical Care Commission pursuant to G.S. 131E, Article 6, Part C:

- (1) North Carolina Accreditation Commission for In-Home Aide Services;
- (2) National Home Caring Council;
- (3) Joint Commission on Accreditation of HealthCare Organizations (Home Care accreditation);
- (4) National League for Nursing.

(b) Licensure by the Department of Health and Human Services is required by July 1, 1992 for agencies providing In-Home Aide Services at Level II - Home Management and Personal Care, Level III - Personal Care, or both. If the agency is certified or accredited as described in Paragraph (a) of this Rule, then the agency shall be given deemed status for licensure.

(c) Certification or accreditation by one of the accreditation organizations described in Paragraph (a) of this Rule is required by July 1, 1996 for agencies providing In-Home Aide Services at Level I - Home Management, Level II - Home Management Only, Level III - Home Management, Level IV - Home Management, or any combination thereof. If the agency is licensed as a home care agency by the Department of Health and Human Services then certification or accreditation shall not be required.

History Note: Authority G.S. 143B-153;
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10A NCAC 06X .0214 METHODS OF SERVICE PROVISION

(a) One or more of the methods of service provision enumerated in this Paragraph shall be used to provide In-Home Aide Services.

- (1) Direct Provision. County departments of social services may employ in-home aide services providers as members of their staff to perform tasks in accordance with 10A NCAC 71Q .0911 and the rules of

this Subchapter. In-home aide services providers are subject to the provisions of the State Personnel Act and to applicable personnel policies of the county in which they are employed. Responsibility for the selection, training, assignment to the clients, supervision and discharge of in-home aide services providers rests with the county department of social services.

- (2) Cash Payment. In-Home Aide Services may be provided through a cash payment made to an eligible client as reimbursement for services he has received and for which he has paid. County departments of social services may make cash advances to eligible clients but may not claim reimbursement from any federal or state funds until a receipt is provided by the client documenting that the service has been delivered and paid for. The cash payment method of provision is utilized only in accordance with the following arrangement:
 - (A) The client, or a person designated by the client, is capable and willing to be responsible for hiring, firing and supervising the In-Home Aide Services provider and for carrying out other applicable employer-related responsibilities.
 - (B) The tasks performed by the provider do not require supervision by a registered nurse or another professional with skills appropriate to the tasks being performed for the client.
 - (C) The client, or a person designated by the client, provides certification that the provider meets the competency requirements for the level of tasks provided.
- (3) Purchase of Service Contract. In-Home Aide Services may be purchased from another agency under a purchase of service contract in accordance with rules set forth in 10A NCAC 67B.

(b) Regardless of the method of service provision, the amount of service provided to each client will be based on individual need.

History Note: Authority G.S. 143B-153;
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