



North Carolina Department of Health and Human Services
Division of Aging and Adult Services

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Administrative Letter DAAS 14-03

To: Adult Day Care/Adult Day Health Providers, Department of Social Services' Directors, Department of Social Services' Adult Services Supervisors, Adult Day Care Coordinators, Adult Day Health Specialists, Area Agency on Aging Directors, Adult Program Representatives

From: Dennis W. Streets 

Subject: Revised Home and Community Care Block Grant Adult Day Care/Adult Day Health Service Standards

Date: March 24, 2014

The Division of Aging and Adult Services (DAAS) developed a work group in 2013 to revise the Home and Community Care Block Grant (HCCBG) Adult Day Care and Adult Day Health (ADC/ADH) Service Standards as the language contained in them did not reflect the language and definitions of the 2006 Reauthorization of the Older Americans Act. The work group also considered feedback DAAS received from Area Agency on Aging (AAA) monitoring staff regarding HCCBG ADC/ADH eligibility and the differentiation between ADC participant eligibility and ADH participant eligibility.

This work group revised the HCCBG ADC/ADH Service Standards in the following areas:

- Terminology;
- Target population;
- Eligibility (including differentiation between ADC participant eligibility and ADH participant eligibility, inclusion of priority groups)
- Reporting and reimbursement.

The following sections address the specific revisions.

I. Terminology

The HCCBG ADC/ADH Service Standards were revised to remove outdated terminology and to include current form numbers, etc.

The HCCBG ADC/ADH Service Standards were also revised to include end notes for the terminology that was revised in the text of the Service Standards.

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II. Target Population

The former HCCBG ADC/ADH Service Standards' Target Population section stated the following:

“Older adults and adults with disabilities whose impairments prohibit them from living independently in the community without supportive services and who are, therefore, at risk of institutionalization.”

The revised HCCBG ADC/ADH Service Standards' Target Population section removed “at risk for institutionalization” and now reads as follows:

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

III. Eligibility

Service Specific Eligibility for ADC and ADH Participants

The service specific ADC participant eligibility and ADH participant eligibility are included in the revised HCCBG ADC/ADH Service Standards. The service eligibility revisions include the definition of the term ‘frail,’ per the 2006 Reauthorization of the Older Americans Act.

Service Specific Eligibility for ADC Participants

In order to be eligible to attend ADC funded by HCCBG, an individual must be:

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

This ADL information is captured on the DAAS-101. The documentation regarding cognitive impairment is located on the required participant’s medical exam report.

Service Specific Eligibility for ADH Participants

1. The ADH service eligibility criteria also indicates that the individual must meet the definition of ‘frail’ per the 2006 Reauthorization of the Older Americans Act which should be captured on the DAAS-101 as it is for ADC participants and are: aged 60 or over
2. Must meet the definition of “frail” as defined by the Older Americans Act, Re-Authorization of 2006:
 - unable to perform at least two (2) activities of daily living (ADLs) without substantial human assistance, including verbal reminding, physical cueing or supervision)
 - OR**

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

This ADL information is captured on the DAAS-101. The documentation regarding cognitive impairment is located on the required participant medical exam report.

There are additional eligibility requirements for ADH participants:

Require one of the following during hours of attendance at the day health program in addition to meeting the definition of “frail”:

1. Monitoring of a medical condition; or
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.

Documentation of these additional eligibility requirements must be included in the participant’s record and may be located in the Preadmission Health Assessment, the Service Plan/Care Plan that includes a health care component with required updates, RN Assessments based on client healthcare status, needs and changes, and/or Progress Notes.

IV. Reporting and Reimbursement Section

The Maximum Reimbursement Rates for the Adult Day Care section was revised to reflect how current reimbursement rates were set and were reorganized to have a more logical flow of information.

Direction regarding the documentation that is to be included in each ADC and ADH participant’s file to determine if participants are eligible and to further delineate the ADC service from the ADH service was added to this portion of the revised service standards document.

V. Implementation of Revised Participant Eligibility Criteria

We recognize that these changes to eligibility criteria have significant implications. Therefore, any Adult Day Care and Adult Day Health participants currently enrolled and funded to attend Adult Day Care or Adult Day Health through HCCBG will need to be reassessed at their annual reassessment according to the revised eligibility criteria.

Those participants that are no longer eligible for ADC or ADH according to the revised ADC or ADH eligibility criteria at the time of their annual reassessment will need to be made inactive in ARMS and their ADC or ADH service will need to be discontinued.

For further information on discontinuing HCCBG services, please refer to section 7 of the HCCBG Manual on the DAAS web site at: <http://www.ncdhhs.gov/aging/manual/hccbg/bgsect7.pdf>

For direction on making ineligible HCCBG participants inactive in ARMS, please refer to the forms section on the ARMS web page on the DAAS web site at: http://www.ncdhhs.gov/aging/arms/CRF_Instructions.pdf and <http://www.ncdhhs.gov/aging/arms/armsfaq.htm#101>

Adult Day Care and Adult Day Health participants enrolled after July 1, 2014, and funded to attend Adult Day Care or Adult Day Health through HCCBG must meet the revised eligibility criteria.

Participants not meeting the revised Adult Day Care or Adult Day Health eligibility may not be enrolled to attend Adult Day Care or Adult Day Health funded by HCCBG after **July 1, 2014.**

Please refer to the revised HCCBG ADC/ADH Service Standards that located on the DAAS web site at the following address: <http://www.ncdhhs.gov/aging/manual/adcadh/ADCADHServiceStandards.pdf>

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