

# Initial Certification

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# Initial Certification

- **Adult Day Care Programs are required to be certified under General Statute 131D-6**
- **The adult day care programs fall under 10A NCAC .06R rules**
- **The adult day health programs fall under 10A NCAC 06S rules.**

# Initial Certification

- **Questions that you as a adult day care coordinator should ask a potential provider before the process begins:**
  - 1) **What type of adult day care do you want to provide?**
    - a) **There are three models of care: adult day care only, adult day health only and adult day care and adult day health combination model**

# Initial Certification

- 2) Have you done a business plan and needs assessment?  
Please note: This is recommended but not required**

**A business plan is a review and roadmap to start and sustain a business.**

**A needs assessment is a determination that is made about what and whether your product (the adult day care or adult day health program) will produce is needed and sustainable.**

# Initial Certification

## **3) What population do you desire to serve?**

**A potential provider should consider the population that they want to serve.**

## **4) Do you want to specialize or target a specific population such as the Developmental Disabled (DD) population or the Dementia population ?**

## **5) Do you want to tailor your business all populations?**

## **6) Will you provide lunch and snacks on site or will you have a contract?**

# Initial Certification

**7) Do you want to provide transportation?**

**8) Do you want to provide other services such as laundry services or shower services?**

**9) What kind of building do you have for the service?**

# Resources

- **There are resources to assist you such as:**
- **Standards for Certification for Adult Day Care and Adult Day Health**
- **Adult Day Care and Adult Day Health Procedures Manual**
- **Adult Day Health Procedures Manual**

## Initial Certification

- **These are all important questions to ask. This is not an inclusive list.**
- **If the potential provider calls your office wanting to become certified and if you need assistance, please contact our office**

- **County Role**

## County Role

- **What is your role and what will you need to do?**
- **Your role is defined by 10A NCAC .06P and 10A NCAC .06S.**

**The department of social services is required to designate a social worker who will complete a study of all aspects of the adult day care or adult day health program and the county department will make a recommendation for certification. The designated social worker called adult day care coordinator will make a recommendation for**

# County Department

**certification along with Department of Social Services Director.**

**If the program includes adult day health, the health department shall designate an RN to review adult day health aspects of the proposed adult day health program. In this role, the RN is identified as the adult day health specialist.**

**A recommendation is made for approval by the adult day health specialist along with the Health Director.**

# • Requirements of Initial Certification

# Certification-Program Policies -

- **Program Policies Should include:**
  - **Goals - What is the purpose and objective of the adult day care or adult day health program?**
    - **It can be singular, although most of the time the program has multiple goals.**
    - **It shall be consistent with the definition of adult day care and adult day health services.**

# Certification – Program Policies

- **Enrollment Policies and Procedures**
  - **The program must define who they will serve.**
  - **The policies should include who can be accepted in the program and what is needed for the participant to be admitted to the program such as a medical statement, an interview with participant and family member or caregiver**

# Enrollment (Cont'd)

- **The program must define and clearly state**
  - **Individual needs that can not be met at the program or**
  - **Those individuals that the program can not serve, such as a person with a gastrostomy tube, or constant wanderer, or bed bound person**

# Program Policies-Discharge Policies

- **Discharge policies:**
  - Program must outline the criteria for discharge and the notification procedure.
  - For example, criteria for discharge could include:
    - The participant's needs are beyond what the program can provide.
    - The participant becomes physically or verbally abusive with staff or participants.
    - Nonpayment of fees within 30 or 60 days.

## Discharge Policies(Cont'd)

- **The notification procedure could be include the following:**
  - **The family or caregiver will be notified in writing at least 2 weeks prior to discharge and**
  - **A conference will be set up to discuss possible care alternatives.**

# Program Policies-Medication Policies

- **The program shall have written policies regarding medication use.**
  - **Participants are not allowed to self administer medications so the policy should include this.**
- **The program should include information on who will administer medication and how it will be documented.**
- **The program should also include the procedure on how to administer and document changes in the participant's medication**

# Medication Policies

- **In adult day health or adult day care/ day health combination programs, medication administration is the responsibility of the health care coordinator.**
- **The medication policy should include where medication will be kept. The medication policy should include how medication will be labeled and how it should be brought to the program.**
- **The medication policy should include how medication will be labeled and how it should be brought to the program.**
-

## Medication Policies(Cont'd)

- **If the program is adult day care only, the program can not enroll or serve those participants who require intravenous, intramuscular or subcutaneous medications while attending the program**
- **The medication policy should include a description of how the program will dispose of medication that has been left behind.**
  - **For example, will the family pick up the medication? or will the program dispose of it after 2 weeks if the family does not show up?**

# Program Policies-Participant Rights Program

- **The policy should include Participants' Rights**
  - The National Adult Day Services Association has a list of participant rights.
  - We include the Statement of Rights for Adult Day Care Participants in the Standards.
- **Some funding sources may add additional Rights depending population group.**

# Program Policies-Grievance Policy

- **This is the policy that should be developed by the programs' governing body to address any concerns or complaints that a participant, family member or caregiver has about the program**
- **Examples:**
  - **A complaint about the food service**
  - **A complaint about the care provided by the staff**
  - **The participant was not picked on time if the program is providing transportation**

## Grievance Policy(Cont'd)

- **The policy should include the steps that must be taken to address the grievance such as:**
- **Who should the grievance go to first?**
- **Whether it should be in written form or verbal ?**

## Grievance Policy(Cont'd)

- **Once the grievance is turned in to responsible person, how many days does the responsible person have to respond?**
- **How will the responsible person respond? In writing or in conference meeting?**
- **If the participant, family member or caregiver are not satisfied, what is the next step?**
- **Is there a board of directors or owners to talk to, once they investigate and issue a decision, is this the final recourse?**

# Program Policies- Advance Directives Policy

- **The policy should include Advance Directives and how the program will address Advance Directives**
- **Although participants are not required to have Advance Directives, a program should have a policy in place to address participants' who do, such as**
- **Examples are**
  - **Do Not Resuscitate Order**
  - **Health Care Power of Attorney**

## Advance Directives Policy (Cont'd)

- **The program may require a copy of the Advance Directive so they can continue to act according to the participant's wishes.**
- **The program may require an original notarized document.**

# Program Policies-Non-Discrimination Policy

- **The policy should include a statement of Non-Discrimination.**
- **Usually, the policy will include a statement that the program will comply with all federal, state and local laws and regulations and seek to be non-discriminatory towards all people**
- **Some policies will state that the program will abide by Section 504 of the Rehabilitation Act of 1973 and Title VI and VII of the Civil Rights Act of 1964**

# Program Policies-Confidentiality Policy

- **The policy should specify how the program is going to keep the participants' records confidential.**
- **HIPPA requirements would be addressed, depending on the program.**
- **It should include information about how the records will be kept, such as whether they are on computer and password protected or whether hardcopy records will be secured in locked files or rooms.**

## Confidentiality Policy(Cont'd)

- **The policy should also specify who has access to the records and that staff will be required to sign a statement agreeing to keep records confidential**

# Program Policies-Abuse and Neglect Policy

- **The policy should include how the program will report abuse and neglect.**
- **If the program serves more one county, the policy should include contact information for each county DSS.**

# Program Policies-Geographic Service Policy

- **The policy should include the city, and county or counties that the program will serve.**
- **Referring to “the surrounding area” does not satisfy this objective.**
- **Example: “Our program will serve A and B counties.”**

# Program Policies-Inclement Weather Policy

- **The policy should include what the program plans to do if they have to close early due to bad weather or not be able to open because of the bad weather.**
  - **Will the program make an announcement of TV or radio, or their web site? If the announcement is made, which station?**
  - **Will they contact the family or caregiver by phone?**
  - **Should the family or caregiver provide more than 1 contact numbers?**

# Program Policies-Inclement Weather Policy

- **What is the policy if the center is unable to open because the bad weather persists over a couple of days?**
  
- **Will there be an announcement on the center phone?**

# Program Policies-Hours of Operation

- **Policy should include the days and hours that the program will operate.**
  - **For example: 8:30am-5:30pm Monday –Friday**
- **A program must operate a minimum of 6 hours a day and 5 days per week.**

## Hours of Operation(Cont'd)

- **This section of the policy should also address:**
  - **Holidays and other designated closings.**
  - **Whether the program offers early openings or late pickups to accommodate caregivers.**

# Program Policies-Types of Service

- **In addition to supervision, planned activities, mid-morning snack, midday meal, afternoon snack, and personal care that is provided under adult day care and adult day health, this policy would also include the rates for those services and other services that the program provides such as barber service, beauty service, laundry service and showers service.**

# Program Policies-Fees and Payments

- **Sometimes, rates are determined by level of care. If so, the level of care should be explained.**
- **Levels may be defined by the ADLs or cognition.**

# Program Policies-Transportation Policy

- **If a program provides or arranges for transportation, the program should include a policy regarding:**
  - **Routine procedures**
  - **Emergency procedures**
  - **Accidents**
  - **Medical emergencies**
  - **Weather emergencies**
  - **Escort issues**

## Transportation Policy(Cont'd)

- **Escort issues describes the policy if there is no caregiver available when the participant is dropped off at home by transportation services.**
- **What is the procedures for the program if the participant can not be left alone?**

# Organizational Diagram

- **Organizational diagram should include a diagram of the organization and all of the staff including type and name of the Governing Body (Non-Profit Board or a Single Owner or Group of Owners). If the governing body is incorporated, please list the name.**
- **It should also include positions for the adult day care or adult day health care program**

# Job Descriptions

- **There shall be a written job descriptions for each position, full time or part-time**
- **The job description shall include**
  - **Qualifications of education and experience**
  - **To whom the employee reports**
  - **Duties and responsibilities**
  - **Salary range**

# Program Director

- **Adult day care programs must, at a minimum, have a Program Director and a Program Director substitute.**
- **Adult day health only or adult day care/day health combination programs, must have a Program Director, Program Director substitute, Health Care Coordinator and Health Care Coordinator substitute.**

# Program Director

- **If neither of these positions provide personal care, the program must have staff who can provide personal care.**
- **The program must provide a written substitution plan which includes the coverage of usual responsibilities as well as the maintenance of staff-to- participant ratio.**

# Personnel Policies

- **The Personnel Policies must be stated in writing. A copy must be given to each employee.**
- **The Personnel Policy should include:**
  - **Annual leave - Does the program provide vacation, paid time off, etc.**
  - **Educational opportunities – Does the program provide educational leave or pay for its employee to attend training?**
  - **Pay practices - In general, describes when the employee is paid, for example, monthly, bi-weekly or weekly.**

# Personnel Policies

- **Grievance Procedures**

- **This policy should explain the process that an employee can use to address a concern or complaint that he or she may have about the organization or someone who has acted outside of the acceptable norms of behavior within the organization.**

- **Examples include written procedures, open door policy, etc.**

# Personnel Policies

- **Performance and Evaluation procedures:**
- **Describes performance reviews and measurement of employees' work and productivity within the organization.**
- **Typically, a documented procedure and done with a direct supervisor. There should be written policy on this process.**

# Personnel Policies

- **Criteria for Advancement**
- **This refers to policy that outlines what is needed for an individual to be promoted with the hierarchy of the organization.**

# Personnel Policies

- **Hiring and Firing Responsibility**
  - **Who hires employees in the organization?**
  - **Who is responsible for firing or termination of employees?**
- **Probationary Period**
  - **This policy refers to use of an initial period of time to evaluate if the employee is a good fit within the organization**
    - **If so, hopefully, the employee will be permanent. The time could be 30, 60, 90 days or longer in some cases.**

# Personnel Policies

- **Staff Participation in Review of Personnel Practices**
  - This policy is referring to the opportunity that is given to employee to give input into the personnel practices.
  - Examples include
    - Suggestion box
    - Staff training days
    - Discussion during the annual performance evaluation process

# Personnel Policies

- **Maternity Leave**
- **This policy refers to leave given to a woman who gives birth to her child and the period of time afterwards.**
- **Some organizations use FMLA, which allows for broader coverage, such as the adoption of a child. It can be paid or unpaid. Usually, it is 6-8 weeks.**

# Personnel Policies

## Military Leave

- **This policy refer to when an employee who may be on reserve military duty is called up and must leave their current job to serve.**
  - **Usually, the employee will receive orders. The organization needs to outline in their policy as to what is required and under what conditions the employee will be able to return to their job.**
  - **In some cases, the employee may be offered a position but not the same position that they had prior to deployment**

# Personnel Policy

## Civil Leave

- **This policy refers to the time period given to an employee for either jury duty or court attendance.**
  - Usually, these absences can not be excused so employers do make allowances for these situations.
  - The organization usually outlines the procedure for receiving civil leave.

# Personnel Policy

## Protection of Confidential Information

- **This refers to the policy outlining how the organization will keep the employee's personal identifying and health information safe.**
  - **Often this is confused with keeping the participant's records safe, but the organization must also keep the employee's information safe.**



# Expenses-Daily Rate

North Carolina Division of Aging and Adult Services			
Adult Day Services Daily Cost Computation Worksheet			
Provider:			
County:			
Current Budget Period:	through		
<b>Do not include any client transportation costs such as drivers, fuel, vehicle maintenance, etc.</b>			
Projected Line Item Expense	Grand Total	Adult Day Care	Adult Day Health Care
Staff Salary			
	0		
	0		
	0		
<b>A. Subtotal, Staff Salary</b>	<b>0</b>	<b>0</b>	<b>0</b>
Fringe Benefits			
1) FICA	0		
2) Health Ins.	0		
3) Retirement	0		
4) Unemployment Insurance	0		
5) Worker's Compensation	0		
6) Long Term Disability	0		
7) Dental Insurance	0		
8) Life Insurance	0		
9) Other	0		
<b>B. Subtotal, Fringe Benefits</b>	<b>0</b>	<b>0</b>	<b>0</b>
Staff Travel			
1) Lodging and Meals	0		
2) Mileage Reimbursement	0		
3) Commercial Transportation	0		
4) Other Travel Cost:	0		
<b>C. Subtotal, Staff Travel</b>	<b>0</b>	<b>0</b>	<b>0</b>
Other Operating Expenses			
1) Rent	0		
2) Telephone	0		
3) Postage/Shipping	0		
4) Printing/Publications	0		
5) Copying	0		
6) Equipment Rental	0		
7) Equipment Purchase/Depreciation	0		
8) Equipment Maintenance	0		
9) Contracted Labor	0		
10) Activity/Program Supplies	0		
11) Office Supplies	0		
12) Conference Registration	0		
13) Auto Liability Insurance	0		
14) Client Meals	0		
15) Advertising	0		
16) Employee Recruitment	0		
17) Other:	0		
18) Other:	0		
<b>D. Subtotal, Other Operating Expenses</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>E. Grand Total, Expenses</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>F. Total Projected Service Days</b>			
<b>G. Projected Average Daily Participation</b>			
<b>H. Daily Cost Per Client (E divided by F, divided by G)</b>		\$DIV/0!	\$DIV/0!

# Floor Plan

- **A copy of the Floor Plan – The floor plan of the building showing the measurements, restrooms and planned use of space. This should include all required features such as quiet space, space for activities, and dining, storage areas, and the kitchen. If adult day health or combination program, it should also include the treatment room, as well as a private office.**

# Floor Plan

- **If the program is located in a building that is being used for other purposes, the program must meet the multi-use rules.**
- **The program must be self-contained with its own staff and separate area.**
- **Participation is open only to persons enrolled in the program and to visitors on a planned basis.**
- **There must be a written agreement regarding the facility's cooperative use.**

# Floor Plan

- **For a program to utilize space currently certified or licensed for another purpose by a state agency, a letter from the agency shall be obtained granting permission to use the space for a purpose other than the original licensed one.**

# Building Requirements

- **Fire Inspection (Form DOA 1498 or DCD 0303) or equivalent completed and signed by local fire inspector indication approval of the facility no more than 30 day prior to submission of the certification package.**

# Building Requirements

- **Building Inspection Report(Form 1499 or equivalent completed and signed by the local building inspector indicating approval of the facility , no more than 30 days prior to submission of the certification package. The building must meet the North Carolina Building Code.**

# Building Requirements

- **Sanitation Evaluation Report(DENR 4054) or equivalent completed and signed by local environmental health specialist indicating approval of the facility no more than 30 days prior to submission of the certification package**

# Building Requirements

- **There is no equivalent to the Sanitation Report. The forms that are used by the Environmental Health Specialist are approved by the Public Health Commission. The form that is in the Standards is what is used the local health department staff.**

# Building Requirements

- **Zoning Variance-** If the program has to seek a zoning variance to allow the program to house at the location, please include this paperwork in the certification. When a potential provider is looking for a location to house the adult day care or adult day health program, they must check with the local zoning department or board.

# Building Requirements

- **There are usually 3 answers: yes, no, or yes with conditions**
- **If it is yes with conditions, the provider will usually have a zoning variance.**

## Governing Body

- **If provider is a non-profit entity, the articles of incorporation, bylaws and names and addresses of the board members are required to be submitted.**
- **If the provider is for profit entity, the owner information would be required to be submitted.**

# Medical Statement for staff

- **Medical statement are required for all staff hired. The certified medical statement must be used per DAAS Administrative Letter 12-17. There is no equivalent form.**

# Medical Statement

WRITTEN EMPLOYEE MEDICAL STATEMENT  
SIGNED BY A PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT FOR  
EMPLOYMENT AT AN ADULT DAY CARE/ADULT DAY HEALTH PROGRAM

**I. EMPLOYEE/EMPLOYER SECTION (To be completed by Employee/Employer)**

EMPLOYEE'S NAME:	
EMPLOYEE'S DATE OF BIRTH:	
EMPLOYEE'S ADDRESS:	

**A. EMPLOYEE RELEASE OF PERTINENT INFORMATION FROM PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT**

I, , agree to the release of pertinent information by my physician, nurse practitioner or physician's assistant, , to my employer listed below.  
(EMPLOYEE'S NAME) (PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT NAME)

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**B. EMPLOYER INFORMATION (Adult Day Care or Adult Day Health Program)**

EMPLOYER NAME:	
ADDRESS:	
PHONE NUMBER:	

**II. PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT SECTION**

PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT NAME:	
PRACTICE ADDRESS:	
PRACTICE PHONE NUMBER:	

**A. STATEMENT FROM A PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT FOR ABOVE NAMED EMPLOYEE**

I certify that the employee listed above has an 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.

PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT SIGNATURE: \_\_\_\_\_

OFFICIAL TITLE:  DATE: \_\_\_\_\_

5/4/2017

# CPR and First Aid

- **Copies of CPR and First Aid Cards on Staff (Front and Back of each card)**
- **The training must be taught by an instructor certified through the American Heart Association , American Red Cross, National Safety Council, American Safety and Health Institute or Emergency Medical Services**

# Criminal Background Checks

- **Evidence of completion of statewide criminal background history record search for the past 5 years**
  - For owner
  - For each proposed staff member
  - Conducted by an agency approved by NC Administrative Offices of the Courts
- The web site is [www.nccourts.org](http://www.nccourts.org)

# Criminal Background Checks

- **The criminal background agencies have a contract with NC Administrative Office of the Courts.**
- **DA staff are not asking for results. We need evidence that the criminal background has been done for NC and that it goes back at least 5 years.**

## Contracts

- **If the program decides to contract these or other services, a copy of the contract must be submitted as part of the initial certification packet.**

# Application Forms

- **The DAAS 1500 Form must be completed for Adult Day Care Only Programs**
- **The DAAS 6205 Form(Part A & Part B) must be completed for Adult Day Health Only Programs or Adult Day Care and Adult Day Health Combination Programs**

# Contracts

- **If the program is not providing the service directly a contract should be in place.**
  
- **This is often the case for the provision of food, substitute staff, transportation, or dietician services.**

# Application Forms

- **For DAAS 6205 include:**
- **Part A completed by the Adult Day Coordinator from the local Department of Social Services and**
- **Part B completed by the Adult Day Health Specialist.**

# Part A of the DAAS 6205

- **Part A addresses Administration, which includes:**
  - **Governing body**
  - **Program policies**
  - **Personnel policies**
  - **Insurance**
  - **General personnel requirements**
  - **Staffing patterns**
  - **Program director**
  - **Substitute requirement**
  - **Program use of volunteers**

# Part A of the DAAS 6205

- **Facility, which includes:**
  - **The general requirements for the building or homes**
  - **Additional requirements for**
    - **Adult day health**
    - **Multi-use buildings**
    - **Equipment**
    - **Furnishings**
    - **Square footage**
    - **Rest rooms**

# Part A of the DAAS 6205

- **Program Operation addresses:**
  - Program activities
  - Enrollment criteria and procedures.
- **Nutrition standards include**
  - The daily requirement according to Dietary Guidelines for Americans
  - The requirement for a registered dietician approving the menu
  - Safe preparation and handling of the meal and snacks.
  - Therapeutic diets if prescribed

## Part A of the DAAS 6205

- **Transportation is an optional service but if the program chooses to offer or arrange this service, the specific services are addressed here**

## Part A of the DAAS 6205

- **Plans for Medical and Non-Medical Emergencies are addressed in this section**
- **Medical Emergency Plans usually address situations where a participant has fainted, has a nose bleed, chest pain, etc.**
- **The Plan must address and specify the staff's responsibilities during the emergency.**

- **Non-Medical Emergency Plans would include situations such as**
  - **Snowstorms**
  - **Floods**
  - **Tornados**
  - **Power failures**
  - **Intruders**
  - **Bomb threats**
  - **Gas leaks, etc.**
- **This section also insures that physically able staff are trained in CPR and First Aid**

# Part A of the DAAS 6205

- **Program Evaluation addresses the program's plan for reviewing its services at least annually and addresses:**
  - **Who will be involved in the process**
  - **What should be reviewed**

# Part A of the DAAS 6205

- **Individual Participant Records**
- **Includes**
  - **Application**
  - **Authorizations**
  - **Medical statements**
  - **Progress notes**
  - **Written services plans**
- **(Note: For an initial Certification, you will need to see templates of these records. You would check “No” but put that this is a new program that has not been certified yet.)**

# Part A of the DAAS 6205

- **Special Care Sections**
- **Part A of the section should always be completed**
- **If the program is providing special care services, please complete Part B of this section**

## Part B of the DAAS 6205

- **The Part B is completed by the Adult Day Health Specialist.**
- **The role of the Adult Day Health Specialist to review the Health aspects of the Adult Day Health Services for Certification which includes the Treatment Personnel, and to monitor the program once it is certified.**

## Part B of the DAAS 6205

- **The Part B addresses Personnel which includes**
  - The Health Care Coordinator's duties and qualifications
  - Qualifications of the staff providing personal care to participants in an adult day health program.
  - The Adult Day Health Specialist would review the qualifications of the Health Care Coordinator,
- **Part B also addresses Facility which includes the Treatment Room and the items and equipment needed for the Treatment Room.**

## Part B of the DAAS 6205

- **Program Operation is also under this section. This would include Health and Personal Services.**
- **The last item addressed is Medications. Medications is a key responsibility of the Health Care Coordinator.**

## Part B of the DAAS 6205

- **Please note in an Initial Certification, the Specialist would review and assure the qualifications of the Health Care Coordinator are met and the Treatment Room, equipment for assessment of the participant as well as storage of the medication. The Adult Day Health Specialist and would review the templates of records that the Health Care Coordinator would use for assessment and the health care component of the service plan as required**

## Part B of the DAAS 6205

- **You may have to answer “ No” but would explain that this is a new program.**
- **You need to see the templates of records in place, but you could document that there are no actual records because this is the initial certification.**

## Part B of the DAAS 6205

- **The Adult Day Health Specialist would also review the adult day health policies and procedures which would include the Medical and Non-Medical Emergencies, as the Health Care Coordinator would have a key role.**

## Part B of the DAAS 6205

- **The emergencies plans are one of the areas that the Specialist would monitor once the program is certified.**

# Insurance

- **As part of the responsibility of the governing body, insurance coverage must be provided for the building in which the program is housed. If the program chooses to provide transportation, they must also have insurance on the vehicles.**
- **The program must provide proof of insurance.**



# Documentation of Minimum Requirements

- **For Initial Certification, documentation of the minimum qualifications for the Program Director, Health Care Coordinator and staff providing personal care in adult day health programs or adult day care and adult day health combination program must be submitted with the certification packet.**

# Documentation

- **Examples of documentation could include**
  - **Resume**
  - **Vitae**
  - **Job application**
  - **Copies of degrees or high school diploma or GED**
  - **Copies of licenses or registry information.**

# Submission of Application

- **Once all of these items are completed in their entirety with all necessary signatures and dates, this packet is submitted to DAAS for review.**
- **If the packet is “perfect”, DAAS will move on to the site visit 😊**

# Site Visit

- **When the packet is not perfect, DAAS will review items needed and then set up site visit.**
- **At the site visit, the DSS, DAAS staff and Health Department (if the provider is seeking adult day health certification) will review corrected material and the physical site (building, furnishings & grounds)**

# Completion of Certification

**Once all items are approved,  
certification is complete**



• **Questions?**

# **Contact Information**

**Glenda Artis**

**919-855-3412 or 984-233-3704 or  
Glenda.Artis@dhhs.nc.gov**