## G.S. 150B-21.3A Report for 10A NCAC 13J, THE LICENSING OF HOME CARE AGENCIES

Agency - Medical Care Commission

Comment Period - May 19, 2025 - July 18, 2025

Date Submitted to	o APO - Filled in by F	RRC staff							
Subchapter	Rule Section	Rule Citation	Rule Name	Date and Last Agency Action on the Rule	Agency Determination [150B- 21.3A(c)(1)a]	Required to Implement or Conform to Federal Regulation [150B-21.3A(d1)]	Federal Regulation Citation	Public Comment Received [150B- 21.3A(c)(1)]	Agency Determination Following Public Comment [150B-21.3A(c)(1)]
SUBCHAPTER 13J – THE LICENSING OF HOME CARE AGENCIES	SECTION .0900 - GENERAL	10A NCAC 13J .0901	DEFINITIONS	Readopted Eff. June 1, 2018	Necessary	No		Yes	Necessary
		10A NCAC 13J .0902	LICENSE	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
		10A NCAC 13J .0903	APPLICATION FOR AND ISSUANCE OF LICENSE	Pursuant to G.S. 1508-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		Yes	Necessary
		10A NCAC 13J .0904	INSPECTIONS	Pursuant to G.S. 1508-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		Yes	Necessary
		10A NCAC 13J .0905	MULTIPLE PREMISES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
		10A NCAC 13J .0906	COMPLIANCE WITH LAWS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
		10A NCAC 13J .0907	ADVERSE ACTION	Pursuant to G.S. 1508-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
	SECTION .1000 - ADMINISTRATION	10A NCAC 13J .1001	AGENCY MANAGEMENT AND SUPERVISION	Pursuant to G.S. 1508-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
		10A NCAC 13J .1002	ADMINISTRATIVE, FINANCIAL AND STATISTICAL RECORDS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
		10A NCAC 13J .1003	PERSONNEL	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		Yes	Necessary
		10A NCAC 13J .1004	EVALUATION	Readopted Eff. June 1, 2018	Necessary	No		Yes	Necessary
		10A NCAC 13J .1005	HOSPICE CARE	Pursuant to G.S. 1508-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary

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		10A NCAC 13J .1006	NURSING POOL	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
		10A NCAC 13J .1007	CLIENT RIGHTS AND RESPONSIBILITIES	Readopted Eff. June 1, 2018	Necessary	No		No	Necessary
	SECTION .1100 - SCOPE OF SERVICES	10A NCAC 13J .1101	ACCEPTANCE OF CLIENTS FOR SERVICE PROVISION	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		Yes	Necessary
		10A NCAC 13J .1102	NURSING SERVICES AND DUTIES	Pursuant to G.S. 1508-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
		10A NCAC 13J .1103	PHYSICAL THERAPY SERVICES	Pursuant to G.S. 1508-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
		10A NCAC 13J .1104	SPEECH THERAPY/PATHOLOGY SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
		10A NCAC 13J .1105	OCCUPATIONAL THERAPY SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
		10A NCAC 13J .1106	MEDICAL SOCIAL WORK SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
		10A NCAC 13J .1107	IN-HOME AIDE SERVICES	Readopted Eff. June 1, 2018	Necessary	No		Yes	Necessary
		10A NCAC 13J .1108	INFUSION NURSING SERVICES	Pursuant to G.S. 1508-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
		10A NCAC 13J .1109	CLINICAL RESPIRATORY SERVICES, INCLUDING PULMONARY, OR VENTILATION SERVICES	Pursuant to G.S. 1508-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
		10A NCAC 13J .1110	SUPERVISION AND COMPETENCY OF IN-HOME CAREGIVERS	Readopted Eff. June 1, 2018	Necessary	No		Yes	Necessary
		10A NCAC 13J .1111	ARRANGEMENTS FOR SERVICES WITH OTHER AGENCIES OR INDIVIDUALS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary

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		10A NCAC 13J .1112	HOME MEDICAL EQUIPMENT AND SUPPLIES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
	SECTION .1200 - CASE REVIEW AND PLAN OF CARE	10A NCAC 13J .1201	POLICIES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
		10A NCAC 13J .1202	CASE REVIEW AND PLAN OF CARE	Readopted Eff. June 1, 2018	Necessary	No		Yes	Necessary
	PHARMACEUTICALS AND MEDICAL TREATMENT ORDERS	10A NCAC 13J .1301	POLICIES, PROCEDURES, AND STAFF RESPONSIBILITY	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
		10A NCAC 13J .1302	ORDERS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
	SECTION .1400 - SERVICE RECORDS	10A NCAC 13J .1401	REQUIREMENT	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
		10A NCAC 13J .1402	CONTENT OF RECORD	Readopted Eff. June 1, 2018	Necessary	No		No	Necessary
	SECTION .1500 – COMPANION, SITTER, AND RESPITE SERVICES	10A NCAC 13J .1501	DEFINITIONS	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
		10A NCAC 13J .1502	SCOPE OF SERVICES	Readopted Eff. June 1, 2018	Necessary	No		No	Necessary
		10A NCAC 13J .1503	AGENCY MANAGEMENT AND SUPERVISION	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary
		10A NCAC 13J .1504	SUPERVISION AND COMPETENCY OF COMPANION, SITTER, AND RESPITE SERVICES	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. June 25, 2016	Necessary	No		No	Necessary

Associatio	10A NCAC 13J	DEFINITIONS	Public	<ul> <li>Suggested</li> </ul>	Commen
n for Home	.0901		Coment as	Revisions: AHHC	t has no
and			defined in	requests that	merit to
Hospice			G.S. 150B-	DHSR use this	periodic
Care of NC			21.3A(a)(5	rulemaking	review
			) ` ` ` ` `	opportunity to	
			,	make necessary	
				changes to	
				confirm that,	
				consistent with	
				the attached	
				interpretive	
				guidance	
				provided by	
				DHSR to AHHC	
				dated August	
				23, 2023, that	
				physician	
				assistants and	
				nurse	
				practitioners	
				may issue	
				orders as	
				allowed by state	
				law.	
				• Rationale: The	
				rationale is set	
				forth in the prior	
				request for	
				confirmation	
				that preceded	
				the August 23,	
				2023	
				correspondence	
				•	

Association for Home and Hospice Care of NC	10A NCAC 13J .1202	CASE REVIEW AND PLAN OF CARE	Public Coment as defined in G.S. 150B- 21.3A(a)(5)	Suggested Revisions:     AHHC requests that     DHSR use this     rulemaking opportunity     to make necessary     changes to confirm that,     consistent with the     attached interpretive     guidance provided by     DHSR to AHHC dated     August 23, 2023, that     physician assistants and     nurse practitioners may     issue orders as allowed     by state law.     Rationale: The     rationale is set forth in     the prior request for     confirmation that     preceded the August 23,     2023 correspondence.	Comment has no merit to periodic review
Association for Home and Hospice Care of NC	10A NCAC 13J .0903	APPLICATION FOR ISSUANCE OF LICENSE	Public Coment as defined in G.S. 150B- 21.3A(a)(5 )	Current Rule: The current rule requires a home care license applicant to specify all premises at which the agency will provide home care services and subjects "all premises" to initial and ongoing inspection by the Department. Currently, there are hundreds of licensed home care agencies as listed as being as "out of state" on the Department's	Commen t has no merit to periodic review

list of currentlylicensed home care agencies. For each of these listings, the licensed entity's services section reads "N/A." It is unclear why these agencies possess a home care license if they do not provide any home care services. Many appear to be staffing agencies. SUGGESTED Revision: The Dept. should consider making a change to require that each licensed home care agency provide on its application, and maintain while licensure is active, at least one premise that is physically located in NC. Rationale: This would allow the Dept. to be able to conduct initial and ongoing inspections for

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				these agencies	
				that are	
				currently listed	
				as exclusively	
				being out of NC.	
				It would also	
				allow for NC	
				residents to be	
				assured that	
				these NC	
				licensed home	
				care agencies	
				have some	
				nexus to NC.	
Association	10A NCAC 13J	ACCEPTENCE	Public	Current rule:	Commen
for Home	.1101	OF CLIENTS	Coment as	Agencies are	t has no
and	.1101	FOR SERVICE	defined in	required to	merit to
Hospice		PROVISION	G.S. 150B-	develop and	periodic
Care of NC		FROVISION	21.3A(a)(5	implement	review
Care of NC			\ \	written policies	TEVIEW
			,		
				governing the	
				acceptance of clients and	
				client services,	
				incuding the	
				adequacy and	
				suitability of	
				agency	
				personnel and	
				resources to	
				provide the	
				services	
				required by the	
				client and	
				information on	
				resources	
				available to	
				cover staff	
				absence	
				SUGGESTED	
				REVISION: AHHC	
				requests	
				clarification of	
				acceptance of	
	1	İ	I .	acceptance of	

clients specifically in relation to skilled private duty nurse. **RATIONALE: In** many private duty nursing cases, there can be authorization for 84-112 hours per week of nursing and depending on the location, home environment and family dynamics and social circumstances, it may be very difficult to fulfill the ordered hours of nursing. These difficulties coupled with the family's expectations and choice to remove nurses does not shield the agency from citation for lack of staffing and failure to follow that standard, even if the family has refused every nurse the agency has sent

				to the residence.	
Association for Home and Hospice Care of NC	10A NCAC 13J .1003	PERSONNEL	Public Coment as defined in G.S. 150B- 21.3A(a)(5)	Current Rule: The current rule requires that personnel records contain reference checks and verifications of prior employment.  Suggested Revision: AHHC requests the elimination of this requirement.  Rationale: Reference checks or verification of previous employment are outdated and antiquated. This section adds no value to the employer anymore; it is costly, time-consuming, and the only items former employers list are title and dates (out of fear of litigation).	Comment has no merit to periodic review

Association	104 NGAC 121 1004	EVALUATION.	D. dellie	Current Rule: (a) The	Camanant
Association	10A NCAC 13J .1004	EVALUATION	Public	agency's governing body	Comment
for Home			Coment as	or its designee shall	has no
and Hospice			defined in	annually conduct a	merit to
Care of NC			G.S. 150B-	comprehensive	periodic
			21.3A(a)(5)	evaluation of the	review
				agency's total operation.	
				o (b) The evaluation	
				shall review the quality	
				of the agency's services	
				with findings used to	
				verify policy	
				implementation, to identify problems, and	
				to establish problem	
				resolution and policy	
				revision as necessary.	
				o (c) The evaluation shall	
				consist of a policy and	
				administration review,	
				including the scope of	
				services offered, arrangements for	
				services with other	
				agencies or individuals,	
				admission and discharge	
				policies, supervision and	
				plan of care, emergency	
				care, service records,	
				personnel qualifications, and program evaluation.	
				Data to be assessed shall	
				include the following:	
				§ (1) number of clients	
				receiving each service;	
				§ (2) number of visits or	
				hours for each service; § (3) client outcomes;	
				§ (4) adequacy of staff to	
				meet client needs;	
				§ (5) numbers and	
				reasons for	
				nonacceptance of	
				clients; and § (6) reasons for	
				discharge.	
				§ (d) The agency's	
				governing body or its	
				designee shall evaluate	
				the agency's client	
				records every 90 days. The evaluation shall	
				include a review of	
				sample active and closed	
				client records to ensure	
				that agency policies are	
				followed in providing	
				services, both direct and	
				under contract, and to assure the quality of	
				service meets the	
				client's needs. The	
				review shall consist of a	
				representative sample of	
				all home care services	

provided by the agency, § (e) Documentation of the evaluation shall include the names and qualifications of the persons carrying out the evaluation, the criteria and methods used to accomplish it, and any accomplish it, and accomplish it, and accomplish it and accomplish it, and accomplish it, and accomplish it, and and accomplish it, and accomplis		1	
the evaluation shall include the names and qualifications of the persons carrying out the evaluation, the criteria and methods used to accomplish it, and any action taken by the agency as a result of its findings.  - Suggested revision: ARHEC requests that the Department eliminate the requirement of an agency program evaluation or remove the requirement for Medicine certificity have been also also a support of the requirement of an agency program evaluation or remove the requirement for Medicine certificity have been also support of the requirement for Medicine certificity have been also support of the medicine certificity in the program improvement ("CAPI") requirements under the Medicine conditions of Participation.  - Rationale: The requirement for an annual program evaluation in North Carolina's home care agency requirements was originally intended to ensure quality improvement, oversight, and accountability, in the current regulatory and operational landscape, however, this requirement has become redundant, overly burdensome, and misalligned with modern quality assurance practices. It is time to reconsider and remove this requirement tools of quality improvement, and operational control of the program of the pro			provided by the agency.
include the names and qualifications of the persons carrying out the evaluation, the criteria and methods used to accomplish it, and any action taken by the agency as a result of its findings.  • Suggested revision: AHHC requests that the Department eliminate the requirement of an agency priorgram evaluation or remove the requirement for Medicare-certified agencies ince they have to undergo significant quality and program improvement, "CAPP") requirements under the Medicare Conditions of Participation.  • Rationale: The requirement for an annual program evaluation in North Carolina's home care agency regulations was originally intended to envisable on in North Carolina's home care agency regulations was originally intended to ensure quality improvement, overly hurdensome, and and cocontrability. In the decimal program and program and program and accountability in provement, overly hurdensome, and misaligned with modern quality assurance practices. It is time to reconsider and remove this requirement to allow agencies to focus on more meaningful and efficient methods of quality improvement and compliance.  • 1. Duplication of Oversight and Reporting Methanisms: Home care agencies are already subject to rigorous oversight through:  • Regulation (Derso).			§ (e) Documentation of
qualifications of the persons carrying out the evaluation, the criteria and methods used to accomplish it, and any action taken by the agency as a result of its findings.  • Suggested revision: AHHC requests that the Department eliminate the requirement of an agency program evaluation or remove the requirement of an agency program evaluation or remove the requirement for Medicare certified agencies since they have to undergo significant quality and program improvement ("CAPI") requirements under the Medicare Conditions of Participation.  • Rationals: The requirement for an annual program evaluation in North Carolia's home care agency regulations was originally intended to ensure quality improvement, oversight, and accountability. In the current regulatory and operational landscape, however, this requirement has become redundant, overly burdensome, and misaligned with modern quality assurance practices. It is time to reconsider and remove this requirement to allow agencies to focus on more meaningful and efficient methods of quality improvement and compliance.  o. 1. Duplication of Oversight and Reporting Mechanisms: Home care agencies are already subject to rigorous oversight through:			the evaluation shall
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		§ Mandatory client
		satisfaction surveys
		§ Quality assurance and
		performance
		improvement (QAPI)
		programs under federal
		CMS guidance (for
		Medicare-certified
		providers)
		§ These mechanisms
		provide a more real-time
		and outcomes-focused
		review of agency
		performance than the
		retrospective and often
		perfunctory annual
		evaluation.
		o 2. Outdated and
		Inefficient Use of
		Resources: The annual
		evaluation process
		· · · · · · · · · · · · · · · · · · ·
		requires significant
		administrative time to
		compile data, write
		formal reports, and
		conduct meetings—
		often without yielding
		actionable insights. In a
		time of workforce
		shortages and growing
		administrative burdens
		on health care providers,
		this requirement diverts
		valuable resources away
		from direct patient care
		and innovative quality
		improvement strategies.
		o 3. Inconsistent
		Standards and Limited
		Regulatory Value: The
		regulations do not
		clearly define the
		methodology, content,
		or required outcomes of
		the annual evaluation.
		As a result, reports often
		vary significantly in
		quality and usefulness
		across agencies.
		Regulators rarely use
		these evaluations in
		licensing decisions or
		enforcement actions,
		calling into question the
		regulatory utility of the
		requirement.
		o 4. Shift Toward
		Continuous Quality
		Improvement (CQI)
		Models: Modern best
		practices in healthcare
		quality management
		emphasize continuous
		quality improvement
	 	over static, annual

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				reviews. Agencies are now expected to monitor performance data in real-time and respond dynamically to emerging trends or issues. A mandated annual review is inflexible and misaligned with CQI principles, which are already embedded in many agencies' operations. o 5. Other States Have Eliminated Similar Requirements: Many states have moved toward more flexible and performance-based oversight models, reducing or eliminating similar annual review mandates. North Carolina risks falling behind in regulatory modernization and efficiency by maintaining this outdated provision.	
Robin Tam, Ally Home Care	10A NCAC 13J .1101	SUPERVISION AND COMPETENCY OF IN-HOME CAREGIVERS	Public Coment as defined in G.S. 150B- 21.3A(a)(5)	Comment: Ally Home Care's (AHC's) in-home aides have served rural to urban North Carolinians for a decade and have known their communities across generations. As the average caregiver has been at AHC for over 4 years, the agency has prioritized getting ahead of the industry's anticipated workforce shortage by promoting the 'tech-enabled' caregiver, empowered by superior tech and platform innovation. AHC appreciates this opportunity to provide input on existing DHSR rules, with the aim to make access, affordability, and better outcomes a reality in our state. For 10A NCAC 13J .1110(c), AHC recommends broadening performance of supervisory visits to include 'agency designated individuals' who enter the client's home while equipped with telehealth devices	Comment has no merit to periodic review

that facilitate live video assessment with the health care practitioner. AHC has found that human impressions can benefit from artificial intelligence as co-pilot, with innovations including AI-assisted visual fall risk detection, timely actionable interventions derived from myriad ingested data points (primed for at-risk, complex populations), and deeper insights at scale from AI-powered survey engines and administrative tools. AHC was recently selected as a pilot participant in a training grant secured by the Carolinas Foundation for Hospice and Home Care and the Association for Home & Hospice Care of NC, with the intention to launch platform improvements that promote 'tech-enabled' caregiver oversight, retention, and career pathing.

Robin Tam, Ally Home Care

10A NCAC 13J .0904 INSPECTION S

Public Coment as defined in G.S. 150B-21.3A(a)(5 Comment: Ally Home Care has built rich community relationships for over a decade, with caregivers deeply

entrenched in rural communities across generations. AHC has been able to develop a proprietary, comprehensive

tech stack that

ensures complete,

review

Commen

t has no

merit to

periodic

compliant virtual documentation to seamlessly manage operations consistently across multiple agencies and satellite locations. AHC appreciates this opportunity to provide input on existing DHSR rules, with the aim to make access, affordability, and better outcomes a reality in our state. For 10A NCAC 13J .0904(e), AHC recommends broadening immediate access to premises to include 'virtual facilitation,' thus permitting timely inspection with live, virtual expertise from directors of compliance, directors of nursing, and/or agency directors, for example via

remote kiosk or telehealth staging. AHC has found that human impressions can benefit from artificial intelligence as co-pilot, streamlining onboarding of 'tech-enabled' caregivers, developing superior internal audit processes, and generating deeper insights at scale from AIpowered survey engines and administrative tools. Pursuing administrative scale while ensuring a compliant, audit-ready framework liberates the team to continue spending time in the community and improve the day-to-day caregiving experience.