

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 APO - Filled in by 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)]
		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. 150B-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. 150B-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. 150B-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. 150B-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
	SECTION .1300 - 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, SITTING, 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, SITTING, 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

<p>Association for Home and Hospice Care of NC</p>	<p>10A NCAC 13J .0901</p>	<p>DEFINITIONS</p>	<p>Public Comment as defined in G.S. 150B-21.3A(a)(5)</p>	<ul style="list-style-type: none"> • 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. 	<p>Comment has no merit to periodic review</p>
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<p>Association for Home and Hospice Care of NC</p>	<p>10A NCAC 13J .1202</p>	<p>CASE REVIEW AND PLAN OF CARE</p>	<p>Public Coment as defined in G.S. 150B-21.3A(a)(5)</p>	<ul style="list-style-type: none"> • 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. 	<p>Comment has no merit to periodic review</p>
<p>Association for Home and Hospice Care of NC</p>	<p>10A NCAC 13J .0903</p>	<p>APPLICATION FOR ISSUANCE OF LICENSE</p>	<p>Public Coment as defined in G.S. 150B-21.3A(a)(5)</p>	<p>· 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</p>	<p>Commen t has no merit to periodic review</p>

				<p>list of currently-licensed 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.</p> <p>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.</p> <p>Rationale: This would allow the Dept. to be able to conduct initial and ongoing inspections for</p>	
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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 for Home and Hospice Care of NC	10A NCAC 13J .1101	ACCEPTENCE OF CLIENTS FOR SERVICE PROVISION	Public Coment as defined in G.S. 150B-21.3A(a)(5)	Current rule: Agencies are required to develop and implement written policies governing the acceptance of clients and client services, including 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	Commen t has no merit to periodic review

				<p>clients specifically in relation to skilled private duty nurse.</p> <p>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</p>	
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				to the residence.	
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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

<p>Association for Home and Hospice Care of NC</p>	<p>10A NCAC 13J .1004</p>	<p>EVALUATION</p>	<p>Public Coment as defined in G.S. 150B-21.3A(a)(5)</p>	<ul style="list-style-type: none"> • Current Rule: (a) The agency's governing body or its designee shall annually conduct a comprehensive evaluation of the 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: <ul style="list-style-type: none"> § (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 	<p>Comment has no merit to periodic review</p>
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				<p>provided by the agency.</p> <p>§ (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 action taken by the agency as a result of its findings.</p> <ul style="list-style-type: none">• Suggested revision: AHHC requests that the Department eliminate 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 ("QAPI") 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 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. <ul style="list-style-type: none">o 1. Duplication of Oversight and Reporting Mechanisms: Home care agencies are already subject to rigorous oversight through:<ul style="list-style-type: none">§ Regular licensure renewals by the North Carolina Division of Health Service Regulation (DHSR)§ Unannounced inspections and audits	
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				<p>§ Mandatory client satisfaction surveys</p> <p>§ Quality assurance and performance improvement (QAPI) programs under federal CMS guidance (for Medicare-certified providers)</p> <p>§ These mechanisms provide a more real-time and outcomes-focused review of agency performance than the retrospective and often perfunctory annual evaluation.</p> <p>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.</p> <p>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.</p> <p>o 4. Shift Toward Continuous Quality Improvement (CQI) Models: Modern best practices in healthcare quality management emphasize continuous quality improvement over static, annual</p>	
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				<p>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.</p> <p>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.</p>	
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**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,	Commen t has no merit to periodic review
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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 AI-
powered 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.