1	10A NCAC 13J.	0901 is readopted with changes as published in 31:24 NCR 2442-2448 as follows:
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3	10A NCAC 13J	.0901 DEFINITIONS
4	Terms used in thi	is Subchapter have the meanings as defined in G.S. 131E-136 and as follows:
5	(1)	"Activities of Daily Living" (ADL) means mobility, eating, bathing, dressing, toileting, and
6		continence. and toileting.
7	(2)	"Agency" means a home care agency.
8	(3)	"Agency director" means the person having administrative responsibility for the operation of the
9		agency.
10	(4)	"Allied health personnel" means licensed practical nurses, physical therapy assistants, occupational
11		therapy assistants or other health professionals as defined in occupational licensure laws that are
12		subject to supervision by a health professional.
13	(5)	"Appropriate professional means a licensed health care professional or a person with a baccalaureate
14		degree in social work or an individual who meets the job specifications established for a social
15		worker by the Office of State Personnel.
16	(6) <u>(4)</u>	"Client" means a home care client. as defined in G.S. 131E-136 (2b).
17	(7) <u>(5)</u>	"Clinical respiratory services" means the provision of respiratory equipment and services that
18		involve the assessment of a client's pulmonary status, monitoring of a client's response to therapy
19		therapy, and reporting to the client's physician. Procedures include: oximetry, blood gases, delivery
20		of medication via aerosolization, management of ventilatory support equipment, pulmonary
21		function testing testing, and infant monitoring.
22	(8) <u>(6)</u>	"Department" means the North Carolina Department of Health and Human Services.
23	(9) <u>(7)</u>	"Extensive Assistance" means a client is [totally] dependent or requires weight bearing support
24		hands on assistance more than half the time while performing part of an activity, such as guiding or
25		maneuvering of limbs, and meets one of the following criteria:
26		(a) Requires requires extensive assistance in more than two activities of daily living (ADLs).
27		as defined in Item (1) of this Rule; or
28		(b) Needs needs an in-home aide to perform at least one task at the nurse aide II level; or
29		(c) Requires requires extensive assistance in more than one ADL and has a medical or
30		cognitive impairment as defined in [Item (19)] [item (20)] of this Rule.
31	(10) <u>(8)</u>	"Follow-up care" means services provided to a licensed hospital's discharged elients client in their
32		homes home by a hospital's employees. No services except pulmonary care, pulmonary
33		rehabilitation [rehabilitation,] or ventilator services shall exceed three visits in any two month period
34		and shall not extend beyond a 12 month period following discharge. discharge, except pulmonary
35		care, pulmonary rehabilitation, or ventilator services.
36	(11) (<u>9)</u>	"Governing body" means the person or group of persons having legal authority for the operation of
37		the agency.

1	(12) (10) "Hands-on care" means any home care service which that involves touching the patient in order to					
2		implement the patient's plan of care.				
3	<u>(11)</u>	"Health care practitioner" means as defined in G.S. 90-640(a).				
4	(13) <u>(1</u>	(13) (12) "Infusion nursing services" means those services related to the administration of pharmaceutical				
5		agents directly into a body organ or cavity. Routes of administration include but are not limited to				
6		sub-cutaneous intravenous, intraspinal, epidural epidural, or intrathecal infusion. Administration				
7		shall be by or under the supervision of a registered nurse in accordance with their legal scope of				
8		practice.				
9	(14)	"In home aide" means an individual who provides hands on care to home care clients.				
10	(15) <u>(1</u>	3) "In-home aide services" are hands-on paraprofessional-services which that assist individuals, their				
11		family family, or both with home management tasks, personal care tasks, or supervision of the				
12		client's activities, activities or all of the above, to enable the individual, their family family, or both,				
13		both to remain and function effectively at home as long as possible. home.				
14	(16) <u>(1</u>	4) "In-home eare provider" caregiver" means any individual who provides home care services as				
15		enumerated in G.S. 131E-136.				
16	<u>(15)</u>	"Instrumental Activities of Daily Living" (IADL) means meal preparation, housekeeping,				
17		medication reminders, shopping, errands, transportation, money management, phone use, reading,				
18		and writing.				
19	(16)	"Licensed Clinical Social Worker" means as defined in G.S. 90B-3(6a).				
20	(17)	"Licensed practical nurse" means a person licensed as such, pursuant to as defined in G.S. 90-				
21		171.30. <u>G.S. 90-171.30 or G.S 90-171.32.</u>				
22	(18)	"Limited Assistance" means care to a client who requires hands-on care involving guided				
23		maneuvering of limbs with eating, toileting, bathing, dressing, personal hygiene, self-monitoring of				
24		medications medications, or other tasks assigned that require weight bearing assistance half the time				
25		or less during the activity and does not meet the definition of extensive assistance in Item (9) [Item				
26		(8)] of this Rule. assistance.				
27	(19)	"Medical or cognitive impairment" means a diagnosis and client assessment that documents at least				
28		one of the following:				
29		(a) Pain pain that is present more than half the time that interferes with an individual's activity				
30		or movement. movement;				
31		(b) Dyspneic dyspneic or noticeably short of breath with minimal exertion during the				
32		performance of ADLs and requires continuous use of oxygen: oxygen; or				
33		(c) Individual individual is not alert and oriented or is unable to shift attention and recall				
34		directions more than half the time.				
35	(20)	"Medical social services" means those professional services provided to individuals in their homes				
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1	medical social worker, when provided by an agency in conjunction with other nursing or therapy
2	services provided by the same agency.
3	(21) "Medical social worker" means a person with a master's degree from a school of social work
4	approved by the Council on Social Work Education who is eligible for certification by the North
5	Carolina Social Work Certification Licensure Board as a Certified Master Social Worker.
6	(22) "Medical social worker assistant" means a person who has a baccalaureate degree in social work,
7	psychology, sociology, or other field related to social work, and has had at least one year of social
8	work experience.
9	(23) (20) "Nursing registry" means a person or organization that maintains a list of nurses or nurses, in-home
10	aides aides, or both that is made available to persons seeking nursing care or in-home aide services
11	service, but does not collect a placement fee from the worker or client, coordinate the delivery of
12	services services, or supervise or control the provision of services.
13	(24) (21) "Nursing services" means professional services provided by a registered nurse or a licensed practical
14	nurse under the supervision of a registered nurse.
15	(25) (22) "Occupational therapist" means a person licensed as such, pursuant to as defined in G.S. 90-270.70.
16	G.S. 90-270.67(2) or G.S. 90-270.72.
17	(26) (23) "Occupational therapist assistant" means a person licensed as such, pursuant to as defined in G.S.
18	90 270.70. G.S. 90-270.67(3) or G.S. 90-270.72.
19	(27) (24) "Occupational therapy services" therapy" means professional services provided by a licensed
20	occupational therapist or a licensed occupational therapist assistant under the supervision of a
21	licensed occupational therapist. as defined in G.S. 90-270.67(4).
22	(28) "Paraprofessional" means an in home care provider who does not hold a professional license or
23	professional certification and through the nature of their duties assists a professional.
24	(29) (25) "On-call services" means unscheduled home care services made available to clients on a 24-hour
25	basis.
26	(30) (26) "Personal care" includes tasks that range from means assistance to an individual with basic personal
27	hygiene, grooming, feeding and ambulation to [Activities of Daily Living] ADL and medical
28	monitoring and other health care related tasks. monitoring.
29	(31) (27) "Physical therapist" means a person licensed as such, pursuant to as defined in G.S. 90 270.29. G.S.
30	90-270-24(2), G.S. 90-270-30, or G.S. 90-270-31(b).
31	(32) (28) "Physical therapist assistant" means a person licensed as such pursuant to as defined in G.S. 90
32	270.29. <u>G.S.</u> [90-270.24(2)] <u>90-270.24(3)</u> or G.S. 90-270-31(b).
33	(33) (29) "Physical therapy services" therapy" means professional services provided by a licensed physical
34	therapist or a licensed physical therapist assistant under the supervision of a licensed physical
35	therapist.as defined in G.S. 90-270.24(4).
36	(34) (30) "Physician" means a person licensed as such, pursuant to as defined in G.S. 90-15. G.S.90-9.1 or
37	G.S. 90-9.2.

1	(35) <u>(3</u>	1) "Plan of care" means the written description of the authorized home care services and tasks to be
2		provided to a client.
3	(32)	"Practice of respiratory care" means as defined in G.S.90-648(10).
4	(36) <u>(3</u>	3) "Premises" means the location or licensed site from which that the agency provides home care
5		services or maintains client service records or advertises itself as a home care agency.
6	(37) <u>(3</u>	4) "Qualified" means suitable for employment as a consequence of having met the standards of
7		education, experience, licensure licensure, or certification established in the applicable job
8		description created and adopted by the agency.
9	(38) <u>(3</u>	5) "Registered nurse" means a person licensed as such, pursuant to as defined in G.S. 90 171.30.
10		G.S.90-171.30 or G.S. 90.171.32.
11	(39)	"Respiratory therapist" means a person who is credentialed by the National Board for Respiratory
12		Care.
13	(40) <u>(3</u>	6) "Respiratory care practitioner" means those persons licensed in the state of North Carolina who
14		provide clinical respiratory services in a client's home. as defined in G.S. 90-648 (12).
15	(41) <u>(3</u>	7) "Scope of services" means those specific services provided by a licensed agency as listed on their
16		home care license.
17	(42) <u>(3</u>	8) "Survey" means an inspection by the Division of Health Service Regulation in order to assess the
18		compliance of agencies with the home care licensure rules.
19	(43) <u>(3</u>	9) "Social worker" means a person who meets the qualifications of the North Carolina Office of State
20		Personnel for social workers. as defined in G.S 90B-3(8).
21	(44) <u>(4</u>	0) "Speech and language pathologist" means a person licensed as such, pursuant to G.S. 90 294. as
22		defined in G.S. 90-293(5).
23	(45)	Speech therapy means professional services provided by a licensed speech and language pathologist.
24	(46) <u>(4</u>	1) "Skilled Services" means all home care services enumerated in G.S. 131E-136(3) with the exception
25		of in-home aide services.
26	<u>(42)</u>	"The practice of speech and language pathology" means as defined in G.S. 90-293(7).
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28	History Note:	Authority G.S. 131E-136; 131E-140;
29		Eff. July 1, 1992;
30		RRC Objection due to lack of statutory authority Eff. November 16, 1995;
31		Amended Eff. January 1, 2010; February 1, 1996. <u>1996:</u>
32		Readopted Eff. January 1, 2018.

1 10A NCAC 13J .1004 is readopted with changes as published in 31:24 NCR 2442-2448 as follows: 2 3 10A NCAC 13J .1004 **EVALUATION** 4 (a) The agency's governing body or its designee shall, at least annually, shall annually conduct a comprehensive 5 evaluation of the agency's total operation. (b) The evaluation shall assure review the appropriateness and quality of the agency's services with findings used to 6 7 verify policy implementation, to identify problems, and to establish problem resolution and policy revision as 8 necessary. 9 (c) The evaluation shall consist of an overall policy a policy and administration review, including the scope of services 10 offered, arrangements for services with other agencies or individuals, admission and discharge policies, supervision 11 and plan of care, emergency care, service records, personnel qualifications qualifications, and program evaluation. 12 Data to be assessed shall include at a minimum the following: 13 (1) number of clients receiving each services; service; 14 (2) number of visits or hours for each service; 15 (3) client outcomes; 16 **(4)** adequacy of staff to meet client needs; 17 numbers and reasons for nonacceptance of clients; and (5) 18 (6)reasons for discharge. 19 (d) An evaluation of the agency's client records shall be carried out at least quarterly by appropriate professionals 20 representing the scope of the agency's program. The agency's governing body or its designee shall evaluate the 21 agency's client records [quarterly.] every ninety days. The evaluation shall include a review of sample active and 22 closed client records to ensure that agency policies are followed in providing services, both direct and under 23 arrangement, contract, and to assure that the quality of service is satisfactory and appropriate, service meets the client's 24 needs. The review shall consist of a representative sample of all home care services provided by the agency. 25 (e) Documentation of the evaluation shall include the names and qualifications of the persons carrying out the 26 evaluation, the criteria and methods used to accomplish it, and any action taken by the agency as a result of its findings. 27 28 History Note: Authority G.S. 131E-140;

RRC Objection due to lack of statutory authority Eff. November 16, 1995;

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Eff. July 1, 1992;

Amended Eff. February 1, 1996. 1996;

Readopted Eff. January 1, 2018.

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1	10A NCAC 13J .1007 is readopted with changes as published in 31:24 NCR 2442-2448 as follows:
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3	10A NCAC 13J .1007 CLIENT RIGHTS AND RESPONSIBILITIES
4	(a) An agency must shall provide each client with a written notice of the client's rights and responsibilities in advance
5	of furnishing care to the client or during the initial evaluation visit before the initiation of services. The agency sha
6	maintain documentation showing that all clients have been informed of their rights and responsibilities. responsibilities.
7	as [defined] set forth in G.S. 131E-144.3.
8	(b) Clients' rights shall include at a minimum clients' rights to:
9	(1) be informed and participate in their plan of care;
10	(2) voice grievances about their care and not be subjected to discrimination or reprisal for doing so;
11	(3) confidentiality of their records;
12	(4) be informed of their liability for payment for services;
13	(5) be informed of the process for acceptance and continuance of service and eligibility determination
14	(6) accept or refuse services;
15	(7) be informed of the agency's on call service;
16	(8) be informed of supervisory accessibility and availability; and
17	(9) be advised of the agency's procedures for discharge.
18	(c) (b) An agency shall provide all clients with a telephone number for information, questions, or complaints about
19	services provided by the agency. The agency shall also provide the Division of Health Service Regulation complain
20	hotline number or the Department of Health and Human Services Careline number. notice to clients as [defined] so
21	forth in G.S. 131E-144.4. The Division of Health Service Regulation shall investigate all allegations of nor
22	compliance with the rules. rules of this Subchapter.
23	(d) (c) An agency shall investigate, within 72 hours, complaints made to the agency by a client or the client's family
24	and must [shall] document both the existence of the complaint and the resolution of the complaint. An agency sha
25	comply with G.S. 131E-144.6(b).
26	
27	History Note: Authority G.S. 131E-140; <u>131E-144.3;</u>
28	Eff. July 1, 1992;
29	Amended Eff. February 1, 1996. <u>1996;</u>
30	Readopted Eff. January 1, 2018.

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1 10A NCAC 13J .1107 is readopted with changes as published in 31:24 NCR 2442-2448 as follows:

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10A NCAC 13J .1107 IN-HOME AIDE SERVICES

the provisions in Paragraphs (b) and (c) of this Rule.

- (a) If an agency provides in-home aide services, the services shall be provided in accordance with the client's plan of care. The plan of care shall be signed and dated by the [registered nurse] health care practitioner and the client or [designee. A] the client's responsible party. The client shall have access to a copy of the [signed and dated] in-home aide plan of care [shall be left] in the home. Agencies participating in the Home and Community Care Block Grant or Social Services Block Grant through the Division of Aging and Adult Services shall comply, for those clients, with the in-home aide service level rules contained in 10A NCAC 06A and 10A NCAC 06X which are hereby incorporated by reference with all subsequent amendments. All other agencies providing in home aide services shall comply with
- 12 (b) The plan of care shall contain the level of assistance required by the client for each ADL. If the client's plan of care requires the in-home aide to provide extensive assistance, as defined in Rule .0901(9) of this Subchapter the in-home aide shall be listed on the Nurse Aide Registry pursuant to G.S. 131E-255. However, if the client's plan of care requires the in-home aide to provide only limited assistance as defined in Rule .0901(18) of this

Subchapter assistance, the in-home aide is not required to be listed on the Nurse Aide Registry.

- (c) In-home aides shall follow instructions for client care written by the health care practitioner required for the services provided. [registered nurse.] health care practitioner. In-home aide duties may include the following:
 - (1) help with prescribed exercises which that the client and in-home aides have been taught by a health care practitioner licensed pursuant to G.S. 90; practitioner;
 - (2) provide or assist with personal care (i.e., bathing, care of mouth, skin and hair); ADLs;
- 22 (3) assist with ambulation;
 - (4) (3) assist client with self-administration of medications which that are ordered by a physician health care practitioner or other person authorized by state law to prescribe;
 - (5) (4) perform incidental household services which IADLs that are essential to the client's care at home; and
 - (6) (5) record and report changes in the client's condition, family situation situation, or needs to an appropriate health care practitioner. the [registered nurse.] health care practitioner.
- (d) For agencies providing in-home aide services, the initial assessment shall be conducted in the client's home by the
 [registered nurse.] health care practitioner. The initial assessment shall include the client's functional status in the areas
 of social, mental, physical health, environmental, economic, ADLs, and IADLs.
- 32 (e) The initial assessment shall be conducted prior to the development of the plan of care and signed and dated by the
- 33 [registered nurse.] health care practitioner.
- 34 (f) Agencies providing in-home aide services shall provide availability of the [registered nurse] health care
- 35 practitioner for supervision and consultation.
- 36 (g) Agencies participating in the Home and Community Care Block Grant or Social Services Block Grant through
- 37 the Division of Aging and Adult Services shall comply with the in-home aide service level rules contained in 10A

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1	NCAC 06A and	<u> 10A NCAC</u> [06X	[] <u>06X, whic</u>	ch are hereby	y incor	porated by re	eference with al	<u>l subsequ</u>	ent am	nendme	ents
2	and editions.	Copies of	these ru	ıles may	be	accessed	[electronically	⊬] <u>at</u>	no	cost	at
3	http://reports.oa	h.state.nc.us/ncac	.asp?folderl	Name=\Title	10A -	Health and	Human Service	es\Chapte	<u>er 06 -</u>	AGIN	<u>G -</u>
4	PROGRAMS [OPERATIONS at	no cost. Al	l other agen	cies pr	oviding in h	ome aide servi	ces shall	compl	y with	the
5	provisions in Pa	ragraphs (a) throu	igh (f) of thi	s Rule.] OP	ERAT	IONS.					
6	(h) In order to	assure supervision	n of services	s provided b	y in-h	ome [aides,]	caregivers, geo	ographic	service	e areas	for
7	these services s	hall be limited to	the area th	nat includes	the co	ounty where	the agency is	located,	<u>countie</u>	s that	are
8	contiguous with	the county wher	e the agency	y is located,	or wit	thin 90 minu	ites driving tim	e from th	ie site	where	the
9	agency is locate	d, whichever is gr	eater. Agen	cies providir	ng serv	ices to any c	lient prior to Jai	nuary 1, 2	2006 w	ho resi	ides
10	in a geographic	service area that	prior to Janı	uary 1, 2006	is bey	ond the cou	nties that are co	ontiguous	with t	he cou	ınty
11	where the agend	cy is located or gr	eater than 9	00 minutes d	lriving	time from t	he site where th	ne agency	is loc	ated, r	nay
12	continue to prov	vide services to the	e client in th	iese areas ur	ntil the	client is disc	charged from th	e agency	<u>.</u>		
13											
14	History Note:	Authority G.S.	131E-140;								
15		Eff. July 1, 1992	2;								
16		Amended Eff. J	anuary 1, 20	010; Octobe	r 1, 20	07; October	1, 2006; Febru	ary 1, 19	96. <u>19</u>	<u>96;</u>	
17		Readopted Eff.	January 1, 2	<u> 2018.</u>							

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10A NCAC 13J .1110 is readopted with changes as published in 31:24 NCR 2442-2448 as follows:

10A NCAC 13J .1110 SUPERVISION AND COMPETENCY OF INHOME IN-HOME AIDES OR OTHER IN-HOME CARE PROVIDERS CAREGIVERS

- (a) In home aides or other allied health personnel In-home [eare providers] caregivers subject to occupational licensing laws shall meet requirements consistent with the rules established by the occupational licensing board to which that they are subject. Each agency shall document that its in home aides and other in-home care providers caregivers are competent to perform client care tasks or activities to which that they are assigned. Meeting competency includes a demonstration of tasks to the health care practitioner. Such individuals In-home [eare providers] caregivers shall perform delegated activities under the supervision of persons authorized by state law to provide such supervision.

 (b) Those in home aides and other in-home care providers caregivers who are not subject to occupational licensing laws, laws shall only be assigned client care activities for which that they have demonstrated competency, and the documentation of which competency is maintained by the agency. Meeting competency includes a correct demonstration of tasks to an appropriate professional, the health care practitioner. Each agency shall document that its in home aides and other in-home care providers caregivers demonstrate competence for all assigned client care tasks or activities. Such individuals In-home [eare providers] caregivers shall be supervised by the appropriate professional health care practitioner who may further delegate specific supervisory activities to a paraprofessional in-home [eare providers] caregivers as designated by agency policy, provided that the following criteria are met:
 - (1) there is continuous availability of the appropriate professional health care practitioner for supervision and consultation; and
 - (2) accountability for supervisory activities delegated is maintained by the appropriate professional. health care practitioner.
- (c) Staff who are not licensed by the North Carolina Respiratory Care Board shall only be assigned duties for which they have demonstrated competency and shall not engage in providing Respiratory Care as that term is defined in the Respiratory Care Practice Act, G.S. 90 648(11). Agencies that are providing clinical respiratory care services must provide supervision by a licensed respiratory care practitioner or a registered nurse with sufficient education and clinical experience in the scope of the services offered.
- (d) (c) In-home caregivers subject to Paragraph (a) of this Rule shall be subject to the method and frequency of supervision defined in the agency's policy. The appropriate supervisor health care practitioner shall supervise an inhome care provider as specified in Paragraph (a) or (b) of this Rule caregiver subject to Paragraph (b) of this Rule by making a supervisory visit to each client's place of residence at least every three months, [quarterly] every ninety days with or without the in-home care provider's caregiver's presence, and at least annually, while the in-home care provider caregiver is providing care to each client. The supervisory visit shall include review of the client's general condition, [and progress] progress, and response to the services provided by the [specified type of] in-home [care provider.] caregiver.
- (e) A quarterly supervisory visit to the home of each client, by the appropriate professional supervisor for each type of in home care provider as specified in Paragraphs (a) and (b) of this Rule, shall meet the minimum requirement for

1 supervision of any and all of the specified type of in home care providers who have provided service to the client 2 within the quarter. The supervisory visit shall include review of the client's general condition, progress and response 3 to the services provided by the specified type of in home care provider. 4 (f) (d) Documentation of supervisory visits shall be maintained in the agency's records and shall contain: contain date 5 of visit, findings of visit, and signature of person performing the visit. 6 date of visit; (1)7 findings of visit; and (2)8 signature of person performing the visit. 9 In order to assure effective supervision of services provided by in home aides, geographic service areas for these 10 services shall be limited to the area which includes the county where the agency is located, counties that are contiguous 11 with the county where the agency is located or within 90 minutes driving time from the site where the agency is located, whichever is greater. Agencies providing services to any client prior to January 1, 2006 who resides in a 12 13 geographic service areas which prior to January 1, 2006 which are is beyond the counties that are contiguous with the 14 county where the agency is located or greater than 90 minutes driving time from the site where the agency is located, 15 may continue to provide services to the client these areas until the client is discharged from the agency. (g) (e) When follow-up corrective action is needed for any or all of a specified type of in-home care provider caregiver 16 17 based on findings of the supervisory visit, documentation of such corrective action by the appropriate supervisor health 18 <u>care practitioner</u> shall be maintained in the employee(s) or other agency record. 19 (h) (f) An appropriate professional A health care practitioner conducting a supervisory visit for any and all of a 20 specified type of in-home care provider caregiver may simultaneously conduct the quarterly case review every ninety 21 days as required in Rule .1202 of this Subchapter. 22 (i) (g) The appropriate professional health care practitioner shall be continuously available for supervision, supervision on site where services are provided when necessary, during the hours that in-home care services are 23 24 provided. 25 26 History Note: Authority G.S. 131E-140; 27 Eff. July 1, 1992; 28 Amended Eff. July 1, 1993; 29 RRC Objection due to lack of statutory authority and ambiguity Eff. November 16, 1995; 30 Amended Eff. February 1, 1996; 31 Temporary Amendment Eff. April 1, 2006; 32 Amended Eff. November 1, 2006. 2006;

Readopted Eff. January 1, 2018.

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1 10A NCAC 13J .1202 is readopted with changes as published in 31:24 NCR 2442-2448 as follows: 2 3 10A NCAC 13J .1202 CASE REVIEW AND PLAN OF CARE 4 (a) The plan of care shall be established in collaboration with the client and incorporated in the service record. The 5 plan of care must shall be reviewed at least every three months [quarterly] every ninety days by the appropriate agency 6 professional health care practitioner and revised as needed based on the client's needs. If the client record is thinned, 7 purged, the original and updated authorization or orders for care as appropriate shall be maintained in the client's 8 eurrent record. All records shall be readily available to Department staff for review if requested. [If physician orders 9 are needed for the services, a home care health professional The the health care practitioner shall notify the physician 10 of any changes in the client's condition which that indicates the need for altering the plan of care or for terminating 11 services. Based upon the findings of the client assessment, the plan of care shall include at a minimum the following: 12 (1) type of service(s) and care to be delivered; 13 (2) frequency and duration of service; 14 (3) activity restrictions; 15 **(4)** safety measures; and 16 (5) service objectives and goals. 17 (b) Where applicable, the plan of care shall include, but is not limited to: include: 18 (1) equipment required; 19 (2) functional limitations; 20 (3) rehabilitation potential; 21 (4) diet and nutritional needs; 22 (5) medications and treatments; 23 (6) specific therapies; 24 (7) pertinent diagnoses; and 25 (8)prognosis. 26 (c) So long as ongoing hands on care is being provided to a client, a registered nurse, social worker or other appropriate professional shall visit the client in the client's residence at least quarterly to assess the client's general 27 28 condition, progress and response to services provided. Documentation of these visits shall be maintained in the client's 29 service record. 30 (d) (c) If the same professional health care practitioner is assigned responsibility for two or more of the following, 31 these functions may be conducted during the same home visit: 32 quarterly assessment of client's condition condition, progress, and response; response every ninety (1) 33 days; 34 (2) provision of regularly scheduled professional services; or 35 (3) supervision of in home aide or other allied health personnel. in-home [care provider.] caregiver. 36 37 History Note: Authority G.S. 131E-140;

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	Eff. July 1, 1992;
2	Amended Eff. May 1, 1993;
3	RRC Objection due to lack of statutory authority Eff. November 16, 1995;
1	Amended Eff. February 1, 1996. <u>1996:</u>
5	Readopted Eff. January 1, 2018.

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1	10A NCAC 13J	.1402 is	readopted with changes as published in 31:24 NCR 2442-2448 as follows:
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3	10A NCAC 13J	.1402	CONTENT OF RECORD
4	(a) If the agency	y is prov	riding services to a client which do not require a physician's order, client, the service record
5	shall contain the	followin	ng information at a minimum: information:
6	(1)	Admis	sion data:
7		(A)	identification data such as name, address, telephone number, date of birth, sex, and marital
8			status, social security number; all information essential to the identification of the client;
9			and a copy of the signed client's right's form or documentation of its delivery; status;
10		(B)	names of next of kin or legal guardian; a copy of the signed client's rights form or
11			documentation of its delivery:
12		(C)	names of next of kin, legal guardian, or other family members;
13		(D)	source of referral; and
14		(E)	assessment of home environment.
15	(2)	Service	e data:
16		(A)	initial assessments by appropriate professional the health care practitioner of the client's
17			functional status in the areas of social, mental, physical health, environmental, economic,
18			activities of daily living ADLs, and instrumental activities of daily living; IADLs;
19		(B)	identification of problems, the establishment of goals and proposed intervention
20			intervention, and indication of the client's understanding of and approval for services to be
21			provided. If the client is diagnosed as not competent to understand the treatment plan
22			competent, the approval of the client's responsible party shall be recorded;
23		(C)	a record of all services provided, provided directly and by contract, with entries dated with
24			date and time of service, and signed by the individual providing the service. Records shall
25			include dates and times of services provision; service;
26		(D)	discharge summary which that includes an overall summary of services provided by the
27			agency and the date and reason for discharge. When a specific service to a client is
28			terminated and other services continue, there shall be documentation of the date and reason
29			for terminating the specific service; and
30		(E)	evidence of coordination of services when the client is receiving more than one home in-
31			home care service.
32	(b) If the agency	is provi	ding services to a client which that require a physician's order, the service record shall include
33	at a minimum al	l of the i	tems described in Paragraph (a) of this Rule and the following items:
34	(1)	Admis	sion data:
35		(A)	admission and discharge dates from hospital or other institution when applicable; and
36		(B)	names of physician(s) responsible for the client's care.
37	(2)	Service	e data:

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1		(A) clien	nt's diagnoses;
2		(B) phys	sician's orders for pharmaceuticals and medical treatments; and
3		(C) If <u>if</u>	the agency is providing services to a hospital or nursing facility patient, the agency's
4		reco	ord shall include at a minimum the following items: referral information, dates and
5		time	es of services, and documentation of services provided.
6		(i)	referral information;
7		(ii)	dates and times of services; and
8		(iii)	documentation of services provided.
9			
10	History Note:	Authority G.S.	S. 131E-140;
11		Eff. July 1, 19	992;
12		Amended Eff.	. February 1, 1996. <u>1</u>996;
13		Readopted E	ff. January 1, 2018.

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1 10A NCAC 13J .1502 is readopted with changes as published in 31:24 NCR 2442-2448 as follows: 2 3 10A NCAC 13J .1502 SCOPE OF SERVICES 4 (a) If an agency provides In-home companion, sitter, or respite services, the services shall be provided in accordance 5 with the client's plan of care. Agencies participating in the Home and Community Care Block Grant or Social Services 6 Block Grant through the Division of Aging and Adult Services shall comply, for those clients, comply with the 7 companion or sitter [service level] rules contained in 10A NCAC 06A and 10A NCAC 06X 10A NCAC [06X,] which 8 are hereby incorporated by reference with all [including] subsequent amendments [and editions. Copies of 10A NCAC 9 06A and 06X are available at http://reports.oah.state.nc.us/ncac.asp?folderName=\Title 10A Health and Human Services\Chapter 06 AGING PROGRAMS OPERATIONS at no cost.] 06X. All other agencies providing 10 11 companion and sitter in-home companion, sitter, or respite services shall comply with the provisions of the rules in this Section, Section, unless exempt from these rules. [subject to the provisions of the rules of this Subchapter,] 12 13 Section. 14 (b) <u>In-home Companion</u>, companion, sitter, or respite services personnel shall follow the service plan of care written 15 by personnel required by agency policy for the services provided, the in-home companion, sitter, or respite services 16 supervisor. 17 18 History Note: *Authority G.S. 131E-140;* 19 Eff. January 1, 2010. 2010;

Readopted Eff. January 1, 2018.

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