

# EXHIBIT C

\*Update from Executive Committee Meeting\*

## Repeal of Subchapter H

10A NCAC 13H Licensing of Homes for Developmentally  
Disabled Adults



North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Office of the Director

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS  
  
Drexdal Pratt  
Division Director

August 29, 2014

MEMORANDUM

TO: John Fagg, M.D., Chair, N.C. Medical Care Commission  
FROM: Megan Lamphere, DHSR Rules Review Manager  
RE: Additional Information for the Approval for Repeal of Subchapter 10A NCAC 13H

On August 21, 2014, the Executive Committee of the N.C. Medical Care Commission gave approval to move forward with the repeal of rules in Subchapter 10A NCAC 13H, Licensing of Homes for Developmentally Disabled Adults.

The Committee also requested that DHSR staff conduct a 'crosswalk' of the Subchapter 13H rules with the current licensure categories that are used in place of Subchapter 13H, to ensure that the residential needs of individuals with Developmental Disabilities (now "Intellectual and Developmental Disabilities-IDD") and services provided in these residential settings are met in North Carolina.

Attached with this memo I am submitting to the Commission a memo and crosswalk of rules created in 2001. As you will see, leadership from both the Division of Health Service Regulation and the Division of Mental Health/Developmental Disabilities/Substance Abuse Services were in support of the transition of homes licensed under Subchapter 13H to the current licensure categories. Both Divisions agreed that individuals with IDD would be better served in other models of care, which is our current licensure categories administered by the Mental Health Licensure and Adult Care Licensure Sections.

DHSR staff have reviewed this memo from 2001 and still concur with the information provided in the memo and crosswalk. Staff feel that these rules are outdated and unnecessary and are no longer used to serve individuals with IDD. Staff feel that the repeal of these rules will have no impact on the citizens of North Carolina.

Thank you, again, for considering our request. DHSR staff are happy to answer any further questions or concerns you may have about the repeal of these rules or of the licensed residential options currently available to individuals with IDD in North Carolina.



<http://www.ncdhhs.gov/dhsr/>

Phone: 919-855-3750 / Fax: 919-733-2757

Location: 809 Ruggles Drive v Dorothea Dix Hospital Campus v Raleigh, N.C. 27603

Mailing Address: 2701 Mail Service Center • Raleigh, North Carolina 27699-2701

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Cc: Drexdal Pratt, DHSR Director  
Chris Taylor, Assistant Secretary, N.C. Medical Care Commission  
Jan Brickley, Interim Section Chief, DHSR Adult Care Licensure Section  
Stephanie Gilliam, Section Chief, DHSR Mental Health Licensure Section



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August 13, 2014

MEMORANDUM

TO: Dr. John Fagg, M.D., Chair, N.C. Medical Care Commission

FROM: Megan Lamphere, DHSR Rules Review Manager

RE: Approval for Repeal of Subchapter 10A NCAC 13H

I respectfully request that the Executive Committee of the N.C. Medical Care Commission grant approval for the Division of Health Service Regulation (DHSR) to move forward with the repeal of Subchapter 10A NCAC 13H, *Licensing of Homes for Developmentally Disabled Adults*, at the next meeting to be held on August 21, 2014. The rules can be found by clicking [HERE](#).

DHSR staff have identified that the rules included in this Subchapter are outdated and unnecessary. The rules were originally under the jurisdiction of the N.C. Social Services Commission until 1999 when Senate Bill 10 was passed and placed the rule-making authority for these homes under the Medical Care Commission.

When facilities that existed under these rules came under the authority of the Medical Care Commission, and thus the DHSR, they became licensed as either adult or family care homes or mental health "5600" group homes. DHSR did not create a new licensure category for facilities under this Subchapter or allow for any facilities licensed as "DDA homes" to continue to be licensed as such.

Currently, there is no licensure category for these rules and there are no facilities licensed under this Subchapter. All facilities have been converted to either an adult care or mental health facility.

For these reasons, it is DHSR staff's opinion that Subchapter 10A NCAC 13H be repealed. We ask for permission to move forward with rule-making so that a Notice of Text may be published. A public hearing will be held on the repeal of the rules, but we do not expect any comment or objections. No fiscal note is required when rules are to be repealed, however, there would be no fiscal impact as these types of homes no longer exist. Following the public comment period, the rules would be brought before the full Commission for final adoption (repeal) at the Commission's November meeting.

Thank you for considering our request.



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Stephanie Gilliam, Section Chief, DHSR Mental Health Licensure Section



North Carolina Department of Health and Human Services  
Division of Facility Services • Mental Health Licensure and Certification Section  
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
Michael F. Easley, Governor


Carmen Hooker Buell, Secretary


W. Jeff Horton, Chief


July 27, 2001

To: Group Homes for Developmentally Disabled Adults

From:  Jeff Horton, DFS Mental Health Licensure and Certification Section

 Jim Upchurch, DFS Adult Care Section

 Patricia Porter, Ph.D., DMHDDSAS Developmental Disabilities Section

 Jim Jarrard, DMHDDSAS Program Accountability Section

Re: House Bill 387 – An Act to Clarify the Licensure and Definition of Group Homes for Developmentally Disabled Adults

Change of Licensure from G.S. 131D to G.S. 122C

As many of you may know, House Bill 387 became law effective June 15, 2001. A copy of the chaptered bill is enclosed with this letter for your reference. The new law requires all group homes for developmentally disabled adults (DDA) previously licensed under G.S. 131D to now be licensed pursuant to G.S. 122C. Therefore, the purpose of this letter is to initiate the transfer of DDA licenses to G.S. 122C supervised living facility licenses. Enclosed with this letter is a license application and instructions to convert your DDA home to a G.S. 122C facility. The G.S. 122C licensure category your facility will be licensed is under item number 10 of the licensure application: Section .5600 – Supervised Living for Individuals of All Disability Groups. Once the application is completed and received by the DFS Mental Health Licensure and Certification Section, your new license will be issued with an effective date of June 15, 2001 to reflect the effective date of the law. We ask that you forward the application to us no later than Friday, August 31, 2001

Monitoring

Since monitoring of G.S. 122C facilities will be performed directly by DFS, county Departments of Social Services (DSS) will no longer be responsible for providing monitoring visits for your facility with the exception of adult protective services investigations. The county directors of social services have been notified of this in a letter from Jim Upchurch dated June 27, 2001.

With Which Rules Should the Group Home Comply?

Under Section 2 of House Bill 387, you will note the following language:

*“A supervised living facility for developmentally disabled adults licensed under this section shall: (3) Comply either with categories of existing rules applicable to group homes for developmentally disabled adults adopted under Article 1 of Chapter 131D of the General Statutes, or with categories of existing rules applicable under G.S. 122C-3(14)e., at the option of the supervised living facility.” and*

*"The Department of Health and Human Services' Division of Facility Services and Division of Mental Health, Developmental Disabilities, and Substance Abuse Services shall designate the categories of existing rules applicable to the supervised living facility option under this section."*

After a thorough and exhaustive review of both G.S. 131D and G.S. 122C licensure rules and discussions between DFS, DMHDDSAS and DDA providers, we believe all DDA providers will find it to their advantage to comply with G.S. 122C licensure rules. Compliance with G.S. 122C licensure rules will offer greater flexibility in how providers train staff and the rules are better suited for the clients being served by DDA providers as opposed to the G.S. 131D rules. Below are just a few reasons we have outlined which explains our rationale for this position.

- G.S. 122C licensure rules are more applicable to the population being served by DDA homes as opposed to the G.S. 131D licensure rules. Our comparison of the two sets of rules indicates the G.S. 131D licensure rules are based more on a medical model approach to care which is in contrast to the G.S. 122C licensure rules which are based on a behavioral model specifically developed to address the needs of developmentally disabled clients. For example, the G.S. 131D licensure rules under 10 NCAC 42B .2404 requires the facility to have licensed health professional support, which means a registered nurse must evaluate care plans and assess clients with certain conditions whereas the G.S. 122C licensure rules require a qualified developmental disability professional to address client behavioral needs. Of course, if a facility were to choose to comply with G.S. 122C licensure rules, they would still be required to ensure that client medical needs are met.
- If a provider chooses to comply with G.S. 131D licensure rules, all direct care staff will still be required to take and pass the medication exam as required by 10 NCAC 42B .1214 and administered by the DFS Adult Care Licensure Section and pass a skills validation exam by a registered nurse. Consequently, if the provider chooses to comply with G.S. 122C licensure rules, direct care staff will not be required to take and pass the exam. Staff will still be expected to be trained and competent regarding medication administration, but the medication-testing exam will not be required.
- If a provider chooses to comply with G.S. 131D licensure rules, all direct care staff will still be required to meet staff training and competency as required by 10 NCAC 42B .1210 and .1211 which specifically requires a 45 or 80 hour personal care training program. Consequently, if the provider chooses to comply with G.S. 122C licensure rules, although they will still be expected to be trained and competent in their duties, the 122C rules training requirements do not contain language which dictates the actual number of training hours staff must receive therefore offering providers more flexibility in how they train their staff.
- Regardless of which rules DDA homes choose to comply, since they will now be G.S. 122C facilities, they must comply with Article 3 of G.S. 122C, which is the Client Rights Statutes and Rules. However, if a facility chooses to comply with G.S. 131D rules, pursuant to 10 NCAC 42B .1603, it will still be required to comply with the "Declaration of General and Special Rights of the Mentally Retarded of the International League of Societies for the Mentally Handicapped" which means the facility will now have to comply with two different sets of rights for their clients. Consequently, if the facility chooses to comply with G.S. 122C licensure rules, they will only have one set of client rights standards which to comply,

(continued)

- which we believe will create less confusion for providers and make compliance more streamlined.

Some providers may worry that their current G.S. 131D policies and procedures may not be sufficient or in compliance with G.S. 122C licensure rules which may be true. However, DFS staff are ready and willing to work with providers who choose to comply with G.S. 122C licensure rules to help them meet these rules after their new G.S. 122C licenses have been issued.

A set of the G.S. 122C licensure rules are enclosed with this letter for your review and comparison to the G.S. 131D rules which you should already have. The rules can also be downloaded from the Office of Administrative Hearings, Rules Division web site at the following address:

[http://ncrules.state.nc.us/ncadministrativ\\_/title10healthan\\_/default.htm](http://ncrules.state.nc.us/ncadministrativ_/title10healthan_/default.htm)

The G.S. 122C licensure rules are found under Title 10, Chapter 14, Subchapter V and the G.S. 122C Client Rights Rules are found under Title 10, Chapter 14, Subchapters P, Q, R, and S. The G.S. 131D licensure rules are found under Title 10, Chapter 42, Subchapters B, C and D.

*Please note: Although Section .5600 - Supervised living for individuals of all disability groups under the G.S. 122C licensure rules limits bed capacities to no more than 6 clients, this is not a concern for former G.S. 131D DDA home providers. You will note that Section 4 of House Bill 387 allows former G.S. 131D DDA home facilities to have capacities of two to nine beds which will allow these homes to keep the bed capacities they had prior to conversion to G.S. 122C licenses.*

#### The Group Home's Decision

In the license application, which we referred to earlier in this letter, under item number 3 the facility must check which rules they choose to comply – either G.S. 122C licensure rules or G.S. 131D licensure rules. **We strongly encourage you to carefully consider which rules you choose to comply as this will determine what standards you will be held accountable. If you have questions concerning these rules or need assistance determining which set of rules which your facility will comply, do not hesitate to contact Jeff Horton or Betty Gardner with the DFS Mental Health Licensure and Certification Section at (919) 715-8076 or Marian Hartman with the DMHDDSAS Developmental Disabilities Section at (919) 733-4665.**

#### Conclusion

We want to thank you in advance for your prompt attention and cooperation in this matter. Both DFS and DMHDDSAS look forward to continuing a good working relationship with DDA providers in the future as we all work toward the goal of providing quality care which is in the best interest of the clients we all serve. If you have any questions concerning this process, please do not hesitate to contact Mr. Horton, Ms. Gardner, or Ms. Hartman at the numbers provided above.



Group Homes for DDA  
Page Four

Enclosures

Cc: Robert J. Fitzgerald, DFS  
Arthur J. Robarge, DMHDDSAS

COMPARISON OF RULES AND REVIEW OF POTENTIAL IMPACT OF RELICENSING  
DDA HOMES FROM UNDER 131D TO 122C

<u>Mental Health 122C</u>	<u>Adult Care 131D</u>	<u>Potential Impact of Relicensure</u>
Section .0201 Governing Body Policies	Facilities to prepare some additions to policies and procedures	Time for policy/procedure preparation
Section .0202 Personnel Requirements  Requires job description Requires a Director with one year experience No known history of abuse, neglect or exploitation of vulnerable adults Require initial and annual medical statements	Adult Care medication competency validation and testing requirements more extensive.  45 or 80-hour personal care training required for direct care staff and supervisors	Time & possible cost of an acting director if present director has less than a year of experience. Increase cost in obtaining medical statement annually. Less cost without DDA state testing and 45/80 hr. training requirements under 131D.
Section .0203 Personnel Requirements  Requires privileging of QMRP	Does not have this requirement.	Not worked out by DMH/DD/SAS. Cost if any unknown
Section .0204 Training and Supervision of Paraprofessional Same as above	Same as above	Same as above
Section .0205 Assessment and Treatment Plan Would require some QMRP involvement	Does not include QMRP involvement, but does require RN participation in oversight of more health care related tasks.	Cost reduction with no RN but a cost increase for a QMRP
Section .0206 Client Records Basically the same as Adult Care	Basically the same as Mental Health	None
Section .0207 Emergency Plans and supplies Basically the same as Adult Care	Basically the same as Mental Health	None

Section .0208 Client Services Basically the same as Adult Care with the exception of dietary requirements	Adult Care has more dietary requirements; requires a registered dietitian to review and sign modified diet menus.	Decrease in cost since does not require involvement of a dietitian
Section .0209 Medication Similarities as well as differences noted in next column.	Adult Care requires medication reviews quarterly and Mental Health requires every six months. Adult Care requires skills validation by RN and written test administered by the state; annual CEU's in medication administration; and medication disposal witnessed by a pharmacist.	A probable overall decrease in cost.
Section .0210 Research Review Board N/A Group Home do not normally participate	N/A	N/A
Section .0301 Building Codes Must meet present building codes	Additional construction requirements in rules but variances allowed.	Grandfathering of existing facilities being relicensed, except for smoke detectors, will alleviate additional costs
Section .0302 Facility Construction	Same as above	Same as above
Section .0303 Location and Exterior Requirements	Same as above	Same as above
Section .0304 Facility Design and Equipment Requires maintaining a comfort range of 68-80 degrees. No more than 2 clients to a room. 1 bathroom to every six clients.	AC or fan to be provided in rooms when corridor temp. exceeds 80 degrees. Not required to be maintained at no more than 80 degrees. No more than 3 residents to a room. 1 bathroom to every 4 persons.	May have increase in cost if unable to maintain temp. in comfortable range. Grandfathering will continue to allow 3 residents/room.

<p>Section .0401, .0402, .0403, .0404 and .0405 Licensing Procedures</p> <p>Procedural differences. License every two years and does not look at past history of other facilities within the same company.</p>	<p>License every year and requires DSS monitoring every two months. Compliance history of facility and affiliates can effect licensure eligibility.</p>	<p>Probable decrease in cost.</p>
<p>Section .5600</p> <p>Would require QMRP involvement and certified substance abuse counselor as applicable. Limits group home to 6 clients.</p> <p>Requires a report be sent to legally responsible person annually.</p> <p>Greater emphasis on a holistic approach involving habilitation and rehabilitation.</p>	<p>Up to 9 residents allowed. The focus of services is on assistance with personal care (activities of daily living). In addition, there are a significant number of health care related rules and training required for performance of tasks needed by residents with more personal care and health care needs than those normally found in DDA homes.</p>	<p>Increase in cost for QMRP involvement. Existing facilities with 7-9 residents would be grandfathered in. Less RN involvement would tend to reduce costs.</p>
<p>Client Right</p> <p>More policies and procedures. Requires training on the use of least restrictive alternative and extensive training in restrictive interventions if used. This would include extensive monitoring and documentation by staff</p>	<p>Residents' Rights in G.S. 131D-21 are not as extensive as MH Client Rights. This would require the facility to build on what they have and establish additional policies and procedures to assure compliance with those rights.</p>	<p>Time and cost for training and increase in policy development.</p>

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In summary, the most significant changes involved in moving the DDA Group Homes from 131D to 122C licensure will be:

- Less of a personal care/health care task model and more of a holistic view in regards to care and services being provided. Since DDA homes are classified as assisted living/adult care under 131D-2, rules requiring staff training, assessment and care planning regarding a number of personal care and health care related tasks that are usually not needed for DDA home residents do apply.
- An increase need for the development of policies and procedures, particularly regarding client rights.
- A focus on treatment and alternatives to restriction interventions therefore, requiring a greater need for policies and training in that area.
- A Director that has a least one-year experience in management of a similar facility.
- There will be involvement by a qualified mental health professional and a substance abuse counselor when applicable. Requires privileging of the qualified mental health professional which has yet to be fully developed and implemented.
- Maintaining temperature within a designated comfort range within building rather than just requiring AC or a fan when central corridor temperature goes above 80 degrees.
- Staff with known history of abuse, neglect or exploitation will not be allowed to provide direct care.

Potential Cost to the Facility:

- Staff time to develop additional governing body policies & procedures and job descriptions
- Staff time to develop additional policies & procedures related to client rights.
- Staff with known history of abuse, neglect or exploitation of vulnerable adults will not be allowed to provide direct care therefore, this may result in some staff terminations.
- Director (if the facility's owner does not have at least one year experience in management of a similar facility).
- Qualified mental health professional (facility may have a contract with a local area program to provide this supervision therefore, may not be a significant cost).
- Annual medical statement for staff.
- Maintenance of temperature within a specific range for comfort.

These potential costs may be offset by a reduction in costs associated with current DDA requirements in the areas of staff training, medication aide competency and CEU requirements, drug reviews and disposal, dietary requirements, RN involvement, annual license renewal and bimonthly monitoring. Physical plant costs would be limited to updating smoke detection system if applicable.

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2001HOUSE BILL 387  
RATIFIED BILLAN ACT TO CLARIFY THE LICENSURE AND DEFINITION OF GROUP HOMES  
FOR DEVELOPMENTALLY DISABLED ADULTS.

The General Assembly of North Carolina enacts:

SECTION 1. (a) G.S. 131D-2(a)(2) is repealed.

SECTION 1. (b) G.S. 131D-2(a)(6) is repealed.

SECTION 1. (c) G.S. 131D-20(6) is repealed.

SECTION 2. The licensure of a group home for developmentally disabled adults pursuant to Article 1 of Chapter 131D of the General Statutes shall be transferred to licensure as a supervised living facility for developmentally disabled adults under G.S. 122C-3(14)e. A supervised living facility for developmentally disabled adults licensed under this section shall:

- (1) Except as otherwise provided in this section, comply with licensure requirements of Article 2 of Chapter 122C of the General Statutes;
- (2) Within 12 months of the effective date of this act, comply with building code requirements for smoke detectors;
- (3) Comply either with categories of existing rules applicable to group homes for developmentally disabled adults adopted under Article 1 of Chapter 131D of the General Statutes, or with categories of existing rules applicable under G.S. 122C-3(14)e., at the option of the supervised living facility; and
- (4) Be subject to adverse action on a license under G.S. 122C-24 for failure to comply with applicable statutes or rules.

A group home for developmentally disabled adults licensed under Article 1 of Chapter 131D of the General Statutes and transferred to licensure under G.S. 122C-3(14)e. shall be deemed to have met the building code requirements for licensure as a supervised living facility.

The Department of Health and Human Services' Division of Facility Services and Division of Mental Health, Developmental Disabilities, and Substance Abuse Services shall designate the categories of existing rules applicable to the supervised living facility option under this section.

SECTION 3. G.S. 108A-41(a) reads as rewritten:

"(a) Assistance shall be granted under this Part to all persons in adult care homes for care found to be essential in accordance with the rules and regulations adopted by the Social Services Commission and prescribed by G.S. 108A-42(b). As used in this Part, the term 'adult care home' includes a supervised living facility for developmentally disabled adults licensed under Article 2 of Chapter 122C of the General Statutes."

SECTION 4. G.S. 58-55-35(a)(6) reads as rewritten:

~~"(6) Group home for developmentally disabled adults shall be defined in accordance with the~~

~~terms of G.S. 131D-2(a)(6). 'Supervised living facility for developmentally disabled adults' means a residential facility, as defined in G.S. 122C-3(14), which has two to nine developmentally disabled adult residents."~~

SECTION 5. This act is effective when it becomes law.

In the General Assembly read three times and ratified this the 5th day of June, 2001.

\_\_\_\_\_  
Beverly E. Perdue  
President of the Senate

\_\_\_\_\_  
James B. Black  
Speaker of the House of  
Representatives

\_\_\_\_\_  
Michael F. Easley  
Governor

Approved \_\_\_\_\_ .m. this \_\_\_\_\_ day of \_\_\_\_\_, 2001`

1 10A NCAC 13H .0101-.0104 are proposed for repeal as follows:

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**SECTION.0100 - IDENTIFYING INFORMATION**

4 10A NCAC 13H .0101 **GROUP HOMES; DEVELOPMENTALLY DISABLED ADULTS**

5 10A NCAC 13H .0102 **GROUP HOMES FOR DEVELOPMENTALLY DISABLED ADULTS**

6 10A NCAC 13H .0103 **PRIVATE FOR PROFIT GROUP HOMES**

7 10A NCAC 13H .0104 **DEFINITIONS**

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10 *History Note: Authority G.S. 131D-2; 143B-153; 168-1; 168-9;*

11 *Eff. January 1, ~~1978~~ 1978;*

12 *Repealed Eff. February 1, 2015.*



1 10A NCAC 13H .0201-.0203 are proposed for repeal as follows:

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SECTION .0200 - MANAGEMENT IN PRIVATE FOR PROFIT HOMES

4 10A NCAC 13H .0201 REGULATION

5 10A NCAC 13H .0202 THE CO-ADMINISTRATOR

6 10A NCAC 13H .0203 RELIEF PERSON-IN-CHARGE

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9 *History Note: Authority G.S. 131D-2; 143B-153; 168-1; 168-9;*

10 *Eff. January 1, ~~1978~~, 1978;*

11 *Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .0301-.0302 are proposed for repeal as follows:

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3 SECTION .0300 – MANAGEMENT IN HOMES OPERATED BY PRIVATE NON-PROFIT BOARDS

4 10A NCAC 13H .0301 THE HOME MANAGER IN PRIVATE NON-PROFIT HOMES

5 10A NCAC 13H .0302 CHANGE OF MANAGER

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8 *History Note: Authority G.S. 131D-2; 143B-153; 168-1; 168-9;*

9 *Eff. January 1, 1978; 1978;*

10 *Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .0401-.0407 are proposed for repeal as follows:

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SECTION .0400 - PERSONNEL

4 10A NCAC 13H .0401 PERSONNEL REQUIREMENTS

5 10A NCAC 13H .0402 QUALIFICATIONS OF OTHER STAFF AND FAMILY MEMBERS LIVING IN

6 10A NCAC 13H .0403 QUALIFICATIONS OF RELIEF PERSON-IN-CHARGE

7 10A NCAC 13H .0404 RESPONSIBILITIES OF RELIEF PERON-IN-CHARGE

8 10A NCAC 13H .0405 QUALIFICATIONS OF OTHER STAFF NOT LIVING IN

9 10A NACA 13H .0406 HEALTH REQUIREMENTS

10 10A NACA 13H .0407 GENERAL PERSONNEL REQUIREMENTS

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13 *History Note: Authority G.S. 131D-2; 143B-153; 168-1; 168-9;*

14 *Eff. January 1, 1978. 1978.*

15 *Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .0408-.0409 are proposed for repeal as follows:

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**SECTION .0400 - PERSONNEL**

4 **10A NCAC 13H .0408 STAFF COMPETENCY AND TRAINING**

5 **10A NCAC 13H .0409 TRAINING PROGRAM CONTENT AND APPROVAL**

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7 *History Note: Authority G.S. 131D-2; 131D-4.3; 143B-153;*

8 *Eff. May 1, 1997. 1997.*

9 *Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .0410-.0411 are proposed for repeal as follows:

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SECTION .0400 - PERSONNEL

4 10A NCAC 13H .0410 QUALIFICATIONS OF MEDICATION STAFF

5 10A NCAC 13H .0411 MEDICATION ADMINISTRATION COMPETENCY EVALUATION

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7 *History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0334;*

8 *Eff. July 1, 2000. 2000;*

9 *Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .0501-.0502 are proposed for repeal as follows:

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SECTION .0500 - THE HOME

4 10A NCAC 13H .0501 LOCATION

5 10A NCAC 13H .0502 CONSTRUCTION

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8 *History Note: Authority G.S. 131D-2; 143B-153; 168-1; 168-9;*

9 *Eff. January 1, ~~1978~~ 1978;*

10 *Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .0601-.0613 are proposed for repeal as follows:

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3 SECTION .0600 - ARRANGEMENT AND SIZE OF ROOMS

4 10A NCAC 13H .0601 LIVING AREAS

5 10A NCAC 13H .0602 DINING AREA

6 10A NCAC 13H .0603 KITCHEN

7 10A NCAC 13H .0604 BEDROOMS

8 10A NCAC 13H .0605 CLOSETS

9 10A NCAC 13H .0606 BATHROOMS

10 10A NCAC 13H .0607 STORAGE AREAS

11 10A NCAC 13H .0608 FLOORS

12 10A NCAC 13H .0609 LAUNDRY

13 10A NCAC 13H .0610 OUTSIDE ENTRANCES

14 10A NCAC 13H .0611 FIRE SAFETY REQUIREMENTS

15 10A NCAC 13H .0612 OTHER REQUIREMENTS

16 10A NCAC 13H .0613 HOUSEKEEPING AND FURNISHINGS

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19 *History Note: Authority G.S. 131D-2; 143B-153; 168-1; 168-9;*

20 *Eff. January 1, 1978; 1978;*

21 *Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .0701-.0704 are proposed for repeal as follows:

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SECTION .0700 – SERVICES

4 10A NCAC 13H .0701 PERSONAL CARE

5 10A NCAC 13H .0702 HEALTH CARE

6 10A NCAC 13H .0703 FOOD SERVICE

7 10A NCAC 13H .0704 OTHER REGULATIONS

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10 *History Note: Authority G.S. 131D-2; 143B-153; 168-1; 168-9;*

11 *Eff. January 1, ~~1978~~ 1978;*

12 *Repealed Eff. February 1, 2015.*



1 10A NCAC 13H .0801-.0808 are proposed for repeal as follows:

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SECTION .0800 – PROGRAM STANDARDS

4 10A NCAC 13h .0801 INDIVIDUAL GOALS

5 10A NCAC 13H .0802 INDIVIDUAL RECORDS

6 10A NCAC 13H .0803 POLICIES AND PROCEDURES

7 10A NCAC 13H .0804 RESIDENT'S LIVING STATUS

8 10A NCAC 13H .0805 ACTIVITIES OUTSIDE THE HOME

9 10A NCAC 13H .0806 ACCIDENT PREVENTION

10 10A NCAC 13H .0807 PLAN FOR MEDICAL SERVICES

11 10A NCAC 13H .0808 PERSONAL SKILLS DEVELOPMENT

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14 *History Note: Authority G.S. 131D-2; 143B-153; 168-1; 168-9;*

15 *Eff. January 1, 1978- 1978;*

16 *Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .0901-.0907 are proposed for repeal as follows:

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SECTION .0900 - ADMISSION: TRANSFER: AND DISCHARGE POLICIES

4 10A NCAC 13H .0901 ADMISSIONS

5 10A NCAC 13H .0902 MEDICAL REQUIREMENTS

6 10A NCAC 13H .0903 PERSONAL INFORMATION

7 10A NCAC 13H .0904 WRITTEN AGREEMENTS

8 10A NCAC 13H .0905 PLANS AT TIME OF ADMISSION

9 10A NCAC 13H .0906 PROCEDURES FOR TRANSFER

10 10A NCAC 13H .0907 PROCEDURES FOR DISCHARGE

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13 *History Note: Authority G.S. 131D-2; 143B-153; 168-1; 168-9;*

14 *Eff. January 1, 1978. 1978.*

15 *Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .1001-.1003 are proposed for repeal as follows:

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SECTION .1000 - MEDICAL POLICIES

4 10A NCAC 13H .1001 PHYSICIANS

5 10A NCAC 13H .1002 PHYSICAL EXAMINATIONS

6 10A NCAC 13H .1003 MEDICATIONS

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9 *History Note: Authority G.S. 131D-2; 143B-153; 168-1; 168-9;*

10 *Eff. January 1, ~~1978~~. 1978;*

11 *Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .1101-.1102 are proposed for repeal as follows:

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**SECTION .1100 – RATES: RESIDENTS' FUNDS: REFUNDS**

4 10A NCAC 13H .1101 HANDLING FUNDS OF RESIDENTS

5 10A NCAC 13H .1102 REFUND POLICIES

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8 *History Note: Authority G.S. 131D-2; 143B-153; 168-1; 168-9;*

9 *Eff. January 1, ~~1978~~ 1978;*

10 *Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .1201-.1202 are proposed for repeal as follows:

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**SECTION .1200 -- RECORDS AND REPORTS**

4 10A NCAC 13H .1201 RECORDS

5 10A NCAC 13H .1202 REPORTS

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8 *History Note: Authority G.S. 131D-2; 143B-153; 168-1; 168-9;*

9 *Eff. January 1, ~~1978~~. 1978;*

10 *Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .1301-.1302 are proposed for repeal as follows:

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SECTION .1300 – CAPACITY

4 10A NCAC 13H .1301 CAPACITY

5 10A NCAC 13H .1302 INCREASE IN CAPACITY

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8 *History Note: Authority G.S. 131D-2; 143B-153; 168-1; 168-9;*

9 *Eff. January 1, 1978. 1978;*

10 *Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .1401-.1402 are proposed for repeal as follows:

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**SECTION .1400 – APPLICATION PROCEDURES**

4 **10A NCAC 13H .1401 APPLICATION FOR LICENSE**

5 **10A NCAC 13H .1402 NEW CONSTRUCTION: ADDITIONS AND RENOVATIONS**

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8 *History Note: Authority G.S. 131D-2; 143B-153; 168-1; 168-9;*

9 *Eff. January 1, ~~1978~~. 1978;*

10 *Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .1501-.1505 are proposed for repeal as follows:

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SECTION .1500 – LICENSING INFORMATION

4 10A NCAC 13H .1501 CURRENT LICENSE

5 10A NCAC 13H .1502 RENEWAL OF LICENSE

6 10A NCAC 13H .1503 TERMINATION OF LICENSE

7 10A NCAC 13H .1504 DENIAL OR REVOCATION OF LICENSE

8 10A NCAC 13H .1505 PROCEDURES FOR APPEAL

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10 *History Note: Authority G.S. 131D-2; 143B-153; 168-1; 168-9;*

11 *Eff. January 1, 1978. 1978;*

12 *Repealed Eff. February 1, 2015.*



1 10A NCAC 13H .1506 is proposed for repeal as follows:

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**SECTION .1500 – LICENSING INFORMATION**

4 **10A NCAC 13H .1506 SUSPENSION OF ADMISSIONS**

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6 *History Note: Authority G.S. 130-9.7(e);*

7 *Eff. January 1, ~~1982~~, 1982;*

8 *Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .1601 is proposed for repeal as follows:

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**SECTION .1600 – MISCELLANEOUS RULES**

4 **10A NCAC 13H .1601 ADMINISTRATIVE PENALTY DETERMINATION PROCESS**

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6 *History Note: Authority G.S. 131D-2; 131D-34; 143B-153;*

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*Eff. December 1, 1993. 1993;*

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*Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .1602-.1605 are proposed for repeal as follows:

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SECTION .1600 MISCELLANEOUS

4 10A NCAC 13H .1602 RESIDENT ASSESSMENT

5 10A NCAC 13H .1603 RESIDENT CARE PLAN

6 10A NCAC 13H .1604 LICENSED HEALTH PROFESSIONAL SUPPORT

7 10A NCAC 13H .1605 COOPERATION WITH CASE MANAGERS

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9 *History Note: Authority G.S. 131D-2; 131D-4.3; 143B-153;*

10 *Eff. May 1, ~~1997~~ 1997;*

11 *Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .1606 is proposed for repeal as follows:

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**SECTION .1600 – MISCELLANEOUS RULES**

4 **10A NCAC 13H .1606 HEALTH CARE PERSONNEL REGISTRY**

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6 *History Note: Authority G.S. 131D-2; 131D-4.5; 131E-256; 143B-165; S.L. 1999-0334;*

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*Eff. July 1, 2000- 2000;*

8

*Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .1607 is proposed for repeal as follows:

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SECTION .1600 – MISCELLANEOUS RULES

4 10A NCAC 13H .1607 RESPITE CARE

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7 *History Note: Authority G.S. 131D-2; 143B-165; S.L. 2000-50*

8 *Eff. July 18, ~~2002~~ 2002;*

9 *Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .1701-.1703 are proposed for repeal as follows:

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SECTION .1700 -- ADULT HOME CARE LICENSES

4 10A NCAC 13H .1701 DEFINITIONS

5 10A NCAC 13H .1702 PERSONS NOT ELIGIBLE FOR NEW ADULT CARE HOME LICENSES

6 10A NCAC 13H .1703 CONDITIONS FOR LICENSE RENEWAL

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9 *History Note: Authority G.S. 131D-2; 131D-4.5; 143B-165; S.L. 1999-0113; S.L. 1999-0334;*  
10 *Eff. July 1, ~~2000~~ 2000;*

11 *Repealed Eff. February 1, 2015.*

1 10A NCAC 13H .1901-.1903 are proposed for repeal as follows:

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**SECTION .1900 – DEATH REPORTING REQUIREMENTS**

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**10A NCAC 13H .1901 DEFINITIONS**

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**10A NCAC 13H .1902 SCOPE**

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**10A NCAC 13H .1903 REPORTING REQUIREMENTS**

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*History Note: Authority G.S. 131D-2; 131D-34.1;*

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*Eff. July 18, ~~2002~~ 2002;*

11

*Repealed Eff. February 1, 2015.*

