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 [care 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 [care 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, shall only be assigned client care activities for which that they have demonstrated competency, 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 [care providers] caregivers shall be supervised by the appropriate professional health care practitioner who may further delegate specific supervisory activities to a paraprofessional in-home [care 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) The appropriate supervisor health care practitioner shall supervise an in-home care provider as specified in Paragraph (a) or (b) of this Rule caregiver 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 and response to the services provided by the
- 33 <u>specified type of in-home [eare provider.]</u> <u>caregiver.</u>
 - (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 supervision of any and all of the specified type of in home care providers who have provided service to the client

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

Amended Eff. November 1, 2006, 2006;

Readopted Eff. January 1, 2018.

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