To whom it may concern,

This email serves to represent the objection of proposed rules as listed below. We appreciate the opportunity to provide feedback as it relates to our operational and logistical needs.

Thank you.

**Proposed 10A NCAC 13J .1107 (PDF, 64 KB)**

This rule states that

**The care plan shall be signed/dated by RN/client/designee and a copy shall be left in the client home.** The concerns with this are:

- We do not have paper copies of the care plan available at the assessment; we have electronic copies documented following the assessment. Also, the client may be unable to sign and a designee may not be available.
- At a follow up visit, such as a Quality Assessment or Supervisory Visit when care plans are modified, these tasks may take place after hours or during a time period when a designee may not be available and the client is unable to sign. Due to the demographic of families we work with, we typically perform a lot of business electronically or telephonically because the designee may live apart from the client.
- Care plans can also be modified at any time due to changing client needs. There are weeks with a client that we may change the care plan 2-3 times to accommodate for the client getting better or declining. It’s not always feasible to have a client representative sign off on these changes. Suggested Changes:
  - Leave as is currently (which states: “If an agency provided in-home aide services, the services shall be provided in accordance with the client’s plan of care” and ends there) OR
  - Include documentation in the service agreement that indicates “both parties agree to the care plan, it can be modified per the Registered Nurse upon discretion/caregiver report/request by the client or designee until severance of working relationship” OR
  - Modify to state “the care plan shall be signed/dated by RN” alone. This can be done electronically.

**Proposed 10A NCAC 13J .1202 (PDF, 56 KB)**

This rule states that

**The plan of care shall be reviewed quarterly by the health care practitioner and revised as needed based on the client’s needs...The health care practitioner shall notify the physician of any changes in the client’s condition that indicates the need for altering the plan of care or for terminating services.** The concerns with this are:

- We are not required to have a physician’s order for care. It does not make sense to inform a physician each time there is a change or for client discharge. Suggested Changes:
Leave as is currently. The portion “If physicians orders are needed for the services”, a [health care practitioner] shall notify the physician...is sufficient. This was marked through unnecessarily and needs to remain in the document.

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