From: Joyce, Nancy

Sent: Monday, June 26, 2017 3:52 PM

To: 'Edna Carlisle' < ecarlisle@rainbow66storehouse.com>

Subject: RE: Question

Ms. Carlisle,

To clarify the memorandum you received, this is a Proposed Readoption of the Home Care Rules. Please read the Memorandum in its entirety for instructions regarding the Public Hearing.

Please refer to the current supervision rules at the following link:

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

- (a) In-home aides or other allied health personnel subject to occupational licensing laws shall meet requirements consistent with the rules established by the occupational licensing board to which they are subject. Each agency shall document that its in-home aides and other in-home care providers are competent to perform client care tasks or activities to which they are assigned. Such individuals 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 who are not subject to occupational licensing laws, shall only be assigned client care activities for which they have demonstrated competency, the documentation of which is maintained by the agency. Meeting competency includes a correct demonstration of tasks to an appropriate professional. Each agency shall document that its in-home aides and other in-home care providers demonstrate competence for all assigned client care tasks or activities. Such individuals shall be supervised by the appropriate professional who may further delegate specific supervisory activities to a paraprofessional as designated by agency policy, provided that the following criteria are met:
 - (1) there is continuous availability of the appropriate professional for supervision and consultation; and
 - (2) accountability for supervisory activities delegated is maintained by the appropriate professional.
- (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) The appropriate supervisor shall supervise an in-home care provider as specified in Paragraph (a) or (b) of this Rule by making a supervisory visit to each client's place of residence at least every three months, with or without the in-home care provider's presence, and at least annually, while the in-home care provider is providing care to each client.
- (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 within the quarter. The supervisory visit shall include review of the client's general condition, progress and response to the services provided by the specified type of in-home care provider.
- (f) Documentation of supervisory visits shall be maintained in the agency's records and shall contain:
 - (1) date of visit;
 - (2) findings of visit; and
 - (3) signature of person performing the visit.

In order to assure effective supervision of services provided by in-home aides, geographic service areas for these services shall be limited to the area which includes the county where the agency is located, counties that are contiguous 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 geographic service areas which prior to January 1, 2006 which are is beyond the counties that are contiguous with the county where the agency is located or greater than 90 minutes driving time from the site where the agency is located, may continue to provide services to the client these areas until the client is discharged from the agency.

YOU ARE REFERRING TO THE RULE BELOW!

10A NCAC 13J .1504 SUPERVISION AND COMPETENCY OF COMPANION, SITTER, AND RESPITE SERVICES

In addition to the requirements in Rule .1110 of this Subchapter, an agency providing In-home companion, sitter, or respite care services shall meet the following requirements:

- (1) Each agency shall have documentation that its companion and sitters are competent to perform client care tasks or activities to which they are assigned. Such individuals shall perform delegated activities under the supervision of a supervisor designated by agency policy for the services assigned.
- (2) The agency designated supervisor shall supervise the companion and sitter staff by contacting the client receiving care every three months and by making a supervisory visit to each client's place of residence at least every six months, with or without the companion and sitter's presence, and at least annually, while the companion or sitter is in the home providing services to the client.
- (3) The supervisory visit shall include a review of the client's general condition, monitoring progress and response to the services provided by the companion or sitter, and updates to the plan of care as needed.
- (4) Documentation of supervisory visits shall be maintained in the agency's records and shall contain the following:
 - (a) date of visit;
 - (b) findings of visit; and
 - (c) signature of person performing the visit.
- (5) The agency designated supervisor conducting a supervisory contact for a companion, sitter, or respite provider may simultaneously conduct the quarterly case review as required in Rule .1202 of this Subchapter.
- (6) The agency directed supervisor shall be available for supervision, on-site where services are provided when necessary, during the hours that companion, sitter, or respite services are provided.

Your second question.... There is no proposed change to "the approval of the clients responsible party." It is the same.

Once again, these are proposed rules ONLY!

Please let me know if you should have questions.

Nancy Joyce

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From: Edna Carlisle [mailto:ecarlisle@rainbow66storehouse.com]

Sent: Monday, June 26, 2017 11:32 AM

To: Joyce, Nancy **Subject:** Question

Good morning Ms. Joyce, I was reading the rules that were sent out for home care providers. I have a question pertaining to the RN supervisory visits. In the rule it state's, on page 1 of 2 "The health care practitioner shall supervise an in-home care provider by making a supervisory visit to each client's place of residence quarterly with or without the in-home care provider's presence "and annually, while the in-home care provider is providing care to each client." Does this mean that the RN does <u>not</u> have to see the aide every 6 months anymore?

And my 2nd questions is on the record content. The rule state's; "If the client is diagnosed as not competent the <u>approval of the client's</u> responsible party shall be recorded". Can we just continue to document this in the file or is this saying we should get a copy of the guardianship papers.

Sorry, just a little confused, thanks for your help and I hope you have a wonderful day.

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Edna Grooms
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