

North Carolina

Agency	Department of Health and Human Services, Division of Health Service Regulation, Adult Care Licensure Section
Contact	Megan Lamphere
E-mail	Megan.lamphere@dhhs.nc.gov
Phone	(919) 855-3784
Website	https://www.ncdhhs.gov/divisions/health-service-regulation

Licensure Term Assisted Living Residences, Adult Care Homes and Multi-unit Assisted Housing with Services Facilities

Definition ALRs provides group housing with at least one meal per day and housekeeping services and provide personal care services directly or through a formal written agreement with a licensed home care or hospice agency. The department may allow nursing service exceptions on a case-by-case basis.

ACH: A type of ALR in which the housing management provides 24-hour scheduled and unscheduled personal care services to two or more residents, either directly or, for scheduled needs, through formal written agreement with licensed home care or hospice agencies. Some licensed ACHs provide supervision to persons with cognitive impairments whose decisions, if made independently, may jeopardize the safety or wellbeing of themselves or others and therefore require supervision.

MAHS: A type of ALR in which hands-on personal care services and nursing services are arranged by housing management and provided by a licensed home care or hospice agency, through an individualized written care plan. The housing management has a financial interest or financial affiliation or formal written agreement that makes personal care services accessible and available through at least one licensed home care or hospice agency. The resident may choose any provider for personal care and nursing services, and the housing management may not combine charges for housing and personal care services.

Regulatory and Legislative Update

The term assisted living residences (ALR) includes adult care homes (ACH) and multi-unit assisted housing with services (MAHS) facilities. ACHs are licensed and MAHSs register with the state.

The North Carolina Department of Health and Human Services, Division of Health Service Regulation, licenses

ACHs based on size. ACHs that serve two to six residents are commonly called family care homes (FCHs), and those that serve seven or more residents are referred to as ACHs.

MAHS facilities must register with the Division of Health Service Regulation but are not licensed.

In September 2023, the state passed its biennial budget (Session Law 2023-134), which maintains Medicaid personal care services rates of \$23.84/hour for home and community-based providers, including adult care homes. However, funding was only included to extend the \$23.84/hour rate through the end of June 2024 and additional funding will be required to extend the rate through the end of the biennial cycle ending in June 2025.

Session Law 2023-134 also contained language in Section 9E.26 intended to address the reimbursement methodology used for services provided to senior dual eligibles, meaning those seniors enrolled in both Medicare and Medicaid. Specifically, the language requires the North Carolina Department of Health and Human Services, Division of Health Benefits (DHB) to “explore all options available to increase access to Medicaid services for dual eligibles that provide alternatives to nursing home placements, including adult care homes, special care units, and in-home living, and do so in consultation with relevant stakeholders.” The legislation further requires “No later than March 1, 2024, DHB shall submit a report to the Joint Legislative Oversight Committee on Medicaid and the Fiscal Research Division on a variety of requirements and directives outlined in the legislation.

Facility Scope of Care

ALRs provide group housing with at least one meal per day and housekeeping services and provide personal care services directly or through a formal written agreement with a licensed home care or hospice agency. The department may allow nursing service exceptions on a case-by-case basis.

ACH: Required to have 24-hour staff monitoring and supervision of residents. ACHs must also provide assistance with scheduled and unscheduled personal care needs, transportation, activities, and housekeeping. Housing, personal care, and some specified health care services are provided by staff, while licensed home care agencies may provide other health care services that unlicensed staff cannot perform. Nursing services may be provided by the

ACH on a case-by-case exception basis approved by the Department of Health and Human Services or through licensed home care agencies.

MAHS: Housing and assistance with coordination of personal and health care services through licensed home care agencies is permitted.

Limitations of Services

ACH: May not admit an individual who meets the state's eligibility criteria for nursing home care, or individuals with the following conditions or requiring the following services:

- (1) Treatment of mental illness or alcohol or drug abuse;
- (2) Maternity care;
- (3) Professional nursing care under continuous medical supervision;
- (4) Lodging, when the personal assistance and supervision offered for the aged and disabled are not needed; or
- (5) Posing a direct threat to the health or safety of others.

Except when a physician certifies that appropriate care can be provided on a temporary basis to meet the resident's needs and prevent unnecessary relocation, ACHs must not care for individuals with any of the following conditions or care needs:

- (1) ventilator dependency;
- (2) a need for continuous licensed nursing care;
- (3) physician certifies that placement is no longer appropriate;
- (4) health needs that cannot be met in the specific ACH as determined by the residence; and
- (5) other medical and functional care that cannot be properly met in an ACH.

Residents may be discharged only for the following reasons:

- (1) the discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility as documented by the resident's physician, physician assistant or nurse practitioner;
- (2) the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility as documented by the resident's physician, physician assistant or nurse practitioner;
- (3) the safety of other individuals in the facility is endangered;
- (4) the health of other individuals in the facility is endangered as documented by a physician, physician assistant or nurse practitioner;

- (5) failure to pay the costs of services and accommodations by the payment due date according to the resident contract after receiving written notice of warning of discharge for failure to pay; or
- (6) the discharge is mandated under state law.

A 30-day discharge notice by the facility is required in adult care homes except for situations of threat to health and safety of residents.

MAHS: Providers are not permitted to care for residents who require, 24-hour supervision or are not able, through informed consent, to enter into a contract. Except when a physician certifies that appropriate care can be provided on a temporary basis to meet the resident's needs and prevent unnecessary relocation, a MAHS provider may not care for individuals with any of the following conditions or care needs:

- (1) Ventilator dependency;
- (2) Dermal ulcers III or IV, except when a physician has determined that stage III ulcers are healing;
- (3) Intravenous therapy or injections directly into the vein, except for intermittent intravenous therapy managed by a home care or hospice agency licensed by the state;
- (4) Airborne infectious disease in a communicable state that requires isolation or requires special precautions by the caretaker to prevent transmission of the disease;
- (5) Psychotropic medications without appropriate diagnosis and treatment plans;
- (6) Nasogastric tubes;
- (7) Gastric tubes except when the individual is capable of independently feeding himself and caring for the tube, or managed by a state licensed home care or hospice agency;
- (8) Individuals who require continuous licensed nursing care;
- (9) Individuals whose physician certifies that placement is no longer appropriate;
- (10) Residents requiring total dependence in four or more activities of daily living as documented on a uniform assessment instrument unless the resident's independent physician determines otherwise;
- (11) Individuals whose health needs cannot be met by the MAHS provider; and
- (12) Other medical and functional care needs that the Medical Care Commission determines cannot be properly met by a MAHS provider.

ACH: Must provide specific information to a resident or

responsible person upon move-in, including such items as a written copy of all house rules and facility policies, a copy of the Declaration of Residents' Rights, and a copy of the home's grievance procedures. Regulations also require specific information to be included in the resident contract, for example rates for resident services and accommodation, and health needs or conditions that the facility has determined it cannot meet.

Move-in Requirements Including Required Disclosures/Notifications

MAHS: Must provide a disclosure statement to prospective residents and the department that includes, but is not limited to:

- (1) Charges for services;
- (2) Policies regarding limitations of services;
- (3) Policies regarding limitations of tenancy;
- (4) Information regarding the nature of the relationship between the housing management and each home care or hospice agency with which the housing management has a financial or legal relationship;
- (5) Policies regarding tenant grievances and procedures for review and disposition of resident grievances; and
- (6) Specific contact information including licensed home care agencies in the county and various public services.

Resident Assessment Requirements and Frequency

ACH: An initial assessment is required within 72 hours of moving into the facility, and an assessment of each resident must be completed within 30 days following admission and at least annually thereafter on a form created or approved by the department. Reassessments must also be completed within 10 days following a significant change in a resident's condition. ACHs may use service plans that were completed as the result of a Medicaid personal care services assessment to fulfill the activities of daily living portion of the required service plans or care plans for adult care home residents.

MAHS: Providers must screen prospective residents to determine the facility's capacity and legal authority to meet the needs of the prospective residents and to determine the need for an in-depth assessment by a licensed home care agency.

Medication Management

ACH: Adult care home staff who administer medications and their direct supervisors shall complete training, clinical skills validation, and pass the written examination. Persons authorized by state occupational licensure laws to administer medications are exempt from this requirement. These medication aides and their direct supervisors, with

exceptions, must complete six hours of continuing education annually related to medication administration.

MAHS: Assistance with self-administration of medications may be provided by appropriately trained staff when delegated by a licensed nurse according to the home care agency's established plan of care.

Staffing Requirements

ACH: An ACH may serve adults with a primary diagnosis of Alzheimer's or other form of dementia. A facility that advertises, markets or otherwise promotes itself as having a special care unit (SCU) for residents with Alzheimer's disease or related disorders and meets the regulatory requirements shall be licensed as an adult care home with a special care unit.

Private units are not required. A toilet and sink must be provided within the SCU for every five residents and a tub and shower for bathing must be in the unit. Facilities must provide direct access to a secured outside area and avoid or minimize the use of potentially distracting mechanical noises. Unit exit doors may be locked only if the locking devices meet the requirements outlined in the state building code for special locking devices. If exit doors are not locked, facilities must have a system of security monitoring. An ACH with a SCU for individuals with Alzheimer's disease or related dementia must disclose the unit's policies and procedures for caring for the residents and the special services that are provided.

For a licensed Special Care Unit: At least one staff person is required for every eight residents on the first and second shift, plus one hour of staff time for each additional resident; and one staff person for every ten residents on the third shift, plus 0.8 hour of staff time for each additional resident. A care coordinator must be on-duty least eight hours a day, five days a week. The care coordinator may be counted in the minimal staffing requirements. In facilities with more than 16 units, the care coordinator is not counted in determining the minimal staffing requirement.

In ACHs, the staff in special care units must have the following training:

- (1) Six hours of orientation within the first week of employment;
- (2) 20 hours of dementia-specific training within six months of employment; and

(3) 12 hours of continuing education annually.

MAHS: None specified.

ACH: At all times there must be one administrator or supervisor/administrator-in-charge who is directly responsible for ensuring that all required duties are carried out and that residents are never left alone. ACHs must also have a designated activity director. Regulations specify staffing requirements, qualifications for various positions, and detailed staffing ratios for the type of staff (aide, supervisor, and administrator or administrator in charge), first, second or third shift, and the number of residents. Regulations also specify different management requirements for facilities based on size from 7-30 residents, 31-80 residents, and 81 or more residents.

In March 2022, in response to advances in technology and the changing needs of today's workforce, the Department approved a plan for some training hours to be taught using virtual classrooms and some self-study hours.

MAHS: None specified.

Administrator/Director Education and Training Requirements

The administrators of ALRs are responsible for the residents who require daily care to attend to their physical, mental, and emotional needs. An administrator of an ACH or family care home must: be at least 21 years old; provide a satisfactory state criminal background report ;successfully complete the equivalent of two years of coursework at an accredited college or university or have a combination of education and experience approved by the department or, for family care homes, have at least a high school diploma or GED; successfully complete a 120-hour administrator-in-training program; and successfully complete a written examination. Administrators at ACHs and family care homes must earn 15 hours a year of continuing education credits. Following each biennial renewal of an administrator's certification or approval, the administrator must submit documentation of 30 hours of completed coursework on specified topics.

Direct Care Staff Education and Training Requirements

ACH: In ACH or family care homes, staff who perform or directly supervise staff who perform personal care tasks must complete an 80-hour training program within six months of hire. Regulations specify requirements for the content and instruction of the program.

In March 2022, in response to advances in technology and

the changing needs of today's workforce, the Department approved a plan for some training hours to be taught using virtual classrooms and some self-study hours.

Non-licensed and licensed personnel not practicing in their licensed capacity complete a one-time competency evaluation for specific personal care tasks (specified in regulation) before performing these tasks. The regulations have additional training requirements for various positions, and ACHs that serve residents with specific conditions, such as diabetes and the need for restraints. The facility must also assure completion of a medication administration course developed by the state for staff who administer medication and their supervisors, in addition to infection control training. Staff who administer medications and their supervisors must complete six hours of continuing education per year.

MAHS: None specified.

Quality Requirements

ACH: There are no specific quality requirements detailed.

MAHS: There are no specific quality requirements detailed.

Infection Control Requirements

ACH: An adult care home shall develop written policies and procedures on infection control. The Department shall develop, in consultation with associations representing adult care home providers, model infection prevention and control policies and procedures that are consistent with accepted national standards and address the factors identified in G.S. 131D-4.4A(b)(1). The Department shall make these model infection prevention and control policies and procedures available to adult care homes on the Department's internet website.

MAHS: There are no specific infection control requirements detailed.

Emergency Preparedness Requirements

ACH: A written disaster plan, which has the written approval of or has been documented as submitted to the local emergency management agency and the local agency designated to coordinate special needs sheltering during disasters, shall be prepared and updated at least annually and shall be maintained in the facility. A facility that elects to be designated as a special care shelter during an impending disaster or emergency event shall follow the guidelines established by the latest Division of Social Services' State of North Carolina Disaster Plan.

MAHS: There are no specific emergency or disaster preparedness requirements detailed.

Life Safety Requirements

ACH: Smoke detectors must be in all corridors, no more than 60 feet from each other and no more than 30 feet from any end wall. There must be heat or smoke detectors in all storage rooms, kitchens, living rooms, dining rooms, and laundries. All detection systems must be interconnected with the alarm system.

MAHS: None specified.

Medicaid Policy and Reimbursement

North Carolina's Medicaid state plan covers personal care services in state-licensed residential facilities such as adult care homes.

Citations

North Carolina Administrative Code. (n.d.) Chapter 10A, Subchapter 13F: Licensing of Adult Care Homes of Seven or More Beds.

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