

North Carolina

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

Opening Statement 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, 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.

Legislative and Regulatory Update There are no recent regulatory updates affecting these settings.

In July 2019, the state enacted HB325 to authorize adult care homes to use services 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. The state also enacted SB556 with to make people first language, and technical and clarifying amendments in those statutes, such as changing the phrase "mental retardation" to "intellectual disability" or "intellectual or other developmental disability."

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.

Disclosure Items

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 accommodations, and health needs or conditions that the facility has determined it cannot meet.

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.

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.

Third Party Scope of Care

In all ALRs, hospice care and home health care may be requested by the resident and provided with appropriate physician orders.

ACH: None specified.

MAHS: Personal care and nursing services are provided through agencies licensed by the Department of Health and Human Services. MAHS management must have an arrangement with at least one licensed agency to meet the scheduled needs of residents and residents may choose the agency.

Admission and Retention Policy

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, on a consistent basis, 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.

Resident Assessment

ACH: An initial assessment is required within 72 hours after 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: Medications are required to be administered by staff who complete a 15-hour medication administration course developed by the state, whose competency is validated in the facility by a registered nurse and who pass a written exam administered by the state. Residents are permitted to self-administer medications as long as they are competent, physically able to do so, and have a physician's order to do so.

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.

Square Feet Requirements

ACH: Private resident units must be a minimum of 100 square feet and shared resident units must provide a minimum of 80 square feet per resident, excluding vestibule, closet or wardrobe space.

MAHS: None specified.

Residents Allowed Per Room

ACH: Bedrooms may not be occupied by more than two residents in facilities licensed after July 1, 2004.

MAHS: None specified.

Bathroom Requirements

ACH: Shared bathroom and toilet facilities are permitted as long as one toilet and hand lavatory is provided for every five residents and a tub or shower is provided for every 10 residents.

MAHS: None specified.

Life Safety

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.

Unit and Staffing Requirements for Serving Persons with Dementia

ACH: An ACH may serve adults with a primary diagnosis of Alzheimer's or other form of dementia if their license indicates that this is a population to be served. 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.

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.

Staffing Requirements

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.

MAHS: None specified.

**Administrator
Education/Training**

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-in-charge at ACHs and family care homes must earn 12 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.

Staff Education/Training

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.

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.

**Entity Approving
CE Program**

Not applicable

**Medicaid Policy and
Reimbursement**

North Carolina's Medicaid state plan covers personal care services in adult care homes.

Citations

North Carolina Administrative Code, Chapter 10A, Subchapter 13F: Licensing of Adult Care Homes of Seven or More Beds and 13G: Licensing of Family Care Homes.

<http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2013%20-%20nc%20medical%20care%20commission/subchapter%20f/subchapter%20f%20rules.html>

North Carolina Division of Health Service Regulation, Adult Care Licensure Section: Legal Requirements for Registration and Disclosure for Multi-unit Assisted Housing with Services.
<http://www.ncdhhs.gov/dhsr/acls/multiunitlegal.html>

North Carolina Administrative Code, Chapter 10A, Subchapter 13G: Licensing of Family Care Homes.
<http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2013%20-%20nc%20medical%20care%20commission/subchapter%20g/subchapter%20g%20rules.html>

North Carolina Legislation, Article 20A. Assisted Living Administrator Act.
http://www.ncleg.net/EnactedLegislation/Statutes/HTML/ByArticle/Chapter_90/Article_20A.html

NC Division of Health Service Regulation. Rule Actions: Adult Care Home and Family Care Home Rules.
<https://www2.ncdhhs.gov/dhsr/rules/aclsadmin2016.html>

NC Division of Health Service Regulation. An Overview of Adult Care Home Regulation in North Carolina.
<https://www2.ncdhhs.gov/dhsr/acls/overview.html>

North Carolina Department of Health and Human Services, Medical Assistance.
<https://dma.ncdhhs.gov/>

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