

**North Carolina's 1915i State Plan
Home and Community Based Standards (HCBS)
For Discussion Purposes Only!**

North Carolina's 1915i State Plan Personal Assistance Services (PAS) program will expect personal assistance services to be individualized based on the individuals needs identified through an independent assessment and person centered-planning process. There is not an automatic process for individuals to receive personal assistance services (PAS). An individual must be referred to PAS through a physician referral that is submitted to the independent assessment entity as determined by the Division of Medical Assistance (DMA). An individual is given choice to select a PAS provider to receive personal assistance services (PAS). A personal assistance (PAS) provider is required to utilize a person centered planning process to develop a plan of care (PCP) for an eligible recipient of personal assistance services (PAS). The recipient and the personal assistance service (PAS) provider decide together on the delivery of personal assistance services (PAS).

The choice of living and receiving personal assistance services (PAS) in a residential setting is determined by the recipient or recipient's responsible party. The recipient has rights in accordance with North Carolina General Statutes § 131D-19 Article 3 adult care home residents' bill of rights or North Carolina General Statutes § 122C-51 Article 3 clients' rights. The recipient's rights are promoted through the use of the person centered planning process. The opportunity to exercise personal freedom in all domains will be promoted through qualified staff of the residential care settings. Participation in community events, activities and resources will be supported and limits exercised only where required to assure safety. Personal freedom and choice must be applied to all recipients of residential care settings except where such activities or abilities are contraindicated specifically in an individual's person centered plan as discussed during the person centered planning process. Community integration has many elements and is dependent on the recipient's preferences and availability. Establishing choices for each recipient is a process of asking, learning, and providing the accessibility to services, supports and naturally occurring activities offered to anyone in the community.

**North Carolina's 1915i State Plan
Home and Community Based Standards (HCBS)
For Discussion Purposes Only!**

North Carolina's 1915i State Plan Option Personal Assistance Services (PAS) is offered in private residences and in residential settings other than those of private residences. The residential settings are Adult Care Homes and Supervised Living Facilities. The state has administrative rules and quality oversight that assure individual's rights and safety in these residential settings.

- **Adult Care Home** is defined in North Carolina General Statutes as an assisted living residence 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. NC General Statute 131-D-19 implements a bill of rights for residents of adult care homes to ensure residents' right to privacy, autonomy, and independence, and the right to be treated with respect and dignity. The statute calls for residents to have maximum choice and decision making while putting processes in place to prevent abuse, neglect and exploitation. All residents receive upon admission to the adult care home a written copy of the bill of rights. State law requires adult care homes to provide and maintain specific services and living arrangements that promote a home environment which maximizes consumer choice, control and privacy, and enables consumers to participate in community activities with both other consumers and non-consumers.
- **Supervised living facilities**, described in North Carolina Administrative Code 10A 27G .5601-5603, are group homes for adults with mental illness or developmental disabilities. These homes can be licensed to serve a maximum of six adults at any given time. North Carolina General Statutes § 122C-51 encourages that client's rights include the right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect, and exploitation. The "5600A" homes are for adults with a primary diagnosis of mental illness and "5600C" homes are for adults with a primary diagnosis of a developmental disability. Supervised living facilities are subject to licensure by the Division of Health Service Regulation. The homes are located in residential neighborhoods for maximum community integration, which provides residents with easy access to community activities, programs and supports.

**North Carolina's 1915i State Plan
Home and Community Based Standards (HCBS)
For Discussion Purposes Only!**

The 1915i State Plan Personal Assistance Program requires that all residential providers adhere to the North Carolina General Statutes § 131D-19, Adult Care Home Residents' Bill of Rights and the North Carolina General Statutes § 122C-51, Clients' Rights and Advance Instruction. The North Carolina Department of Health and Human Services (DHHS), Division of Health Service Regulation (DHSR) inspects and licenses residential providers on an annual basis. This annual review will assist in the ongoing monitoring to ensure Residential providers are continuing to meet HCBS.

Article 3

Adult Care Home Residents' Bill of Rights

§ 131D-19

It is the intent of the General Assembly to promote the interests and well-being of the residents in adult care homes and assisted living residences licensed pursuant to Part 1 of this Article. It is the intent of the General Assembly that every resident's civil and religious liberties, including the right to independent personal decisions and knowledge of available choices, shall not be infringed and that the facility shall encourage and assist the resident in the fullest possible exercise of these rights. It is the intent of the General Assembly that rules developed by the Social Services Commission to implement Article 1 and Article 3 of Chapter 131D of the General Statutes encourage every resident's quality of life, autonomy, privacy, independence, respect, and dignity and provide the following:

- (1) Diverse and innovative housing models that provide choices of different lifestyles that are acceptable, cost-effective, and accessible to all consumers regardless of age, disability, or financial status;
- (2) A residential environment free from abuse, neglect, and exploitation;
- (3) Available, affordable personal service models and individualized plans of care that are mutually agreed upon by the resident, family, and providers and that include measurable goals and outcomes;
- (4) Client assessment, evaluation, and independent case management that enhance quality of life by allowing individual risk-taking and responsibility by the resident for decisions affecting daily living to the greatest degree possible based on the individual's ability; and
- (5) Oversight, monitoring, and supervision by State and county governments to ensure every resident's safety and dignity and to assure that every resident's needs, including nursing and medical care needs if and when needed, are being met. (1981, c. 923, s. 1; 1995, c. 535, s. 12; 2009-462, s. 4(g).)

Article 3

Clients' Rights and Advance Instruction

§ 122C-51

It is the policy of the State to assure basic human rights to each client of a facility. These rights include the right to dignity, privacy, humane care, and freedom from mental and physical abuse, neglect, and exploitation. Each facility shall assure to each client the right to live as normally as possible while receiving care and treatment.

It is further the policy of this State that each client who is admitted to and is receiving services from a facility has the right to treatment, including access to medical care and habilitation, regardless of age or degree of mental illness, developmental disabilities, or substance abuse. Each client has the right to an individualized written treatment or habilitation plan setting forth a program to maximize the development or restoration of his capabilities. (1973, c. 475, s. 1; c. 1436, ss. 1, 8; 1985, c. 589, s. 2; 1989, c. 625, s. 7; 1997-442, s. 1.)

The Division of Medical Assistance (DMA) has established a set of NC Home and Community Living characteristics that must be applied to all recipients in residential settings except where such activities or

North Carolina's 1915i State Plan
Home and Community Based Standards (HCBS)
For Discussion Purposes Only!

abilities are contraindicated specifically in an individual's plan of care and applicable due process has been executed to restrict any of the characteristics or rights.

- Telephone Access
 - Telephones must be accessible by residents 24/7/365
 - Operation Assistance must be available if Necessary
 - Telephones must be private
 - Residents are permitted to have and maintain personal phones in their rooms
- Visitors
 - Visitors must be allowed at any time 24/7/365
 - Visitors do not require facility approval (although facility may require visitors to sign in or notify the facility administrator that they are in the facility)
 - Visitors must not have conduct requirements beyond respectful behavior toward other residents
- Living Space
 - No more than 2 residents may share a room
 - If two individuals must share a room, they will have choice as to who their roommate is; under no circumstance will individuals be required to room together if either of them objects to sharing a room with the other
 - Residents must have the ability to work with the facility to achieve the closest optimal roommate situations
 - Residents must have the ability to lock the rooms
 - Residents must be allowed to decorate and keep personal items in the rooms (decorations where these appliances do not violate state safety codes and licensure rules)
 - Residents must be able to come and go at any hour
 - Residents must have an individual personal lockable storage space available at any time.
 - Residents must be able to file anonymous complaints
 - Residents must be permitted to have personal appliances and devices in their rooms (where these appliances do not violate state safety codes and licensure rules)
- Service Customization
 - Residents must be given maximum privacy in the delivery of their Services
 - Residents must be provided choice(s) in the structure of their Service delivery (services and supports, and from where and whom)
 - Include the individual in care planning process as well as people chosen by the individual to attend care plan meetings
 - Provide the appropriate support(s) to ensure that the individual has an active role in directing the process
 - Person centered planning process must be at convenient locations and times for the individuals to attend
 - Ensure there are opportunities for the person centered plan are updated on a continuous basis
- Food, Meal(s), and Storage of Food Access
 - Resident must have access to food, meal(s), and storage of food 24/7/365
 - Residents must have input on food options provided
 - Residents must be allowed to choose who to eat meals with including the ability to eat alone if desired
- Group Activities
 - Residents must be given the choice of participating in facility's recreational activities and individual activities of interest

**North Carolina's 1915i State Plan
Home and Community Based Standards (HCBS)
For Discussion Purposes Only!**

- Residents must be allowed to choose with whom and when to participate in recreational activities
- Community Activities
 - Residents must be given the opportunity to take part in community activities of their choosing
 - Residents must be encouraged and supported to remain active in their community
 - Residents must be supported in pursuing activities of interest and not be restricted from participating in community activities of their choosing
- Community Integration
 - Only in settings that are home and community based, integrated in the community, provide meaningful access to the community and community activities, and choice about providers, individuals with whom to interact, and daily life activities.

DRAFT