

## SUBCHAPTER 71J - HEALTH SUPPORT SERVICES

### 10A NCAC 71J .0101 NATURE AND PURPOSE

- (a) The definition of health support services is set forth in 10A NCAC 71R .0900.
- (b) Medical services (diagnosis, treatment and care) are limited to nontherapeutic sterilization.

*History Note:* Authority G.S. 143B-153;  
Eff. March 1, 1977;  
Readopted Eff. October 31, 1977;  
Amended Eff. July 1, 1990; July 1, 1984; June 1, 1982; September 15, 1978;  
Temporary Amendment Eff. October 21, 1996;  
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Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. May 20, 2017.

### 10A NCAC 71J .0102 METHODS OF PROVISION

- (a) Health support services may be provided directly by the county department of social services or may be purchased.
- (b) In cases where the recipient is able to arrange for and obtain the resource items described in Rules .0108 (b), .0110 and .0111 of this Subchapter, the cash payment method of provision may be used.

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### 10A NCAC 71J .0103 SCOPE OF SERVICES

Health support services are casework services designed to motivate individuals and families to utilize information and resources which will promote and preserve their optimum level of health thus increasing their potential to be happy and productive citizens:

- (1) Helping individuals and families to recognize health needs includes the provision of counseling, individual or group instruction and educational materials focused on the following:
  - (a) basic health needs such as nutrition, exercise, rest, cleanliness, regular physical examinations, necessary immunizations, perinatal care, maternal and child health, and family planning;
  - (b) noticeable physical problems or developmental disabilities such as speech impediments, crossed eyes, hearing difficulties, orthopedic irregularities, disfiguring scars or birth marks, skin allergies, dental cares, need for dental plates or braces, obesity, cerebral palsy, muscular dystrophy, etc.;
  - (c) identifiable mental health related problems, such as mental retardation, mental illness, emotional disturbance, alcohol or drug abuse;
  - (d) suspected chronic disease such as arthritis, emphysema, heart disease, kidney disease, diabetes, cancer, etc.;
  - (e) communicable disease such as tuberculosis, measles, mumps, polio, venereal diseases, etc.;
  - (f) physical and occupational therapy;
- (2) Helping individuals and families secure needed health services includes the following:
  - (a) referring them to appropriate resources for services and treatment to meet their individual needs;
  - (b) providing help, as needed, with applying for assistance with the costs of medical and health care;
  - (c) arranging for supportive services such as transportation and child care to enable them to utilize available resources for diagnosis and treatment;
- (3) Counseling and planning with individuals, families and health providers to assure continuity of treatment and carrying out of health recommendation includes the following;

- (a) counseling with individuals and families as needed, about accepting and adjusting to health limitations;
  - (b) counseling with individuals and families regarding the importance of adhering to prescribed treatment plans by following doctors' orders and meeting all appointments for check-ups, treatment and therapy;
  - (c) help to individuals and families in scheduling appointments for continued treatment and services and in arranging for supportive services to enable them to keep scheduled appointments;
  - (d) assistance as needed in having prescriptions for medication filled and refilled including exploration of resources available to help with the cost of medication;
  - (e) assistance in locating and utilizing ancillary services to support the health plan such as in-home aide services, day care, preparation and delivery of meals, services to meet the special needs of the elderly, disabled or handicapped, transportation, etc.;
  - (f) coordinated planning with health providers to identify needs, locate resources and develop strategies for motivating the individual and his family to carry out health recommendations;
  - (g) follow-up periodically with the individual and his family to assess progress toward reaching service goals and the need for continued health support services;
- (4) Helping individuals to secure admission to medical institutions and children to secure admission to other health facilities includes the following:
- (a) counseling with the individual and his family to help them accept the need for the recommended level of care and to work through any negative feelings they may have about such a move;
  - (b) assistance in locating appropriate resources and applying for admission;
  - (c) help in exploring resources available for assistance with the cost of care;
  - (d) arranging for supportive services such as appliances, equipment, supplies, transportation, etc.;
  - (e) follow-up after admission and continuation of health support services as needed.

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#### **10A NCAC 71J .0104 MEDICAL SERVICES**

- (a) Medical services related to nontherapeutic sterilization as described in 10A NCAC 71R .0900 must be performed by licensed or certified medical providers.
- (b) Nontherapeutic sterilization is provided only for persons 21 years of age or older who are capable of giving informed consent. Nontherapeutic sterilization is any procedure or operation the primary purpose of which is to render an individual permanently incapable of reproducing.

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#### **10A NCAC 71J .0105 FUNDING FOR MEDICAL SERVICES**

- (a) Title XIX (medicaid) shall be utilized as the first funding option for medical services. County departments of social services electing to provide medical services as described in 10A NCAC 71R .0900 shall be responsible for the processing and payment of provider claims pursuant to those medical services authorized by the county.

(b) If individuals have health insurance which will cover all or part of the bill for medical services, the amount allowed under Social Services Block Grant (Title XX) will be the difference between the insurance payment and the maximum amount which would be allowed at medicaid rates. If the individual's insurance pays more than the allowable medicaid rate no funds will be available from Social Services Block Grant (Title XX).

(c) Provider claims for authorized medical services must be filed within six months of the date of service.

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#### **10A NCAC 71J .0106      OPTIONAL RESOURCES**

Optional resources as defined in 10A NCAC 71R .0900 may be used to support a service plan developed for individuals who are aging, disabled or handicapped. For purposes of the optional resources, the following definitions and rules apply:

- (1) "Aging" means age 60 years or older.
- (2) "Disabled" means unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment which can be improved, corrected or ameliorated but which can be expected to last, or which has lasted, for a continuous period of not less than 12 months.
- (3) "Handicapped" means impaired in mind or body with reasonable certainty that, because of the irremediable character of the impairment, the impairment cannot be improved, corrected or ameliorated and will continue at the same level of seriousness throughout the lifetime of the individual, and the individual must learn to function within the set parameters of the impairment.
- (4) Under these definitions a disability may be temporary in that, although it has existed or is expected to exist at least 12 months, there is the expectation that the impairment can be restored to some extent. Also, a disability may be total during the time that it does exist, i.e., the individual is unable to perform any substantial part of his ordinary activities. By contrast, a handicap is an impairment that is permanent and is not expected to be restored, but it may or may not be disabling to the individual in terms of his being able to perform his ordinary activities.
- (5) An individual may be handicapped in terms of having an irremediable impairment but may also be considered disabled for purposes of impairments that can be improved, corrected or ameliorated. The two conditions are not mutually exclusive.
- (6) "Own Home" means that the service recipient is living in a residence he maintains for himself or, with respect to an adult or child for whom a county department of social services or licensed child-placing agency has legal responsibility, a family care home for adults or a foster family home for children. "Own Home" does not include any group care beyond these particular family care arrangements, any institution as defined by law, a home for the aged (HA), skilled nursing facility (SNF) or an intermediate care facility (ICF).
- (7) "Homebound" means that the individual lacks the mental or physical capacity to leave his home without assistance.

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#### **10A NCAC 71J .0107      SPECIFIC ELIGIBILITY FOR OPTIONAL RESOURCES**

(a) In addition to meeting basic eligibility criteria, under the Social Services Block Grant (Title XX), as described in 10A NCAC 71R an individual must, in order to be eligible for the optional resources described in 71J .0108 - .0111 also be determined to be either aging, disabled or handicapped in accordance with the specified definitions.

(b) Age must be verified by:

- (1) a birth certificate,
- (2) a hospital record or certificate,
- (3) social security administration records, or
- (4) the client's notarized affidavit.

(c) The existence of a disability or handicap must be established on the basis of a professional diagnosis by a person or authority competent to make such a diagnosis. For purposes of determining initial eligibility, documentation of a diagnosis of disability made within the past 12 months is acceptable. Documentation that the individual is receiving supplemental security income benefits is sufficient for establishing the existence of a disability. The continuing existence of a disability must be re-documented every 12 months unless medical evidence would indicate the need to redocument more often. With respect to handicaps, the record must document that a diagnosis of permanent impairment has been made. Re-evaluation of a handicap is not required unless there is reason to believe that the character of the impairment may have changed.

*History Note: Authority G.S. 143B-153;  
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#### **10A NCAC 71J .0108 OPTIONAL RESOURCES/COMPONENT 1**

(a) Interpreters may be provided for deaf persons to enable them to communicate their needs and to utilize and benefit from services and community resources that are otherwise unavailable to them because of communication problems.

- (1) Interpreter service is provided for individuals who have a hearing impairment that necessitates reliance upon the use of sign language for communication.
- (2) Selection of an interpreter is based on the client's need and the availability of individuals who can provide interpreter services.
- (3) Prior to the provision of the service, a vendor agreement must be made covering the duties of the provider and the rate of pay. The amount of time provided is based on the recipient's needs; however, if the client will need an on-going or extended period of service, prior approval may be given but not to exceed the individual's period of eligibility.
- (4) Allowable Costs and Reimbursement. Maximum rates have been set by the North Carolina Social Services Commission for purchase of interpreters for deaf persons under vendor agreements. Information regarding maximum rates is contained in policy material issued by the division and is available in accordance with 10A NCAC 71R .0302. When included in a vendor purchase agreement, payment may also be made for round trip travel by the interpreter between his work station and the deaf person needing services. Reimbursement for such travel payment is available up to the state's maximum travel allowance per vehicle mile for automobile expenses.

(b) Telephones may be provided when not otherwise available for aging, disabled or handicapped individuals who are alone and homebound, or who have a health or medical condition which necessitates ready access to or frequent use of a telephone in their own home.

- (1) Telephones that adequately meet the needs of individuals at the lowest cost are sufficient.
- (2) Installation costs, monthly costs or both may be provided, according to the individual's need.
- (3) Long distance calls and toll charges require prior approval by the county department of social services or other provider agency.

*History Note: Authority G.S. 143B-153;  
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#### **10A NCAC 71J .0109 OPTIONAL RESOURCES/COMPONENT 2**

(a) Installation of ramps, rails, and other safety measures may be provided to increase mobility and enable a person to follow gainful activity in his own home without the threat of seriously damaging or injuring his health.

Apparatuses in this category include bars, tub seats, grab bars, raised toilet seats, flexible shower heads, rails of all sorts, monkey bars, litters, drips, ramps, and other apparatuses which are affixed in a nonportable condition.

- (1) Reimbursement not to exceed reasonable and necessary costs is allowable for apparatuses and their installation and for periodic adjustment and repair. Installations must conform with local and state building codes.
  - (2) When the installation of an apparatus provided under this component involves substantial physical alteration or structural change to the premises, prior written approval must be obtained from the owner or authorized agent for the house in which the item is to be installed.
  - (3) When satisfactory use of an apparatus depends upon adequate instructions to the individual, the provider agency must ensure the provision of such instructions.
  - (4) Any apparatus provided through this component is purchased for the individual recipient. Therefore, the provider agency holds no ownership and may not reclaim the item. However, the recipient may make an agreement to donate the item to the agency for another client's use when he ceases to need it.
  - (5) When a particular apparatus is donated back to the agency by a previous user, reimbursement for the cost of the item may not be claimed again when it is provided to another client. However, reasonable and necessary charges for renovations and repairs may be claimed and reimbursed as a cost of service to the second recipient.
- (b) Escort service to health facilities and other needed resources is provided when aging, disabled or handicapped persons need to make use of a health or social resource but are either physically or mentally incapable of obtaining the service unaccompanied.
- (1) The specific reason it is believed that client is unable to travel and wait alone must be recorded in the case file. For purposes of this service, "unable to travel and wait alone" means the client's well-being would be endangered if he traveled and waited unaccompanied.
  - (2) Escort service requires prior approval by the county department of social services or other provider agency as applicable including the rate of reimbursement. In cases where service is needed on an on-going basis, prior approval may cover a period of time not to exceed the client's period of eligibility.
  - (3) Escort service may be provided through the use of volunteers.
  - (4) Escort service is exempt from the minimum wage and overtime pay requirements of the Fair Labor Standards Act; however, reimbursement for paid escort time is available up to the minimum hourly wage.
  - (5) Reimbursement for the cost of escort travel incurred when accompanying a client to needed resources is allowable as a part of this service at the same maximum rate established by the Social Services Commission for transportation services.

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### **10A NCAC 71J .0110    OPTIONAL RESOURCES/COMPONENT 3**

Friendly visitors or companions may be arranged for or provided for part of a day to assist individuals who, because of frailty, physical or mental disability or social isolation have limited contacts with other people.

- (1) The provision of friendly visitors or companions requires prior approval by the county department of social services or contract provider in terms of hours of service and rate of pay where costs of the service are to be reimbursed.
- (2) It is appropriate to provide this service without cost through the use of trained volunteers.
- (3) Reimbursement for mileage is allowable at the maximum rate established by the Social Services Commission for transportation services.
- (4) Reimbursement is available for hours spent providing service based on rates agreed upon prior to the provision of the service. Companionship service is exempt from the Fair Labor Standards Act. The maximum allowable cost is the current minimum wage. Reimbursement is allowable for this service when a written vendor purchase agreement has been completed.

*History Note: Authority G.S. 143B-153;  
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#### **10A NCAC 71J .0111 OPTIONAL RESOURCES/COMPONENT 4**

The special health needs component allows for the provision of necessities which constitute an imperative health need of an individual because of health deterioration or because the need is specific to the correction, improvement or amelioration of a disability, and the provision of such necessities will enable the individual to continue to live in his own home.

- (1) Reimbursement is allowable at costs not to exceed an amount reasonable and necessary to ensure quality products and to provide for periodic adjustment and repair.
- (2) The following items or services are specifically excluded from the scope of this resource component:
  - (a) diagnostic assessment or reassessment procedures;
  - (b) special food or diet regimen;
  - (c) clothing other than special apparel prescribed or advised by a physician;
  - (d) any furniture not in the nature of an adaptive device;
  - (e) supplies, appliances and equipment of a cosmetic nature unless the person cannot do without the item and continue to remain in his own home;
  - (f) services, equipment, supplies or appliances available under medicaid or medicare to the individual in his own home;
  - (g) x-rays -- diagnostic or treatment;
  - (h) a physician's care, physical, speech or occupation therapy;
  - (i) prescription drugs;
  - (j) non-prescription medicine except as advised or prescribed by a physician.
- (3) An item may be rented only if it is unavailable otherwise or the expected duration of need makes renting more cost-effective. Any item provided through this component is purchased for the individual recipient. Therefore, the provider agency holds no ownership and may not reclaim the item. However, the recipient may make an agreement to donate the item to the agency for another client's use when he ceases to need it.
- (4) When a particular item is donated back to the agency by a previous user as described in this Rule, reimbursement for the cost of the item may not be claimed again when it is provided to another client. However, reasonable and necessary charges for renovations and repairs may be claimed and reimbursed as a cost of service to the second recipient.

*History Note: Authority G.S. 143B-153;  
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