



North Carolina Department of Health and Human Services

2001 Mail Service Center • Raleigh, North Carolina 27699-2001

Tel 919-733-4534 • Fax 919-715-4645

Beverly Eaves Perdue, Governor

January 30, 2012

Lanier M. Cansler, Secretary

The Honorable Louis Pate, Co-Chair
Joint Legislative Oversight Committee
on Health and Human Services
North Carolina Senate
Room 406, Legislative Office Building
Raleigh, NC 27603

The Honorable Nelson Dollar, Co-Chair
Joint Legislative Oversight Committee
on Health and Human Services
North Carolina House of Representatives
Room 307B1, Legislative Office Building
Raleigh, NC 27603

The Honorable Justine Burr, Co-Chair
Joint Legislative Oversight Committee
on Health and Human Services
North Carolina House of Representatives
Room 538, Legislative Office Building
Raleigh, NC 27603

Dear Senator Pate and Representatives Burr and Dollar:

Section 10.17 of Session Law 2011-145, requires the Department of Health and Human Services to report on the examination of all regulatory functions performed by each of the divisions within the department. There will be a delay and the report will be submitted no later than March 19, 2012.

Please direct all questions concerning this report to Beth Melcher, Assistant Secretary for Mental Health, Developmental Disabilities and Substance Abuse Services at 855-4814.

Sincerely,

A handwritten signature in dark ink, appearing to read "Lanier M. Cansler".

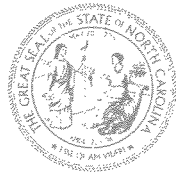
Lanier M. Cansler

LMC:jg

cc: Michael Watson
Maria Spaulding
Sharnese Ransome
Jim Slate
John Dervin

Pam Kilpatrick
Lisa Hollowell
Rennie Hobby
Patricia Porter
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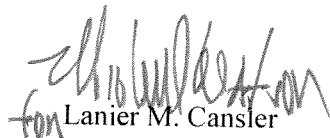
Mark Trogon, Acting Director
Fiscal Research Division
North Carolina General Assembly
Room 619, Legislative Office Building
Raleigh, N.C. 27603

Dear Director Trogon:

Section 10.17 of Session Law 2011-145, requires the Department of Health and Human Services to report on the examination of all regulatory functions performed by each of the divisions within the department. There will be a delay and the report will be submitted no later than March 19, 2012.

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Beverly Eaves Perdue, Governor

January 30, 2012

Lanier M. Cansler, Secretary

The Honorable Marilyn Avila, Co-Chair
Appropriations Subcommittee on Health
and Human Services
North Carolina House of Representatives
Room 2217, Legislative Building
Raleigh, NC 27601

The Honorable Justin Burr, Co-Chair
Appropriations Subcommittee on Health
and Human Services
North Carolina House of Representatives
Room 538, Legislative Office Building
Raleigh, NC 27603

Dear Representatives Avila and Burr:

Section 10.17 of Session Law 2011-145, requires the Department of Health and Human Services to report on the examination of all regulatory functions performed by each of the divisions within the department. There will be a delay and the report will be submitted no later than March 19, 2012.

Please direct all questions concerning this report to Beth Melcher, Assistant Secretary for Mental Health, Developmental Disabilities and Substance Abuse Services at 855-4814.

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Beverly Eaves Perdue, Governor

January 30, 2012

Lanier M. Cansler, Secretary

The Honorable Stan Bingham, Co-Chair
Appropriations on Health and
Human Services
North Carolina Senate
Room 2117, Legislative Building
Raleigh, NC 27601

The Honorable Harris Blake, Co-Chair
Appropriations on Health and
Human Services
North Carolina Senate
Room 408, Legislative Office Building
Raleigh, NC 27603

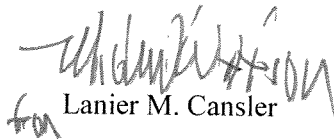
The Honorable Louis Pate, Co-Chair
Appropriations on Health and
Human Services
North Carolina Senate
Room 406, Legislative Office Building
Raleigh, NC 27603

Dear Senators Bingham, Blake and Pate:

Section 10.17 of Session Law 2011-145, requires the Department of Health and Human Services to report on the examination of all regulatory functions performed by each of the divisions within the department. There will be a delay and the report will be submitted no later than March 19, 2012.

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Sincerely,


for Lanier M. Cansler

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**Report to House of Representatives Appropriations Subcommittee on Health
and Human Services, the Senate Appropriations Committee on Health and
Human Services, and the Fiscal Research Division
on**

DHHS Regulatory Functions

HB 200- SL 2011-145, Section 10.17



North Carolina Department of Health and Human Services

DHHS Regulatory Functions

Introduction

As requested, this report is designed to address the requirements set forth by the NC General Assembly in the below requirements:

Section 10.17.(a) of Session Law 2011-145, requires the Department of Health and Human Services (DHHS) to examine all regulatory functions performed by each of the divisions within the department and report its findings inclusive of:

- (1) A summary of each division's regulatory functions.
- (2) The purpose of each of the identified regulatory functions.
- (3) The amount of any fee charged for the identified regulatory functions, along with the date and amount of the most recent fee increase.
- (4) The number of full-time equivalent positions dedicated to the identified regulatory functions, broken down by division.
- (5) Whether there is a federal requirement for, or a federal component to, any of the identified regulatory functions.
- (6) Identification of overlap among the divisions within the Department and with other State agencies, with respect to the regulation of providers. For each area of overlap, the report shall specify all of the following:
 - a. The name of each division and State agency that performs the regulatory function.
 - b. How often each division or State agency performs the regulatory function.
 - c. The total amount of funds expended by each division or State agency to perform the regulatory function.

The North Carolina Department of Health and Human Services conducts a variety of regulatory activities, such as licensing and certification, for many providers and facilities across its Divisions.

For the purposes of this undertaking, “regulatory activity” has been defined as ***any activity that DHHS undertakes in order to manage, review, enforce or verify that health and human service providers hold necessary licenses, certifications, accreditations, credentials, and/or required conditions for Medicaid and Health Choice participation.***

These regulatory activities cover a broad span of provider types and services. While the ultimate goal of these regulatory activities is similar in that they all aim to ensure quality of care and/or compliance of human services providers in North Carolina, the associated requirements, processes, and scope of these activities differ across Divisions.

Section 10.17.(a) – Review of Regulatory Functions

In accordance with Section 10.17.(a) of Session Law 2011-145, reproduced above, DHHS expanded upon existing efforts to catalog and streamline regulatory activities taking place across its divisions. The Department catalogued all regulatory activities and included the following components:

- ▶ Division
- ▶ Provider Type
- ▶ Regulatory Activity, in line with Section 10.17.(a)(1)
- ▶ Legal Authority & Citation, in line with Section 10.17.(a)(2) and (5) *
- ▶ Citation Text
- ▶ Authority Type (i.e., Federal, North Carolina General Statute, or North Carolina Administrative Code)
- ▶ Service, in line with the *2011-12 Summary of DHHS Goals and Objectives*
- ▶ Fees, in line with Section 10.17.(a)(3) ⁺
- ▶ Full Time Employees (FTEs), in line with Section 10.17.(a)(4)
- ▶ Activity Budget
- ▶ Fee Usage (what happens to the collected fees)
- ▶ Comments

(The complete list of Provider Types, Regulatory Activities, and Legal Authority Citations can be found in Appendix A.)

The information in this database was provided and validated by the DHHS divisions. Each entry captures the information required by Section 10.17.(a) for a single Provider Type and Regulatory Activity. This granular breakdown of information allows for the in-depth comparisons of regulatory activities by division, provider type, and statute/federal regulation/state regulation as requested in Section 10.17.(a)(6): Identification of overlap among the divisions within the Department and with other State agencies, with respect to the regulation of providers.

Summary of Regulatory Activities

Per the directive of Section 10.17.(a), included is a summary of the following regulatory activities by DHHS division.

- **Division of Aging and Adult Services (DAAS):**
 - *Summary.* DAAS is responsible for only one regulatory activity, certification, covering two provider types.

* In addition to the directive of Section 10.17.(a)(5) to identify any federal requirements for a given regulatory activity, DHHS has also identified the pertinent North Carolina General Statutes and Administrative Codes. This information was collected in order to produce a fuller picture of the obligations for both providers and regulating divisions.

⁺ The most recent North Carolina State Government Fee Report, for Fiscal Year 2009-10, was published February, 2011.

- *Purpose.* The purpose of DAAS regulatory activities is to provide certification for adult day services and in-home aide services.
 - *Fees.* There are no fees associated with either the Adult Day Services Certification program or the In-Home Aide - Home Management Only Certification Program, administered by DAAS.
 - *Staffing.* Staffing for regulatory activities consists of 4.5 total FTEs, 4 FTEs for Adult Day consulting and half of an FTE for In-Home Aide consulting services (10% of four half-time employees).
 - *Federal Requirements/Components.* There is one federal component identified in the regulations for DAAS, Title 42 U.S.C entitled Public Health and Welfare, Chapter 35 Programs for Older Americans.
- **Division of Child Development and Early Education (DCDEE):**
 - *Summary.* DCDEE is responsible for seven regulatory activities covering one provider type, child care facilities. Activities include: pre-licensing workshops for new and existing child care centers; administrative actions including the issuance of written warnings, reprimands, and placing licensees in probation, suspension, or formal revocation; investigations of abuse and/or neglect occurring in child care facilities; licensing of facilities; assessment and rating of facilities to achieve 2 or higher stars under the rating system; technical assistance and consultation to promote and coordinate educational programs and materials for operators of child care facilities; and review and approval of religious-sponsored child care centers.
 - *Purpose.* The purpose of DCDEE regulation is to ensure those agencies and staff responsible for child development have the training and technical assistance needed to operate effectively, as well as ensuring licensees are appropriately investigated and disciplined for any infractions.
 - *Fees.* The fees collected by DCDEE consist of \$150 per workshop for pre-licensing workshops, as well as fines, penalties, and assessments fees up to \$1,000 for investigations (last updated in 2001) and licensing fees of between \$52-\$600 (last updated in 2003).
 - *Staffing.* A total of 206 FTEs are devoted to regulatory activities including: 3.4 FTEs for pre-licensing workshops, 33.45 FTEs for Administrative Actions, 12.2 FTEs for Investigations, 86.5 FTEs for licensing, 39.7 FTEs for rated license assessment, 19.25 FTEs for Technical Assistance and Consultation, and 11.5 FTEs for Review and Approval.
 - *Federal Requirements/Components.* § 98.41 of Title 45 necessitates that there are requirements to protect the health and safety of children in effect that are applicable to child care providers.
 - **Division of Health Service Regulation (DHSR):**
 - *Summary.* DHSR is responsible for the regulation of medical, mental health and adult care facilities, emergency medical services, and local jails. They are responsible for a variety of regulatory activities that include 33 provider types

covering 20 different regulatory activities from complaint intake to licensing to rules development to training.

- *Purpose.* The purpose of DHSR regulatory activities is to license and ensure compliance among facilities throughout the state that provide health care to North Carolinians.
- *Fees.* DHSR collects fees for provider licensing, construction review and approval, and other provider-specific services. The majority of fees are used to support DHSR's licensure and certification activities. The exception is the Construction Plan Review fees, the first \$712,626 of which are used to support DHSR licensure and certification activities, and anything collected in excess of that amount is deposited into the General Fund.
- *Staffing.* DHSR has 417 FTEs devoted to regulatory activities; including, in the three largest provider areas, 119 for nursing homes, 64 for adult care and family care homes, and 60 for construction and facilities plan reviews.
- *Federal Requirements/Components.* 37 different federal statutes have been identified to cover many of the regulatory functions provided by DHSR, ranging from licensing to complaint intake to review and approval to plan reviews and facility inspections.

- **Division of Medical Assistance (DMA):**

- *Summary.* DMA is responsible for provider enrollment, investigations, and complaint intake for medical facilities and medical transportation. In addition, DMA oversees the creation of programs and fraud/investigations through rules development as well as controlling and setting forth specific requirements for the utilization of Medicaid services.
- *Purpose.* The purpose of regulatory functions done by DMA is to ensure those facilities receiving Medicaid funds are in compliance with all required rules.
- *Fees.* Fees collected by DMA include the Intermediate Care Facility for the Mentally Retarded (ICF/MR) Assessment Clearing, which is \$11.46 per bed (last updated in 2004). In addition, DMA assesses federal provider enrollment fees of between \$100 and \$505 (last updated in 2009), and a late fee of 10% (last updated in 1993).
- *Staffing.* DMA regulatory functions are performed by 80 FTEs for program integrity, nine FTEs for provider services, and 28 FTEs for Audit. In addition, there are 52 FTEs involved in setting reimbursement rates for finance/management for a total of 179 FTEs for DMA regulatory activities.
- *Federal Requirements/Components.* Federal regulations set forth requirements for rules development under the State fraud detection and investigation program as well as concerning control of the utilization of all Medicaid services.

- **Division of Mental Health, Developmental Disabilities, and Substance Abuse Services. (DMH/DD/SA):**

- *Summary.* DMH/DD/SA is responsible for 13 regulatory activities covering 14 provider types.

- *Purpose.* The overarching purpose for these regulatory activities is to assist individuals with needs for mental health, developmental disabilities, and substance abuse services in ways consistent with the dignity, rights, and responsibilities of all North Carolina citizens, per Chapter 122C, Article 1, of the North Carolina General Statutes.
 - *Fees.* DMH/DD/SAS collects licensing fees of \$32-\$650 from Substance Abuse facilities licensing fees of \$32-\$650, as well as hospital fees.
 - *Staffing.* DMH/DD/SA regulatory activities are conducted by a total of 37 FTEs, including 15 for Medicaid Audits, Federal Block Grant and CABHA monitoring, as well as 5 Customer Service and Community Rights staff, 4 Accountability Unit staff, and 4 Business Officers.
 - *Federal Requirements/Component.* Three of the regulatory activities within DMH/DD/SA are governed by five federal requirements. These include certification of agencies, the execution of required service continuum and service authorization reports, and Medicaid audits.
- **Division of Public Health (DPH):**
 - *Summary.* DPH is responsible for regulatory activity related to safety concerns regarding lead-based paint, asbestos, alcohol analysis, and drinking water.
 - *Purpose.* The purpose of DPH's regulatory activities is to keep North Carolina residents safe from toxins and ensure proper material analysis, in compliance with federal standards and statutes.
 - *Fees.* Lead paint related fees of between \$300 and \$2000 (last updated in 2010) and asbestos removal-related course fees of \$1500 for new courses and \$200 for renewal as well as accreditation fees of \$100 (last updated 1996), \$250 per analyte category for drinking water testing (last updated in 1994), and a portion (\$25) of two separate drivers' license fees for restoration after a DWI.
 - *Staffing.* 34.5 FTEs are dedicated to regulatory functions at DPH.
 - *Federal Requirements/Components.* DPH's regulatory activity is governed by five federal authorities, which dictate the standards for state-level program compliance. Of the five C.F.R. authorities, 3 address lead paint, 1 covers asbestos, and 1 covers certified laboratories for drinking water testing.
- **Division of Social Services (DSS):**
 - *Summary.* Complaint intake and licensing for child placement agencies such as child care facilities, adoption, and foster care agencies/homes, and maternity homes.
 - *Purpose.* The purpose of the regulatory activities conducted by DSS is to ensure compliance with the Division's governing federal authority, as well as to ensure quality of services and licensure compliance in fulfillment of the overarching purpose laid out for the Division in North Carolina General Statutes Chapter 131D-10.1: [T]he State recognizes there are instances when protecting a child's welfare outweighs reunifying the family unit, and as such, the care of residential

care facilities providing high quality services that include meeting the children's educational needs as determined by the Department of Health and Human Services, Division of Social Services can satisfy the standard of protecting a child's welfare, regardless of the child's age, particularly when the sibling groups can be kept intact.

- *Fees.* No fees are associated with DSS' licensing or complaints intake activities.
- *Staffing.* 13 FTEs within DSS are dedicated to regulatory activities.
- *Federal Requirements/Components.* There is one federal component identified in the regulations for DSS, Title 42 U.S.C 671, sets the requisite features of State plans for maternity homes for foster care and adoption assistance.

- **Division of Vocational Rehabilitation Services (DVRS):**

- *Summary.* Review and approval of community rehabilitation programs to ensure compliance with the standards required to provide vocational rehabilitation services.
- *Purpose.* The purpose of DVRS' reviews is to assure that an individualized plan for employment (IPE) meets federal requirements is developed and implemented in a timely manner, and that services will be provided in accordance with the provisions of the IPE.
- *Fees.* No fees are associated with DVRS activities.
- *Staffing.* One FTE at the division central office level as well as 15% of time of 6 regional specialists.
- *Federal Requirements/Components.* Federal requirements under 34 C.F.R. 361.45 assure development of the individualized plan for employment for each individual determined to be eligible for vocational rehabilitation services.

DHHS regulatory activities include provider licensure, certification, accreditation, credentialing, complaint intake and investigation, approvals, permits, training, and other activities that pertain to individual provider types. In its initial data request to the Divisions and subsequent validation with them, DHHS has made every effort to distill the activities listed and counted for this report into non-overlapping categories. The amount of information required for this effort is vast; nearly 1,100 unique combinations of provider types, regulatory activities, and governing authorities were identified.

It is worth noting that there may be instances where some overlap or imperfect alignment remains between activities and provider types. Any reading of the underlying data, then, should take into account the closeness of some of the listed categories and proceed with care when selecting categories for search and analysis. It is also important to understand that at the Division level, budget for regulatory services are not in exact alignment with the categories of activities identified. This can make it difficult for the Divisions to parse out the exact amount of resources dedicated to each of the specific regulatory activities listed in this report. Wherever possible, every effort has been made to attach dollars and employee counts to the individual activities. Where this has proved beyond the capacity of the reporting Divisions, the closest possible aggregate numbers have been provided.

Regarding the legal citations for the regulatory functions, DHHS has identified not only federal law and regulations, but also state statute and administrative code pertaining to each regulatory activity for each provider type. DHHS reviewed the legal citations reported in order to create a reasonable similarity of scope from line to line so as to allow for meaningful counting and comparison across provider types. A single line (with a single legal authority) may contain multiple rules and regulations for a given Division to follow. As such, it is important to remember that the count of regulatory authorities made possible by this spreadsheet does not necessarily indicate a linear correlation between the number of authorities identified and the complexity of regulatory requirements for a given provider type or Division.

With the data underlying this report, DHHS has endeavored to create a usable framework that allows for the continuation and extension of existing Departmental efforts to refine and streamline the regulatory requirements of its providers. Taking into account the nuances of the data described here, DHHS intends to marshal the vast amount of information collected to continue to identify high-priority provider types and activities in order to streamline regulatory practices throughout the Department.

Section 10.17.(b) – Plan for Regulatory Functions

The Department has made notable **progress** in several areas related to regulatory activities. Examples include:

- DSS providers now have access to a data warehouse supported by a provider association, where they can upload electronic copies of regulatory-related documents into the centralized repository for viewing as needed by regulators.
- The Forensic Testing for Alcohol Program has streamlined its application & training communications and processes, utilizing fax as well as the US Postal Service to submit and distribute information.
- The Children’s Environmental Health Branch (formerly in the Division of Environmental Health in DENR) has merged with the Health Hazards Control Unit (in DPH), placing both programs in the same Division. The overlap of technical functions in both programs made this an ideal situation for merger to create a regulatory efficiency for these lead and asbestos programs.
- DAAS is now conducting the recertification process for Adult Day Services electronically, streamlining and accelerating the process so the provider agencies do not have to wait as long and receive their certifications.
- DAAS has also begun accepting information electronically from local monitors who begin the certification process. In addition, they are also accepting electronic signatures.
- DMH/DD/SA is implementing a quality rating system, consistent with the expansion of managed care systems that will extend the time between reviews for high-performing providers to three years.
- At DMA a new standardized credentialing process has been implemented to incorporate

all mandated enrollment elements as well as state rule requirements. In addition, DMA is in the process of matching up regulatory functions so that they can eliminate overlapping rules.

In addition to these Division-level gains, last year the Department catalogued and reviewed high-level regulatory activities at each DHHS Division to gain a basic understanding of these activities. Based on conversations with stakeholders and a review of practices in other states, the Department identified five **opportunities** for further exploration. These opportunities included:

1. Reducing overlap and clarifying responsibilities regarding licensure, endorsement, and enrollment activities between DHSR, DMA, DMH/DD/SAS, and Local Management Entities.
2. Developing a formal, tiered, risk-based provider monitoring and renewal system (already in place for Adult Care Homes at DHSR).
3. Developing an enterprise-wide system for conducting regulatory activities that would facilitate interagency/provider communication and online licensure/certification processes.
4. Standardizing complaint intake and triage across Divisions and developing centralized tool for collecting and sharing this information.
5. Developing a comprehensive plan to streamline regulation. As part of its Plan for Regulatory Functions, per Section 10.17.(b), DHHS has begun to analyze overlapping provider regulations and other streamlining opportunities, per Section 10.17.(a)(6). The data collection described above for Section 10.17.(a) will continue to support these ongoing efforts, which have already begun to show demonstrable progress and reveal the other opportunities highlighted here.

The Department is pursuing Opportunities 3, 4, and 5 this year. DHHS will begin with a review of child-placing agencies, which have been identified already as a high-priority group because regulatory activity of these providers crosses multiple Divisions. Specifically, DHHS will aim to achieve greater efficiencies for visits to and informational requests from these providers through better inter-divisional communication, including information-sharing and coordination for regulating Divisions.

Appendix A

Provider Types 65 Total	Regulatory Activities 34 Total	Federal Citations 51 Total	General Statutes 117 Total	NCAC 38 Total
Abortion Clinics	Accreditation	42 U.S.C. 35	Chapter 108A-25	10A NCAC 06A
Adult Care Homes	Administrative Actions	34 CFR 361.45	Chapter 108A-54	10A NCAC 06P
Adult Day Services	Ambulance / Vehicle Permitting	40 CFR 141.28	Chapter 108A-63	10A NCAC 06S
Alcohol Analysis Providers	Appeals	40 CFR 745 E	Chapter 108A-64	10A NCAC 06X
Ambulatory Surgery Centers	Authorization	40 CFR 745 L	Chapter 108A-65	10A NCAC 09
Asbestos-Related Providers	Certificate of Need	40 CFR 745 Q	Chapter 110, Article 7, Chapter 9 - Child Care Rules	10A NCAC 13B
CAP-MR/DD Providers	Certification	40 CFR 763	Chapter 122, Article 2	10A NCAC 13C
Cardiac Rehabilitation	Competency Evaluations	42 CFR 405	Chapter 122, Article 3	10A NCAC 13D
Case Managers	Complaint Intake	42 CFR 416.40	Chapter 122C, Article 1, 2	10A NCAC 13F
Certified Rabies Vaccinators Training	Controlled Substances Registration	42 CFR 416.50	Chapter 122C, Article 2	10A NCAC 13G
Chemical Dependency Treatment Facilities	Course Approval	42 CFR 418	Chapter 122C-112.1	10A NCAC 13J
Child Care Facilities	Credentialing	42 CFR 418	Chapter 122C-114	10A NCAC 13K
Child-placing agencies for adoption	Dispute Resolution	42 CFR 431.51	Chapter 122C-115.2	10A NCAC 13O
Child-placing agencies for foster care	Facility Designation	42 CFR 440.150	Chapter 122C-142.1	10A NCAC 13O
Clinical Laboratories	Investigations	42 CFR 441.150	Chapter 122C-151.3	10A NCAC 13P
Clinics	Licensing	42 CFR 455.1	Chapter 122C-151.4	10A NCAC 14C
Community Rehabilitation Programs	Medicaid Audits	42 CFR 456.1	Chapter 122C-224	10A NCAC 22F
Critical Access Behavioral Health Agencies	Oversight	42 CFR 482	Chapter 122C-23	10A NCAC 22N
Critical Access Hospitals	Penalty Review	42 CFR 483	Chapter 122C-24	10A NCAC 26B
Designated Level I or II Trauma Centers	Permitting	42 CFR 483	Chapter 122C-25	10A NCAC 26C
Diagnostic Centers	Permitting and Training	42 CFR 483, Subpart B 483.35	Chapter 122C-252	10A NCAC 27C
DMA Practitioners	Plan Reviews / Facility Inspections	42 CFR 483, Subpart B 483.75	Chapter 122C-26	10A NCAC 27D
Drinking Water Laboratory Testing	Prelicensing Workshops	42 CFR 483, Subpart D 483.150-158	Chapter 122C-31	10A NCAC 27E
DWI Services Providers	Program Compliance	42 CFR 483, Subpart D 483.160	Chapter 122C-51	10A NCAC 27F
Employers of nurse aides, medication aides, geriatric aides & unlicensed health care personnel	Provider Enrollment	42 CFR 483.10	Chapter 122C-53	10A NCAC 27G
EMS	Rated License Assessment	42 CFR 483.13	Chapter 122C-6	10A NCAC 27I
Facility-Based Crisis Services	Regional Trauma System (Regional Advisory Committee RAC)	42 CFR 483.156	Chapter 122C-62	10A NCAC 41B
Family Care Homes	Registry	42 CFR 483.405	Chapter 122C-63	10A NCAC 41C
Family Foster Homes and Therapeutic Foster Homes	Review and Approval	42 CFR 483.410	Chapter 122C-80	10A NCAC 42D

Appendix A

Provider Types 65 Total	Regulatory Activities 34 Total	Federal Citations 51 Total	General Statutes 117 Total	NCAC 38 Total
Foster Care Homes	Rules Development	42 CFR 483.420	Chapter 122C-81	10A NCAC 70E
Health Care Personnel	Service Continuum and Service Authorization Reports	42 CFR 483.430	Chapter 130A-186	10A NCAC 70F
HIV Laboratory Testing	System Plan Review and Approval	42 CFR 483.440	Chapter 130A-326	10A NCAC 70G
Home Health Care Agencies	Technical Assistance and Consultation	42 CFR 483.450	Chapter 130A-444-452	10A NCAC 70H
Hospices	Training	42 CFR 483.460	Chapter 130A-447	10A NCAC 70I
Hospitals		42 CFR 483.470	Chapter 130A-453.01-.11	10A NCAC 70J
In-Home Aides		42 CFR 483.480	Chapter 130A-453.22-.31	10A NCAC 70K
Inpatient Hospital Treatment for MH/SA		42 CFR 484	Chapter 130A-5(3)	10A NCAC 89D
Intermediate Care Facilities		42 CFR 485	Chapter 131D, Article 1	15A NCAC 18C
Kidney Disease Treatment Centers		42 CFR 486	Chapter 131D, Article 1A	
Lead Paint Activities Firms / Workers		42 CFR 488.335	Chapter 131D-1	
Lead Paint Activities Training		42 CFR 489.20	Chapter 131D-10	
Lead Paint Renovation Firms / Workers		42 CFR 489.24	Chapter 131D-10.1	
Lead Paint Renovation Training		42 CFR 491	Chapter 131D-10.3	
LMEs		42 CFR 493	Chapter 131D-10.5	
Maternity Homes		42 CFR 494.70	Chapter 131D-2	
Medical Supplies Providers		42 U.S.C. 1320a-7e	Chapter 131D-2.1	
Medical Technology Providers		42 U.S.C. 1395i-3	Chapter 131D-2.12	
MH/DD/SA Providers		42 U.S.C. 1396r	Chapter 131D-2.13	
Multi-Unit Assisted Housing		42 U.S.C. 671	Chapter 131D-2.4	
Non-Hospital Medical Detox		42 USC 1396a	Chapter 131D-2.5	
Nurse Aides		45 CFR 61	Chapter 131D-26	
Nursing Facilities			Chapter 131D-27	
Nursing Pools			Chapter 131D-34	
Other Controlled Substance Handlers			Chapter 131D-34.1	
Other Residential Providers - DHSR			Chapter 131D-4.5A	
Outpatient Rehabilitation Facilities			Chapter 131D-4.5B	
Pharmacies			Chapter 131D-4.6	
Portable X-Ray Suppliers			Chapter 131D-6	
Psychiatric Hospitals			Chapter 131D-8	
Rehabilitation Facilities			Chapter 131E, Article 10	

Appendix A

Provider Types 65 Total	Regulatory Activities 34 Total	Federal Citations 51 Total	General Statutes 117 Total	NCAC 38 Total
Residential Facilities			Chapter 131E, Article 15, 255	
Rural Health Clinics			Chapter 131E, Article 5	
TCM Providers			Chapter 131E, Article 6	
Transport Providers			Chapter 131E, Article 8	
Unlicensed Health Care Personnel			Chapter 131E-104	
			Chapter 131E-114.2	
			Chapter 131E-124	
			Chapter 131E-140	
			Chapter 131E-141	
			Chapter 131E-144.7	
			Chapter 131E-147	
			Chapter 131E-149	
			Chapter 131E-150	
			Chapter 131E-154.8	
			Chapter 131E-155.1	
			Chapter 131E-156	
			Chapter 131E-157	
			Chapter 131E-158	
			Chapter 131E-159	
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			Chapter 131E-162	
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			Chapter 131E-190	
			Chapter 131E-202	
			Chapter 131E-207	
			Chapter 131E-255	
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			Chapter 131E-67	
			Chapter 131E-75	
			Chapter 131E-77	
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			Chapter 14, Article 11	
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			Chapter 143-508	

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			Chapter 143-545.1	
			Chapter 143B-139.1	
			Chapter 143B-139.5B	
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