



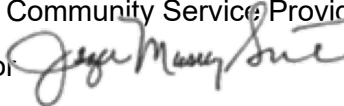
NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

JOSH STEIN • Governor

DEV DUTTA SANGVAI • Secretary

JOYCE MASSEY-SMITH • Director
Division of Aging and Adult Services

DIVISION OF AGING ADMINISTRATIVE LETTER NO. 25- 02

TO: Area Agencies on Aging and Community Service Providers
FROM: Joyce Massey-Smith, Director 
SUBJECT: Housing & Home Improvement Updates: Reporting requirement changes and waiver request guidance
DATE: June 12, 2025

Housing & Home Improvement (HHI) services support the resolution of health and safety issues affecting the homes of older adults and areas adjacent to their homes. The administration of this program is outlined in the HHI service standards as updated by Administrative Letters 15-04 and 23-01. The purpose of the current administrative letter is to:

1. Streamline reporting requirements in support of consistent statewide data tracking,
2. Update the list of allowable home improvements that may be provided without a waiver request,
3. Provide updated guidance related to waiver requirements for services not included in the Updated List of Allowable Expenditures for HHI and for projects costing more than \$7,000.

Reporting Requirements

HHI services must be keyed in ARMS as a non-unit reimbursement request with a separate reporting requirement for home improvements by client and category.

- Reimbursement requests are keyed in ARMS monthly as a total non-unit amount for all client projects completed in each month. These total monthly reimbursements are documented by provider by month in ARMS report ZGA-544.
- Additional fields in ARMS allow the reporting of projects by client using specific home improvement categories. Each category of home improvement has an assigned Site/Route/Worker (SRW) code for reporting HHI services:
 - SRW 141 – security enhancements
 - SRW 142 – minor home repairs
 - SRW 143 – mobility and accessibility improvements
 - SRW 144 – basic household furnishings and home appliance repairs, replacements, or purchases

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF AGING AND ADULT SERVICES

LOCATION: 693 Palmer Drive, Taylor Hall, Raleigh, NC 27603
MAILING ADDRESS: 2101 Mail Service Center, Raleigh, NC 27699-2101
www.ncdhhs.gov • TEL: 919-855-3400 • FAX: 919-733-0443

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- [SRW 145](#) – approved waiver requests to provide home improvements not specifically listed in the HHI service standards and policy updates

Previous Guidance

Administrative Letter No. 15-04 outlined the following reporting requirements:

- Instead of using the numerical placeholder “1” as HHI clients are entered in ARMS, providers will enter the cost of services received under the appropriate SRW code(s).
- Project costs may include materials, labor, and administrative costs as documented on the Client Financial and Service Activity Worksheet.
- For each client served, project expenditures may be reported under more than one SRW category, if appropriate. SRW codes will not be used to calculate reimbursements.
- Client Financial and Service Activity Worksheets reviewed during monitoring provide the supporting documentation needed to assure that the maximum allowed expenditures per household per fiscal year are not exceeded.
 - Note that the requirement for annual monitoring of HHI in Administrative Letter No. 15-04 was removed from Sec. 308 monitoring policy by [Administrative Letter No. 21-03](#) (see p. 4 for reference to this revision of Sec. 308.2 E).
 - Also note that [Administrative Letter No. 23-01](#) updated the maximum allowed expenditures from \$1,500 to \$7,000.

Current Guidance

The current administrative letter updates the existing reporting requirements outlined above to make the following changes:

- **Effective no later than the beginning of reporting for SFY 2026, providers must enter the numerical placeholder “1” in ARMS (instead of project costs)** to report by SRW code(s) that an individual client received HHI services in the month in which reimbursements are requested for the client’s home improvements. This change is made to streamline administrative requirements and support consistency in statewide tracking and reporting using the Older Americans Act Performance System (OAAPS). Data entry by client and SRW code is documented in ARMS report ZGA-542.
- See **Attachment B** for an updated Client Financial and Service Activity Worksheet that reflects the increased cap of \$7,000 per household per fiscal year. Actual project costs (administrative costs, labor, and materials) will continue to be documented on this worksheet.

There are no other changes in the basic documentation required for substantiation of allowable project activities and costs during monitoring. Per HHI standards, duplication of any home improvement service to the same household for three consecutive years following receipt of initial service is prohibited.

Updated List of Allowable Home Improvements and Waiver Requests for HHI Services Not Included in the List of Allowable Expenditures for HHI and for Projects Exceeding \$7,000

This administrative letter also expands the list of allowable HHI services, includes an updated HHI Waiver Request Form (**Attachment C**) and provides guidance for its use when seeking approval for services not included in the expanded list and for projects costing more than \$7,000:

- See the Updated List of Allowable Expenditures for HHI (**Attachment A**) for the updated list of allowable services by category and SRW code.
- See **Part A.** of the HHI Waiver Request Form (**Attachment C**) to request approval to provide a home improvement service not included in the Updated List of Allowable Expenditures for HHI. Providers will continue to use SRW 145 to report services provided under an approved waiver.
- See **Part B.** of the HHI Waiver Request Form (**Attachment C**) to request approval to exceed the maximum cap of \$7,000 per household per fiscal year for an HHI home improvement service. If approved, these services should be reported by clients in ARMS using appropriate SRW code(s).
- Send completed HHI Waiver Request Forms (**Attachment C**) to the Housing and Home Improvement Program Consultant.

Questions about the updated requirements and guidance in this administrative letter may be directed to Selena Royal at selena.royal@dhhs.nc.gov or 919-855-3423.

JMS/CW/RF/SR/pg

Attachments

**ATTACHMENT A:
Updated List of Allowable Expenditures for Housing & Home Improvement Services**

Home improvement services identify health and safety issues affecting the home or areas adjacent to the home in which an individual or family lives and provides needed improvements to resolve those issues. Health and safety issues include security enhancements; minor home repairs; mobility and accessibility improvements; and basic household furnishings and home appliance repair, replacement or purchase.

10A NCAC 06E .0301; 10A NCAC 06W .0104; 10A NCAC 71R .0909

Allowable expenditures under home improvement are updated to include the following improvements listed below. Needed improvements not listed below or total expenditures that will exceed the maximum cap of \$7,000 per household per year may be submitted for approval as waiver requests.

Security enhancements (SRW 141)

- a. Doorknobs installed with reliable lock and key and/or dead bolts
- b. Windows fitted with reliable locks
- c. Emergency response systems installed (but not maintained)
- d. Smoke detectors, radon, carbon monoxide, and other gas detectors installed but not maintained

Minor home repairs (SRW 142)

- a. Repair or replacement of primary bathroom sink, shower/tub, or commode (includes faucets for sinks, tubs, and showers)
- b. Repair or replacement of kitchen sink (includes faucets, sprayers, water lines, drains)
- c. Doorways widened, frames repaired
- d. Floors, walls, or ceilings repaired (includes molding)
- e. Insulation
- f. Doors or windows repaired or replaced
- g. Shingles, rain strips, valley, vent and skylight flashing, and roofing felt replaced
- h. Waterproofing of home foundation to address health and safety needs
- i. Replace damaged or missing exterior siding
- j. Electrical work (general repair/improvement or health-related upgrade)
- k. Plumbing (general repair/improvement)
- l. Well pump or water main (includes meter, hook-up to public water system, whole-house filter)
- m. Sump pump installation/repair

Mobility and accessibility improvements (SRW 143)

- a. Installation of accessible shower, tub, or commode
- b. Grab bar or handrail installation with solid blocking as needed
- c. Thresholds modified
- d. Ramps built and installed within or adjacent to the home
- e. Wheelchair lifts and stair lifts
- f. Repair of a porch or deck to address safe access
- g. Sidewalk repair
- h. Installation/repair of interior or exterior steps (includes wood/concrete) or stairs and handrails

Basic household furnishings & home appliance repair, replacement or purchase (SRW 144)

Furnishings:

- a. chair
- b. bed/mattress/box springs

Appliances:

- a. stove
- b. hot water heater
- c. refrigerator
- d. washing machine, clothes dryer
- e. heating or cooling unit (including whole house systems)

Approved Waiver Requests (SRW 145)

HHI services not listed above that are approved through a waiver request process will be reported under SRW 145.

Exception: A waiver request to exceed the \$7,000 maximum allowed expenditure per household per fiscal year, if justified and approved, will be reported in ARMS by client under the appropriate SRW code(s) for the type(s) of home improvement provided.

ATTACHMENT B: HHI Client Financial and Service Activity Worksheet

Client name:	Date of application:
Physical address:	Application taken by:
Mailing address:	Assessment date:
City/State/Zip:	Starting date:
Phone:	Ending date:

DESCRIPTION OF WORK: _____

COST OF MATERIALS (maintain receipts on file and attach additional page(s) if needed)

DESCRIPTION OF MATERIALS	UNIT PRICE	QUANTITY	COST
TOTAL			\$

LABOR COSTS (maintain documentation)

LABOR (e.g., workers' names or company affiliations)	HOURS	RATE	AMOUNT
TOTAL			\$

Did volunteers assist with the project? NO YES - How many volunteers participated? _____

Name of volunteer agency, civic group, or faith-based group: _____

ADMINISTRATIVE CHARGES (maintain documentation)

ADMINISTRATIVE COSTS (e.g., salaries/fringe for specific HHI program positions, program mileage reimbursements, program office supplies, and indirect/agency overhead charges, etc.) CHARGED TO THIS HHI CLIENT PROJECT
TOTAL = \$

Total Materials	For purposes of ARMS data entry, check each category below to report this client's home improvements by appropriate SRW code(s)
Total Labor	
Total Administrative Charges	
Total Project Costs	
(Total HHI home improvements may not exceed \$7,000 per household per fiscal year without an approved waiver. Projects costing more than \$7,000 require an approved waiver.)	SRW 141
	SRW 142
	SRW 143
	SRW 144
	SRW 145

AGENCY AUTHORIZED SIGNATURE: _____ DATE: _____

ATTACHMENT C: HHI Waiver Request Form

Date	AAA	HHI Provider	Provider Contact Name
Provider Code	Provider Phone	Provider Email	Provider Address
Est Total Cost of the Project	Est Cost to Be Reported in ARMS	Client/Applicant Name	

Part A. Request for home improvement not specified as allowable for HHI (Attachment A)

Description of Requested Service	Possible funding sources for proposed project: <input type="checkbox"/> HCCBG HHI 140 <input type="checkbox"/> ARPA HHI 942 <input type="checkbox"/> Other _____	Partnering agencies, if any, and proposed contributions (e.g., volunteer labor or monetary support for materials or labor costs, etc.):
How will this service benefit the client if approved? <input type="checkbox"/> Promote mobility for client <input type="checkbox"/> Promote mobility for others in the home <input type="checkbox"/> Promote caregiver assistance in the home <input type="checkbox"/> Reduce likelihood of falls <input type="checkbox"/> Reduce premature institutionalization <input type="checkbox"/> Other: _____	Other information that supports the need for this service: (use an additional page if needed)	

Part B. Request for projects expected to exceed the HHI \$7,000 cap.

List all vendors who submitted quotes and provide documentation of the quotes with this submission	Amount Quoted
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
If the lowest bid wasn't selected, please provide justification for that decision here.	
Include details below to support the project and expense amount.	If your form doesn't list three quotes and/or doesn't include requested documentation of the quotes, please explain why.
Staff Title	Date
Division Director	
Section Chief	
Program Consultant	
	Signature