

NC DMH/DD/SAS
Question & Answer Grid to the Proposed
Child & Adolescent
Residential Treatment Rules

NC DMH/DD/SAS

Question and Answer Grid to the Proposed Child Adolescent Residential Treatment Rules

Title	Question	Division Response	# of
1300	Is the 1301 rule only applicable to level II group homes?	Yes, .1301 rule was identified on the DMH website because it was the only 1300 rule that had changes. The other rules for Level II still apply. These include: 1302, .1303 and .1304.	6
1301(a)	Does 10A NCAC 27G.1301 SCOPE apply to Residential Treatment level II program services only?	Yes, language rule reads, "The rules of this section apply only to a residential treatment facility that provides residential treatment, level II, program type service.	2
1302(b)	What are the staffing requirements?	Rule language reads, "At all times, at least one direct care staff member shall be present with every four children or adolescents."	1
1300	Does the QP in Level 2 have any specific requirements?	The QP of each facility must meet or exceed the requirements as set forth in 10A NCAC 27G .0104(18)(a)(b)(c)(d). In addition, the QP shall meet applicable requirements contained in 10A NCAC 27G .0203..	1

NC DMH/DD/SAS

Question and Answer Grid to the Proposed Child Adolescent Residential Treatment Rules

Title	Question	Division Response	Page #
1700	Do the new rules proposed for Level III (.1700) homes apply to Level II homes that are remaining .1300?	No, the level II program type providers will continue to follow the .1300 rules. In addition all core rules and applicable rules apply.	1
1700	Can you please define direct care staff?	Direct care staff is defined in 10A NCAC 26 .0105(18) which states, "Direct care staff" means an individual who provides active direct care, treatment, rehabilitation or habilitation services to clients. This includes the Licensed Professional, Qualified Professional, Associate Professional, and Paraprofessional.	4
1700	What does "when children are present" mean. Does this mean just in the group home, or when they are outside as well?	When children are <i>in or on</i> the facility's premises.	1
1700	How do children at the level III status switch to level II?	An individual assessment on the children or adolescents must occur. If it is determined the child or adolescent meets Level III criteria the child or adolescent must be placed in a level III program.	2

NC DMH/DD/SAS
Question and Answer Grid to the Proposed Child Adolescent Residential Treatment Rules

Rule	Question	Division Response	# of
1702(a)(b)	Must there be one Qualified Professional (QP) per facility with five or less beds?	Yes, a QP must perform clinical and administrative responsibilities a minimum of 10 hours each week and 70% of the time shall occur when children or adolescents are awake and present in the facility, per each facility.	2
1702(a)(b)	How many hours is a QP required to do in the facility with four beds or less?	The QP must perform clinical and administrative responsibilities a minimum of 10 hours each week and 70% of the time shall occur when children or adolescents are awake and present in the facility	1
1702(a)	What are requirements to be considered a QP?	Requirements of a QP are found in 10A NCAC 27G .0104(18). In addition, the QP must have two years of direct client care experience with the population served.	2
1702(b)(2)	Does the 70% of the time in Paragraph b of Rule .1702 actually refer to being at the facility or can it be used elsewhere (i.e. community setting, activities and outings)?	In the facility, rule language reads, "70% of the time shall occur when children or adolescents are awake and present in the facility."	1
1702(a)	Can a QP work in more than one facility?	The rule does not specify the number of facilities in which a QP can work, it defines the clinical and administrative functions that must occur at each facility.	2
1702(a)(b)	If the QP is required to physically be in the facility for 10 hours?	At least 7 hours a week shall occur <i>in</i> the facility and 3 or more hours can be utilized outside the facility to include events such as: school meetings, outings, appointments and other therapeutic activities.	2

NC DMH/DD/SAS

Question and Answer Grid to the Proposed Child Adolescent Residential Treatment Rules

Rule	Question	Division Response	# of
1703(a)	Must there be one full time Associate Professional (AP) per facility?	Yes, the rule language reads each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional.	2
1703(a)	How many hours is a AP required to do in the facility with four beds or less?	Each 1700 facility, no matter what the capacity, shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional.	1
1703	Will there be a grandfathering in of people that have so many hours toward a degree to become an AP?	No, the AP of each facility must meet or exceed the requirements of an AP as set forth in 10A NCAC 27G .0104(1)	2
1703	Can the AP be a full-time staff on any shift?	Yes	1

NC DMH/DD/SAS
Question and Answer Grid to the Proposed Child Adolescent Residential Treatment Rules

Rule	Question	Division Response	# of
1704(d)(1)	How many staff are required for one child or adolescent during sleep hours?	Two, rule language reads, "Two direct care staff shall be present and awake for eight or less children or adolescents."	2
1704 (a)	We are a comprehensive program that provides day treatment services do we still need to have a person to remain in the facility at all times?	Yes, rule language reads, "One direct care staff shall be present in the facility <i>at all times</i> when children or adolescents are away from the facility."	1
1704 (f)	When children or adolescents are away from the facility i.e. at doctors appointments, outings etc... what is the staff ratio?	When children or adolescents are away from the facility, the facility is responsible for insuring supervision in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.	4
1704(c)(1)	Is it really 2 staff to 1 client or was this an error?	No, not an error. the rule language reads, "Two direct care staff shall be present for one, two, three or four children or adolescents." In addition, <i>two</i> direct care staff shall be present and awake for eight or less children or adolescents.	1

NC DMH/DD/SAS

Question and Answer Grid to the Proposed Child Adolescent Residential Treatment Rules

Rule	Question	Division Response	# of
.1705 (a)	Must the Licensed Professional (LP) conduct consultation at the facility or can his/her services be conducted offsite?	At the facility, Rule Language reads, "Face to face clinical consultation shall be provided in each facility at least four hours a week by a licensed professional."	2
.1705 (b)	Must the LP conduct his/her 4 hours a week consultation with just the children or adolescents?	No, the LP consultation shall include but is not limited to, clinical supervision of the Qualified Professional, individual, group or facility therapy services and overall program issues.	5
.1705(a)	Can a nurse with a BSN be considered the LP?	A Nurse with a BSN must meet the QP definition in 10A NCAC 27G .0104 plus be licensed to practice in the State of North Carolina to meet the requirements of an LP.	2
.1705(a)	The 4 hours a week by a LP, does this replace the 4 hours of month of clinical supervision to staff?	The 4 hours of clinical consultation by the LP replaces the requirement in the current services definition which states, "consultative and treatment services at a qualified professional level shall be available no less that 4 hours per week." Competencies and supervision of Paraprofessionals set forth in 10A NCAC 27G .0204 are still applicable. Furthermore, there is no requirement for 4 hours a month of clinical supervision for staff.	3

NC DMH/DD/SAS

Question and Answer Grid to the Proposed Child Adolescent Residential Treatment Rules

Rule	Question	Division Response	# of
1707(a)(b)	Can outside contract people be allowed in the facility to do repair work or drop off medications?	Yes, the director has the authority to permit persons with legitimate functions into the facility as stated in 10A NCAC 27G .01707(a) or as permitted by law as stated in (b) of this Rule.	2