TITLE 10A – DEPARTMENT OF HEALTH AND HUMAN SERVICES

Notice *is hereby given in accordance with G.S. 150B-21.2 that the Commission for MH/DD/SAS intends to repeal the rules cited as 10A NCAC 27G .1501 - .1504.*

Proposed Effective Date: *April 1, 2007*

Instructions on How to Demand a Public Hearing: *(must be requested in writing within 15 days of notice)*: *A person may demand a public hearing on the proposed rule by submitting a request in writing to Cindy Kornegay, 3018 Mail Service Center, Raleigh, NC 27699-3018, by October 17, 2006.*

Reason for Proposed Action:
10A NCAC 27G .1501 - .1504- *The proposed repeal of these rules is necessary since new rules have been adopted for facilities previously licensed in accordance with 10A NCAC 27G .1500 and the language is no longer reflective of the licensure requirement for these facilities. The new rules became effective on 4/1/2006 for facilities providing Intensive Residential services and have been codified in 10A NCAC 27G .1800.*

Procedure by which a person can object to the agency on a proposed rule: *The objection, reasons for the objection and the clearly identified portion of the rule to which the objection pertains, may be submitted in writing to Cindy Kornegay, 3018 Mail Service Center, Raleigh, NC 27699-3018.*

Comments may be submitted to: *Cindy Kornegay, 3018 Mail Service Center, Raleigh, NC 27699-3018, phone (919) 715-2780, fax (919) 733-1221, email Cindy.Kornegay@ncmail.net*

Comment period ends: *December 1, 2006*

Procedure for Subjecting a Proposed Rule to Legislative Review: If an objection is not resolved prior to the adoption of the rule, a person may also submit written objections to the Rules Review Commission. If the Rules Review Commission receives written and signed objections in accordance with G.S. 150B-21.3(b2) from 10 or more persons clearly requesting review by the legislature and the Rules Review Commission approves the rule, the rule will become effective as provided in G.S. 150B-21.3(b1). The Commission will receive written objections until 5:00 p.m. on the day following the day the Commission approves the rule. The Commission will receive those objections by mail, delivery service, hand delivery, or facsimile transmission. If you have any further questions concerning the submission of objections to the Commission, please call a Commission staff attorney at 919-733-2721.

Fiscal Impact:
☐ **State**
☐ **Local**
☐ **Substantive (**≥$3,000,000**)**
☒ **None**

CHAPTER 27 – MENTAL HEALTH: COMMUNITY FACILITIES AND SERVICES

SUBCHAPTER 27G - RULES FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE FACILITIES AND SERVICES

SECTION .1500 - INTENSIVE RESIDENTIAL TREATMENT FOR CHILDREN AND ADOLESCENTS WHO ARE EMOTIONALLY DISTURBED OR WHO HAVE A MENTAL ILLNESS

10A NCAC 27G .1501 SCOPE

~~(a) An intensive residential treatment facility for children and adolescents with emotional or behavioral disturbances or both is a short-term, 24-hour residential program providing a structured living environment for children and adolescents who do not meet criteria for acute inpatient care and whose needs require more intensive treatment and supervision than would be available in a community residential treatment facility. Intensive residential treatment is not intended to be a long-term residential placement for children and adolescents who must be permanently removed from their homes.~~

~~(b) Services shall be designed to address the functioning level of the child and adolescent and include training in self-control, communication skills, social skills, and behavioral skills necessary to move to a community setting. Services may also include monitoring medication trials.~~

~~(c) The target populations to be served in an intensive residential setting are children and adolescents for whom removal from home or a community-based residential setting is essential to facilitate treatment. Intensive residential treatment is targeted toward children and adolescents who no longer meet criteria for inpatient psychiatric services and need a step-down placement prior to community placement, or those who have been placed in a community residential setting and need a more intensive treatment program.~~

~~(d) Treatment, services and discharge plans by intensive residential treatment facilities shall be coordinated with other individuals and agencies within the client=s local system of care.~~

Authority G.S. 143B-147.

10A NCAC 27G .1502 STAFF

~~(a) Each facility shall have a director who has a minimum of three years experience in child or adolescent services and who has educational preparation in administration, education, social work, nursing, psychology or a related field.~~
~~(b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit.~~
~~(c) When two or more clients are in the facility, an emergency on-call staff shall be readily available by telephone or page and able to reach the facility within 30 minutes.~~
~~(d) If the facility is hospital based, staff shall be specifically assigned to this program, with responsibilities clearly separate from those performed on an acute medical unit or other residential units.~~
~~(e) Each child or adolescent admitted to a facility shall have a weekly consultation with a psychiatrist to review medications and to ensure that the psychiatrist is involved in the development of a transition plan to a less restrictive setting or to a more acute inpatient setting.~~
~~(f) Clinical consultation shall be provided weekly by a qualified mental health professional.~~
~~(g) Clinical consultation with staff from the responsible area program shall occur weekly in order to assist with the development of a treatment plan in a community-based setting.~~

Authority G.S. 143B-147.

10A NCAC 27G .1503 OPERATIONS

~~(a) Capacity. Each unit shall serve no more than a total of 12 persons. If the facility has more than one residential unit, the capacity of each unit shall be limited to 12 children and adolescents. Any facility licensed or approved to provide these services for a greater capacity as of the effective date of these Rules shall continue to provide services at no more than the licensed or approved capacity.~~
~~(b) Residential units. Each residential unit shall be administered, staffed, and located to function separately from all other residential units in the facility.~~
~~(c) Length Of Stay. Efforts for discharge to a less restrictive community residential setting shall be documented from the date of admission.~~
~~(d) Hours Of Operation. Each facility shall operate as a 24-hour facility at least 50 weeks per year.~~
~~(e) Family Involvement. Family members or other responsible adults shall be involved in the development and implementation of treatment plans in order to assure a smooth transition to a less restrictive setting.~~
~~(f) Education. Children and adolescents residing in an intensive residential treatment facility shall receive appropriate educational services, either through a facility-based school, "home-based" services, through a day treatment program or other services consistent with federal and State law. Transition to a public school setting shall be part of the treatment plan.~~
~~(g) Clothing. Each child or adolescent shall have his own clothing and shall have training and help in its selection and care.~~
~~(h) Personal Belongings. Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.~~
~~(i) Transition Planning. Representatives from agencies and institutions serving a child or adolescent shall meet at admission and 30 days prior to discharge in order to assure that a plan for transition to a lesser restrictive residential setting is in place. Family members or guardians or both of the child shall be present at these meetings.~~

Authority G.S. 143B-147.

10A NCAC 27G .1504 PHYSICAL PLANT

~~(a) The facility may be hospital based. The units shall be self-contained and separate from acute medical units and other residential units in a clearly defined physical setting.~~
~~(b) Beds may not be shared with an acute medical unit.~~
~~(c) Subject to building and fire codes, the facility may be locked to prevent both entry and exit.~~

Authority G.S. 143B-147.