SUBCHAPTER 27H – MISCELLANEOUS RULES

SECTION .0100 – ADMISSION PROCEDURES FOR MINORS OR INCOMPETENT PERSONS TO NONRESTRICTIVE TREATMENT FACILITIES

10A NCAC 27H .0101 SCOPE

(a) Rules .0101 through .0108 of this Section apply to any residential treatment facility operated by an area program or under contract with an area program or any private residential treatment facility licensed under G.S. 122C-23 for the care and treatment of the mentally ill or intoxicated where clients will not be subjected to restrictions on their freedom of movement similar to the restrictions in:

(1) division-owned and operated psychiatric hospitals;
(2) other public or private psychiatric hospitals;
(3) North Carolina Memorial Hospital at Chapel Hill;
(4) Whitaker School at Butner, North Carolina; or
(5) other facilities which provide locked time-out or seclusion rooms, use physical restraints, or are licensed by the Division of Health Service Regulation as locked facilities.

(b) Treatment facilities where clients are subjected to restrictions similar to those in facilities specified in (a)(1) through (5) of this Rule shall follow the procedures for a district court hearing and judicial determination according to G.S. 122C-223, 122C-224, 122C-232 and 122C-233.

History Note: *Authority G.S. 122C-223; 122C-224; 122C-232; 122C-233; 143B-147;*
Eff. April 1, 1984;
Amended Eff. June 1, 1990; March 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0102 DEFINITIONS

For the purposes of the rules in this Section the following terms shall have the meanings indicated:

(1) "Intoxicated" means the condition specified in G.S. 122C-3(18) and includes addiction to narcotic or other habit-forming drugs or alcohol.
(2) "Mental Illness" means a mental condition as defined in G.S. 122C-3.
(3) "Minor" means a person under the age of 18.
(4) "Qualified Developmental Disabilities Professional" means a professional as defined in 10A NCAC 27G .0104(c).
(5) "Qualified Mental Retardation Professional" means a professional as defined in 10A NCAC 27G .0104(c).
(6) "Qualified Substance Abuse, Alcohol or Drug Abuse Professional" means a professional as defined in 10A NCAC 27G .0104(c).
(7) "Residential Treatment Facility" means a facility which provides 24-hour service in a nonhospital setting where room, board and supervised living are an integral part of the treatment, habilitation or rehabilitation provided to the individual.
(8) "Treatment Facility" means any hospital or institution operated by the State of North Carolina and designated for the admission of any person in need of care and treatment due to mental illness or intoxication, any area mental health facility operated pursuant to Article 2F of G.S. Chapter 122C, and any private hospital for the mentally disordered as described in G.S. 122C-23.

History Note: *Authority G.S. 122-56.7; 122C-3; 122C-23; 143B-147;*
Eff. April 1, 1984;
Amended Eff. March 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0103 APPLICATION FOR ADMISSION

A parent, guardian, or person standing in loco parentis shall sign the application for admission of a minor to the residential treatment facility. A guardian shall sign the application for admission of a person adjudicated incompetent. In

an emergency situation, a minor may be admitted to a treatment facility upon his own written application in accordance with G.S. 122C-221, if such admission is otherwise considered appropriate.

History Note: *Authority G.S. 122C-221; 122C-223; 122C-231; 122C-232; 143B-147;*
Eff. April 1, 1984;
Amended Eff. March 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0104 PROCEDURE FOR ADMISSION

(a) Any person voluntarily seeking admission to a residential treatment facility shall be examined and evaluated by a qualified physician within 24 hours of presenting himself for admission. In determining the appropriateness of the admission, the qualified physician shall consult with a qualified mental health professional (in programs for the mentally ill) or a qualified substance abuse, alcohol or drug abuse professional (in programs for intoxication). Such consultation shall not be required if the qualified physician comes within the definition of a qualified mental health, substance abuse, alcohol, or drug abuse professional as appropriate.

(b) The qualified physician shall evaluate the client's condition, strengths, needs, and the resources to meet those needs in determining the appropriateness of the admission.

(c) Should the minor or person adjudicated incompetent be diagnosed as mentally retarded as well as mentally ill or intoxicated, the qualified physician shall secure the consultation of a qualified mental retardation professional in determining the appropriateness of admission and evaluating the client's condition.

(d) The residential treatment facility shall have written admission procedures which shall include at least an agreement between the residential facility and parents, guardians or persons standing in loco parentis, as appropriate, or guardians of persons adjudicated incompetent which shall delineate the responsibilities of all parties for the provision of medical and dental services, education and other needs.

(e) These procedures shall delineate the standardized information required which at a minimum shall include:

(1) the present condition of the applicant reported in objective, behavioral terms, and where possible a description of the applicant's condition by significant others;

(2) social, educational and medical histories; and, if appropriate, vocational, developmental, psychological, psychiatric, legal and nutritional histories; and

(3) determination of, and request for, additional referrals for special diagnostic tests, assessments or evaluations, if needed.

(f) The residential treatment facility shall specify in writing any routine diagnostic tests, assessments and evaluations or medical examinations, as well as timeframes for their completion, which shall be completed for each client.

(g) Client diagnoses shall be established using DSM-III-R or ICD-9-CM as required in Division Publication APSM 35-1, 07/01/89 (STANDARDS FOR AREA PROGRAMS AND THEIR CONTRACT AGENCIES) adopted pursuant to G.S. 150B-14(c).

History Note: *Authority G.S. 122C-211; 122C-212; 122C-223; 143B-147;*
Eff. April 1, 1984;
Amended Eff. March 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0105 CRITERIA FOR ADMISSION

(a) The client shall be admitted when the qualified physician determines that:

(1) the client has a diagnosed mental illness or is intoxicated;

(2) the client is in need of treatment or further evaluation at the facility; and

(3) treatment at the facility is the most appropriate and least restrictive.

(b) If the evaluating physician determines that the client is not in need of treatment or further evaluation at the facility or will not benefit from treatment available at the facility, the client shall not be admitted.

History Note: *Authority G.S. 122C-211; 122C-212; 122C-223; 143B-147;*
Eff. April 1, 1984;
Amended Eff. March 1, 1990;

Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0106 INDIVIDUAL TREATMENT/PROGRAM PLAN

The individual treatment plan for each client shall be consistent with the diagnosis and shall be documented in the client record as follows:

(1) the preliminary treatment plan shall be initiated within 24 hours of admission and shall be based upon information gathered during the admission assessment;

(2) the comprehensive treatment plan shall be implemented within 30 days of admission and shall be based upon information gathered during the evaluation process;

(3) progress notes shall be written to reflect progress towards the goals, as delineated in the comprehensive treatment plan; and

(4) the comprehensive treatment plan shall be revised whenever it is medically or clinically indicated.

History Note: *Authority G.S. 122C-223; 122C-224; 122C-232; 122C-233; 143B-147;*
Eff. April 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0107 REVIEW OF CONTINUED TREATMENT

A thorough review of the appropriateness of continued treatment at the treatment facility shall be carried out within 30 days, documented in the treatment plan, and repeated at least every three months. This review shall be completed by a committee of at least three qualified professionals in the areas relevant to the client's treatment needs. If the committee finds that continued treatment is not appropriate at that treatment facility, the client shall be discharged.

History Note: *Authority G.S. 122C-223; 122C-224; 122C-232; 122C-233; 143B-147;*
Eff. April 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0108 DISCHARGE PLAN

When it is determined, following the review specified in Rule .0107 of this Section, that treatment at the treatment facility is no longer necessary or no longer meets the conditions of most appropriate and least restrictive, a discharge plan shall be developed which contains a written summary of the client's admission findings, treatment/habilitation, condition on discharge and recommendations for further programming including responsibilities of the treatment facility, if any, following discharge. The discharge plan shall be put into effect within 30 days following the decision of the committee to discharge the client.

History Note: *Authority G.S. 122C-223; 122C-224; 122C-232; 122C-233; 143B-147;*
Eff. April 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

SECTION .0200 – TRAINING AND CERTIFICATION OF FORENSIC EVALUATORS

10A NCAC 27H .0201 SCOPE

(a) The purpose of Rules .0201 through .0207 of this Section is to specify the requirements that shall be met to be certified as a local certified forensic evaluator by the Division of Mental Health, Developmental Disabilities and Substance Abuse Services.

(b) The provisions of Rules .0201 through .0207 of this Section apply to any Licensed Clinician, as defined in Rule 10A NCAC 27G .0104, seeking certification as a local certified forensic evaluator by the Division.

History Note: *Authority G.S. 15A-1002; 143B-147;*
Eff. July 1, 1982;

Amended Eff. June 1, 2018; January 1, 1996; May 1, 1990.

10A NCAC 27H .0202 DEFINITIONS

For the purposes of Rules .0201 through .0207 of this Section, when a capacity evaluation is ordered by a Court to be conducted through the Local Management Entity-Managed Care Organization LME-MCO, the following terms shall have the meanings indicated:

(1) "Forensic Evaluation" means an examination ordered by the court through the LME-MCO to determine the defendant's current mental state and whether the defendant has the capacity to proceed to trial.

(2) "Licensed Clinician" means the same as defined in Rule 10A NCAC 27G .0104.

(3) "Local Certified Forensic Evaluator" means a Licensed Clinician who:

(a) has completed the training for certification and annual training seminars described in Rule .0204 of this Section;

(b) is employed by an LME-MCO, if permitted pursuant to 122C-141(a), or under contract with, an LME-MCO as a Forensic Evaluator; and

(c) is paid by the LME-MCO with public funds.

(4) "Pre-Trial Evaluation Center" means the Forensic Services Unit located at Central Regional Hospital.

History Note: *Authority G.S. 15A-1002; 122C-54; 122C-115.4(a); 122C-191(b); 143B-147;*
Eff. July 1, 1982;
Amended Eff. January 1, 1996; May 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017;
Amended Eff. June 1, 2018.

10A NCAC 27H .0203 ELIGIBILITY FOR TRAINING

To be eligible for training as a local certified forensic evaluator the individual shall:

(1) be a Licensed Clinician;

(2) be an employee of the LME-MCO, if permitted pursuant to G.S. 122C-141(a), or work under contract with, an LME-MCO;

(3) provide documentation of current licensure status to the LME-MCO;

(4) provide documentation of training and expertise with the mental health, developmental disabilities, or substance abuse (mh/dd/sa) services population; and

(5) have his or her name submitted to the Pre-Trial Evaluation Center for the training and certification program by the LME-MCO director.

History Note: *Authority G.S. 15A-1002; 122C-114; 122C-115.4(a); 122C-141; 122C-191(b); 143B-147;*
Eff. July 1, 1982;
Amended Eff. October 1, 2017; January 1, 1996; May 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017;
Amended Eff. June 1, 2018.

10A NCAC 27H .0204 TRAINING AND CERTIFICATION

(a) The individual seeking certification as a forensic evaluator shall complete six hours of initial training provided by the Division in order to be certified as a local certified forensic evaluator. The initial training shall include:

(1) current laws and practices including the role of the local certified forensic evaluator in the capacity to proceed evaluation process;

(2) procedures for conducting interviews including evaluation for the presence of mh/dd/sa disorders, or other relevant conditions;

(3) procedures for completing reports required by Rule .0207 of this Section;

(4) process for reporting findings to the court; and

(5) an examination at the conclusion of the training which assesses comprehension of the training material and an understanding of the duties of a local certified forensic evaluator.

(b) Each local certified forensic evaluator shall complete four hours of continuing education seminars provided by the Pre-Trail Evaluation Center by December 31 of each calendar year.
(c) Continuing education seminar topics may include:
(1) evaluation skills training to enhance skills acquired through the initial local certified forensic evaluator training;
(2) changes in existing laws and current practices; and
(3) evaluation of mh/dd/sa populations.
(d) Local certified forensic evaluators shall be exempt from the continuing education requirement in the calendar year in which they are first certified.

History Note: *Authority G.S. 15A-1002; 122C-54; 122C-115.4(a); 122C-191; 143B-147;*
Eff. July 1, 1982;
Amended Eff. May 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017;
Amended Eff. June 1, 2018.

10A NCAC 27H .0205 LME-MCO OVERSIGHT OF FORENSIC EVALUATOR PROGRAM
(a) Within available resources, the LME-MCO shall ensure there are local certified forensic evaluators to conduct forensic evaluations to meet the demand for forensic evaluations, based in part upon population served and the number of forensic evaluations ordered by the Court, in its catchment area.
(b) Each LME-MCO shall maintain a list of local certified forensic evaluators who are employed by or contracted by the LME-MCO that includes the mh/dd/sa populations for which each evaluator has reported having expertise, based upon their knowledge, skills, and abilities, to conduct forensic evaluations.
(c) The LME-MCO shall verify that each local certified forensic evaluator meets the requirements set forth in Rule .0203 of this Section.
(d) The LME-MCO shall notify the Pre-Trial Evaluation Center of any changes that would result in termination of certification per Rule .0206 of this Section.
(e) The LME-MCO shall maintain a list, including the number of local forensic evaluations done in each county within its catchment area, the forensic evaluator's name and capacity opinion, the date of the evaluation, the defendant's name, gender, and criminal charge, and provide that list to the Pre-Trial Evaluation Center on a monthly basis.
(f) The LME-MCO shall establish a mechanism to ensure a quality management process is included in the LME- MCO's Quality Improvement System for monitoring the provision of forensic evaluator services conducted by the local certified forensic evaluators in its catchment area. For purposes of this Rule, monitoring consists of the interaction between the LME-MCO and local certified forensic evaluator(s) regarding the completion of forensic evaluations ordered by the Court that includes:
(1) identifying an individual who is a local certified forensic evaluator who will monitor the overall quality and outcomes of the reports of forensic evaluations completed by other local forensic evaluators;
(2) establishing a procedure for responding to questions or concerns related to the quality of reports of forensic evaluations completed by local certified forensic evaluators in its catchment area; and
(3) reviewing documentation to ensure compliance with G.S. 15A-1002, 10A NCAC .6700, and the rules of this Section.

History Note: *Authority G.S. 15A 1002; 122C-114; 122C-115.4(a); 122C-141; 122C-191(b); 143B-147;*
Eff. July 1, 1982;
Amended Eff. May 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017;
Amended Eff. June 1, 2018.

10A NCAC 27H .0206 TERMINATION OF CERTIFICATION
(a) The LME-MCO shall notify the Division in the following circumstances:
(1) the evaluator notifies the LME-MCO in writing that he or she no longer wishes to be certified;
(2) the evaluator no longer meets the eligibility requirements set forth in Rule .0203(a) of this Section;

(3) the Pre-Trial Evaluation Center has notified the LME-MCO the evaluator failed to complete annual continuing education seminars as set forth in Rule .0204 of this Section;
(4) the evaluator fails to perform any of the duties described in Rule .0207 of this Section; or
(5) the Forensic Evaluator notifies the LME-MCO that he or she is no longer a Licensed Clinician.

(b) The Pre-Trial Evaluation Center shall notify the Division when a local certified forensic evaluator no longer contracts with any LME-MCO.

(c) The Division shall declare a forensic evaluator certification void upon receipt of the information contained in Paragraphs (a) and (b) of this Rule.

History Note: *Authority G.S. 15A 1002; 122C-114; 122C-115.4(a); 122C-141; 122C-191(b); 143B-147;*
Eff. July 1, 1982;
Amended Eff. May 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017;
Amended Eff. June 1, 2018.

10A NCAC 27H .0207 DUTIES OF A CERTIFIED FORENSIC EVALUATOR

When a capacity evaluation is ordered by the court, to be conducted through the LME-MCO, the local certified forensic evaluator shall conduct a forensic evaluation or examination of the defendant and shall submit a report to the court that addresses the following:

(1) the defendant's current mental state, his or her capacity to proceed to trial, a treatment recommendation, if any, and if the defendant lacks capacity to proceed, the likelihood that the defendant will gain the capacity to proceed; or
(2) the need for further evaluation of the defendant at the Pre-Trial Evaluation Center if the certified forensic evaluator is unable to reach a conclusion as to the defendant's capacity to proceed to trial.

History Note: *Authority G.S. 15A 1002; 122C-54; 122C-115.4(a); 143B-147;*
Eff. July 1, 1982;
Amended Eff. May 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017;
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SECTION .0300 – HEPATITIS B SCREENING AND VACCINATION OF RESIDENTS AND VACCINATION OF DIRECT CARE EMPLOYEES IN GROUP HOMES FOR DEVELOPMENTALLY DISABLED PERSONS

10A NCAC 27H .0301 SCOPE

(a) The purpose of Rules .0301 through .0309 of this Section is to specify the procedures that must be followed in group homes for mentally retarded adults to reduce the risk of hepatitis B transmission to residents and direct care employees.

(b) Rules .0301 through .0309 of this Section apply to group homes for mentally retarded adults that are operated by area programs or contract agencies of area programs.

History Note: *Authority G.S. 143B-147;*
Eff. November 1, 1985;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0302 DEFINITIONS

For the purposes of Rules .0301 through .0309 of this Section the following terms shall have the meanings indicated:

(1) "Direct care employee" means an individual who provides care or habilitation services to residents on a continuous and regularly scheduled basis.
(2) "Group home" means a small community program for mentally retarded or otherwise developmentally disabled adults. Residents of these homes receive services provided on a developmental model

designed to promote independence. A group home may be licensed as a family care home, group home for developmentally disabled adults, mental health facility or as a similar facility.

(3) "Hepatitis B carrier" means a person who has been infected with the hepatitis B virus, does not develop immunity (antibodies) to the disease but, instead, continues to be a source of the virus particles (as indicated by hepatitis B surface antigen detectable in the blood) and is potentially infectious to others.

(4) "Screening" means the taking and analyzing of a person's blood sample for the presence or absence of hepatitis B antibodies (indication of immunity) or surface antigen (indication of carrier state).

History Note: *Authority G.S. 143B-147;*
Eff. November 1, 1985;
Amended Eff. March 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0303 CURRENT RESIDENTS AND EMPLOYEES

(a) In accordance with the OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030, even if no resident tests positive for hepatitis B, all current group home employees (including part-time and temporary employees) who provide direct care to clients shall be:

(1) screened for the presence of the hepatitis B virus; and

(2) offered hepatitis B vaccine, at employer expense.

(b) All group home residents shall be screened for the presence of the hepatitis B virus.

(c) If the screening indicates any resident or employee is a hepatitis B carrier, the following procedures shall be followed:

(1) Current residents and direct care employees without antibodies (who are not immune) shall be vaccinated with hepatitis B vaccine as required by 10A NCAC 41A .0203(b)(2).

(2) Written informed consent or refusal to be vaccinated shall be obtained from the resident (or guardian) and documented in the resident's record.

(3) Written informed consent or refusal to be vaccinated shall be obtained from the employee and shall be documented in the employee's personnel record.

(4) The hepatitis B vaccination series shall be started within 10 working days following receipt of the screening results for non-immune current residents and direct care employees.

(5) During the three-dose, six-month immunization process, if a non-immune resident or employee is exposed to the blood or other potentially infectious body fluids of a hepatitis B carrier, the procedure as outlined in 10A NCAC 41A .0203 CONTROL MEASURES-HEPATITIS B shall be followed.

History Note: *Authority G.S. 143B-147;*
Eff. November 1, 1985;
Amended Eff. July 1, 1993;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0304 PROSPECTIVE RESIDENTS AND EMPLOYEES

(a) Prospective residents and employees of the group home shall be informed that a hepatitis B carrier is, or may at a future time be, residing in the home.

(b) The group home shall screen prospective residents, who have been accepted for admission, for hepatitis B infection prior to admission; and screen and offer hepatitis B vaccine to all persons accepted for employment within the first 10 days of employment.

(c) An applicant for admission to a group home shall not be admitted during the period of time that the applicant is a hepatitis B carrier:

(1) and currently exhibits behaviors, such as biting, scratching or gouging, which may cause breaks in the skin of self or others; or

(2) has special medical problems, such as eczema or other dermatological conditions that increase the risk of others being exposed to the blood or potentially infectious body fluids.

(d) If a new resident or a new employee is determined to be a hepatitis B carrier and no hepatitis B carriers have previously been placed in, or are employed by, the group home, the procedures in Rule .0303 of this Section shall be followed.
(e) If a current resident or employee is a hepatitis B carrier, new residents and new employees without antibodies (who are not immune) shall begin the hepatitis B vaccine series before entering the home.
(f) The procedures in Rule .0303 of this Section for current residents and employees shall be followed for new residents and employees.

History Note: *Authority G.S. 143B-147;*
Eff. November 1, 1985;
Amended Eff. July 1, 1993;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0305 COST FOR HEPATITIS B PROTECTION
The screening and vaccination described in Rules .0303 and .0304 of this Section shall be provided by the employer at no cost to the resident or direct care employee.

History Note: *Authority G.S. 143B-147;*
Eff. November 1, 1985;
Amended Eff. July 1, 1993;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0306 RECORDS
Records of all residents and direct care employees shall be up-to-date regarding hepatitis B immunologic status. The record shall also contain information regarding screening, consent or refusal to be vaccinated, vaccination, and booster shots (if indicated).

History Note: *Authority G.S. 143B-147;*
Eff. November 1, 1985;
Amended Eff. July 1, 1993;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0307 PROTECTIONS DURING PREGNANCY
(a) Non-immune direct care employees or non-immune residents who are known to be pregnant shall be informed of the risk to the fetus of being exposed to a hepatitis B carrier.
(b) Residents and employees shall be provided information regarding the risk during pregnancy including, but not limited to, the following information:

(1) Risk of transmission of hepatitis B to the fetus appears to be most likely in the last three months of pregnancy.
(2) Infants born to mothers who have acute hepatitis B during the last three months of pregnancy or who are hepatitis B carriers at the time of delivery may become infected before birth (while in the uterus) or at the time of birth.

History Note: *Authority G.S. 143B-147;*
Eff. November 1, 1985;
Amended Eff. March 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0308 PERSONAL HYGIENE/ENVIRONMENTAL PRECAUTIONS: STAFF TRAINING
(a) A group home for developmentally disabled persons must provide a safe living environment for residents, as well as a safe working environment for all employees.

(b) Policy and procedures shall be developed in accordance with federal OSHA Bloodborne Pathogens Standard 29 CFR 1910.1030, and shall include, but not be limited to:

(1) safe work practices;
(2) engineering controls which decrease the chance of occupational exposure to hepatitis B and other bloodborne pathogens; and
(3) employee training, which shall include but not be limited to:
    (A) causes and symptoms;
    (B) methods of prevention;
    (C) personal hygiene (including the monitoring and training of the resident in safe personal hygiene); and
    (D) environmental precautions necessary to assure a safe home.

(c) The policy and procedures shall be incorporated in an "Exposure Control Plan" and maintained by the home.

History Note: *Authority G.S. 143B-147;*
Eff. November 1, 1985;
Amended Eff. July 1, 1993; March 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0309 DOCUMENTATION OF COMPLIANCE

(a) The area program shall monitor group homes for developmentally disabled persons operated by its contract agencies for compliance with Rules. 0301 through .0308 of this Section.

(b) To assure that the contract agency's group homes qualify for the exception regarding admissions specified in 10A NCAC 13G .0701(b)(5) of the licensure rules for group homes for developmentally disabled adults of the Commission for Social Services, the area program shall furnish documentation of compliance to the appropriate county department of social services.

(c) Documentation of compliance with Rule 0303 and .0304 shall indicate that screening for residents has been performed and that other requirements for vaccination either have been met or are scheduled to meet the time frames specified in the rules.

(d) The documentation shall be submitted to the county department of social services at least 45 days prior to the expected initial licensure date or 45 days prior to the licensure renewal date.

History Note: *Authority G.S. 143B-147;*
Eff. November 1, 1985;
Amended Eff. July 1, 1993;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

SECTION .0400 - CLIENT ELIGIBILITY

10A NCAC 27H .0401 SCOPE

The standards in this Section apply to each component of the area program and its contract agencies.

History Note: *Authority G.S. 143B-147;*
Eff. July 1, 1984;
Amended Eff. March 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0402 SCREENING

(a) The governing body of each component shall develop written policies establishing a systematic means of screening each individual at initial contact by interviewing the individual to determine the individual's need for services.

(b) The policy shall designate who is deemed qualified to make screening determinations.

History Note: *Authority G.S. 143B-147;*

Eff. July 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0403 SERVICE PURPOSE AND ELIGIBILITY REQUIREMENTS
The governing body shall develop and implement written policies that address the purpose for each service provided and the client eligibility requirements.

History Note: *Authority G.S. 143B-147;*
Eff. July 1, 1984;
Amended Eff. November 1, 1991;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0404 CROSS-REFERENCE TO CLIENT FEE FOR SERVICE
The governing body of each component not subject to licensure under G.S. 122C, Article 2 shall comply with the provisions of 10A NCAC 27G .0201.

History Note: *Authority G.S. 122C-146; 143B-147;*
Eff. July 1, 1984;
Amended Eff. July 1, 1989; October 1, 1988;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0405 GEOGRAPHICAL AREA
The governing body of each component shall develop written policies specifying the geographical areas from which individuals will be admitted.

History Note: *Authority G.S. 143B-147;*
Eff. July 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0406 WAITING LISTS
The governing body of each component shall develop written policies concerning waiting lists.

History Note: *Authority G.S. 143B-147;*
Eff. July 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0407 EXPLANATION OF PROGRAM RULES AND POLICIES
Each component shall make its client eligibility rules and policies available for review by potential clients, families or other interested individuals or agencies.

History Note: *Authority G.S. 143B-147;*
Eff. July 1, 1984;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

SECTION .0500 - SURROGATE PARENTS FOR INFANTS AND TODDLERS IN EARLY INTERVENTION SERVICES

10A NCAC 27H .0501 CIRCUMSTANCES REQUIRING SURROGATE PARENTS
10A NCAC 27H .0502 IDENTIFYING NEED FOR AND SELECTION OF A SURROGATE PARENT

10A NCAC 27H .0503 RESPONSIBILITIES OF A SURROGATE PARENT
10A NCAC 27H .0504 PRIORITIES FOR SELECTION OF A SURROGATE PARENT
10A NCAC 27H .0505 CRITERIA FOR SELECTION PROCESS
10A NCAC 27H .0506 TRAINING REQUIREMENTS FOR A SURROGATE PARENT

History Note: *Authority G.S. 143B-147; 20 U.S.C. Sections 1401 et. seq., 1471 et. seq;*
Eff. March 1, 1995;
Expired Eff. April 1, 2017 pursuant to G.S. 150B-21.3A.

SECTION .0600 – CONTINUITY OF CARE

10A NCAC 27H .0601 SCOPE
The rules in this Subchapter apply to the Department of Health and Human Services, Division of Mental Health, Developmental Disabilities and Substance Abuse Services, and to area mental health, mental retardation and substance abuse authorities as relates to their activities in behalf of a person with mental retardation who seeks residential placement in an alternative facility if the person is in need of placement and if the original facility can no longer provide care or treatment.

History Note: *Authority G.S. 122C-54; 122C-132; 122C-143; 122C-147; 122C-207;*
143B-147;
Eff. October 1, 1983;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0602 EXPLANATION OF TERMS
For the rules contained in this Subchapter, the following terms apply:

(1) "Area Authority" means the governing unit authorized by the Commission for Mental Health, Developmental Disabilities and Substance Abuse Services and by the Division and delegated the authority to serve as the comprehensive planning, budgeting, implementing and monitoring body for community-based mental health, mental retardation and substance abuse programs.
(2) "Continuity of Care" means the provision or arrangement of an alternative residential placement for a person with mental retardation.
(3) "Continuity of Care Client" means a person with mental retardation who seeks alternative residential placement when the original residential care or treatment facility can no longer provide care or treatment and who is in need of residential placement.
(4) "Division" means the Division of Mental Health, Developmental Disabilities and Substance Abuse Services of the Department of Human Resources.
(5) "In Need of Residential Placement" means a determination of client need resulting from a client assessment. In determining the need for residential placement, the assessment shall consider the request for residential service by the parent or guardian of a continuity of care client who is a minor or an adjudicated incompetent adult or by the continuity of care client if he is a competent adult.
(6) "Mental Retardation" means significantly subaverage (i.e. two or more standard deviations below the mean) general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period (i.e., before age 18).
(7) "Original Residential Care or Treatment Facility" means a 24-hour residential facility, operated under the authority of Chapter 122C of the General Statutes of North Carolina and supported all or in part by state appropriated funds, which most recently admitted the continuity of care client for residential care or treatment other than respite or emergency care.

History Note: *Authority G.S. 122C-63; 122C-132; 122C-143; 122C-147; 143B-147;*
Eff. October 1, 1983;
Amended Eff. May 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0603 GENERAL RESPONSIBILITIES OF AREA AUTHORITY AND DIVISION

The assurance of continuity of care is a joint responsibility of the Division and the area authority serving the continuity of care client. Procedural implementation of continuity of care shall be consistent with the annual plan and budget of the area authority and procedures and regulations of the Division, including, but need not be limited to:

(1) "Rules for Mental Health, Developmental Disabilities and Substance Abuse Facilities and Services" as codified in 10A NCAC 27G (division publication APSM 30-1); and

(2) the Division's accounting rules as codified in 10A NCAC 27A Sections .0100 and .0200 and 10A NCAC 27A .0221 (division publication APSM 75-1).

History Note: *Authority G.S. 122C-63; 122C-132; 122C-143; 122C-147; 143B-147;*
Eff. October 1, 1983;
Amended Eff. May 1, 1990;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0604 PROGRAMMATIC RESPONSIBILITIES

(a) The area authority shall be responsible for coordinating the provision or arrangement of an alternative residential placement for a continuity of care client. Its programmatic responsibilities shall be as follows:

(1) The area authority which serves the county of residence of the continuity of care client shall be responsible for coordinating the provision or arrangement of an alternative residential placement for the continuity of care client.

(2) When staff of the area authority has knowledge that a potential continuity of care client's placement will be terminated, the area authority shall conduct or secure a client assessment indicating the continued need of the client for residential placement. This assessment shall be conducted within ten working days from the date that staff of the area authority has knowledge that placement will be terminated. If the assessment indicates that the client is in need of residential placement for the purpose of care, treatment or habilitation, the area authority shall provide or arrange such residential placement.

(3) When an alternative residential placement is needed for a continuity of care client, the area authority shall make referrals to and process applications for admission to alternative residential facilities, including residential facilities operated or contracted by the area authority, facilities in other locations, and state-operated facilities.

(4) As needed, the area authority shall request the assistance of the Division in the identification of potential residential placements for the continuity of care client.

(b) The Division shall be responsible for coordinative assistance to the area authority in assuring continuity of care for a person with mental retardation. Its programmatic responsibilities shall be as follows:

(1) When requested by the area authority, the Division shall provide assistance to the area authority in its procurement of an assessment of the continuity of care client. Such assistance shall include recommendations regarding individuals or agencies who are available to conduct the assessment and the delegation of qualified professionals of the Division staff to assist in or conduct the assessment.

(2) If for any reason the Division feels a separate or additional client assessment other than the assessment of the area authority is needed, the Division shall be responsible for conducting or securing such an assessment.

(3) Upon request from the area authority, the Division shall assist the area authority in the identification of potential residential placements for the continuity of care client. Such recommendations shall be made to the area authority which shall have the continued responsibility for making referral and processing applications for admission to the alternative residential facility. Such assistance shall also include a recommendation from the Division regarding the appropriateness of placement in a division-operated regional mental retardation center.

History Note: *Authority G.S. 122C-63; 143B-147;*
Eff. October 1, 1983;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0605 BUDGETARY RESPONSIBILITIES

(a) The area authority shall be responsible for coordinating the provision or arrangement of an alternative residential placement for a continuity of care client. Its budgetary responsibilities shall be as follows:

(1) Prior to the adoption of the area program's annual plan and budget, the area authority shall assess if any proposed budget action will potentially result in discontinuation of an area operated or contracted residential placement for a mentally retarded person.

(2) When the proposed area annual plan and budget, other budgetary actions of the area authority, or circumstances not within the control of an area authority actually or potentially result in the discontinuation of a residential placement for a person with mental retardation, the area authority shall ascertain its ability to provide financial resources to maintain the operation of the original facility or to effect an alternative residential placement for the continuity of care client. If such financial resources are available, the area authority shall allocate such financial resources in accordance with its existing policies and practices.

(3) When the area authority ascertains that it does not have financial resources within its budgetary control to maintain the operation of the original facility or to effect an alternative residential placement, the area authority shall request financial assistance for such purposes from the Division. The request shall identify alternative placements that have been attempted, indicate that financial resources for the support of the residential placement are not available within the area authority's budget, and specify the amount of financial assistance requested.

(b) The Division shall be responsible for financial assistance to the area authority in assuring continuity of care for a person with mental retardation. Its budgetary responsibilities shall be as follows:

(1) During its review and approval of the area authority's proposed annual plan and budget, the Division shall assess if any proposed budget action will result in discontinuation of an area operated or contracted residential placement for a mentally retarded person. If such action is potentially a result, the Division shall request from the area authority its plan for assurance of continuity of care. Based on such information, if the Division approves the area plan and budget and concurs that funds are not available within the budgetary resources of the area authority for the continuation of the residential placement or for provision of an alternative placement, the Division shall assume responsibility for the provision of an alternative placement or the provision of the funding necessary for the area authority to provide or secure an alternative placement, as delineated in (b)(4) of this Rule.

(2) In its allocation of state funds to the area authority, the Division shall assure that any allocation, including reallocation, discontinuation or reduction of funds within its control, does not result in the discontinuation of a residential placement for a continuity of care client, unless an alternative residential placement for the client has been secured.

(3) When budgetary actions of the area authority which are approved by the Division, or circumstances not within the control of an area authority result in the discontinuation of a residential placement for a continuity of care client, the Division, upon verification by division staff that the area authority does not have budgetary resources to effect continuity of care, shall assume responsibility for the provision of an alternative placement or the provision of the funding assistance necessary for the area authority to provide or secure an alternative placement.

(4) The responsibility of the Division in providing financial assistance to the area authority for assurance of continuity of care shall be limited to allocation and reallocation of available funds within the Division's control, requests to the Office of State Budget and Management for reallocation of available state funds, and requests for the funds in its expansion budget request to the Department of Health and Human Services.

History Note: *Authority G.S. 122C-54; 122C-132; 122C-143; 122C-147; 122C-207;*
Eff. October 1, 1983;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0606 DOCUMENTATION

The Division and area authority shall clearly document in writing all programmatic and budgetary actions related to a continuity of care client.

History Note: *Authority G.S. 122C-54; 122C-132; 122C-143; 122C-147; 122C-207; 143B-147;*
Eff. October 1, 1983;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.

10A NCAC 27H .0607 APPEALS

Appeals from the area authority related to the Division's implementation of continuity of care shall be made in accordance with provisions of 10A NCAC 26A .0200; CONTESTED CASES (division publication APSR 10-2).

History Note: *Authority G.S. 122C-54; 122C-132; 122C-143; 122C-147; 122C-207; 143B-147;*
Eff. October 1, 1983;
Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. March 26, 2017.