



North Carolina Department of Health and Human Services  
Division of Facility Services • Mental Health Licensure and Certification Section  
Tel 919-855-3795 • Fax 919-715-8078  
2718 Mail Service Center • Raleigh, North Carolina 27699-2718

Michael F. Easley, Governor  
Alexander, Chief

Carmen Hooker Odom, Secretary

Stephanie M.

## **MEMORANDUM**

**To:** Providers Licensed for 10A NCAC 27G .1300 or 10A NCAC 27G .1500  
**From:** Stephanie Alexander, Chief, MH Licensure & Certification Section  
**Date:** June 2, 2005  
**Re:** Changes in Service Categories and Licensure Requirements for 10A NCAC 27G .1300 and 10A NCAC 27G .1500

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As most of you are aware, the rules governing Level II group homes, Level III group homes, and Psychiatric Residential Treatment Facilities (PRTFs) will be changing as of July 1, 2005, *pending formal approval* by the NC Administrative Rules Review Commission. These rules not only change program expectations, they change service categories. We have worked closely with the Division of MH/DD/SAS to develop transition guidelines for providers. This memo will outline what you need to do to either remain in your current service category or move to an alternate service category.

Currently the child residential service categories are as follows:

- 1. 10A NCAC 27G .1300: Residential treatment for children and adolescents who are emotionally disturbed or have a mental illness:** Both Level II and Level III facilities are licensed under this service category. The facility then enrolls with the Division of Medical Assistance (DMA) to receive the appropriate rate for either a Level II or a Level III program.
- 2. 10A NCAC 27G .1500: Intensive residential treatment for children and adolescents who are emotionally disturbed or have a mental illness:** Both Level IV facilities and PRTFs are licensed under this service category. The facility then enrolls with the Division of Medical Assistance to receive the appropriate rate for either a Level IV or a PRTF.

The new child residential service categories give each of the different types of facilities their own service category. As of July 1, 2005, these service categories will be as follows:

- 1. 10A NCAC 27G .1300: Residential treatment for children or adolescents:** This service category will be for Level II services. The facility must be enrolled with DMA to receive the rate established for Level II.
- 2. 10A NCAC 27G .1500: Intensive residential treatment for children and adolescents who are emotionally disturbed or have a mental illness:** This will remain the service category for Level IV services. The facility must be enrolled with DMA to receive the rate established for Level IV. PRTFs will move to .1900 (see below).



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3. **10A NCAC 27G .1700: Residential treatment staff secure for children or adolescents:** This is the new service category for Level III services. The facility must be enrolled with DMA to receive the rate established for Level III.
4. **10A NCAC 27G .1900: Psychiatric residential treatment for children and adolescents:** This is the new service category for PRTF services. The facility must be enrolled with DMA to receive the appropriate rate for a PRTF.

The following table outlines what to do and what to expect if you either remain in the same service category or move to one of the two new service categories.

<b>Current License/Program</b>	<b>Wish to Remain in this Service Category</b>	<b>Wish to Switch to New Service Category</b>
.1300, Level II	Send the attached attestation letter stating that you are a Level II facility and wish to remain licensed as a .1300.  <i><b>DFS Action:</b> File letter</i>	N/A*
.1300, Level III	Send attached attestation letter that you (a) wish to remain in the .1300 service category, and (b) will switch to a Level II facility. You will need to re-enroll with DMA as a Level II provider and accept the reduced rate.  <i><b>DFS Action:</b> File letter.</i>	Send attestation letter that you (a) wish to continue to be a Level III provider, and (b) agree to abide by all new .1700 rules.  <i><b>DFS Action:</b> Issue a new license for the .1700 service category</i>
.1500, Level IV	Send attestation letter that you are a Level IV facility and wish to remain licensed as a .1500  <i><b>DFS Action:</b> File letter</i>	N/A*
.1500, PRTF	N/A*	Send attestation letter that you (a) wish to continue to be a PRTF, and (b) agree to abide by all the new .1900 rules.  <i><b>DFS Action:</b> Issue a new license for the .1900 service category.</i>

**\*If you are a Level II and wish to switch to a Level III, you will need to submit a change application to change to a new service category. The same applies to PRTF's and Level IV facilities.**



## **Division of Facility Services Monitoring**

We will accept your attestation letter as your commitment to revise your policies and procedures in accordance with the new rules. Therefore, we will not review your program policies at this time. However if we conduct a complaint investigation or a routine survey of your facility at any time after July 1, 2005, we expect the facility to have policies and procedures in place and implemented in accordance with the new rules.

Attached you will find a draft copy of the proposed rules, which can also be found on the DMH/DD/SAS website: <http://www.dhhs.state.nc.us/mhddsas/rules/index.html>. There may be some technical changes but the content is expected to remain the same. If you have any questions about the content of the rules, please contact Cindy Kornegay at the Division of MH/DD/SAS, phone number: 919-715-2780, e-mail: [Cindy.Kornegay@ncmail.net](mailto:Cindy.Kornegay@ncmail.net)

Please complete and sign the attached attestation letter and return to:

Division of Facility Services  
MH Licensure & Certification Section  
2718 Mail Service Ctr.  
Raleigh, NC 27699-2718  
Attn: Laurel Callis

***Note: If you have more than one facility that is affected by these changes, you must complete a separate attestation letter for each facility.***

If you have questions about the licensure process outlined above, please call Laurel Callis at 919-855-3797 or e-mail at: [Laurel.Callis@ncmail.net](mailto:Laurel.Callis@ncmail.net)

Cc: DMH/DD/SAS  
NC Council of Community Programs  
Division of Social Services  
Division of Medical Assistance



## Attestation Letter

**To:** Stephanie Alexander, Chief  
MH Licensure & Certification Section  
Division of Facility Services  
2718 MSC  
Raleigh, NC 27699-2718

**From: Provider Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**MHL #:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Re: Decision Regarding Service Category**

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Currently I provide the following service (check one):

- \_\_\_\_\_ .1300 Level II
- \_\_\_\_\_ .1300 Level III
- \_\_\_\_\_ .1500 Level IV
- \_\_\_\_\_ .1500 PRTF

Based on the new rules and expectations, I plan to provide the following service beginning July 1, 2005, for this facility (check one):

- \_\_\_\_\_ .1300 Level II
- \_\_\_\_\_ .1500 Level IV
- \_\_\_\_\_ .1700 Level III
- \_\_\_\_\_ .1900 PRTF

I pledge to comply with the new rules regarding this service category beginning July 1, 2005.

\_\_\_\_\_  
Signature of Licensee

\_\_\_\_\_  
Date

