



Fillable Form

# Mental Health Licensure Policies and Procedures Worksheets

## Use of form:

Mental Health Licensure requires the licensee to develop written policies and procedures. Therefore, policies and procedures must be submitted to the Licensure and Training Consultant at the first review. Please see our F and Q on the [DHSR mental health Licensure and Certification Section website](#) if you need guidance on writing a [P&P](#).

## Instructions:

1. Use the policy worksheet to identify the **specific page number(s) where each** policy and procedure is **documented in the agency's P&P**.
2. This worksheet must be completed and submitted with the agency's Policies and Procedures manual. ***If worksheet is not completed or incorrect the P&P manual will be returned with the worksheet.***
3. ***The Policy and Procedure Manual must be submitted in one PDF.***
4. ***The Policy and Procedure worksheet should be in a separate PDF.***
5. ***If No/NA is checked must be documented reason in the comment section.***

This worksheet is NOT a substitution for the rules. The licensee is responsible for complying with all applicable rules and statutes. Therefore, the information below is only a snapshot of the actual rules and is *not* a substitute for obtaining a licensure rule book.

## Mental Health Licensure and Certification Section



<b>Facility Name:</b>	<b>MHL#</b>	<b>Service Category(s):</b>
<b>Agency Name:</b>	<b>County</b>	<b>Type of Review (Change or Initial):</b>
<b>Consultant Name:</b>		<b>Date of Review:</b>

### Policy / Procedure Checklist

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

Policy Page Number Must be Entered	<u>10A NCAC 27G .201 Governing Body</u>	Yes	No/NA	Comments
	1. Delegation of Management Authority (Chain of command).			
	2. Policy describing the admission criteria for admission into the facility 2b. A Description of services the agency is providing to the people they are serving.			
	3. Admission Assessments (who will perform, time frames for completion).			
	4. Policy documenting the criteria for discharging a client from the facility.			
	5. Policy on Client record management, which must include: <ul style="list-style-type: none"> <li>• persons authorized to document.</li> <li>• Transporting records - to include that if a vehicle is locked; records are removed only by designated individuals, and records are packaged safe and secure</li> <li>• safeguard of records</li> <li>• Assurance of record accessibility to authorized users at all times.</li> </ul>			

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Policy Page Number Must be Entered	Rule Continued from the previous sheet	Yes	NO/NA	Comments
	6. Screenings and assessments, which shall include: <ul style="list-style-type: none"> <li>• The Individuals presenting problems or needs.</li> <li>• an assessment of whether or <i>not</i> the facility can provide services to address the individual's needs; and</li> <li>• the disposition, including referrals and recommendations</li> </ul>			
	7. QA/QI Policy documenting the composition of the QA/QI committee and the activities of the Committee.			
	8. QA/QI Policy documenting the QA/QI activities must include a written quality assurance & quality plan.			
	9. QA/QI plan contains methods for monitoring and evaluating client the quality/appropriateness of client care, including outcomes and utilization of services and methods for monitoring client care.			
	10. QA/QI plan includes strategies for improving client care.			
	11. QA/QI plan includes the adoption of standards that assure services meet applicable standards of practice.			
	12. The procedure with incident reporting and the documentation of incidents that contains policies governing their response to level I, II or III incidents. Must document providers: <ul style="list-style-type: none"> <li>• Attend to the health and safety needs of individuals involved in the incident.</li> <li>• Determine the cause of the incident.</li> <li>• Corrective measures to providers' specified timeframes <i>not</i> to exceed 45 days.</li> <li>• Measures used to prevent similar incidents according to provider timeframes <i>not</i> to exceed 45 days.</li> <li>• person(s) to be responsible for implementing the corrections and preventive measures.</li> <li>• agency adhering to confidentiality requirements</li> <li>• how documentation of incidents will be recorded</li> <li>• Policy must address how the agency using the Incident Response Improvement System for reporting Level II and III incidents involving consumers.</li> </ul>			

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Policy Page Number Must be Entered	Rule Continued from the previous sheet	Yes	NO/NA	Comments
	<p><b>13. Policy for Voluntary non-Compensated work performed by a client. (This Policy is <i>not</i> about staff).</b></p>			
	<p><b>14. Client Fee assessment and collection. <i>The policy must document how the agency informs the client/LRP of all client fees for assessments treatment and habilitation services. In addition the agency's policy on the collection practices for fees.</i></b></p>			
	<p><b>15. Policy how the medical preparedness plan is utilized in a medical emergency.</b></p>			
	<p><b>16. Authorization for and follow-up of lab tests.</b></p>			
	<p><b>17. Transportation, including the accessibility of emergency information for a client when transporting.</b></p>			
	<p><b>18. Safety precautions and requirements for facility areas, including special client activity areas; (one area is your Fire/Disaster Plan: What you plan to do if there is a fire or disaster and how you will execute the plan).</b></p>			
	<p><b>19. Volunteers: services of volunteers at the facility, including supervision of volunteers and requirements for maintaining client confidentiality.</b></p>			
	<p><b>20. Areas in which staff, including non-professional staff, receive training and continuing education.</b></p>			
	<p><b>21. Agency policy states procedures for identifying, reporting, investigating and controlling infections and communicable diseases of staff and clients.</b></p>			

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<i>Policy Page Number Must be Entered</i>	<a href="#"><u>10A NCAC 27G .0203 Competencies of Qualified and Associate Professionals</u></a>	Yes	No/NA	Comments
	22. Policy on implementing and creating the individualized supervision plan upon hiring each associate professional			

<i>Policy Page Number Must be Entered</i>	<a href="#"><u>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</u></a>	Yes	No/NA	Comments
	23. Policy on implementing and creating individualized supervision upon hire of each paraprofessional.			

<i>Policy Page Number Must be Entered</i>	<a href="#"><u>10A NCAC 27G .0205. ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</u></a>	Yes	No/NA	Comments
	24. Policy documenting assessments and Treatment Plans/ Service Record Requirements			
	25. P&P on completing an assessment shall be completed for a client, according to governing body policy, prior to the delivery of services and shall include: <ul style="list-style-type: none"> <li>• the client's presenting problem.</li> <li>• the client's needs and strengths.</li> <li>• a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to detoxification or other 24-hour medical programs shall have an established diagnosis upon admission.</li> <li>• social, family, and medical history; and</li> <li>• evaluations or assessments, such as psychiatric, substance abuse, and medical, appropriate to the client's needs.</li> </ul>			

## Mental Health Licensure and Certification Section



Policy Page Number Must be Entered	Rule Continued from the previous sheet	Yes	NO/NA	Comments
	26. Procedure documents that a plan must be developed based on the assessment, and in partnership with the client or legally responsible person or both, <b><i>within 30 days of admission for clients who are expected to receive services beyond 30 days.</i></b>			
	27. The procedure must document the plan(s), including: <ul style="list-style-type: none"> <li>• client outcome(s) anticipated being achieved by the provision of the service and a projected date of achievement.</li> <li>• Strategies.</li> <li>• Staff responsible.</li> <li>• A schedule for review of the plan at least annually in consultation with the client, legally responsible person, or both.</li> <li>• The basis for evaluation or assessment of outcome achievement; and</li> <li>• written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could <i>not</i> be obtained.</li> </ul>			

## Mental Health Licensure and Certification Section



### Medication RULES

Page Number Must be Entered	Medication Requirements <a href="#">10A NCAC 27G .0209. MEDICATION REQUIREMENTS</a>	Yes	No/NA	Comments
	<p><b>28. The facility does not prescribe, handle, dispense, administer, transport, dispose of, store, or control ANY medication of any kind at any time. <i>**Medication policies and procedures must be completed if medication is prescribed, handled, dispensed, administered, transport, dispose, store or control.**</i></b></p>			
Page Number Must be Entered	Medication Dispensing <a href="#">10A NCAC 27G .0209. MEDICATION REQUIREMENTS</a>	Yes	No/NA	Comments
	29. Policy documenting the agency's Medication Dispensing Policy.			
	30. Policy documenting Medications are dispensed only by written MD order.			
	31. Policy documenting the dispensing of medications only by a Licensed person.			
	32. How take-home Methadone is given to the client by RN only. <i>This is for licensed programs (i.e., 3600) that distribute Methadone mark No/NA if not applicable to your agency's facility.</i>			
	33. Policy on how Facilities shall not keep prescription drugs for dispensing without a Pharmacist, except for emergency use.			
Medication packaging and labeling		Yes	No/NA	Comments
	34. Medication Package/label Policy			
	35. Policy on non-prescribed drug containers that are not dispensed by a pharmacist must have an original label with expiration dates that are visible.			
	36. Prescription medications must be dispensed in tamper-resistant packaging.			
	<p>37. The label of prescription meds must include:</p> <ul style="list-style-type: none"> <li>• Client name. MD name and Dispensed date.</li> <li>• administration directions; clear directions for self-admin</li> <li>• name, strength, quantity &amp; expiration date of the drug.</li> <li>• Name &amp; address of pharmacy; the name of the dispensing practitioner.</li> </ul>			

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Page Number Must be Entered	Medication administration	Yes	No/NA	Comments
	38. Medication Administration Policy			
	39. How prescription or No/non-prescription drugs shall be administered.			
	40. How are medications authorized for self-administered medications			
	41. A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: <ul style="list-style-type: none"> <li>• client's name.</li> <li>• Name, strength, and quantity of the drug.</li> <li>• Instructions for administering the drug.</li> <li>• date and time the drug is administered; and</li> <li>• name or initials of the person administering the drug.</li> </ul>			
	42. Medications, including injections, shall be administered only by licensed persons or unlicensed persons trained by a registered nurse, Pharmacist, or other legally qualified persons and privileged to prepare and administer medications.			
	43. Client requests for medication changes or checks shall be recorded and kept with the MAR file, followed by an appointment or consultation with a physician.			
Page Number	Medication Disposal	Yes	NO/NA	Comments
	44. Upon discharge of a patient or resident, the remainder of their drug supply shall be disposed of promptly unless reasonably expected that the patient or resident shall return to the facility. In such a case, the remaining drug supply shall <i>not</i> be held for more than 30 calendar days after discharge.			



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Page Number	Medication Storage	Yes	No/NA	Comments
	45. Medications shall be stored: <ul style="list-style-type: none"> <li>• in a securely locked cabinet in a clean, well-lighted, ventilated room between 59° and 86° F.</li> <li>• in a refrigerator, if required, between 36° and 46° F. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container.</li> <li>• Separately for each client.</li> <li>• Separately for external and internal use.</li> <li>• Securely if approved by a physician for a client to self-medicate.</li> </ul>			
Page Number	Medication review	Yes	No/NA	Comments
	46. A 6-month drug review by a psychiatrist or Pharmacist is required if taking Psychotropic medications			
	47. Findings from drug review recorded in client record with a corrective action plan.			
	48. Staff is responsible for informing MD of review results if indicated medical intervention.			
<i>Policy Page Number Must be Entered</i>	Medication Errors	YES	NO/NA	Comments
	49. <i>Policy on significant adverse drug reactions and how it is reported immediately to a physician or Pharmacist.</i>			

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<i>Policy Page Number Must be Entered</i>	<a href="#"><u>10A NCAC 27D .0103. SEARCH AND SEIZURE POLICY</u></a>	Yes	No/NA	Comments
	50. <b>A policy that specifies the conditions under which searches of the client or their living area may occur and, if permitted, the procedures for seizure of the client's belongings or property in the client's possession.</b>			
	51. Policy documents that clients will be free from unwarranted invasion of privacy			
	52. Policy denotes specifications on the conditions under which searches of the client or person's area may occur.			
	53. The policy notes that documentation following each search/seizure will include: <ul style="list-style-type: none"> <li>• scope of search.</li> <li>• Reason for the search.</li> <li>• Procedures followed in the search.</li> <li>• A description of any property seized; and</li> <li>• an account of the disposition of seized property.</li> </ul>			

<i>Policy Page Number Must be Entered</i>	<a href="#"><u>10A NCAC 27D .0104. PERIODIC INTERNAL REVIEW</u></a>	YES	NO/NA	Comments
	54. Procedure on conducting a review at least every 3 years to check for compliance with applicable laws. And documenting the governing body will keep and maintain the three most recent written reports of the findings of reviews.			

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<i>Policy Page Number Must be Entered</i>	<a href="#"><u>10A NCAC 27D .0201. INFORMING CLIENTS</u></a>	Yes	No/NA	Comments
	55. Policy documenting the written client rights shall be made available to each client and or legal representative.			
	56. Client grievances include the procedure for review, individual to contact and a description of assistance that will be provided. Final appeal is to the CRC (Client's Rights Committee).			
	57. Each client shall be informed of their right to contact the Disability Rights of North Carolina.			
	58. <b>Within 72 hours</b> or three visits, the client will be informed of rules and violation penalties; disclosure rules for confidential info; procedure for obtaining a copy of treatment plan; grievance procedure (including contact person); suspension/expulsion, and search and seizure.			
<i>Policy Page Number Must be Entered</i>	<a href="#"><u>10A NCAC 27D .0202. INFORMING STAFF</u></a>	Yes	NO/NA	Comments
	59. The policy must state how staff will be informed of Client Rights. Must include how documentation will be maintained.			
	60. Procedure denoting documentation of receipt of information shall be signed by each staff member and maintained by the facility.			

<i>Policy Page Number Must be Entered</i>	<a href="#"><u>10A NCAC 27D .0301. SOCIAL INTEGRATION</u></a>	YES	NO/NA	Comments
	61. Each client <b>in a day/night or 24-hour facility</b> is encouraged to participate in appropriate and generally acceptable social interactions and activities with other clients and non-client members of the community.			
	62. Clients shall <i>not</i> be prohibited from appropriate and generally acceptable social interactions and activities with other clients and non-client members of the community.			

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Policy Page Number Must be Entered	<a href="#">10A NCAC 27D .0302. CLIENT SELF-GOVERNANCE</a>	Yes	No/NA	Comments
	63. <b>A day/night or 24-hour</b> , the facility has a policy that outlines how clients' input is obtained into facility governance.			
	64. The facility has a policy that outlines the development and implementation of client self-governance groups and how the facility maintains documentation to support that clients participate in self-governance groups.			

Policy Page Number Must be Entered	<a href="#">10A NCAC 27D .0303. INFORMED CONSENT</a>	Yes	No/NA	Comments
	65. The policy and procedure for informed consents			
	66. Procedure outlines how each client/LRP will be informed, in a manner in which they can understand: The alleged benefits, potential risks and possible alternative methods of treatment/habilitation; The length of time the consent is valid; The procedures to be followed if client/LRP wants to withdraw consent.			
	67. The procedures to be followed if they want to withdraw consent. Which Each client, or LRP, shall be informed in a manner that the client or legally responsible person can understand that: The length of time for consent for the planned use of a restrictive intervention shall <i>not</i> exceed six months.			

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Policy Page Number Must be Entered	<u>10A NCAC 27D .0304. PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</u>	YES	NO/NA	Comments
	68. An Abuse procedure containing: <ul style="list-style-type: none"> <li>• Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with GS 122C-66</li> </ul>			
	69. An Abuse procedure containing: Staff shall <i>not</i> subject a client to any sort of abuse or neglect.			
	70. Goods or services <i>shall not</i> be sold or purchased from a client.			
	71. Staff shall use only that degree of force necessary to repel or secure a violent and aggressive client and <ul style="list-style-type: none"> <li>• ensure if force is necessary written, the degree of force that is necessary depends upon the individual characteristics of the client (such as age, size, and physical and mental health) and the degree of aggressiveness displayed by the client.</li> </ul>			
	72. Any violation by a staff of this rule is grounds for dismissal.			

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### SECTION 10A NCAC 27E. PROTECTIONS REGARDING INTERVENTIONS PROCEDURES

*If the facility uses seclusion, restraints, and isolation time out, Section 10A NCAC 27E Treatment of Habilitation Rights must be in the agency's policy and procedure manual.*

Policy Page Number Must be Entered	<u>10A NCAC 27E .0101. LEAST RESTRICTIVE ALTERNATIVE</u>	YES	NO/NA	Comments
	73. Specify the location in the P&P where it is documented that the use of restrictive interventions is not used. <i>{This is if agency-facility is Not using or training in Restrictive interventions (RI)}</i>			
	74. The training that is being used in the facility for the use of restrictive interventions. <i>This would be NA/NO is not training in RI.</i>			
	75. The policy must include that the use of appropriate and positive alternatives and less restrictive alternatives have been reviewed, and the device is the least restrictive.			
	76. Restrictive interventions shall be accompanied by actions to ensure dignity and respect during and after the intervention. Including using the intervention as a last resort; and employing the intervention by people trained in its use.			
Policy Page Number Must be Entered	<u>10A NCAC 27E .0102. PROHIBITED PROCEDURES</u>	YES	NO/NA	Comments
	77. The policy states that the following are prohibited from use within the facility: a. Any intervention considered corporal punishment; b. Contingent use of painful body contact; c. Substances administered to induce painful bodily reactions, exclusive of Antabuse; d. electric shock (excluding medical ECT); e. insulin shock; f. unpleasant-tasting foodstuffs; g. contingent application of harmful substances, including, but not limited to, bad smells or splashing with water; h. any potentially physically painful procedure, excluding prescribed injections or stimuli administered to the client to reduce the frequency or intensity of a behavior; i. any intervention the facility prohibits; j. 24-hour facility - circumstances under which staff are prohibited from restricting rights.			
	78. The governing body may determine to prohibit the use of any interventions deemed unacceptable.			

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Policy Page Number Must be Entered	<a href="#"><u>10A NCAC 27E .0103. GENERAL POLICIES REGARDING INTERVENTION PROCEDURES</u></a>	YES	NO/NA	Comments
	79. Procedures are only employed when clinically or medically indicated as a method of therapeutic treatment.			
	80. Policy detailing the determination that a procedure is clinically/medically indicated and the authorization for the use of such treatment for a specific client can only be made by a physician or a licensed Ph.D. who has been formally trained and privileged in the use of a procedure.			

Policy Page Number Must be Entered	<a href="#"><u>10A NCAC 27D .0101. POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</u></a>	YES	NO/NA	Comments
	81. When using restrictive interventions, define what appropriate positive alternatives and less restrictive interventions are considered whenever possible.			
	82. If restrictive interventions are NO/NA allowed within the facility, it must be documented in the P&P manual.			
	83. How <b>ALL</b> instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services.			
	84. Procedures and safeguards are used when a medication that is known to present a serious risk to the client is prescribed, with particular attention paid to neuroleptic medications			
	85. Documentation of permitted restrictive interventions and/or allowed/disallowed restrictions.			
	86. The circumstances and procedures under which staff are prohibited from restricting a client's rights in a 24-hour facility.			

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Policy Page Number Must be Entered	<b><u>10A NCAC 27D .0101. POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS</u></b> <i>This Section is for Agencies using Restrictive Interventions</i>	YES	NO/NA	Comments
	87. The policy must identify the staff (position) responsible for informing the client of restrictive interventions that may be used.			
	88. The policy must contain the due process for a client who refuses the use of restrictive interventions.			
	89. The policy must contain the staff person (position) responsible for giving written permission for 24hr restrictive interventions.			
	90. The policy must designate the specific staff responsible for the review of the use of restrictive interventions.			
	91. The policy must detail the process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.			
	92. The policy must contain what considerations are given to the client's physical and psychological well-being before, during, and after utilization or a restrictive intervention, including the policy: Review the client's health history or a health assessment done when admitted to the facility to include pre-existing conditions or disabilities/limitations that would place the client at greater risk if restrictive interventions are used.			
	93. <i>The</i> timeframe the client will be informed of the purpose, goal & reinforcement structure of a behavior management system; potential restrictions; notification provisions regarding use; notice that the legally responsible person after use of restrictive interventions; a competent adult may designate an individual to receive information after restrictive interventions and notification provisions regarding restriction of rights.			



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Policy Page Number Must be Entered	<a href="#">10A NCAC 27E .0104. SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</a> <i>This Section is for Agencies using Restrictive Interventions</i>	Yes	No/NA	Comments
	94. Policy for seclusion or isolation time-out <i>all 10A NCAC 27E. 0104 physical plant requirements must be met and approved for room.</i>			
	95. Policy documenting the use of restrictive interventions shall be limited to: <ul style="list-style-type: none"> <li>• emergencies to terminate a behavior or action in which a client is in imminent danger of abuse or injury to self or other persons or when property damage is occurring that poses an imminent risk of danger of injury or harm to self or others; or</li> <li>• as a planned measure of therapeutic treatment.</li> </ul>			
	96. Restrictive interventions are considered planned intervention and must be included in the client's treatment/habilitation plan whenever it is used: <ul style="list-style-type: none"> <li>• More than four times or</li> <li>• More than 40 hours in a calendar month</li> <li>• in a single episode in which the original order is renewed for up to a total of 24 hours in accordance with the limit specified in Item in the agency's policy</li> <li>• as a measure of therapeutic treatment designed to reduce dangerous, aggressive, self-injurious or undesirable behaviors to a level that will allow the use of less restrictive treatment or habilitation procedures.</li> </ul>			
	97. The planned intervention has consent or approval and shall be considered valid for No/NA more than six months, and the decision to continue the specific intervention shall be based on clear and recent behavioral evidence that the intervention is having a positive impact and continues to be needed			
	98. Restrictive interventions are not employed as a means of coercion, punishment or retaliation by staff, for staff convenience, or due to staffing inadequacy.			
	99. Restrictive interventions will not be used in a manner that causes harm or abuse.			

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Policy Page Number Must be Entered	<a href="#">10A NCAC 27E .0104. SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</a> <i>This Section is for Agencies using Restrictive Interventions</i>	YES	No/NA	Comments
	100. Define and outline the permissible use of restrictive interventions within a facility.			
	101. The facility shall collect and analyze data on the use of seclusion and physical restraint. The data collected and analyzed shall reflect for each incident: <ul style="list-style-type: none"> <li>• the type of procedure used, and the length of time employed.</li> <li>• alternatives considered or employed; and</li> <li>• the effectiveness of the procedure or alternative employed.</li> </ul>			
	102. The facility shall analyze the data on at least a quarterly basis to monitor effectiveness, determine trends and take corrective action where necessary. In addition, the facility shall make the data available to the Secretary upon request.			
	103. Identifying, training, and assessing facility employees' competence who may authorize and implement restrictive interventions.			
	104. Responsible professionals' duties and responsibilities regarding the use of restrictive interventions.			
	105. The person responsible (position) for documentation when restrictive interventions are used.			
	106. The staff person responsible (position) for the Notification of others when restrictive interventions are used.			
	107. The staff person responsible (position) for checking the client's physical and psychological well-being and assessing the possible consequences of using a restrictive intervention.			

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Policy Page Number Must be Entered	<a href="#">10A NCAC 27E .0104. SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT AND PROTECTIVE DEVICES USED FOR BEHAVIORAL CONTROL</a> <i>This Section is for Agencies using Restrictive Interventions</i>	YES	No/NA	Comments
	108. Procedures with the use of Restrictive Interventions: <ul style="list-style-type: none"> <li>• documentation of physical disabilities</li> <li>• a room used for seclusion</li> <li>• If isolation time-out is utilized in the facility document in P&amp;P, the criteria for the use and procedures.</li> <li>• whenever a restrictive intervention is utilized, documentation shall be made in the client record to include</li> <li>• how emergency use of restrictive interventions shall be limited.</li> </ul>			
	109. Precautions and actions are employed when a client is in seclusion or under physical restraint.			
	110. Discontinuing immediately at any indication of risk to the client's health or safety.			
	111. Standing orders or PRN orders shall Not be used to authorize the use of seclusion, physical restraint, or isolation time-out.			
	112. When any restrictive intervention is utilized for a client, who, when and how others will be Notified.			
	113. How the facility will conduct reviews and reports on all use of restrictive interventions.			

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Policy Page Number Must be Entered	<a href="#">10A NCAC 27E .0105. PROTECTIVE DEVICES</a> <i>This Section is for Agencies using Restrictive Interventions</i>	Yes	No/NA	Comments
	114. Procedure ensuring when a protective device is utilized for a client <ul style="list-style-type: none"> <li>• The necessity for the protective device</li> <li>• The facility employee using device has been trained and demonstrated competence in the use of a device</li> <li>• Observation and interventions documented in a client record</li> <li>• Protocol on maintenance and cleaning of the devices</li> </ul>			
	115. Procedure documenting if a facility is operated by or under contract with an area program, the utilization of protective devices in the treatment/habilitation plan shall be subject to review by the Client Rights Committee.			

	<a href="#">10A NCAC 27E .0106. INTERVENTION ADVISORY COMMITTEES</a> <i>This Section is for Agencies using Restrictive Interventions</i>	Yes	No/NA	Comments
	116. Intervention Advisory Committee shall be established to provide additional safeguards in a facility that utilizes restrictive interventions as planned interventions			
	117. Document who is required to join the agency's Intervention Advisory Committee.			
	118. A procedure governs the Intervention Advisory Committee and details how client information is disseminated and the reasoning for disseminating.			
	119. A procedure regarding the Intervention Advisory Committee will document the specific training and orientation given to the Committee.			

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<i>Policy Page Number Must be Entered</i>	<a href="#"><u>10A NCAC 27D .0102. SUSPENSION AND EXPULSION POLICY</u></a>	Yes	No/NA	Comments
	120. Policy documenting each client shall be free from threat or fear of unwarranted suspension or expulsion from the facility.			
	121. The policy shall address the criteria to be used for suspension, expulsion or other discharge Not mutually agreed upon and shall establish documentation requirements that include: <ul style="list-style-type: none"> <li>• Timeframe for resuming services after suspension.</li> <li>• The specific time and conditions for resuming services following suspension.</li> <li>• efforts by the Staff of the Facility to identify an alternative service to meet the client's needs and designation of such service; and</li> <li>• the discharge plan, if any.</li> </ul>			

### [SUBCHAPTER 130 – HEALTHCARE PERSONNEL REGISTRY](#)

<i>Policy Page Number Must be Entered</i>	Rule	Yes	No/NA	Comments
	122. The reporting by health care facilities to the Department of all allegations against health care personnel as defined in GS 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The health care facility's investigation results shall be submitted to the Department in accordance with <a href="#"><u>GS 131E-256(g)</u></a> .			

### [122C-63 Continuity of Care for Individuals](#)

<i>Policy Page Number Must be Entered</i>	General Statute	Yes	No/NA	Comments
	123. What staff (position) of the facility for individuals with intellectual disabilities will notify the LME/MCO serving the client's county of residence of the intent to close a facility or to discharge a client who may need continuing care for at least 60 days? Before the closing discharge.			

## Mental Health Licensure and Certification Section



### Treatment Rights in 24-hour Facilities Residential

Policy Page Number Must be Entered	<a href="#">NCGS 122C-61: Treatment rights in 24-hour facilities</a>	YES	NO/NA	Comments
	124. The client will have the right to receive necessary treatment for and prevention of physical ailments based upon the client's condition and projected length of stay.			
	125. Clients have the right during treatment or habilitation (No/NA later than the time of discharge) to an individualized written discharge plan containing recommendation for further services designed to enable the client to live as normally as possible.			
Policy Page Number Must be Entered	<a href="#">NCGS 122C-62: Additional rights in 24-hour facilities</a>			Comments
	<p><b>126. Adult Clients have the right to:</b></p> <ul style="list-style-type: none"> <li>• Make and receive confidential phone calls</li> <li>• Receive visitors between 8:00 am and 9:00 pm for at least 6 hours daily; 2 hours shall be after 6:00 pm. Visiting shall not take precedence over therapies.</li> <li>• Communicate &amp; meet under appropriate supervision with individuals of their own choice.</li> <li>• Make visits outside the facility unless issues relate to commitment proceedings or court orders.</li> <li>• Be out of doors daily and have access to facilities &amp; equipment for physical exercise several times a week.</li> <li>• Keep and use personal clothing and possessions.</li> <li>• Participate in religious worship.</li> <li>• Retaining a driver's license unless otherwise prohibited.</li> <li>• Have access to individual storage space for private use.</li> </ul>			

## Mental Health Licensure and Certification Section



### Specific Rules for 24-Hour Facilities

Policy Page Number Must be Entered	Rule Continued	Yes	NO/NA	Comments
	<p><b>127.Minor Clients have the right to:</b></p> <ul style="list-style-type: none"> <li>• Make and receive phone calls.</li> <li>• Under appropriate supervision, receive visitors between 8:00 am and 9:00 pm for at least 6 hours daily; 2 hours shall be after 6:00 pm. Visiting shall not take precedence over therapies.</li> <li>• Send and receive mail and have access to writing materials, postage, and staff assistance.</li> <li>• Receive special education and vocational training.</li> <li>• Be out of doors daily and participate in play, recreation, and physical exercise regularly in accordance with client needs.</li> <li>• Keep and use personal clothing and possessions under appropriate supervision.</li> <li>• Participate in religious worship.</li> <li>• Have access to individual storage space for personal belongings.</li> <li>• Have access to and spend a reasonable sum of own money.</li> <li>• Retaining a driver's license unless otherwise prohibited.</li> </ul>			

## Mental Health Licensure and Certification Section



### Subchapter 27F Specific Rules for 24-Hour Facilities

SUBCHAPTER 27F - 24-HOUR FACILITIES				
<b>Policy Page Number Must be Entered</b>	<b><u>10A NCAC 27F .0101 Scope</u></b>	<b>Yes</b>	<b>No/NA</b>	<b>Comments</b>
	1. Article 3, Chapter 122C of the General Statutes provides specific rights for each client who receives mental health, developmental disability, or substance abuse service. This subchapter delineates the rules regarding those rights for clients in a 24-hour facility.			
<b>Policy Page Number Must be Entered</b>	<b><u>10A NCAC 27F .0102. LIVING ENVIRONMENT</u></b>	<b>Yes</b>	<b>No/NA</b>	<b>Comments</b>
	2. Efforts to make a quiet atmosphere for uninterrupted sleep and privacy areas.			
	3. The client may suitably decorate the room when appropriate.			
<b>Policy Page Number Must be Entered</b>	<b><u>10A NCAC 27F .0103 Health, Hygiene and Grooming</u></b>	<b>Yes</b>	<b>No/NA</b>	<b>Comments</b>
	4. Clients will have the right to dignity, privacy, and humane care in healthy hygiene and grooming.			
	5. The client will have access to a shower/tub daily or more often as needed, access to a barber or beautician, and access to linens, towels, and other toiletries.			
	6. Adequate toilets, lavatory and bath facilities equipped for a client with mobility impairment will be available.			
	7. Bathtubs, showers and toilets will be private.			



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### Subchapter 27F Specific Rules for 24-Hour Facilities

Policy Page Number Must be Entered	<a href="#">10A NCAC 27F .0104 Storage and Protection of Clothing and Possessions</a>	Yes	No/NA	Comments
	8. Staff will make every effort to protect clients' personal clothing and possessions from loss or damage.			
Policy Page Number Must be Entered	<a href="#">10A NCAC 27F .0105 Client's Personal Funds</a>	Yes	No/NA	Comments
	9. A policy that denotes the following: a. how the agency will manage client funds in a personal account			
	10. Funds managed by staff will: assure clients' right to deposit and withdraw money; regulate the receipt and distribution and deposits of funds; provide adequate financial records on all transactions; assure client funds are kept separate; allow a deduction from accounts for payment of treatment/habilitation services when authorized; issue receipts for deposits and withdrawals provide quarterly client statements.			
	11. Authorization by the client is required before a deduction can be made from an account for any amount owed for damages done by the client to the facility, to an employee of the Facility, a visitor, or to another client.			

1. If the facility has a pool (must be approved by DHSR Construction) the agency must have a policy and procedures that reflect the use of the Pool under staff supervision to advert potential hazards.
2. If the facility has animals, The agency must have a policy and procedures that reflect staff supervision to advert potential hazards with animals.