

SECTION .0600 - ENROLLMENT AND SERVICE PLANNING

10A NCAC 13E .0601 ENROLLMENT OF PARTICIPANTS

(a) Prior to enrollment the applicant, responsible party, or other caregiver shall have a personal interview with a program staff member. During the interview, the staff shall complete initial documentation identifying the following:

- (1) social and medical care needs;
- (2) spiritual, religious, or cultural needs; and
- (3) whether the program can meet the applicant's expressed needs.

The staff person doing the interviewing shall sign the assessment of needs and the applicant, responsible party, or other caregiver shall sign the application for enrollment. These signed documents shall be obtained before the individual's first day of attendance as a participant in the program and shall be maintained in the participant's record.

(b) Any adult (18 years of age or over) who, because of a physical condition or mental disability, needs a substitute home for purpose of respite for the caregiver may be enrolled for overnight respite services when, in the opinion of the caregiver, family, participant, physician, appropriate licensed health professional, or social worker and the administrator, the services and accommodations of the facility will meet the respite needs of the participant.

(c) Individuals shall not be admitted:

- (1) for treatment of mental illness or alcohol or drug abuse;
 - (2) for maternity care;
 - (3) for professional nursing care under continuous medical supervision;
 - (4) for lodging, when the personal assistance and supervision offered for the participant are not needed;
- or
- (5) who pose a threat to the health or safety of others.

(d) A medical examination report signed by a physician or appropriate licensed health professional completed within the prior three months, shall be obtained by the program at the time of enrollment. The report must be updated annually no later than the anniversary date of the initial report.

(e) The program shall assure that the participant's physician or appropriate licensed health professional is contacted for orders for medications, treatments, and special diets if current physician orders are not part of the medical examination report required in Paragraph (d) of this Rule for inclusion in the participant's record. Prior to or the day of admission, the participant's physician or appropriate licensed health professional shall be contacted for clarification of orders, if orders are not clear or complete.

(f) The program shall assure that the participant has been tested for tuberculosis disease within the past 12 months of each admission for overnight respite services in accordance with the NC Division of Public Health's Tuberculosis Policy Manual, incorporated herein by reference including any subsequent amendments and editions, and shall be free of active tuberculosis. This manual may be accessed free of charge at <http://epi.publichealth.nc.gov/cd/lhds/manuals/tb/toc.html>.

*History Note: Authority G.S. 131D-6.1;
Eff. April 1, 2017.*