

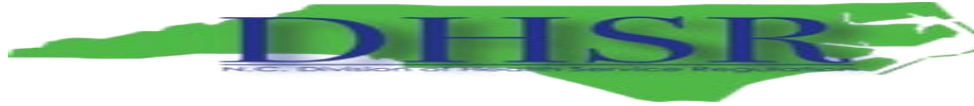
Mental Health Licensure Policies and Procedures Worksheets

Mental Health Licensure requires agencies to develop written policies and procedures (P&P). The P&Ps must be submitted to the Licensure and Training Consultant during the initial and some change review processes.

For guidance on writing the agency policies and procedures, please refer to the FAQs on the [DHSR Mental Health Licensure and Certification Section website](#).

1. Use the policy worksheet to identify the **specific page numbers where each** policy and procedure is **located in the P&P manual**.
2. This worksheet must be completed and submitted alongside the agency's P&P manual. ***If it is incomplete or incorrect, the P&P manual will be returned.***
3. ***The P&P manual must be submitted as a single PDF.***
4. ***The policy worksheet should be submitted as a separate PDF.***
5. ***If "No" or "N/A" is checked, the agency must document and provide a reason in the comment section explaining why it is submitted as No or N/A***
6. ***Submitting flow charts as a policy is unacceptable.***

Please note that this worksheet is not a substitute for the rules or the agency's policies and procedures. Agencies are responsible for complying with all applicable rules and statutes.



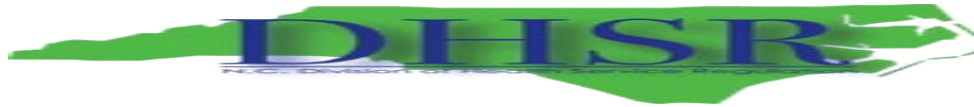
Facility Name:	MHL#	Service Category(s):
Agency Name:	County	Type of Review (Change or Initial):
Consultant Name:		Date of Review:

Policy / Procedure Checklist

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

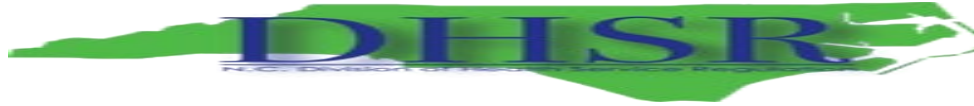
Policy Page Number Must be Entered	10A NCAC 27G .0201 Governing Body Policies	Yes	No	Comments
	1. The procedure of defining the delegation of management authority for the agency's operation and its services (the chain of command).			
	2. Procedure for the criteria for discharge of the client from the facility/agency: <ul style="list-style-type: none"> • The reasons why a client might be discharged from the program/agency and • The notice period given and who the recipients of the notice 			
	3. Procedure on Client Record Management outlining how the agency is managing client records, which include: <ul style="list-style-type: none"> • Transportation of records when necessary • Safeguarding records against loss, tampering, and defacement • Ensuring that authorized users can access records at all times • Maintaining the confidentiality of client records • Providing access to information for clients 			
	4. A procedure that outlines guidelines for safe transportation of clients, tailored to their individual needs, including methods for securing and accessing emergency information during transit.			
	5. Procedures outlining the composition and activities of a Quality Assurance/Quality Improvement (QA/QI) committee. Activities of the QA/QI should include:			

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	<ul style="list-style-type: none"> • Methods for monitoring and evaluating the quality and appropriateness of client care, including client outcomes and utilization of services • Written quality assurance and quality improvement plan. • Professional or clinical supervision, ensuring staff providing direct client services are supervised by a qualified professional • Strategies for improving client care • Review of staff qualifications and granting of treatment/habilitation privileges • Review of all fatalities of active clients in area-operated or contracted residential programs • Adoption of standards assuring operational and programmatic performance meeting applicable standards of practice 			
	<p>6. The procedures for reporting Level I, II, and III incidents. The procedures must outline specific measures to prevent similar incidents from occurring. Furthermore, it should detail how the agency will implement the Incident Response Improvement System (IRIS).</p>			
	<p>7. The Client Fee Assessment and Collection Procedure which must clearly outline the following:</p> <ul style="list-style-type: none"> • How the agency informs clients or their legal representatives about all fees related to assessments, treatment, and habilitation services • Practices for assessing and collecting client fees 			
	<p>8. Procedures regarding the agency's medical preparedness plan and how it will be utilized in a medical emergency.</p>			
	<p>9. Procedures outlining the utilization of volunteers documenting:</p> <ul style="list-style-type: none"> • Will volunteers be utilized? • What services will a volunteer provide? • What training will a volunteer receive? • Who will supervise the volunteers? • How will the agency ensure client confidentiality? 			

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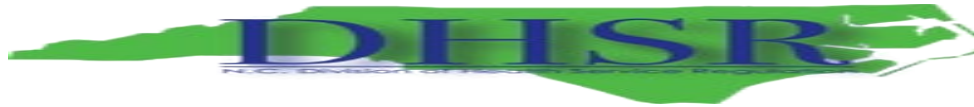


Policy Page Number Must be Entered	<u>10A NCAC 27G .0202 Personnel Requirements</u>	Yes	No	Comments
	10. Policy outlining training for professional and paraprofessional staff: <ul style="list-style-type: none"> • What training is provided? • How will the agency ensure ongoing staff education? 			
	11. Agency policy outlining procedures for identifying, reporting, investigating, and controlling infectious and communicable diseases affecting staff and clients. Includes training on infectious diseases and blood-borne pathogens.			

Policy Page Number Must be Entered	<u>10A NCAC 27G .0204 Competencies And Supervision of Paraprofessionals</u>	Yes	No	Comments
	12. A policy outlining the implementation and documentation of the individualized supervision plan for all paraprofessional staff upon hire. The policy must specify: <ul style="list-style-type: none"> • Who will develop the supervision plan • The areas of need identified for the staff and the methods to address these needs • The person who will develop the plan • Identification of staff needs and strategies to address them • This plan must be reviewed and signed by both the staff member and the supervisor 			

Policy Page Number Must be Entered	<u>10A NCAC 27G .0205 Assessment And Treatment/Habilitation or Service Plan</u>	Yes	No	Comments
	13. Policy for Admission and Assessment outlines the procedure for completing an admission assessment with a client prior to the delivery of services. The assessment should include but not limited to: <ul style="list-style-type: none"> • the client's presenting problem • the client's needs and strengths 			

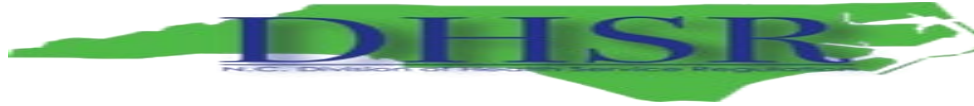
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	<ul style="list-style-type: none"> • provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission • a client admitted to detoxification or other 24-hour medical programs shall have an established diagnosis upon admission • social, family, and medical history • evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs • When services are provided before establishing and implementing the treatment/habilitation plan, strategies to address the client's presenting problem shall be documented • 			
	<p>14. A policy outlining the process for developing a treatment or habilitation plan within 30 days of admission or prior to admission, if applicable. This plan will be created based on the assessment and in collaboration with the client and/or their legally responsible person and must include the following components:</p> <ul style="list-style-type: none"> • Anticipated client outcomes, including the expected achievements from the services provided and a projected date for when these outcomes should be reached. • Strategies for achieving the outcomes • Identification of responsible staff members • A schedule for reviewing the plan at least once a year, in consultation with the client, their legally responsible person, or both (<i>con't</i>) • The basis for evaluating or assessing the achievement of outcomes • Written consent or agreement from the client or their responsible party or a written statement from the provider explaining why such consent could not be obtained. 			

Page Number Must be Entered	10A NC 27G .0207 Emergency Plans and Supplies	Yes	No	Comments
	15. Emergency Plans and Supplies Policy must outline:			

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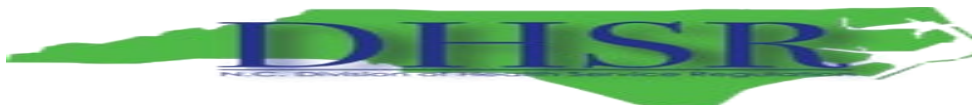


	<ul style="list-style-type: none"> • A written fire safety plan for each facility and a comprehensive area-wide disaster plan must be developed and approved by the appropriate local authority • The plans should be made accessible to all staff, and evacuation procedures and routes must be clearly posted throughout the facility • Fire and disaster drills in facilities operating 24 hours a day should be conducted at least quarterly, with drills repeated for each shift • Drills must simulate actual fire emergencies as closely as possible • Each facility should have basic first aid supplies readily available for use 			
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MEDICATION RULES

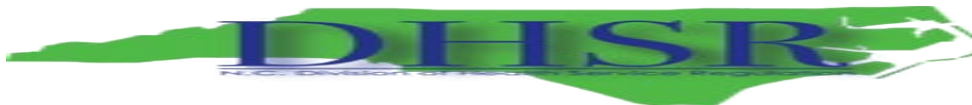
Page Number Must be Entered	10A NCAC 27G .0209 Medication Requirements	Yes	No	Comments
	16. The policy and procedure manual documents that the agency chooses not to administer medications, stating that the agency will not prescribe, handle, dispense, administer, transport, dispose of, or store medications.			
Page Number Must be Entered	Medication Dispensing Procedures	Yes	No	Comments
	17. The Medications Dispensing procedure must outline the following: <ul style="list-style-type: none"> • Medications may only be dispensed by a registered pharmacist, physician, or other individuals authorized by law and registered with the North Carolina Board of Pharmacy • Medications can only be dispensed based on a written order from a licensed medical doctor (M.D.) • How facilities may not possess a stock of prescription drugs for dispensing, except in emergencies, without hiring a pharmacist • Take-home Methadone is administered to clients solely by R.N.s. This applies only to programs licensed to distribute Methadone 			

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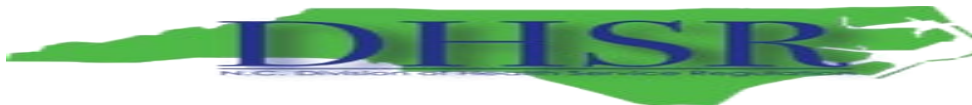
Page Number Must be Entered	Medication Packaging and Labeling Procedures	Yes	No	Comments
	<p>18. Medication Packaging and Labeling Procedures outlining</p> <ul style="list-style-type: none"> • Containers for non-prescription drugs not dispensed by a pharmacist must retain the manufacturer's label, ensuring that expiration dates are clearly visible • Prescription medications, whether purchased or received as samples, must be dispensed in tamper-resistant packaging • The label on each dispensed prescription drug must include the following information: <ul style="list-style-type: none"> ○ The client's name ○ The prescriber's name ○ The current dispensing date ○ Clear directions for self-administration ○ The name, strength, quantity, and expiration date of the prescribed drug ○ The name, address, and phone number of the pharmacy or dispensing location, as well as the name of the dispensing practitioner 			
Page Number Must be Entered	Medication Administration Procedures	Yes	No	Comments
	<p>19. Medication administration procedures must include the following guidelines:</p> <ul style="list-style-type: none"> • Prescription and non-prescription medications may only be administered to a client based on a written order from an individual legally authorized to prescribe medications • Clients may self-administer medications only if authorized in writing by their physician • All medications, including injections, must be administered by licensed personnel or by unlicensed individuals trained by a registered nurse, pharmacist, or another legally qualified professional • A Medication Administration Record (MAR) for each client must be maintained and kept up to date • Medications administered should be documented immediately after administration. The MAR must include the following information: <ul style="list-style-type: none"> ○ Client's name 			

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	<ul style="list-style-type: none"> ○ Name, strength, and quantity of the drug ○ Instructions for administering the drug ○ Date and time of administration ○ Name or initials of the individual administering the drug <ul style="list-style-type: none"> ▪ Any client requests for medication changes or inquiries should be documented and filed with the MAR, followed by a consultation or appointment with the physician. 			
Page Number Must be Entered	Medication Disposal Procedures	Yes	No	Comments
	20. Medication Disposal Procedures must outline: <ul style="list-style-type: none"> • All prescription and non-prescription medications must be disposed of to prevent diversion or accidental ingestion • How the facility will maintain a disposal record specifying the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of the medication and the person witnessing the destruction • Non-controlled substances shall be disposed of by incineration, flushing into a septic or sewer system or by transfer to a local pharmacy for destruction • Upon the discharge of a client, any remaining medication must be disposed of promptly or held for no more than 30 days after discharge unless it is anticipated that the client will return to the facility 			
Page Number Must be Entered	Medication Storage Procedures	Yes	No	Comments
	21. Procedure outlining Medications must be stored as follows: <ul style="list-style-type: none"> • In a securely locked cabinet within a clean, well-lit, and ventilated room, maintaining a temperature between 59° and 86° F • If necessary, in a refrigerator between 36° and 46° F <ul style="list-style-type: none"> ○ If the refrigerator also contains food items, medications must be kept in a separate, locked compartment or container • Separately for each client • Separately for medications intended for external use and internal use 			

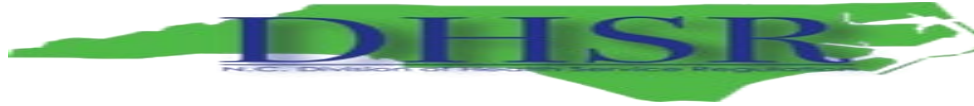
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	<ul style="list-style-type: none"> Securely, if approved by a physician for a client who is self-medicating 			
Page Number Must be Entered	Medication Review Procedures	Yes	No	Comments
	22. A Medication review procedure outlining: <ul style="list-style-type: none"> The 6-month drug review performed by a Physician or Pharmacist if taking psychotropic medications is required The findings or the drug regimen review shall be recorded in the client record along with corrective action, if applicable 			
Policy Page Number Must be Entered	Medication Errors Procedures	Yes	No	Comments
	23. Medication error procedures should outline the following: <ul style="list-style-type: none"> How errors and significant adverse drug reactions are reported immediately to the client's physician or pharmacist. How a client's refusal of medication must be documented. 			

Policy Page Number Must be Entered	10A NCAC 27D .0103 Search and Seizure Policy	Yes	No	Comments
	24. A policy that outlines the conditions for searching a client or their living space, including procedures for seizing the client's belongings or property in their possession.			
	25. The policy must document that clients will be free from unwarranted invasion of privacy			
	26. The policy states every search and seizure is documented and the documentation must include: <ul style="list-style-type: none"> scope of search; reason for the search; procedures followed in the search; a description of any property seized; and an account of the disposition of seized property. 			

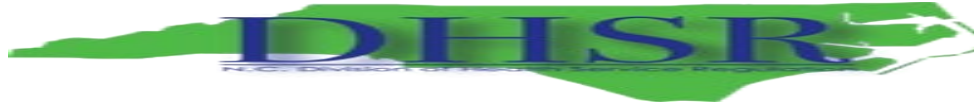
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Policy Page Number Must be Entered	<u>10A NCAC 27D .0104 Periodic Internal Review</u>	Yes	No	Comments
	27. Policy outlining how the governing body will ensure that a compliance review regarding the implementation of Client Rights Rules is completed no less than every 3 years and must maintain the 3 most recent written reports of the findings of the reviews.			

Policy Page Number Must be Entered	<u>10A NCAC 27D .0201 Informing Clients</u>	Yes	No	Comments
	28. Informing Clients Policy must include the following provisions: <ul style="list-style-type: none"> • Client Rights Summary: as specified in G.S. 122C, Article 3, each client and their legally responsible person should be provided with a written summary of their rights • Right to Contact The Disability Rights of North Carolina • Timely Notification: Clients must be informed of their rights upon admission or entry into services or according to the following timelines: <ul style="list-style-type: none"> ○ For day/night or periodic services within three visits. ○ For 24-hour facilities, within 72 hours. The explanation should be provided to match the client’s or legally responsible person’s level of understanding. • Information to be Provided: The following information must be provided to the client or legally responsible person: <ul style="list-style-type: none"> ○ Rules the client is expected to follow and possible penalties. ○ Client protections regarding confidential information (per G.S. 122C-52 through G.S. 122C-56). ○ Procedure for obtaining a copy of the treatment/habilitation plan. ○ Governing body policies regarding: <ul style="list-style-type: none"> ▪ Fee assessment and collection. ▪ Grievance procedures, including contact information and available assistance. ▪ Suspension and expulsion from service. ▪ Search and seizure procedures. • Special Considerations for Restrictive Interventions: For clients whose treatment may include restrictive 			

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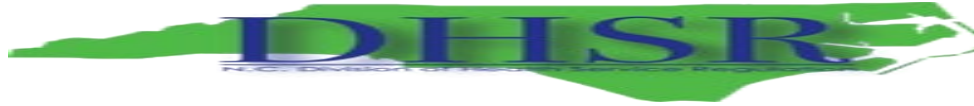


	<p>interventions or those in 24-hour facilities where rights may be restricted. The policy should also address how the client or legally responsible person is informed of:</p> <ul style="list-style-type: none"> ○ Information about behavior management systems, including goals and reinforcement structures. ○ Potential restrictions and the use of restrictive interventions. <i>(con't)</i> ○ Notification requirements following the emergency use of restrictive interventions. ○ Provisions for legally responsible persons (or designated individuals) to be notified following the use of restrictive interventions. ○ Notification regarding restrictions of client rights. ● Documentation: There must be documentation in the client record confirming that client rights have been fully explained. 			
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Policy Page Number Must be Entered	10A NCAC 27D .0202 Informing Staff	Yes	No	Comments
	<p>29. The policy must include the following points:</p> <ul style="list-style-type: none"> ● A clear outline of how staff members will be informed about Client Rights, including the procedures for maintaining relevant documentation ● A procedure requiring each staff member to sign a document acknowledging their receipt of this information, which the facility will keep on file 			

Policy Page Number Must be Entered	10A NCAC 27D .0301 Social Integration	Yes	No	Comments
	<p>30. This policy should apply to clients in <i>day/night or 24-hour facilities</i> and must outline guidelines for encouraging and facilitating appropriate social interactions between clients and non-clients of the community and among the clients themselves. Key points must include:</p> <ul style="list-style-type: none"> ● Encouragement of Social Participation: Each client should be encouraged to participate in social interactions and activities that are generally accepted by the broader community. These interactions can be with other clients or 			

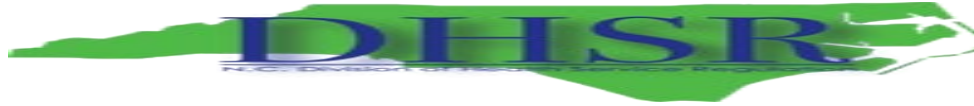
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	<p>non-client members of the community. The goal is to foster a sense of inclusion and community involvement for each client. (con't)</p> <ul style="list-style-type: none"> • Non-Prohibition of Social Interaction: A client should not be prohibited from engaging in social interactions unless there is a specific, documented restriction in the client's record. Any restriction should be outlined in writing and kept in the client's record. • Considerations for Appropriateness: The policy should outline what constitutes appropriate social interactions and activities, ensuring they are in line with the facility's values and are safe for all individuals involved. 			
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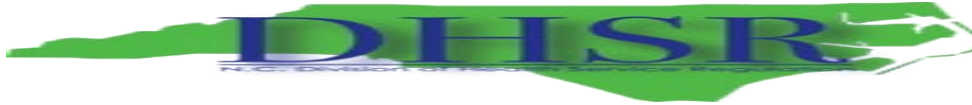
Policy Page Number Must be Entered	10A NCAC 27D .0302 Client Self-Governance	Yes	No	Comments
	<p>31. This policy should apply to all staff and clients in <i>day/night or 24-hour facilities</i> and should be integrated into existing governance and operational protocols. The policy should include, but not be limited to, the following key components:</p> <ul style="list-style-type: none"> • Client Input in Facility Governance: Procedures to enable and encourage client participation in facility governance, including decision-making processes. Should include mechanisms for collecting and considering client feedback and suggestions. • Development of Client Self-Governance Groups: Guidelines for establishing self-governance groups among clients, including the formation, roles, and responsibilities of such groups. Support and resources are provided to clients to facilitate their self-governance activities. • Meeting and Communication Protocols: Procedures for organizing and conducting meetings between clients and facility staff to discuss governance issues. Ensuring transparency and open communication channels between clients and the facility administration. • Training and Support: Training programs for clients and staff to understand and effectively participate in self-governance activities. Providing ongoing support and resources to client self-governance groups to help them function effectively. 			

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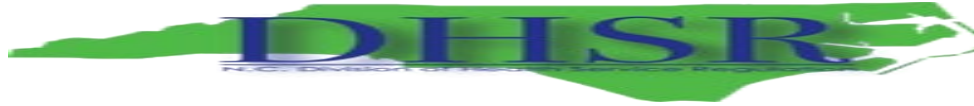
Policy Page Number Must be Entered	10A NCAC 27D .0303 Informed Consent	Yes	No	Comments
	<p>32. The policy should include, but not be limited to, the following components:</p> <ul style="list-style-type: none"> • Informing Clients: <ul style="list-style-type: none"> ○ Procedures to inform clients or legally responsible persons understandably about: <ul style="list-style-type: none"> ▪ The alleged benefits, potential risks, and possible alternative methods of treatment/habilitation ▪ The length of time for which the consent is valid and the procedures to be followed if they choose to withdraw consent. Note that the time for consent for the planned use of a restrictive intervention shall not exceed six months • Written Consent: <ul style="list-style-type: none"> ○ Requirements for obtaining written consent in accordance with G.S. 122C-57(f) or for planned interventions specified by the rules in Subchapter 27E, Section .0100 ○ Written consent is also required for the prescription or administration of drugs such as Antabuse and Depo-Provera (when used for non-FDA-approved uses) • Right to Consent or Refuse Treatment: <ul style="list-style-type: none"> ○ Assurance that each voluntary client or legally responsible person has the right to consent or refuse treatment/habilitation in accordance with G.S. 122C-57(d) ○ Ensuring that a voluntary client's refusal of consent is not used as the sole grounds for termination or threat of termination of service unless the procedure is the only viable treatment/habilitation option available at the facility • Documentation: <ul style="list-style-type: none"> ○ Procedures for documenting informed consent in the client's record 			

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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	Comments
	<p>33. The policy ensures that all agency employees understand their responsibilities in protecting clients and adhere to the highest standards of care and ethical behavior.</p> <ul style="list-style-type: none"> • The policy should include, but not be limited to, the following components: <ul style="list-style-type: none"> ▪ Protection from Harm: Procedures to protect clients from harm, abuse, neglect, and exploitation by G.S. 122C-66 ▪ Prohibition of Abuse and Neglect: Clear definitions and prohibitions of abuse and neglect as outlined in 10A NCAC 27C .0102 ▪ Transaction Policies: Rules governing the sale or purchase of goods or services involving clients, ensuring compliance with established governing body policies ▪ Use of Force: Guidelines on the appropriate degree of force necessary to secure or repel a violent and aggressive client, considering individual client characteristics and in compliance with governing body policies ▪ Employee Conduct: Clear repercussions for employees who violate any parts of this policy, including potential dismissal ▪ Training and Education: Requirements for staff training on recognizing, preventing, and reporting harm, abuse, neglect, and exploitation ▪ Documentation and Reporting: Procedures for documenting incidents and reporting violations 			

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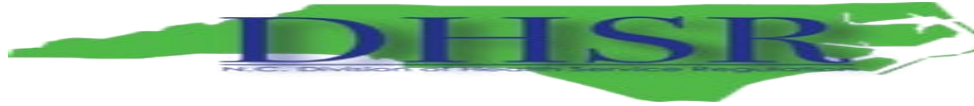
SUBCHAPTER E. TREATMENT OR HABILITATION RIGHTS

SECTION 10A NCAC 27E. PROTECTIONS REGARDING INTERVENTION PROCEDURES

Policy Page Number Must be Entered	<u>10A NCAC 27E .0101 Least Restrictive Alternative</u>	Yes	No	Comments
	<p>34. The policy must ensure that the agency's services and supports are delivered in the least restrictive and most appropriate manner while promoting dignity, respect, and meaningful engagement for all clients. The policy should include, but is not limited to, the following components:</p> <ul style="list-style-type: none"> • Least Restrictive and Most Appropriate Settings and Methods: Procedures to guarantee that services and supports are provided in the least restrictive and most suitable environments and ways • Promotion of Coping and Engagement Skills: Strategies aimed at encouraging coping and engagement skills as “alternatives to harmful behaviors, either to oneself or others • Meaningful Choices for Clients: The provision of activity choices that hold significance for the clients served • Shared Decision-Making: Ensuring that clients or their legally responsible representatives share control over decisions with the staff • Dignity and Respect During Restrictive Interventions: Guidelines that mandate the use of restrictive interventions only as a last resort, ensuring dignity and respect are upheld during and after such interventions- and confirming that they are carried out by trained personnel 			

Policy Page Number Must be Entered	<u>10A NCAC 27E .0102 Prohibited Procedures</u>	Yes	No	Comments
	<p>35. The policy must clearly outline prohibited procedures and ensure that all staff members are aware of and adhere to it. The policy should include, but not be limited to, the following components: Prohibited Interventions: Clear prohibition of interventions that have been banned by statute or rule, including: Any intervention considered corporal punishment under G.S. 122C-59 The contingent use of painful body contact Substances administered to induce painful bodily reactions, excluding Antabuse</p>			

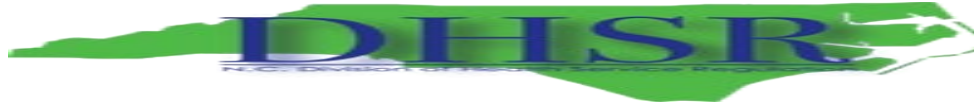
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	<ul style="list-style-type: none"> ○ Electric shock, excluding medically administered electroconvulsive therapy ○ Insulin shock ○ Unpleasant tasting foodstuffs ○ Contingent application of any noxious substances, including noise, bad smells, or splashing with water ○ Any potentially physically painful procedure or stimulus, excluding prescribed injections, administered to reduce the frequency or intensity of a behavior 			
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Policy Page Number Must be Entered	10A NCAC 27D .0101 Policy On Rights Restrictions And Interventions	Yes	No	Comments
	35a . A policy documenting clear guidelines and procedures for restricting client rights and implementing interventions that ensure all clients' safety, dignity, and respect is provided to all staff.			
	36. Procedures on how <i>ALL</i> instances of alleged or suspected abuse, neglect or exploitation of clients are documented and reported to the County Department of Social Services.			
	37. Procedures and safeguards are implemented when prescribing medications that present a serious risk to the client, with a special focus on neuroleptic medications.			
	38. Identify any restrictive interventions prohibited from use within the facility in the policy.			
	39. If the facility operates 24 hours , outline the circumstances and procedures prohibiting staff from restricting a client's rights.			
	40. The policy must clearly outline the permitted restrictive interventions within the agency's facility and specify the approved curriculum for training in these interventions. If the facility does not permit the use of restrictive interventions, the policy should explicitly state that they are not allowed.			
	41. The policy must identify the staff member (position) responsible for informing the client of any restrictions that may be used.			

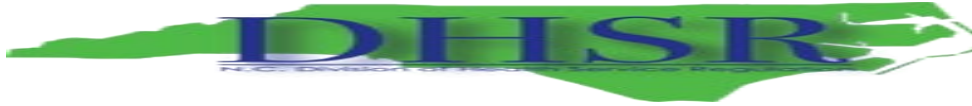
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	42. The policy must document that clients who refuse restrictive interventions are afforded due process.			
	43. The policy must include the staff person (position) responsible for giving written permission for 24-hour restrictive interventions.			
	44. The policy must designate the specific staff responsible for the review of the use of restrictive interventions.			
	45. 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: <ul style="list-style-type: none"> Review the client's health history or perform a health assessment when the client is 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. 			
	46. The policy outlines guidelines for conducting debriefing and planning sessions with clients and legally responsible persons to reduce the probability of future use of restrictive interventions key components must specify actions in the following: <ul style="list-style-type: none"> Debriefing Process; Planning Process to reduce future use. Documentation and communication to client and LRP after use. 			

Policy Page Number Must be Entered	10A NCAC 27E .0103 General Policies Regarding Intervention Procedures	Yes	No	Comments
	47. The policy must provide guidelines for employing intervention procedures as therapeutic treatment methods, ensuring the interventions are clinically or medically justified and authorized by qualified professionals. The policy should include, but not be limited to, the following components: <i>(con't)</i> <ul style="list-style-type: none"> Clinically or Medically Indicated Procedures: Clear guidelines for employing the following procedures only when clinically or medically indicated. 			

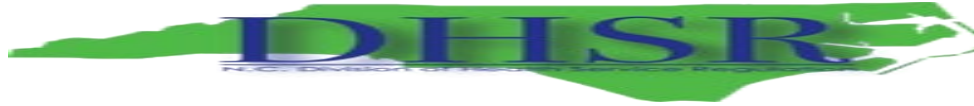
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	<ul style="list-style-type: none"> • Authorization by Qualified Professionals: Procedures to ensure that the determination and authorization for the use of such treatments for a specific client are made only by a physician or a licensed practicing psychologist who has been formally trained and privileged in using the procedure. 			
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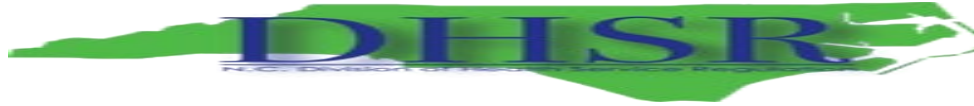
Policy Page Number Must be Entered	<u>10A NCAC 27E .0104 Seclusion, Physical Restraint, Isolation, Time-Out, And Protective Devices Used For Behavioral Control</u>	Yes	No	Comments
	48. Policy states that it applies to all staff involved in client care and the implementation of restrictive interventions.			
	49. Guidelines for the use of seclusion, physical restraint, isolation, and protective devices for behavioral management.			
	50. Procedures outlining limitations on the use of restrictive interventions.			
	51. Guidelines on Prohibited Uses such as means of coercion, punishment, retaliation, staff convenience, or inadequate staffing, and must not cause harm or abuse.			
	52. Documentation outlining the acceptable use of restrictive interventions within a facility.			
	53. The procedural provisions should include: <ul style="list-style-type: none"> • The agency considers and attempts positive, less restrictive alternatives before using more restrictive interventions • Consideration of the client's physical and psychological well-being before, during, and after intervention • Process for identifying, training, and assessing the competence of employees authorized to implement restrictive interventions • Duties and responsibilities of professionals regarding the use of restrictive interventions • Documentation and notification procedures for restrictive interventions 			

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	<ul style="list-style-type: none"> Physical and psychological well-being checks and assessment of consequences 			
	54. Guidelines on the room requirements for Seclusion and Isolation if utilized. Note that DHSR must approve the room.			
	55. Guidelines for documenting the use of restrictive interventions in client records, including rationale, methods, and debriefing.			
	56. Guidelines for emergency use of restrictive interventions, including time limits and authorization procedures.			
	57. Guidelines outlining the precautions and actions taken during restrictive interventions, including continuous monitoring and documentation.			
	58. The procedures for discontinuing the use of restrictive interventions at any indication of risk to the client's health or safety or once the client gains behavioral control.			
	59. Notification must be within 24 hours and include notifying: <ul style="list-style-type: none"> The treatment/habilitation team or its designee after each use; A designee of the governing body; and Immediate notification to the legally responsible person of a minor or incompetent adult client, unless they have explicitly requested not to be notified 			
	60. Review and Reporting procedures, which must include: <ul style="list-style-type: none"> The time frame of the review must be set by a governing body designee and the Client Rights Committee, ensuring confidentiality Investigation of any unusual or possibly unwarranted patterns of utilization How Documentation will be logged, including: <ul style="list-style-type: none"> Client name Responsible professional Date, time, and type of intervention Duration and reason for the intervention Alternatives considered and rationale for their non-use 			

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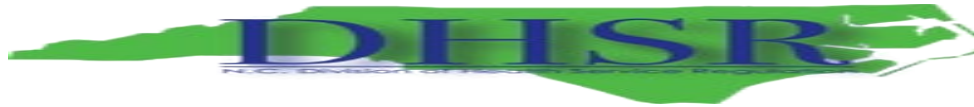


	<ul style="list-style-type: none"> ○ Debriefing and planning conducted with the client, legally responsible person, and staff ○ Any adverse effects on the client's well-being 			
	61. The agency's data collection and analysis procedures on the use of seclusion and physical restraint.			
	62. The agency's procedures if planned intervention is used.			

Policy Page Number Must be Entered	10A NCAC 27E .0105 Protective Devices	Yes	No	Comments
	63. Procedure ensuring when a protective device is utilized for a client, including: <ul style="list-style-type: none"> ● The necessity for the protective device ● The facility employee using the device has been trained and demonstrated competence in the use of a device ● Observation and interventions documented in a client record ● Protocol on maintenance and cleaning of the devices 			
	64. Procedure documenting whether 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.			

Page Number Must be Entered	10A NCAC 27E .0106 Intervention Advisory Committee	Yes	No	Comments
	65. The Intervention Advisory Committee shall be established to provide additional safeguards in a facility that utilizes restrictive interventions as planned interventions			
	66. Document who is required to join the agency's Intervention Advisory Committee.			

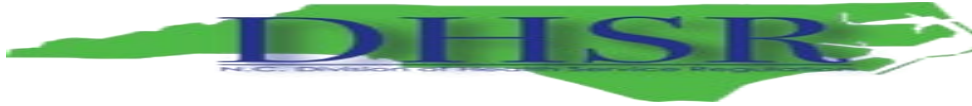
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	67. A procedure governs the Intervention Advisory Committee and details how client information is disseminated and the reasoning for disseminating.			
	68. A procedure regarding the Intervention Advisory Committee will document the specific training and orientation given to the Committee.			

Page Number Must be Entered	<u>10A NCAC 27E .0107 Training On Alternatives To Restrictive Interventions</u>	Yes	No	Comments
	69. The policy documents that all staff members, service providers, employees, students, and volunteers involved in client care and service delivery must undergo training in approved de-escalation techniques as alternatives to restrictive interventions.			
	70. The policy documents, a formal refresher training of an approved de-escalation must be successfully completed by all staff at least annually.			
	71. Procedures for how the agency will maintain documentation of alternatives to restrictive interventions for all staff for at least three years, including information on training participants, outcomes (pass/fail), training dates, and instructor names.			
	72. The policy documents the instructor's qualifications and training requirements.			
	73. Procedures for maintaining documentation of alternatives to restrictive interventions and for initial and refresher instructor training for at least three years.			

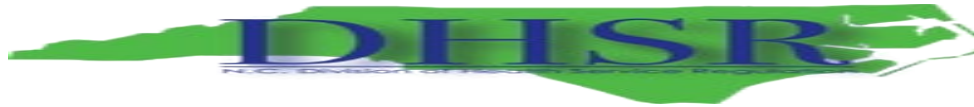
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Page Number Must be Entered	<u>10A NCAC 27E .0108 Training In Seclusion, Physical Restraint, And Isolation Time-Out</u>	Yes	No	Comments
	74. The policy states that any staff utilizing restrictive interventions must be trained and current in an approved restrictive interventions training program.			
	75. Documentation of the approved curriculum for restrictive interventions used in the facility. If the agency does not utilize restrictive interventions, there is a policy stating that the agency will not use RI.			
	76. Where in the policy are the prerequisite training requirements outlined for staff to utilize restrictive interventions?			
	77. The policy documents a formal refresher training of an approved restrictive intervention must be successfully completed by all staff at least annually.			
	78. The policy states that instructors of approved restrictive intervention training must be retrained at least annually and are currently trained in CPR.			
	79. Procedures for maintaining initial and refresher instructor training documentation for at least three years.			

Policy Page Number Must be Entered	<u>10A NCAC 27D .0102 Suspension And Expulsion Policy</u>	Yes	No	Comments
	80. The policy states that each client shall be free from threat or fear of unwarranted suspension or expulsion from the facility.			
	81. The policy will outline the criteria for suspension, expulsion, or other forms of discharge that are not mutually agreed upon.			
	82. Additionally, it will establish documentation requirements that include: <ul style="list-style-type: none"> • The timeframe for resuming services after a suspension 			

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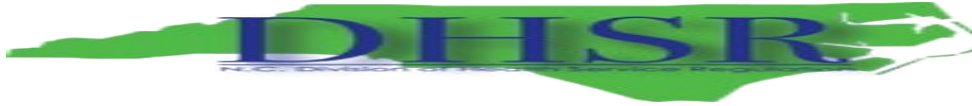


	<ul style="list-style-type: none"> • The specific conditions and timeline for resuming services following a suspension • Efforts by the facility staff to identify alternative services that meet the client's needs, along with the designation of such services • Any discharge plan that may be necessary 			
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Policy Page Number Must be Entered	§ 131E-256 Health Care Personnel Registry (HCPR)	Yes	No	Comments
	<p>83. The policy should include, but not be limited to, the agency's responsibility to vet all unlicensed healthcare personnel hired by this facility through the Health Care Personnel Registry which applies to all unlicensed staff employed by this facility who may have direct access to residents, clients, or their property during the course of their employment and how the agency will:</p> <ul style="list-style-type: none"> • Report Allegations Procedures • Investigation Procedures • Submission of Investigation Results • Documentation requirements 			

Policy Page Number Must be Entered	NCGS 122C-63 Continuity of Care for Individuals	Yes	No	Comments
	<p>84. The policy outlining 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 closure or discharge.</p>			

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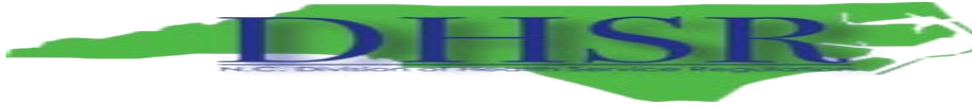


Treatment Rights in 24-hour Facilities Residential

Policy Page Number Must be Entered	<u>NCGS 122C-61 Treatment Rights in 24-hour Facilities</u>	Yes	No	Comments
	84. The policy documents that every client receiving services at a 24-hour facility shall receive the necessary treatment for physical ailments. The policy must include guidelines on the following: <ul style="list-style-type: none"> • Right to necessary treatment • Right to an individualized discharge plan • Unanticipated discontinuation of treatment 			

Policy Page Number Must be Entered	<u>NCGS 122C-62: Additional Rights in 24-hour Facilities</u>	Yes	No	Comments
	85. The policy outlines that Adult Clients have the right to: <ul style="list-style-type: none"> • Make and receive confidential phone calls • Receive visitors between 8:00 a.m. and 9:00 p.m. for at least 6 hours daily, 2 of which shall be after 6:00 p.m. Visiting shall not take precedence over therapies • Communicate & meet under appropriate supervision with individuals of their own choice • Make visits outside the facility unless issues relate to commitment proceedings or court orders • Be out of doors daily and have access to facilities & equipment for physical exercise several times a week • Keep and use personal clothing and possessions • Participate in religious worship • Retaining a driver's license unless otherwise prohibited • Have access to individual storage space for private use 			

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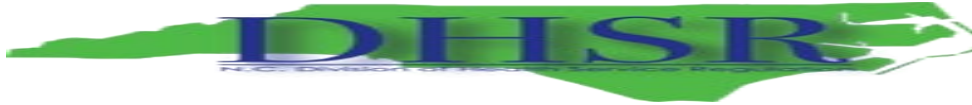
	<p>86. The policy outlines that Minor Clients have the right to:</p> <ul style="list-style-type: none"> • Make and receive phone calls • Under appropriate supervision, receive visitors between 8:00 a.m. and 9:00 p.m. for at least 6 hours daily; 2 hours shall be after 6:00 p.m.; visiting shall not take precedence over therapies. • Send and receive mail and have access to writing materials, postage, and staff assistance • Receive special education and vocational training • Be out of doors daily and participate in play, recreation, and physical exercise regularly in accordance with client needs • Keep and use personal clothing and possessions under appropriate supervision • Participate in religious worship • Have access to individual storage space for personal belongings • Have access to and spend a reasonable sum of their (clients) money • Retaining a driver's license unless otherwise prohibited 			
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Subchapter 27F Specific Rules for 24-Hour Facilities

SUBCHAPTER 27F - 24-HOUR FACILITIES				
Policy Page Number Must be Entered	10A NCAC 27F .0102 Living Environment	Yes	No	Comments
	87. The policy outlines how the agency provides each client with a living environment that promotes comfort, privacy, and personalization. It also documents the guidelines ensuring all clients have uninterrupted sleep, personal privacy, and the ability to personalize their living spaces.			

Policy Page Number Must be Entered	10A NCAC 27F .0103 Health, Hygiene and Grooming	Yes	No	Comments
	88. Policy outlines clear guidelines for providing personal health, hygiene, and grooming care, ensuring that clients' rights are respected and their needs are met with dignity.			

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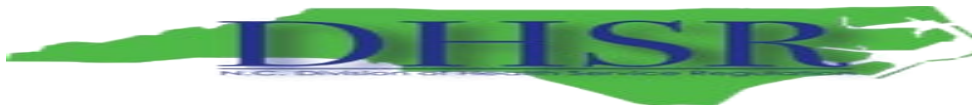


	<p>The policy must include the following guidelines to ensure that each client receives:</p> <ul style="list-style-type: none"> • The right to dignity, privacy, and humane care • Opportunities for personal hygiene • Access to personal hygiene products • Facilities that ensure privacy 			
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Policy Page Number Must be Entered	<u>10A NCAC 27F .0104 Storage and Protection of Clothing and Possessions</u>	Yes	No	Comments
	<p>89. Agency's guidelines and procedures for staff to safeguard clients' personal clothing and possessions, enhancing their sense of security and dignity. The policy must include, but is not limited to, the following points:</p> <ul style="list-style-type: none"> • Efforts made by staff to protect client belongings • How employees will assist clients in developing and maintaining an inventory of their personal belongings • Procedures the agency has in place for documenting and monitoring clients' personal belongings 			

Policy Page Number Must be Entered	<u>10A NCAC 27F .0105 Client's Personal Funds</u>	Yes	No	Comments
	<p>90. The policy outlines the guidelines the agency will use to assist clients with managing and investing their personal funds, ensuring their rights are upheld and their financial resources are protected. The policy must include guidelines for the following components:</p> <ul style="list-style-type: none"> • Assistance with personal fund accounts. • Management of funds by facility employees. • Authorization for deductions. 			

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Policy Page Number Must be Entered	FACILITIES WITH POOLS	Yes	No	Comments
	91. The policy states that any agency pool must receive approval from the Division of Health Service Regulation (DHSR) Construction Section. Additionally, the policy should include guidelines regarding: <ul style="list-style-type: none"> • Staff supervision. • Safety measures to prevent accidents and ensure a safe environment. 			

Policy Page Number Must be Entered	FACILITY ANIMALS	Yes	No	Comments
	92. The policy outlining all clients, visitors, and staff who bring owned dogs, cats, and ferrets into facilities will have proof of vaccination and procedures for: <ul style="list-style-type: none"> • Documenting and verifying proof of rabies vaccinations. • Guidelines for maintaining records of vaccination status for all pets on the premises. 			

Policy Page Number Must be Entered	10 NCAC 27G.3605 MEDICATION AND MOBILE UNITS ONLY	Yes	No	Comments
	93. The policy developed only applies to Medication and Mobile Units. The policy should include but not be limited to the following components: <ul style="list-style-type: none"> • Service Provisions. • Location and Service Capacity. • Operations and Service Delivery. 			