

Guidance for Implementing Core Rules		
Description CS Checksheet	Supporting Requirements Core Rules (in bold)	Guidance Considerations:
a. 1. Providers Requirements		Rule:
Program Description	10A NCAC 27G .0201 (1-18)	1. Delegation of management authority for the operation of the facility and services
P&P required by:	Governing Body Policies	2. Criteria for admission
		3. Criteria for discharge
		4. Admission assessments (to include who will perform and time frames for completion)
		5. Client record management (to include persons authorized to document; transporting records, safeguard of records against loss, tampering, defacement, or use by unauthorized persons; assurance of record accessibility to authorized users at all times; and assurance of confidentiality of records.)
		6. Screenings (to include assessment of the individual's presenting problem or need; an assessment of whether or not the facility can provide services to address the individual's needs; the disposition, including referrals and recommendations)
		7. Quality Assurance (to include composition and activities of a quality assurance and quality improvement committee; written quality assurance and quality improvement plan; methods for monitoring and evaluating the quality and appropriateness of client care including delineation of client outcomes and utilization of services; professional or clinical supervision including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; strategies for improving client care; review of staff qualifications and a determination made to grant treatment/habilitation privileges; review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; adoption of standards that assure operational and programmatic performance meeting applicable standards of practice - see explanation)
		8. Use of medications by clients in accordance with the rules
		9. Reporting of any incident, unusual occurrence or medication error
		10. Voluntary non-compensated work performed by a client
		11. Client fee assessment and collection practices
		12. Medical preparedness plan to be utilized in a medical emergency
		13. Authorization for and follow up of lab tests
		14. Transportation, including the accessibility of emergency information for a client
		15. Services of volunteers, to include supervision and maintaining client confidentiality
		16. Areas in which staff receive training and continuing education
		17. Safety precautions and requirements for facility areas
		18. Client grievance policy to include procedures for review and disposition of client grievances
		Guidance: All of the above (1-18) must be implemented as the rule requires.
		Suggested close review of policies and demonstration of implementation in areas of
		of policies in areas of Consumer Records, Quality Assurance, Incident Reporting
		and Consumer Grievances evidenced by documentation which supports application of P&P.

a. 4. Provider Requirements	10A NCAC 27G .0201 (7) (H)	Rule: adoption of standards that assure operational and programmatic performance meeting
Service in various environments.	Governing Body Policies	applicable standards of practice. For this purpose "applicable standards of practice" means a level of competence established with reference to prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field.
		Guidance: Policies and procedures, program description, Person-centered plans and Memorandums of agreements, etc.
a. 1. Staffing Requirements	10A NCAC 27G .0203 (b)	Rule: (b) Qualified Professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.
Requirements specified for QP and AP.	Competencies of QP and AP	(18) (a) an individual who holds a license, provisional license, certificate, registration or permit issued by the governing board regulating a human service profession, except a registered nurse who is licensed to practice in the State of NC by the NC Board of Nursing who also has a four years of full-time accumulated experience in mh/dd/sa with the population served; or
	10A NCAC 27G .0104 (18)	
	Staff Definitions	(b) a graduate of a college or university with a Masters degree in a human service field and has one year of full-time, post-graduate degree accumulated mh/dd/sa experience served, or a substance abuse professional who has one year of full-time post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling; or
		© a graduate of a college or university with a bachelors degree in a human service field and has two years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional who has two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling; or
		(d) a graduate of a college or university with a bachelors degree in a field other than human services and has four years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional who has four years of full-time post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling; or
		(19) "Qualified Substance Abuse Prevention Professional (QSAPP)" means, within the mh/dd/sas system of care:
		(a) a graduate of a college or university with a Master's degree in a human service field and has one year of full-time, post-graduate degree accumulated supervised experience in substance abuse prevention; or
		(b) a graduate of a college or university with a Bachelor's degree in a human service field and has two year of full-time, post-bachelor's degree accumulated supervised experience in substance abuse prevention; or
		(c) a graduate of a college or university with a bachelor's degree in a field other than human services and has four years of full-time, post-bachelor's degree accumulated supervised experience in substance abuse prevention; or
		(d) a substance abuse prevention professional who is certified as a Certified Substance Abuse Prevention Consultant (CSAPC) by the NC Substance Abuse Professional Certification Board.

		Guidance: Examine in policy/procedures to determine how provider agency assures its QP's have demonstrated knowledge, skills and abilities required by population served including the validity of college / university degrees. Request transcripts that have an original seal by the issuing college/university. Guides are also available in your local libraries. Check http://www.chea.org/ to see if degree / diploma is from a degree / diploma mill or an accredited school.
	10 A NCAC 27G .0203 (d)	Rule:
	Competencies of QP and AP	(d) Competence shall be demonstrated by exhibiting core skills including:
		(1) technical knowledge;
		(2) cultural awareness;
		(3) analytical skills;
		(4) decision-making;
		(5) interpersonal skills;
		(6) communication skills;
		(7) clinical skills.
		Guidance: Review policy and procedure to determine how provider agency assures its QP's have technical knowledge, cultural awareness, analytical skills, decision-making skills, interpersonal skills, communication skills and clinical skills particularly with the population served.
	10 A NCAC 27G .0203 (e)	Rule:
	Competencies of QP and AP	(e) competence shall be demonstrated by exhibiting core skills including:
		(1) technical knowledge;
		(2) cultural awareness;
		(3) analytical skills;
		(4) decision-making;
		(5) interpersonal skills;
		(6) communication skills;
		(7) clinical skills.
		Guidance: Examine policy and procedures to determine how provider assures that QP's have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. Review policies and procedures for how the provider agency initiates the individualized supervision plans for each Associated Professional by the QP.
a. 2. Supervision	10 A NCAC 27G .0203 (f)	Rule:
	Competencies of QP and AP	(f) The governing body shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.
		Guidance: Some type tracking and/or documentation to review that supervision is
	10 A NCAC 27G .0203 (g)	Rule:
	Competencies of QP and AP	(g) The Associate Professional shall be supervised by a Qualified Professional with the

		population serviced for the period of time specified .0104 of this Subchapter.
		Guidance: Review policies and procedures to determine how provider agency will assure supervision of AP by QP with population served for appropriate timeframe.
b.1 & 2. Staffing Requirements	10A NCAC 27G .0203 (f) (g) Competencies of QP and AP	Rule: (f) The governing body shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The Associate Professional shall be supervised by a Qualified Professional with the population serviced for the period of time specified .0104 of this Subchapter.
	10A NCAC 27G .0204 (b) (f) Competencies and Supervision of Paraprofessionals	(b) Paraprofessionals shall be supervised by a associate professional or qualified professional as specified in Rule .0104 of this Subchapter. (f) The governing body shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional.
		Guidance: Review provider policies and procedures to determine how the agency assures that each paraprofessional and associate professional receives adequate supervision for the specified amount of time depending on educational and experiential background. Compare to actual documented implementation of their P&P.
Paraprofessional level providers:	10A NCAC 27G. 0104 (14) Staff Definitions	Rule: (14) "Paraprofessional" within the mh/dd/sas system of care means an individual who, with the exception of staff providing respite services or personal care services, has a GED or high school diploma; or no GED or high school diploma, employed prior to November 1, 2001 to provide a mh/dd/sas service. Supervision shall be provided by a Qualified Professional or Associate Professional with the population served. The supervisor and employee shall develop an individualized supervision plan upon hiring. The party shall review the plan annually.
	10A NCAC 27G .0204 (e), (f) Competencies and Supervision of Paraprofessionals	(e) competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; (7) clinical skills.
		(f) The governing body shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each paraprofessional.
		Guidance: Review policies and procedures to determine how the agency assures that after November 1, 2001, each paraprofessional staff has a high school diploma or GED - assurance should include how to determine if documentation and diploma is valid. Supervision and

		competencies shall be clearly documented in accordance with supervision and competence requirements.
Staff training:	10A NCAC 27G .0202 (g)	Rule:
	Personnel Requirements	Employee training program provided and, at a minimum shall consist of the following:
		(1) general organization orientation;
		(2) training on client rights and confidentiality as delineated in 10A NCAC 27 C, 27D, 27E, F and 10 NCAC 26B;
		(3) training to meet mh/dd/sas needs of the client as specified in the treatment/habilitation plan; and
		(4) training in infectious diseases and bloodborne pathogens.
		Guidance: Review policies and procedures to determine how the provider agency assures that each staff is trained in the listed areas and how training is tracked.
Criminal Disclosure:	10A NCAC 27G .0202 (c)	Rule:
	Personnel Requirements	© All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.
		Examine policies and procedures to determine how the agency assures disclosure of criminal conviction for each staff person and how that offense relates to the position for which the applicant is applying.
Health Care Registry	10A NCAC 27G .0202 (b) (4)	Rule:
	Personnel Requirements	(b) all facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility;
		(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.
		Guidance: Review policies and procedures how the agency is assuring that each listing on the NC Health Care Personnel Registry (HCPR). HCPR should be clearly found in each staff person's record.
Staff Descriptions	10A NCAC 27E .0107 (b) (d)	Rule:
	Training on Alternatives to Restrictive Interventions	(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.
		(b) Prior to providing services to people with disabilities, staff including service providers employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse of physical injury to a person with

		disabilities or others or property damage is prevented.
		(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data given.
		(d) Formal refresher training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.
		(e) Formal refresher training must be completed by each service provider periodically (minimum annually).
		(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this rule.
		Guidance: Review policies and procedures how the agency is assuring that each staff person has the required training in Alternatives to Restrictive Interventions approved
QP, CCS, CCAS, LCAS can provide following activities: assessment, development ongoing revisions to PCP; monitoring/implementation of PCP.	10A NCAC 27G. 0205 (a) (1-5) Assessment and Service Plan	Rule:
	10A NCAC 27G. 0205 (c) Assessment and Service Plan	(a) An assessment shall be completed for a client according to governing body policy, prior to the delivery of services, and shall include but not be limited to:
	10A NCAC 27G .0205 (d)	(1) the client's presenting problem;
		(2) the client's needs and strengths
		(3) a provisional or admitting diagnosis determined within 30 days of admission;
		(4) a pertinent social, family, and medical history;
		(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.
		(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan", strategies to address the client's presenting problem shall be documented.
		© the plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.
		(d) The plan shall include:
		(1) client outcomes that are anticipated to be achieved by provision of the service and a projected date if achievement;
		(2) strategies
		(3) staff responsible;
		(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;
		(5) basis for evaluation or assessment of outcome achievement;
		(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.
		Guidance: Review of Policies and Procedures to assure that the Person Centered Plan is developed within 30 days of each client admission and is developed
		in partnership with the consumer, legally responsible person, and significant others in the consumers life areas. Note : A PCP is not valid until all signatures are in place. Per PCP instructions and the Service Records Manual.

	10 NCAC 27D .0101 (a), (b), ©, (d) (e)	Rule:
	Policy on Rights Restrictions and Inter	(a) A written summary of client rights as specified in G.S. 122C, Article 3 shall be made available to each client and legally responsible person.
		(b) Each client shall be informed of his rights to contact the Governor's Advocacy council for Persons with disabilities (GACPD), the statewide agency designated under federal and State law to protect the rights of persons with disabilities.
		© Each client shall be informed regarding of the issues specified in Paragraph (e), of this Rule, upon admission or entry into a service.
		(e) In addition, for the client whose treatment/habilitation is likely to include the use of restrictive interventions, or for the client in a 24-hour facility whose rights as specified in G.S. 122C-62 (b) or (d) may be restricted, the client or legally responsible person shall also be informed: (1) the designation of an individual, who has been trained and who demonstrated competence to sue restrictive interventions, to provide written authorization for the use of restrictive interventions, when the original order is renewed for up to 24 hours in accordance with the time limits specified in 10a knack 27e .0104(E)(10(e);
		(2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and
		(3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention.
		Guidance: Documentation shall be available that supports that the provider has a P&P relating to restrictive interventions. If restrictive interventions are used, the training has been approved by the State of NC, DMH. Evidence of implementation must be reviewed to assure client rights are being followed.
d. AP and paraprofessionals	10A NCAC 27D .0101 (a) (d)	(a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66.
can perform the following :	Policy on Rights Restrictions and Inter	(d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify:
activities skill building in ADL's,		(1) the permitted restrictive interventions or allowed restrictions;
community living, socialization,		(2) the individual responsible for informing the client; and
adaptation, symptom		(3) the due process procedures for an involuntary client who refuses the use of restrictive interventions.
management; wellness and	10A NCAC 27D .0201	(a) A written summary of client rights as specified in G.S. 122C, Article 3 shall be made available to each client and legally responsible person.
substance abuse education;	Informing Clients	(b) Each client shall be informed of his right to contact the Governor's Advocacy Council for Persons with Disabilities (GACPD), the statewide agency designated under federal and State law to protect and advocate the rights of persons with disabilities.
behavior and anger		(c) Each client shall be informed regarding the issues specified in Paragraph (d) and, if applicable in Paragraph (e), of this Rule, upon admission or entry into a service, or
management techniques.		(1) in a facility where a day/night or periodic service is provided, within three visits; or

		(2) in a 24-hour facility, within 72 hours. Explanation shall be in a manner consistent with the client's or legally responsible person's level of comprehension.
		Guidance: Provider has P&P on client rights and restrictive interventions and clearly denotes how components of P&P are implemented with staff and consumers.
		Provider shall inform consumers (including LRP) of consumer rights and GACPD within three (3) visits for periodic services and documentation supports this requirement.
		Provider must inform consumers (and LRP) of benefits, risks and alternative treatment/habilitation, restrictive interventions utilized and the right to refuse treatment and habilitation.
e. All staff to complete 20 hours of CS training to include crisis response within 90 days of employment.	10A NCAC 27G .0202 (f) (g) (3) Personnel Requirements	Rule: (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan.
		Guidance: Provider must document continuing education for staff and assure training meets the mh/dd/sa needs of the person-served in the PCP.
Service Type / Setting:		
a. CS is a direct and indirect periodic service where the CS worker provides direct intervention and also arranges, coordinates and monitors services on behalf of the recipient; in any location and to an individual or group.	10A NCAC 27G .0205 Assessment and Service Plan	Rule: (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and

		(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.
		Guidance: Documentation of team meetings, complete PCP with required signatures, documentation of QP level of activity and review of any tracking mechanism. Review goals attributed to the QP.
		Guidance: Services provided by provider shall meet the needs of the consumer, build upon their strengths and be person-centered.
		All services provided shall be clearly documented in the consumer record in accordance with all rule requirements.
		Use Service Record Manual and PCP Instructions for further guidance in documentation.
b. Contact benchmarks shall be measured on an annual basis.	10A NCAC 27G .0201 (7) (C) (E) (H) Governing Body Policies	Rule: (7) quality assurance and quality improvement activities, including: (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (E) strategies for improving client care; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;
		Guidance: Implementation outlined in provider P&P. Evidenced by documentation of measurements and results denoting any areas not meeting requirements and how this will be remedied.
d. Development, monitoring, revising and updating of the recipient's PCP is the responsibility of the QP.	10A NCAC 27G .0202 (a) Personnel Requirements	(a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other qualifications for the position; (2) specifies the duties and responsibilities of the position; (3) is signed by the staff member and the supervisor; and (4) is retained in the staff member's file.
		Guidance: The job description for the responsibilities QP shall clearly reflect all elements of PCP development, monitoring, revising and updating as required in PCP instructions.
f. QP,CCS, CCAS, LCAS can provide following activities: assessment, development,	10A NCAC 27G .0205 (a) (b) (c)(d) Assessment and Service Plan	(a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths;

ongoing revisions to PCP, monitoring / implementation of		(3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;
PCP.		(4) a pertinent social, family, and medical history; and
		(5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.
		(b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.
		(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.
		(d) The plan shall include:
		(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;
		(2) strategies;
		(3) staff responsible;
		(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;
		(5) basis for evaluation or assessment of outcome achievement; and
		(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.
		Guidance: Documentation of team meetings, complete PCP with required signatures,
		documentation of QP level of activity and review of any tracking mechanism. Review goals
		attributed to the QP.
Documentation Requirements	10A NCAC 27G .0201 (5)	Rule: client record management, including;
Minimum standard is a daily full	Client Record	(A) persons authorized to document; (B) transporting records; © safeguards of records against
service note (PIE format),		loss, tampering, defacement, or use by unauthorized persons;
duration and signatures with		(D) assurance of record accessibility to authorized users at all times; and
credentials/position of service		(E) assurances of confidentiality of records.
provider.		
		Guidance: Review policy and procedure against actual documentation.
		for compliance.