Fiscal Note: Proposed Amendment of Staff Definitions Rules

Rule Citations: 10A NCAC 28A .0102, 10A NCAC 27G .0104

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Impact Summary: Federal Government None

State Government:

Local Government:

None
Substantial Economic Impact:

No
Provider Community

Yes

Authority: G.S. §§ 122C-3; 122C-4; 122C-25; 122C-26; 122C-51; 122C-53(f); 143B-147;

S.L. 2017-32; 2019-240

I. Overview

The Commission for Mental Health, Developmental Disabilities, and Substance Abuse Services proposes to amend Rules 10A NCAC 28A .0102, *Definitions* and 10A NCAC 27G .0104, *Staff Definitions* to 1) permit all years of mh/dd/sa work experience to be counted toward one's credentialing as a "Qualified Professional" as required by S.L. 2017-32, and 2) make changes consistent with those of relevant licensing boards to include the Board of Licensed Clinical Mental Health Counselors and the North Carolina Addictions Specialist Professional Practice Board enacted via S.L. 2019-240. The Commission proposes to further amend Rule 10A NCAC 27G .0104 to include definitions for "Family Partner" and "Direct Support Professional." Lastly, minor technical amendments are proposed in both rules to update references, terminology and formatting.

Rule 10A NCAC 28A .0102 governs state-operated facilities; Rule 10A NCAC 27G .0104 governs community facilities. For purposes of this analysis, "facilities" include State operated psychiatric hospitals, developmental centers, neuro-medical facilities, residential programs for children, and alcohol and drug abuse treatment centers. Community facilities are licensable facilities that are owned and operated by private entities.

II. Rationale for Proposed Rule Amendments

The proposed changes amend existing rules to incorporate the requirements of S.L. 2017-32 which mandated the Commission amend the qualifications for Qualified Professionals to ensure that the years of full-time MH/DD/SAS experience required by the rule may be obtained either before or after obtaining the required educational degree. This amendment attempts to address potential staff shortages as allowing the years of full-time MH/DD/SAS experience to be obtained before or after one obtains the required educational degree potentially increases the pool of applicants available for hire. The Commission also proposes to amend the rules to make changes consistent with those of relevant licensing boards to include the Board of Licensed Clinical Mental Health Counselors and the North Carolina Addictions Specialist Professional Practice Board enacted via S.L. 2019-240 to eliminate discrepancies between the two.

The addition of the definition for Family Partner to Rule 10A NCAC 27G .0104 is in anticipation of future rule changes that will allow the option for licensed community facilities to hire staff in this type of position with the ultimate goal of improving support for the family of a child or adolescent in a PRTF.

Similarly, the addition of the definition for Direct Support Professional is in anticipation of future rule changes that will allow the option for licensed community facilities to hire staff in this type of position with the ultimate goal of improving care for those receiving services for intellectual or developmental disabilities or traumatic brain injuries.

III. Analysis of Fiscal Impact

As relates to the definitions of Qualified Professionals, the primary impacts anticipated by this proposed rule change include a potential increase in the number applications submitted, and perhaps corresponding increase in the pool of qualified applicants, for existing qualified professional positions within State and Community facilities. Given the existing statewide staff shortages and ongoing challenges to fill vacant positions with qualified applicants, the rule change will benefit all providers as it will potentially increase the number of candidates qualified to be considered for work. These types of professionals have been in short supply. We do not anticipate a change in the costs of hiring process as a result of the proposed amendment. The amendment will not increase the number of budgeted positions or the salaries for qualified professionals in either the Community or State facilities. Any hiring that is done as a result of the proposed expansion to the definition of a Qualified Professional will likely be to fill existing vacant positions. As such, no additional budgetary expansion requests are expected. Furthermore, there are no staff positions designated as Qualified Professionals in the State operated mental health, developmental disabilities, and substance abuse services facilities.

The amendments to make conforming changes consistent with those relevant licensing boards will impose no additional requirements upon the staff beyond what is already required by licensing boards. Therefore, there are no additional costs, burdens, or fiscal impact, anticipated as a result of the rule changes proposed.

The addition of the definition for Direct Support Professional (DSP) to 10A NCAC 27G .0104 is not anticipated to generate any fiscal impact. This rule change permits, but does not mandate, hiring of DSP to work with consumers who have a developmental disability as defined in G.S. 122C-3. In terms of education and experience, the DSP position is comparable to that of a paraprofessional already permitted by this Rule. This position title does not currently exist and the number of facilities that may choose to make this position available is currently unknown; as such, its costs are difficult to quantify.

The addition of the definition for Family Partner to Rule 10A NCAC 27G .0104 is to make available the option of each facility hiring an individual to provide direct engagement, support, and advocacy to the family of each child or adolescent served. To date, this position has been available only through a pilot program implemented in Psychiatric Residential Treatment Facilities for Children and Adolescents (PRTFs). The addition of the definition for Family Partner to the rule will not have an impact on the hiring practices for facilities. Rather, the definition will provide clarity upon adoption of future changes to allow the hiring of Family Partners. The impacts associated with adoption of those additional changes will be evaluated in association with the future rulemaking.

Appendix

Proposed Amendment

of

Rule 10A NCAC 28A .0102, Definitions

and

Rule 10A NCAC 27G .0104, Staff Definitions

1 Rule 10A NCAC 28A .0102 is proposed for amendment as follows. 2 3 10A NCAC 28A .0102 **DEFINITIONS** 4 (a) In addition to the definitions contained in this Rule, the terms defined in G.S. 122C-3, 122C-4 and 122C-53(f) also 5 apply to all rules in Subchapters 28A, 28B, 28C, and 28D of this Chapter. (b) As used in the rules in Subchapters 28A, 28B, 28C, and 28D of this Chapter, the following terms have the meanings 6 7 specified: 8 (1) "Abuse" means the same as defined in 42 CFR Part 488 Subpart E, which is incorporated by reference, 9 including subsequent amendments. infliction of physical or mental pain or injury by other than 10 accidental means; or unreasonable confinement; or the deprivation by an employee of services which 11 are necessary to the mental and physical health of the client. Temporary discomfort that is part of an approved and documented treatment plan or use of a documented emergency procedure shall not be 12 13 considered abuse. 14 (2) "Associate Professional (AP)" within the mental health, developmental disabilities and substance abuse 15 services (mh/dd/sas) system of care means an individual who is either a: 16 (A) graduate of a college or university with a Masters degree in a human service field with less 17 than one year of full-time, post-graduate degree accumulated mh/dd/sa experience with the 18 population served, or a substance abuse professional with less than one year of full-time, post-19 graduate degree accumulated supervised experience in alcoholism and drug abuse counseling. 20 Upon hiring, an individualized supervision plan shall be developed and supervision shall be 21 provided by a qualified professional with the population served until the individual meets one 22 year of experience; or 23 (B) graduate of a college or university with a bachelor's degree in a human service field with less 24 than two years of full-time, post-accumulated mh/dd/sa experience with the population 25 served, or a substance abuse professional with less than two years of full-time, post-bachelor's 26 degree accumulated supervised experience in alcoholism and drug abuse counseling. Upon 27 hiring, an individualized supervision plan shall be developed and reviewed annually. 28 Supervision shall be provided by a qualified professional with the population served until the 29 individual meets two years of experience; or 30 (C) graduate of a college or university with a bachelor's degree in a field other than human 31 services with less than four years of full-time, post bachelor's degree accumulated mh/dd/sa 32 experience with the population served, or a substance abuse professional with less than four 33 years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism 34 and drug abuse counseling. Upon hiring, an individualized supervision plan shall be 35 developed and reviewed annually. Supervision shall be provided by a qualified professional

with the population served until the individual meets four years of experience; or

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1		(D) registered nurse who is licensed to practice in the State of North Carolina by the North
2		Carolina Board of Nursing with less than four years of full-time accumulated experience in
3		mh/dd/sa with the population served. Upon hiring, an individualized supervision plan shall be
4		developed and reviewed annually. Supervision shall be provided by a qualified professional
5		with the population served until the individual meets four years of experience.
6	(3)	"Basic necessities" mean the essential items or substances needed to support life and health which
7		include, but are not limited to, a nutritionally sound diet balanced during three meals per day, access to
8		water and bathroom facilities at frequent intervals, seasonable clothing, medications to control
9		seizures, diabetes and other like physical health conditions, and frequent access to social contacts.
10	(4)	"Certified clinical supervisor (CCS)" means an individual who is certified as such by the North
11		Carolina Addictions Specialist Professional Practice Substance Abuse Professional Certification
12		Board.
13	(5)	"Certified substance abuse counselor (CSAC)" alcohol and drug counselor" means an individual who
14		is certified as such by the North Carolina Addictions Specialist Substance Abuse Professional Practice
15		Certification Board.
16	(5a)	"Client" has the same meaning assigned in G.S. § 133C-3. "Client" may also be referred to as a
17		patient or resident.
18	(6)	"Client record" means any record made of confidential information. information as defined G.S. §
19		<u>122C-3.</u>
20	(7)	"Clinical Director" means Medical Director, Director of Medical Services or such person acting in the
21		position of Clinical Director, or his designee.
22	(8)	"Clinically competent" means authorization by the State Facility Director for a qualified professional
23		to provide specific treatment/habilitation treatment or habilitation services to clients based on the
24		professional's education, training, experience, competence and judgment.
25	(9)	"Consent" means concurrence by a client or his legally responsible person following receipt of
26		information from the qualified professional who will administer the proposed treatment or procedure.
27		Informed consent implies that the client or his legally responsible person was provided with
28		information concerning proposed treatment, including both benefits and risks, in order to make an
29		educated decision with regard to such treatment.
30	(10)	"Dangerous articles or substances" mean, but are not limited to, any weapon or potential weapon,
31		heavy blunt object, sharp objects, potentially harmful chemicals, or drugs of any sort, including
32		alcohol.
33	<u>(10a)</u>	"Division" means the Division of State Operated Healthcare Facilities.
34	(11)	"Division Director" means the Director of the Division or his designee.
35	(12)	"Emergency" means a situation in a state facility in which a client is in imminent danger of causing
36		abuse or injury to self or others, or when substantial property damage is occurring as a result of

1		unexpected and severe forms of inappropriate behavior, and rapid intervention by the staff is needed.
2		[See Subparagraph (b)(25) of this Rule for definition of medical emergency].
3	(13)	"Emergency surgery" means an operation or surgery performed in a medical emergency [as
4		emergency, as defined in Subparagraph (b)(25) of this Rule, where informed consent cannot be
5		obtained from an authorized person, as specified in G.S. 90-21.13, because the delay would seriously
6		worsen the physical condition or endanger the life of the client.
7	(14)	"Exclusionary time-out" means the removal of a client to a separate area or room from which exit is
8		not barred for the purpose of modifying behavior.
9	(15)	"Exploitation" means the same as defined in 42 CFR Part 483 Subpart B, which is incorporated by
10		reference, including subsequent amendments. use of a client or her/his resources, including borrowing,
11		taking or using personal property with or without her/his permission for another person's profit,
12		business or advantage.
13	(16)	"Forensic Division" means the unitunits at Dorothea Dix Hospital any State hospital designated in
14		accordance with G.S. § 122C-252 which serves clients who are:
15		(A) admitted for the purpose of evaluation for capacity to proceed to trial;
16		(B) found not guilty by reason of insanity;
17		(C) determined incapable of proceeding to trial; ortrial.
18		(D) deemed to require a more secure environment to protect the health, safety and welfare of
19		elients, staff and the general public.
20	(17)	"Grievance" means a verbal or written complaint by or on behalf of a client concerning a situation that
21		occurred within the jurisdiction of the state facility. A grievance does not include complaints that can
22		be resolved without delay by staff present. A complaint that is not resolved shall be filed and processed
23		in accordance with the requirements of 10A NCAC 28B .0203.
24	(18)	"Human Rights Committee" means a committee, appointed by the Secretary, to act in a capacity
25		regarding the protection of client rights.
26	(19)	"Independent psychiatric consultant" means a licensed psychiatrist not on the staff of the state facility
27		in which the client is being treated. The psychiatrist may be in private practice, or be employed by
28		another state facility, or be employed by a facility other than a state facility as defined in G.S.
29		122C-3(14).
30	(20)	"Interpreter services" means specialized communication services provided for the hearing impaired by
31		interpreters certified by the National Registry of Interpreters for the Deaf or the National Association
32		of the Deaf.
33	(21)	"Involuntary client" means a person admitted to any regional psychiatric hospital or alcoholic
34		rehabilitation centeralcohol and drug abuse treatment center under the provisions of Article 5, Parts 7,
35		8 or 9 of G.S. 122C and includes includes, but it is not limited to to, clients detained pending a district
36		court hearing and clients involuntarily committed after a district court hearing. This term shall also
37		include individuals who are defendants in criminal actions and are being evaluated in a state facility for

1		mental responsibility or mental competency as a part of such criminal proceedings as specified in G.S.			
2		15A-1002 15A-1002, unless a valid order providing otherwise is issued from a court of competent			
3		jurisdiction jurisdiction, and the civil commitment of defendants found not guilty by reason of insanity			
4		as specified in G.S. 15A-1321.			
5	(22)	"Isolation time-out" means the removal of a client to a separate room from which exit is barred but			
6		which is not locked and where there is continuous direct, uninterrupted supervision by staff for the			
7		purpose of modifying behavior. "Isolation time-out" does not include precautions intended to prevent			
8		transmission of a communicable disease.			
9	(22a)	"Licensed clinical Addiction Specialist (LCAS)" means an individual who is certified as such by the			
10		North Carolina Addictions Specialist Professional Practice Board.			
11	(23)	"Licensed clinical mental healthprofessional counselor (LPC)" (LCMHC)" means a counselor who is			
12		licensed as such by the North Carolina Board of Licensed Clinical Mental Health Professional			
13		Counselors.			
14	(24)	"Major physical injury" means damage caused to the body resulting in profuse bleeding or contusion of			
15		tissues; fracture of a bone; damage to internal organs; loss of consciousness; loss of normal			
16		neurological function (inability to move or coordinate movement); or any other painful condition			
17		caused by such injury.			
18	(25)	"Medical emergency" means a situation where the client is unconscious, ill, or injured, and the			
19		reasonably apparent circumstances require prompt immediate decisions and actions in medical or other			
20		health eare, care related decisions and actions to prevent the worsening of the necessity of immediate			
21		health care treatment is so reasonably apparent that any delay in the rendering of the treatment would			
22		seriously worsen the physical condition condition, or endanger the life life, of the client.			
23	(26)	"Minimal risk research" means that the risks of harm anticipated in the proposed research are not			
24		greater, considering probability and magnitude, than those ordinarily encountered in daily life or			
25		during the performance of routine physical or psychological examinations or tests.			
26	(27)	"Minor client" means a person under 18 years of age who has not been married or who has not been			
27		emancipated by a decree issued by a court of competent jurisdiction or is not a member of the armed			
28		forces.			
29		(A) who has not been married;			
30		(B) has not been emancipated by a decree issued by a court of competent jurisdiction; or			
31		(C) is not a member of the armed forces.			
32	(27a)	"Misappropriation of resident property" means the same as defined by 42 CFR Part 488 Subpart E,			
33		incorporated by reference, including subsequent amendments.			
34	(28)	"Neglect" means the same as defined by 42 CFR Part 488 Subpart E, incorporated by reference,			
35		including subsequent amendments.failure to provide care or services necessary to maintain the mental			
36		and physical health of the client.			

1	(29)	"Normalization" means the principle of helping the client to obtain an existence as close to normal as	
2		possible, taking into consideration the client's disabilities and potential, by making available to him	
3		patterns and conditions of everyday life that are as close as possible to the norms and patterns of the	
4		mainstream of society.	
5	(30)	"Paraprofessional" within the mh/dd/sa system of care means an individual who, with the exception of	
6		staff providing respite services or personal care services, has a GED or high school diploma; an	
7		individual or no GED or high school diploma, employed prior to November 1, 2001 to provide a	
8		mh/dd/sa service. service is not required to have a GED or high school diploma. Upon hiring, an	
9		individualized supervision plan shall be developed and supervision shall be provided by a qualified	
10		professional or associate professional with the population served.	
11	(31)	"Person standing in loco parentis" means one who has put himself in the place of a lawful parent by	
12		assuming the rights and obligations of a parent without formal adoption.	
13	(32)	"Physical Restraint" means the application or use of any manual method of restraint that restricts	
14		freedom of movement, or the application or use of any physical or mechanical device that restricts	
15		freedom of movement or normal access to one's body, including material or equipment attached or	
16		adjacent to the client's body that he or she cannot easily remove. Holding a client in a therapeutic hold	
17		or any other manner that restricts his or her movement constitutes manual restraint for that client.	
18		Mechanical devices may restrain a client to a bed or chair, or may be used as ambulatory restraints.	
19		Examples of mechanical devices include cuffs, ankle straps, sheets or restraining shirts, arm splints,	
20		mittens and helmets. Excluded from this definition of physical restraint are physical guidance, gentle	
21		physical prompting techniques, escorting and therapeutic holds used solely for the purpose of escorting	
22		a client who is walking, soft ties used solely to prevent a medically ill client from removing	
23		intravenous tubes, indwelling catheters, cardiac monitor electrodes or similar medical devices, and	
24		prosthetic devices or assistive technology which are designed and used to increase client adaptive	
25		skills. Escorting means the temporary touching or holding of the hand, wrist, arm, shoulder or back for	
26		the purpose of inducing a client to walk to a safe location.	
27	(33)	"Protective devices" means an intervention which that provides support for weak and feeble clients or	
28		enhances the safety of clients with specific medical or behavioral needs. behaviorally disordered	
29		elients. Such devices may include posey vests, geri-chairs or table top chairs to provide support and	
30		safety for clients with physical handicaps; disabilities; devices such as helmets and mittens for	
31		self-injurious behaviors; or devices such as soft ties used to prevent medically ill clients from	
32		removing intravenous tubes, indwelling catheters, cardiac monitor electrodes or similar medical	
33		devices. As provided in Rule .0207 of Subchapter 28D, the use of a protective device for behavioral	
34		control shall comply with the requirements specified in Rule .0203 of Subchapter 28D.	
35	(34)	"Psychotropic medication" means medication with the primary function of treating mental illness,	
36		personality or behavior disorders. It includes, but is not limited to, antipsychotics, antidepressants,	
37		antianxiety agents and mood stabilizers.	

1	(35)	"Qualified professional" means, within the mh/dd/sas system of care, an individual who is: is either:			
2		(A) an individual who holds a license, provisional license, certificate, registration or permit issued			
3		by the governing board regulating a human service profession, except a registered nurse who			
4		is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing			
5		who also has four years of full-time accumulated experience in mh/dd/sa with the population			
6		served; or			
7		(B) a graduate of a college or university with a Masters degree in a human service field and has			
8		one year of full-time, pre- or post-graduate degree accumulated supervised mh/dd/sa			
9		experience with the population served, or a substance abuse professional who has one-year or			
10		full-time, pre- or post-graduate degree accumulated supervised experience in alcoholism and			
11		drug abuse counseling; or			
12		(C) a graduate of a college or university with a bachelor's degree in a human service field and has			
13		two years of full-time, pre- or post-bachelor's degree accumulated supervised mh/dd/sa			
14		experience with the population served, or a substance abuse professional who has two years of			
15		full-time, pre- or post-bachelor's degree accumulated supervised experience in alcoholism and			
16		drug abuse counseling; or			
17		(D) a graduate of a college or university with a bachelor's degree in a field other than human			
18		services and has four years of full-time, pre- or post-bachelor's degree accumulated mh/dd/sa			
19		experience with the population served, or a substance abuse professional who has four years			
20		of full-time, pre- or post-bachelor's degree accumulated supervised experience in alcoholism			
21		and drug abuse counseling.			
22	(36)	"Regional alcohol and drug abuse treatment center" means a state facility for persons with a substance			
23		abuse disorder substance abusers as specified in G.S. 122C-181(a)(3).			
24	(37)	"Regional mental retardation developmental disability center" means a state facility for the mentally			
25		retarded developmentally disabled as specified in G.S. 122C-181(a)(2).			
26	(38)	"Regional psychiatric hospital" means a state facility for the mentally ill as specified in G.S.			
27		122C-181(a)(1).			
28	(39)	"Representative payee" means the person, group, or facility designated by a funding source, such as			
29		Supplemental Security Income (SSI), to receive and handle funds according to the guidelines of the			
30		source on behalf of a client.			
31	(40)	"Research" means inquiry involving a trial or special observation made under conditions determined			
32		by the investigator to confirm or disprove an hypothesis or to explicate some principle or effect.			
33	(41)	"Respite client" means a client admitted to a mental retardation developmental disability center or a			
34		neuromedical treatment center for a short-term period, normally not to exceed 30 days. The primary			
35		purpose of such admission is to provide a temporary interval of rest or relief for the client's regular			
36		caretaker.			

1	(42)	"Responsible professional" shall have the meaning as specified in G.S. 122C-3; except the			
2		"responsible professional" shall also be a qualified professional as defined in Subparagraph (b)(35) of			
3		this Rule.			
4	(43)	"Seclusion" means isolating a client in a separate locked room for the purpose of controllingmanaging			
5		a client's behavior. "Seclusion" does not include precautions intended to prevent transmission of a			
6		communicable disease. In the Forensic Service, Pretrial Evaluation Unit and the Forensic Treatment			
7		Program Maximum Security Ward in the Spruill Building at Dorothea Dix Central Regional Hospital,			
8		the use of locked rooms is not considered seclusion for clients with criminal charges who are:			
9		(A) undergoing pretrial evaluations ordered by a criminal court;			
10		(B) in treatment for restoration of capacity to proceed;			
11		(C) in treatment to reduce violence risk; or			
12		(D) considered to be an escape risk.			
13	(44)	"State Facility Director" means the chief administrative officer or manager of a state facility or his			
14		designee.			
15	(45)	"Strike" means, but is not limited to, hitting, kicking, slapping or beating whether done with a part of			
16		one's body or with an object.			
17	(46)	"Timeout" means the removal of a client from other clients to another space within the same activity			
18		area for the purpose of modifying behavior.			
19	(47)	"Treatment" means the act, method, or manner of habilitating or rehabilitating, caring for or managing			
20		a client's physical or mental problems.			
21	(48)	"Treatment plan" means a written individual plan of treatment or habilitation for each client to be			
22		undertaken by the treatment team and includes any documentation of restriction of client's rights.			
23	(49)	"Treatment team" means an interdisciplinary group of qualified professionals sufficient in number and			
24		variety by discipline to adequately assess and address the identified needs of the client.			
25	(50)	"Unit" means an integral component of a state facility distinctly established for the delivery of one or			
26		more elements of service to which specific staff and space are assigned, and for which responsibility			
27		has been assigned to a director, supervisor, administrator, or manager.			
28	(51)	"Voluntary client" means a person admitted to a state facility under the provisions of Article 5, Parts 2,			
29		3, 4 or 5 of G.S. 122C.			
30	History Note:	Authority G.S. 122C-3; 122C-4; 122C-51; 122C-53(f); 143B-147; S.L. 2017-32; 2019-240;			
31		Eff. October 1, 1984;			
32		Amended Eff. June 1, 1990; April 1, 1990; July 1, 1989;			
33		Temporary Amendment Eff. January 1, 1998;			
34		Amended Eff. April 1, 1999;			
35		Temporary Amendment Eff. January 1, 2001;			
36		Temporary Amendment Expired October 13, 2001;			
37		Temporary Amendment Eff. January 27, 2019; November 1, 2001;			

l	Amended Eff. April 1, 2003;
2	Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest
3	Eff. June 24, 2017. <u>2017;</u>
1	Temporary Amendment Eff. March 1, 2019.2019;
5	Amended Eff

RULE 10A NCAC 27G .0104 IS AMENDED UNDER PERMANENT PROCEDURES AS FOLLOWS.

10A NCAC 27G .0104 STAFF DEFINITIONS

The following credentials and qualifications apply to staff described in this Subchapter:

- (1) "Associate Professional (AP)" within the mental health, developmental disabilities and substance abuse services (mh/dd/sas) system of care means an individual who is <u>either</u> a:
 - (a) graduate of a college or university with a masters degree in a human service field with less than one year of full-time, post-graduate degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional with less than one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling. Supervision shall be provided by a qualified professional with the population served until the individual meets one year of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually; or
 - (b) graduate of a college or university with a bachelor's degree in a human service field with less than two years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional with less than two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling. Supervision shall be provided by a qualified professional with the population served until the individual meets two years of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually; or
 - graduate of a college or university with a bachelor's degree in a field other than human services with less than four years of full-time, post-bachelor's degree accumulated mh/dd/sa experience with the population served, or a substance abuse professional with less than four years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling. Supervision shall be provided by a qualified professional with the population served until the individual meets four years of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually; or
 - (d) registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing with less than four years of full-time accumulated experience in mh/dd/sa with the population served. Supervision shall be provided by a qualified professional with the population served until the individual meets four years of experience. The supervisor and the employee shall develop an individualized supervision plan upon hiring. The parties shall review the plan annually.

1	(2)	"Certified clinical supervisor (CCS)" means an individual who is certified as such by the North	
2		Carolina Addictions SpecialistSubstance Abuse Professional Practice Board.	
3	(3)	"Certified criminal justice addictions professional (CCJP)" means an individual who is certified as	
4		such by the North Carolina Addictions SpecialistSubstance Abuse Professional Practice Board.	
5	(4)	"Certified substance abuse counselor (CSAC)" alcohol and drug counselor" means an individua	
6		is certified as such by the North Carolina Addictions SpecialistSubstance Abuse Professional	
7		Certification Practice Board.	
8	(5)	"Certified substance abuse prevention eonsultant (CSAPC)" specialist" means an individual who is	
9		certified as such by the North Carolina Addictions Specialist Substance Abuse Professional Practice	
10		Board.	
11	(6)	"Clinical" means having to do with the active direct treatment/habilitation treatment or habilitation of a	
12		client.	
13	(7)	"Clinical staff member" means a qualified professional or associate professional who provides active	
14		direct treatment/habilitation treatment or habilitation to a client.	
15	(8)	"Clinical/professional "Clinical or professional supervision" means regularly scheduled assistance by a	
16		qualified professional or associate professional to a staff member who is providing direct, therapeutic	
17		intervention to a client or clients. The purpose of clinical supervision is to ensure that each client	
18		receives treatment or habilitation which that is consistent with accepted standards of practice and the	
19		needs of the client.	
20	(9)	"Clinical social worker" means a social worker who is licensed as such by the N.C. Social Work	
21		Certification and Licensure Board.	
22	<u>(9a)</u>	"Direct support professional" means an individual who has a GED or high school diploma hired to	
23		provide intellectual disability, developmental disability, or traumatic brain injury services. Supervision	
24		shall be provided by a qualified professional with experience with the population served. The	
25		supervisor and the employee shall develop an individualized supervision plan upon hiring and shall	
26		review it annually thereafter.	
27	(10)	"Director" means the individual who is responsible for the operation of the facility.	
28	(10a)	"Family Partner" means an individual hired to provide direct engagement, support, and advocacy to the	
29		family of each child and adolescent served in a Psychiatric Residential Treatment Facility. A Family	
30		Partner shall meet the criteria for a Paraprofessional as defined in this Rule, have lived experience as a	
31		primary caregiver for a child or adolescent with a mental health disorder, a substance use disorder,	
32		intellectual disorder, or developmental disability. A Family Partner shall achieve certification as a	
33		Family Peer Specialist by the National Federation of Families for Children with Mental Illness within	
34		18 months of hire and shall maintain active certification while in this role.	
35	(11)	"Licensed clinical addictions specialist (LCAS)" means an individual who is licensed as such by the	
36		North Carolina Addictions SpecialistSubstance Abuse Professional Practice Board.	

1	(12)	"Licensed clinician" means an individual with full-clinical licensure awarded by the State of North			
2		Carolina, as a physician, licensed psychologist, licensed psychological associate, licensed clinical			
3		social worker, licensed professional counselor, licensed marriage and family therapist, or licensed			
4		clinical addictions specialist. "Licensed clinician" also includes an individual with full clinical			
5		licensure and certification as a certified clinical nurse specialist in psychiatric mental health advanced			
6		practice, or a certified nurse practitioner in psychiatric mental health advanced practice.			
7	(13)	"Licensed clinical mental health professional counselor (LPC)" (LCMHC)" means a counselor who is			
8		licensed as such by the North Carolina Board of Licensed Clinical Mental Health Professional			
9		Counselors.			
10	(14)	"Nurse" means a person licensed to practice in the State of North Carolina either as a registered nurse			
11		or as a licensed practical nurse.			
12	(15)	"Paraprofessional" within the mh/dd/sas system of care means an individual who, with the exception of			
13		staff providing respite services or personal care services, has a GED or high school diploma; those or			
14		no GED or high school diploma, employed prior to November 1, 2001 to provide a mh/dd/sa service.			
15		service are not required to have a GED or high school diploma. Supervision shall be provided by a			
16		qualified professional or associate professional with the population served. The supervisor and the			
17		employee shall develop an individualized supervision plan upon hiring. The parties shall review the			
18		plan annually.			
19	(16)	"Psychiatrist" means an individual who is licensed to practice medicine in the State of North Carolina			
20		and who has completed a training program in psychiatry accredited by the Accreditation Council for			
21		Graduate Medical Education.			
22	(17)	"Psychologist" means an individual who is licensed to practice psychology in the State of North			
23		Carolina as either a licensed psychologist or a licensed psychological associate.			
24	(18)	"Qualified client record manager" means an individual who is a graduate of a curriculum accredited by			
25		the Council on Medical Education and Registration of the American Health Information Management			
26		Association and who is currently registered or accredited by the American Health Information			
27		Management Association.			
28	(19)	"Qualified professional" means, within the mh/dd/sas system of eare: care either:			
29		(a) an individual who holds a license, provisional license, certificate, registration or permit issued			
30		by the governing board regulating a human service profession, except a registered nurse who			
31		is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing			
32		who also has four years of full-time accumulated experience in mh/dd/sa with the population			
33		served; or			
34		(b) a graduate of a college or university with a Masters degree in a human service field and has			
35		one year of full-time, pre- or post-graduate degree accumulated supervised mh/dd/sa			
36		experience with the population served, or a substance abuse professional who has one year of			

1			full-time, $\underline{\text{pre- or}}$ post-graduate degree accumulated supervised experience in alcoholism and
2			drug abuse counseling; or
3		(c)	a graduate of a college or university with a bachelor's degree in a human service field and has
4			two years of full-time, pre- or post-bachelor's degree accumulated supervised mh/dd/sa
5			experience with the population served, or a substance abuse professional who has two years
6			of full-time, <u>pre- or</u> post-bachelor's degree accumulated supervised experience in alcoholism
7			and drug abuse counseling; or
8		(d)	a graduate of a college or university with a bachelor's degree in a field other than human
9			services and has four years of full-time, pre- or post-bachelor's degree accumulated
10			supervised mh/dd/sa experience with the population served, or a substance abuse professional
11			who has four years of full-time, pre- or post-bachelor's degree accumulated supervised
12			experience in alcoholism and drug abuse counseling.
13	(20)	"Qual	ified substance abuse prevention professional (QSAPP)" means, within the mh/dd/sas system of
14		care: <u>c</u>	care, means either:
15		(a)	a graduate of a college or university with a masters degree in a human service field and has
16			one year of full-time, post-graduate degree accumulated supervised experience in substance
17			abuse prevention; or
18		(b)	a graduate of a college or university with a bachelor's degree in a human service field and has
19			two years of full-time, post-bachelor's degree accumulated supervised experience in
20			substance abuse prevention; or
21		(c)	a graduate of a college or university with a bachelor's degree in a field other than human
22			services and has four years of full-time, post bachelor's degree accumulated supervised
23			experience in substance abuse prevention; or
24		(d)	a substance abuse prevention professional who is certified as a Certified Substance Abuse
25			Prevention Consultant (CSAPC) Specialist by the North Carolina Addictions Specialist
26			Substance Abuse Professional Practice Board.
27			
28	History Note:	Autho	rity G.S. 122C-3; 122C-25; 122C-26; 143B-147; <u>S.L, 2017-32; 2019-240;</u>
29		Eff. M	lay 11, 1996;
30		Тетро	orary Amendment Eff. January 1, 2001;
31		Тетро	orary Amendment Expired October 13, 2001;
32		Тетро	orary Amendment Eff. January 27, 2019; November 1, 2001;
33		Amen	ded Eff. February 1, 2009; October 1, 2004; April 1, 2003. <u>2003;</u>
34		<u>Tempo</u>	orary Amendment Eff. March 1, 2019. 2019;
35		<u>Amen</u>	ded Eff

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