

**INSTRUCTIONS FOR COMPLETING THE
NOTIFICATION OF OUT OF HOME COMMUNITY PLACEMENT FOR
CHILDREN/ADOLESCENTS FORM**

12-15-04

North Carolina Administrative Rules 10A NCAC 27G .0506 require that when children/adolescents served through local public MH/DD/SAS programs are placed in a group home, therapeutic home, or ICR/MR outside the home LME's catchment area, the home LME representative must contact the area director of the host LME (27G .0505) as well as the legal guardian and others involved in the youngster's care and treatment. This may include a county DSS, a court counselor's office, a CDSA, the school system, or other agencies. The attached form must be used for notification of out of home community placement. Note that home community is defined as "the community in which the child/adolescent legally resided with his or her parent or legal guardian" per the Division 12/5/03 Communication Protocol. Below are instructions for completion of the Notification Form.

1. **Demographics** – Provide requested demographic information about the youngster. Date of placement refers to the date the youngster will be admitted to the residential placement. Common ID# refers to the youngster's medical record number at the home LME.
2. **Guardian information** - Provide information about the guardian. Parents are not required to provide an email address. If the guardian is DSS, contact information about all 100 county DSS agencies is attached and may be accessed on the following website:
http://www.dhhs.state.nc.us/dss/local/docs/Shortcd_October2004.p
3. **Home Area Authority/County Program** – Provide information about the LME which is placing the child. The contact person should be the youngster's case manager. The case manager should provide her/his LME address, phone number and email address.
4. **Host Area Authority/County Program** – Per rule 27G .0505 and the attached Division memo and Communication Protocol dated 12/5/03, the home LME must contact the Area Director of the host LME when placing a youngster out of the home LME's catchment area and into another LME catchment area. Information about the host LME may be obtained from Division website below. The contact will be the Area Director of the host LME as specified in the rules and in the 12/5/03 protocol. You may use a different contact than the Area Director of the host LME, if the host LME directs you to use a designee as the contact.
<http://www.dhhs.state.nc.us/mhddsas/dirbox.htm> .
5. **Home DSS** – This section is only completed if DSS is involved in the youngster's care. If DSS is involved, provide the name of the DSS social worker, his/her DSS address, phone number, and email address. The DSS social worker should be able

to provide this information. As stated in item number 2 above, DSS information is available on the DSS website and is attached to this document.

6. **Host DSS** – Again, this section should only be completed when DSS is involved in the youngster’s care. Information about the host DSS program may be obtained from the DSS website. The contact will be the DSS director of the respective county unless the home DSS social worker has a specific contact at the host DSS she/he wishes to specify as the contact.
7. **Home School** – Provide information about the school system the child is currently attending. A listing of all Exceptional Child Directors is attached and may be accessed at: <http://www.dpi.state.nc.us/nceddirectory/eddirectory.pdf> . The EC Director is the Special Education Program Administrator.
8. **Host School** – The group home, therapeutic home, or ICF/MR facility should provide the home LME case manager with the name, address, and principal of the host school. Specific information about all NC schools may be obtained at <http://www.dpi.state.nc.us/nceddirectory/allschs20040106.xls> . A copy of that document is not included in this packet due to its large size.
9. **Physical Custodian/Provider** – Provide the name of a contact person at the group/therapeutic home, the name of the provider program, address, phone number, and email address of the provider site.
10. **Person Completing Form** - Provide the name of the person completing the form. This will usually be a case manager from the LME but may be a representative from DSS, DJJDP, etc. as described in the attached Communication Protocol. Also, the referring party should provide the name of their agency, address, phone number, and email address. A directory for DJJDP chief court counselors is attached when DJJDP is the referring agency. This directory may also be accessed at <http://www.juvjus.state.nc.us/court/directory.html> .