
Report to the Joint Legislative Education Oversight Committee

*Report on Children with Disabilities in
Residential Treatment Programs*

Session Law 2008, Section 174

HB 2306

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**Report to the
Joint Legislative Education Oversight Committee and the
Joint Legislative Oversight Committee on Mental Health, Developmental
Disabilities and Substance Abuse Services**

**Submitted by the Departments of Public Instruction and Health and Human
Services
January 1, 2009**

House Bill 2306 (Session Law 2008-174) directed the State Board of Education (Department of Public Instruction, or DPI) and the Department of Health and Human Services (DHHS) to "meet and make a determination as to which public agency is responsible for providing special education and related services as required under Article 9 of Chapter 115C of the General Statutes and the federal Individuals with Disabilities Education Improvement Act, 20 U.S.C. § 144 et seq., (2004), as amended, for children with disabilities who are placed in private psychiatric residential treatment facilities by a public agency other than the local education agency."

Pursuant to this mandate, representatives of both departments have met on numerous occasions to discuss issues related to serving children with disabilities. Formal meetings began in August 2008, with the first two meetings including counsel for Brynn Marr and Keys of Carolina, two private residential treatment facilities; Division Director and Section Chief of the Exceptional Children Division, DPI; attorney for the State Board of Education; Attorneys General who are liaison to DPI; and co-directors of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (MHDDSAS), DHHS. Other meetings between the Exceptional Children Division Section Chief (DPI) and Prevention and Early Intervention Team Program Administrator (DHHS, Division of MHDDSAS) continued through December 2008 to review state and federal statutory requirements, study policies and procedures already in place, research options, and complete this report.

This report is submitted on behalf of DPI and DHHS in an effort to highlight the procedures in place to serve children with disabilities in North Carolina. Both agencies have worked collaboratively and cooperatively to ensure federal and state laws are followed.

I. General Requirements of Federal and State Special Education Laws

The federal law now known as IDEA 2004 (Individuals with Disabilities Education Improvement Act) was first enacted by Congress in 1975. It mandated a free, appropriate public education (FAPE) for all children with disabilities regardless of the severity of the disability; protected the rights of children with disabilities and their parents in educational decision making; required that an individualized education program (IEP) be developed for each child with a disability, that placement decisions be based on the IEP, and that

students with disabilities receive educational services in the least restrictive environment (LRE). Subsequent reauthorizations of the law have added new categories of disability, expanded the definitions of related services, and introduced new elements like transition and assistive technology to the decisions IEP team members are to consider on behalf of the students, but the basic tenets of FAPE, LRE, and the IEP have throughout the years continued to comprise the fundamental structural elements of special education in this country.

IDEA 2004 and the recently revised (2006) Article 9 of Chapter 115C of the North Carolina General Statutes are closely aligned and reflect common goals. The laws define FAPE as special education and related services that are provided at public expense, under public supervision and at no cost to parents; that meet the standards of the SEA; and that are provided in conformity with an IEP. Both laws reflect clearly the importance of the IEP as the document on which all decision making is based, including those decisions about what educational setting, chosen from a continuum of settings ranging from regular classroom to hospitalized/homebound and including public or private residential placement, is the most appropriate and least restrictive one in which the student's IEP is to be implemented. Both laws require that every student's IEP be reviewed by each child's IEP team to ensure that the special education and related services continue to address adequately the child's unique individual needs and that the student's educational setting remains appropriate, i.e., least restrictive. Both laws provide mechanisms for resolution of disagreements about the IEP that range from informal mediation to civil litigation. The emphasis on the uniqueness of each individual child is also consistent within the laws.

The state education agency (SEA) works with local education agencies (LEAs) to ensure that students with disabilities receive FAPE. (Note: State law specifies that the Department of Health and Human Services as well as the Departments of Correction and Juvenile Justice and Delinquency Prevention are LEAs with respect to the schools they operate.) The State Board of Education promulgates special education policy that guides the implementation of the law. Mechanisms to allocate federal and state tax dollars to the LEAs who provide FAPE to students with disabilities are developed, and monies are distributed according to a funding formula. Consultation, technical assistance, monitoring and auditing activities are provided to facilitate the process and to ensure accountability, including imposing appropriate sanctions against LEAs when there is evidence that a child's right to FAPE has been denied. The roles of the SEA and the LEA are clear in the laws; significantly, so is the role of the IEP team, which has the sole authority and responsibility to make educational decisions, including those relating to placement in educational settings, on behalf of the child. Decisions made by a legally constituted IEP team following appropriate procedures cannot be overturned or overruled by any local or state administrator or administrative body except through the due process procedures provided in the laws, and then only on an individual child basis.

II. Children with Disabilities in Non-public Settings

Children with disabilities are sometimes provided educational services in non-public settings. When a local education agency's IEP team decides that placement of a student with disabilities in a non-public setting is necessary in order to provide FAPE, the laws allow the LEA to contract with the setting to provide services to the child, provided that the special education program at the non-public setting has been approved by the SEA. A list of non-public settings in North Carolina with approved special education programs is attached. All requests for such approval are initiated by the non-public program. The most recent available data show that 249 students with disabilities receive FAPE in non-public settings within and outside North Carolina, having been placed there by action of their respective IEP teams. Local education agencies bear the responsibility for education-related costs for such education-related placements. The SEA reimburses an LEA for up to 50% of these costs when the LEA requests it, contingent on the availability of funds.

In contrast, there may be a variety of circumstances unrelated to FAPE that cause a child with a disability to be placed in a non-public setting with an education component by means other than official action of an IEP team. Some examples are parent/guardian choice, court order, or the child's need for medical, mental health, developmental disabilities or substance abuse treatment. The laws are explicit that children with disabilities placed in non-public schools by any means other than official action of their IEP teams no longer have an individual right to FAPE. These children are considered parentally placed.

In general, an LEA is only responsible for providing special education and related services as set forth in G.S. 115C. However, in situations where the IEP team determines on an individual basis that a child's educational needs are inseparable from the child's emotional needs and an individual determination is made that the child requires the therapeutic and habilitation services of a residential program in order to benefit from special education, these therapeutic and habilitation services may be considered related services. In such a case, the LEA is responsible for the entire cost of that child's placement, including the therapeutic care as well as room and board (but not medical care).

III. Private Psychiatric Residential Treatment Facilities

Private residential treatment facilities (PRTFs) are licensed and monitored by DHHS. PRTF provider and service expectations are outlined in the Division of Medical Assistance Clinical Coverage Policy No. 8A for Enhanced Mental Health and Substance Abuse Services, PRTF licensure rules [GS122C and 10A NCAC 27G .1900] and Acute and Home Care [42 CFR - CHAPTER IV - PART 483].

PRTF providers are endorsed by the Local Management Entity (LME) for MHDDSA services. Each PRTF provider, after receiving LME endorsement, must then enroll with

Medicaid as a provider in order to bill Medicaid for the provision of Medicaid-eligible services. As a part of the PRTF provider endorsement and enrollment, providers have agreed and demonstrated their ability to provide PRTF services, including educational services as a part of the day treatment, that are appropriate to meet the treatment, developmental and educational needs of each student while in the private residential treatment program. In fact, pursuant to 10A NCAC 27G .1903(f), "children or adolescents residing in a PRTF shall receive educational services through a facility-based school".

Medicaid pays for the treatment services as outlined in the above referenced policies and rules, but does not pay for educational services that are included already as part of the expected day treatment services delivered to each child by the PRTF. State DMHDDSA funds may also be used to pay for PRTF treatment services for eligible children. In order for private PRTF providers to admit an eligible child and receive reimbursement for the delivery of PRTF services, prior authorization for these services must be obtained. PRTF services provided must be authorized for each child by Value Options for Medicaid-funded PRTF services and by the LME for state-funded PRTF services. Children, who are in DSS custody, are Medicaid eligible. However, in order for any child to be eligible for receiving PRTF services, each must meet MHDDSA criteria for medical necessity as outlined in the above referenced policies and rules.

IV. Placement of Children Who Are Wards of the State

By definition, a child is a ward of the State when he is: a foster child whose biological parents cannot be located, or whose parents' rights have been terminated in a court of law; a ward of the State; or in the custody of a public child welfare agency.

When a child is a ward of the State (or an unaccompanied homeless youth), the LEA must ensure that the rights of the child are protected by appointing a surrogate parent. [34 CFR §300.516]. Alternatively, the surrogate parent may be appointed by the judge overseeing the child's case, provided the surrogate meets the requirements under the IDEA. In either method of appointment, the LEA must ensure that the person selected as a surrogate parent is not an employee of the SEA, the LEA, or any other agency that is involved in the education or care of the child (e.g. DHHS); has no personal or professional interest that conflicts with the interest of the child (e.g. therapeutic foster parent); and has knowledge and skills that ensure adequate representation of the child. [34 CFR §300.519]

A ward of the state will often have a biological parent whom the LEA can locate and involve in the IEP team decision-making process. IDEA 2004 has included a number of methods to ensure parent participation. For example, if neither parent can attend an IEP team meeting, the LEA must attempt other methods to ensure parent participation, including individual or conference telephone calls, or video conferencing. [34 CFR §300.322(c)] If parental rights have been terminated by a court of law or the parent can not be located, the LEA will select a surrogate parent.

The parent is an integral member of the IEP team. Each LEA must ensure that a parent of each child with a disability is a member of any group that makes decisions on the educational placement of the child. [34 CFR §300.501(c)]

V. Current State of Affairs

- ▶ IDEA, 20 U.S.C. § 144 et seq., (2004), as amended, stipulates that when the LEA is involved and a child's IEP team determines the need for services provided by a PRTF, the LEA is responsible for providing those services.
- ▶ IDEA, 20 U.S.C. § 144 et seq., (2004), as amended, stipulates that when the LEA is not involved and a child's IEP team does not determine the need for services provided by a PRTF, the LEA is not responsible for providing those services.
- ▶ Since the IDEA's adoption, no legislation or policy memorandum has addressed the provision of FAPE in private residential treatment facilities whose education programs have not been approved by the State.
- ▶ There is a total of 16 PRTFs that are endorsed, enrolled and approved to provide treatment services to eligible children with mental health and/or substance abuse treatment needs. Fourteen of these PRTFs are licensed under GS122C and 10A NCAC 27G .1901. Two are licensed under Acute and Home Care 42 CFR - CHAPTER IV - PART 483.
- ▶ There are 18 children in custody of Departments of Social Services statewide who are currently receiving treatment services in PRTFs.
- ▶ There are students with disabilities who receive FAPE in approved non-public settings within and outside North Carolina, having been placed there by action of their respective IEP teams.
- ▶ The DPI and DHHS regularly collaborate to coordinate and provide services to children in a range of educational settings. Written cooperative agreements exist and are reviewed periodically related to: DHHS' role as LEA to the DHHS state operated programs; implementation of the Comprehensive Treatment Services Program (Session Law 2007-323 House Bill 1473, Section 10.10); and other special initiatives, including the federally funded Safe and Drug Free Schools, McKinney-Vento Act, and NC Healthy Schools.
- ▶ When system changes or issues occur that affect treatment and educational services to children with disabilities, DPI and DHHS work cooperatively to resolve such challenges through issuance of joint communications and guidance documents and provision of professional development and family and community education.

- ▶ Only the SEA has authority under the law to approve education programs in private residential treatment facilities. Private residential treatment facilities must be registered with the Division of Non-Public School and must be certified through the DPI, Exceptional Children Division in order for LEAs to contract them for services determined necessary by the IEP team.
- ▶ There are mechanisms in place to determine responsibilities for providing educational services in private residential treatment facilities. Following these established mechanisms facilitates the determination and provision of appropriate services and is in the best interests of children with disabilities.

VI. Appendices

- A. DHHS PRTF Licensure Rules
- B. List of non-public schools with approved special education programs
- C. Directory of approved community residential centers
- D. Correspondence with PRTFs
 - DPI/Brynn Marr
 - DPI/Keys of Carolina

Appendix A

DHHS PRTF Licensure Rules

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES (PRTF)

North Carolina Administrative Codes, Effective November 1, 2005

SECTION .1900 PSYCHIATRIC RESIDENTIAL TREATMENT FOR CHILDREN AND ADOLESCENTS

10A NCAC 27G .1901 SCOPE

- (a) The rules in this Section apply to psychiatric residential treatment facilities (PRTF)s.
- (b) A PRTF is one that provides care for children or adolescents who have mental illness or substance abuse/dependency in a non-acute inpatient setting.
- (c) The PRTF shall provide a structured living environment for children or adolescents who do not meet criteria for acute inpatient care, but do require supervision and specialized interventions on a 24-hour basis.
- (d) Therapeutic interventions shall address functional deficits associated with the child or adolescent's diagnosis and include psychiatric treatment and specialized substance abuse and mental health therapeutic care. These therapeutic interventions and services shall be designed to address the treatment needs necessary to facilitate a move to a less intensive community setting.
- (e) The PRTF shall serve children or adolescents for whom removal from home or a community-based residential setting is essential to facilitate treatment.
- (f) The PRTF shall coordinate with other individuals and agencies within the child or adolescent's catchment area.
- (g) The PRTF shall be accredited through one of the following: Joint Commission on Accreditation of Healthcare Organizations; the Commission on Accreditation of Rehabilitation Facilities; the Council on Accreditation or other national accrediting bodies as set forth in the Division of Medical Assistance Clinical Policy Number 8D-1, Psychiatric Residential Treatment Facility, including subsequent amendments and editions. A copy of Clinical Policy Number 8D-1 is available at no cost from the Division of Medical Assistance website at <http://www.dhhs.state.nc.us/dma/>.

History Note: Authority G.S. 122C-26; 143B-147;
Eff. November 1, 2005.

10A NCAC 27G .1902 STAFF

- (a) Each facility shall be under the direction a physician board-eligible or certified in child psychiatry or a general psychiatrist with experience in the treatment of children and adolescents with mental illness.
- (b) At all times, at least two direct care staff members shall be present with every six children or adolescents in each residential unit.
- (c) If the PRTF is hospital based, staff shall be specifically assigned to this facility, with responsibilities separate from those performed on an acute medical unit or other residential units.
- (d) A psychiatrist shall provide weekly consultation to review medications with each child or adolescent admitted to the facility.
- (e) The PRTF shall provide 24 hour on-site coverage by a registered nurse.

History Note: Authority G.S. 122C-26; 143B-147;
Eff. November 1, 2005.

10A NCAC 27G .1903 OPERATIONS

- (a) A PRTF may have more than one residential unit. Each unit of a PRTF shall serve no more than 12 children or adolescents except as set out in Paragraph (b) of this Rule. Each residential unit shall be administered, staffed, and located to function separately from all other residential units in the facility.
- (b) A facility licensed to provide PRTF services with a unit capacity of greater than 12, as of the effective date of these Rules may continue to provide these services at that greater capacity and may continue to renew its license at that greater capacity.
- (c) Discharge planning shall begin on the day of admission. Efforts for discharge to a less restrictive community residential setting shall be documented from the date of admission. Legally responsible persons, family members or both and the child or adolescent shall be present at discharge planning meetings.
- (d) Each facility shall operate 24-hours a day, seven days a week and each day of the year.

(e) Family members or other legally responsible persons shall be involved in the development and implementation of treatment plans in order to assure a smooth transition to a less restrictive setting.

(f) Children or adolescents residing in a PRTF shall receive educational services through a facility-based school. Educational services shall meet applicable standards as required by federal and State law.

(g) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.

*History Note: Authority G.S. 143B-147;
Eff. November 1, 2005.*

10A NCAC 27G .1904 TRANSFER OR DISCHARGE

(a) The purpose of this Rule is to address the transfer or discharge of a child or adolescent from the facility.

(b) A child or adolescent shall not be discharged or transferred from a facility, except in case of emergency, without the advance written notification of the treatment team, including the legally responsible person. For purposes of this Rule, treatment team means the same as the existing child and family team or other involved persons as set forth in Paragraph (c) of this Rule.

(c) The PRTF shall meet with existing child and family teams and other involved persons including the parent(s) or legal guardian, area authority or county program representative(s) and other representatives involved in the care and treatment of the child or adolescent including local Department of Social Services, Local Education Agency and criminal justice agency, to make service planning decisions prior to the transfer or discharge of the child or adolescent from the facility.

(d) In case of an emergency, the facility shall notify the treatment team including the legally responsible person of the transfer or discharge the child or adolescent as soon as the emergency situation is stabilized.

(e) In case of an emergency, notification may be by telephone. A service planning meeting as set forth in Paragraph (c) of this Rule shall be held within five business days of an emergency transfer or discharge.

*History Note: Authority G.S. 122C-26; 143B-147;
Eff. November 1, 2005.*

**Division of Medical Assistance
Psychiatric Residential
Treatment Facilities for
Children Under the Age of 21**

**Clinical Coverage Policy No. 8D-1
Original Effective Date: December 1, 2001
Revised Date: May 1, 2007**

Table of Contents

1.0	Description of the Service.....	1
2.0	Eligible Recipients	1
2.1	General Provisions	1
2.2	Limitations	1
2.3	EPSDT Special Provision: Exception to Policy Limitations for Recipients under 21 Years of Age	1
3.0	When the Service Is Covered	2
3.1	Criteria for Admission	2
3.2	Continued Stay Criteria	3
3.3	Discharge Criteria	4
4.0	When the Service Is Not Covered	4
5.0	Requirements for and Limitations on Coverage	5
5.1	Certification of Need	5
5.2	Therapeutic Leave.....	5
6.0	Providers Eligible to Bill for the Service	6
7.0	Additional Requirements	6
8.0	Billing Guidelines	6
8.1	Claim Type	6
8.2	Diagnosis Codes that Support Medical Necessity	7
8.3	Billing Codes	7
8.4	Reimbursement Rate	7
9.0	Policy Implementation/Revision Information	7

1.0 Description of the Service

Psychiatric Residential Treatment Facilities (PRTFs) provide non-acute inpatient facility care for recipients who have a mental illness and/or substance abuse/dependency and need 24-hour supervision and specialized interventions.

2.0 Eligible Recipients

2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

2.2 Limitations

PRTF services are available to recipients under 21 years of age. Continued treatment can be provided until the recipient's 22nd birthday when medically necessary.

2.3 EPSDT Special Provision: Exception to Policy Limitations for Recipients under 21 Years of Age

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid recipients under 21 years of age if the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination** (includes any evaluation by a physician or other licensed clinician). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the recipient's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the recipient's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure

- a. that is unsafe, ineffective, or experimental/investigational.
- b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service,

product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

****EPSDT and Prior Approval Requirements**

- a. If the service, product, or procedure requires prior approval, the fact that the recipient is under 21 years of age does **NOT** eliminate the requirement for prior approval.
- b. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the Basic Medicaid Billing Guide, sections 2 and 6, and on the EPSDT provider page. The Web addresses are specified below.

Basic Medicaid Billing Guide: <http://www.ncdhhs.gov/dma/medbillcaguide.htm>

EPSDT provider page: <http://www.ncdhhs.gov/dma/EPSDTprovider.htm>

3.0 When the Service Is Covered

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

3.1 Criteria for Admission

All of the following criteria are necessary for admission:

- a. The child/adolescent demonstrates symptomatology consistent with a DSM-IV-TR (AXES I-V) diagnosis which requires, and can reasonably be expected to respond to, therapeutic intervention.
- b. The child/adolescent is experiencing emotional or behavioral problems in the home, community and/or treatment setting and is not sufficiently stable either emotionally or behaviorally, to be treated outside of a highly structured 24-hour therapeutic environment.
- c. The child/adolescent demonstrates a capacity to respond favorably to rehabilitative counseling and training in areas such as problem solving, life skills development, and medication compliance training.
- d. The child/adolescent has a history of multiple hospitalizations or other treatment episodes and/or recent inpatient stay with a history of poor treatment adherence or outcome.

- e. Less restrictive or intensive levels of treatment have been tried and were unsuccessful, or are not appropriate to meet the individual's needs.
- f. The family situation and functioning levels are such that the child/adolescent cannot currently remain in the home environment and receive community-based treatment.

3.2 Continued Stay Criteria

All of the following criteria are necessary for continuing treatment at this level of care:

- a. The child/adolescent's condition continues to meet admission criteria at this level of care.
- b. The child/adolescent's treatment does not require a more intensive level of care, and no less intensive level of care would be appropriate.
- c. Treatment planning is individualized and appropriate to the individual's changing condition with realistic and specific goals and objectives stated. Treatment planning should include active family or other support systems involvement, along with social, occupational and interpersonal assessment unless contraindicated. The expected benefits from all relevant treatment modalities are documented. The treatment plan has been implemented and updated, with consideration of all applicable and appropriate treatment modalities.
- d. All services and treatment are carefully structured to achieve optimum results in the most time efficient manner possible consistent with sound clinical practice.
- e. If treatment progress is not evident, then there is documentation of treatment plan adjustments to address such lack of progress.
- f. Care is rendered in a clinically appropriate manner and focused on the child/adolescent's behavioral and functional outcomes.
- g. An individualized discharge plan has been developed which includes specific realistic, objective and measurable discharge criteria and plans for appropriate follow-up care. A timeline for expected implementation and completion is in place but discharge criteria have not yet been met.
- h. Child/adolescent is actively participating in treatment to the extent possible consistent with his/her condition, or there are active efforts being made that can reasonably be expected to lead to the child/adolescent's engagement in treatment.
- i. Unless contraindicated, family, guardian, and/or custodian is actively involved in the treatment as required by the treatment plan, or there are active efforts being made and documented to involve them.
- j. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.
- k. There is documented active discharge planning from the beginning of treatment.
- l. There is a documented active attempt at coordination of care with relevant outpatient providers when appropriate.

3.3 Discharge Criteria

Criteria a,b,c,d, or e, in addition to f and g, are sufficient for discharge from this level of care:

- a. The child/adolescent's documented treatment plan goals and objectives have been substantially met and/or a safe, continuing care program can be arranged and deployed at an alternate level of care.
- b. The child/adolescent no longer meets admission criteria, or meets criteria for a less or more intensive level of care.
- c. The child/adolescent, family, guardian and/or custodian are competent but non-participatory in treatment or in following the program rules and regulations. There is non-participation of such a degree that treatment at this level of care is rendered ineffective or unsafe, despite multiple, documented attempts to address non participation issues.
- d. Consent for treatment is withdrawn, and it is determined that the child/adolescent or parent/guardian has the capacity to make an informed decision and does not meet criteria for an inpatient level of care.
- e. The child/adolescent is not making progress toward treatment goals despite persistent efforts to engage him/her, and there is no reasonable expectation of progress at this level of care nor is it required to maintain the current level of function.
- f. The child/adolescent can be safely treated at an alternative level of care.
- g. An individualized discharge plan with appropriate, realistic and timely follow-up care is in place.

4.0 When the Service Is Not Covered

IMPORTANT NOTE: EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED. For additional information about EPSDT and prior approval requirements, see Section 2.0 of this policy.

PRTF services are not covered when the medical necessity criteria listed in Section 3.0 are not met.

Medicaid does not reimburse for services that duplicate another provider's service.

PRTF services that are ordered by the court are not covered when medical necessity criteria are not met.

PRTF is not covered when the primary issues are social or economic, such as placement issues.

5.0 Requirements for and Limitations on Coverage

5.1 Certification of Need

Federal regulations require a Certification of Need (CON) be completed on or prior to admission to a PRTF facility when the recipient is Medicaid-eligible or Medicaid is pending. The CON:

- a. Must be done concurrently with the Medicaid application, when the application is done during the stay. The independent utilization reviewer must be contacted immediately to begin the review process.
- b. Must be completed by an independent medical team, including a qualified physician.
- c. Cannot be retroactive.
- d. Must meet all federal requirements.
- e. Must certify that:
 1. Ambulatory care resources within the community are insufficient to meet the treatment needs of the recipient.
 2. The recipient requires services on an inpatient basis under the direction of a qualified physician.
 3. Services can reasonably be expected to improve the recipient condition or prevent regression.

The last dated signature on the CON form determines authorization for payment.

A copy of the CON must be maintained in the recipient's medical record.

5.2 Therapeutic Leave

Each Medicaid eligible consumer who is occupying a psychiatric residential treatment facility bed for which the North Carolina Medicaid Program is then paying reimbursement shall be entitled to take up to 45 days of therapeutic leave in any calendar year from any such bed without the facility in which the bed is located suffering any loss of reimbursement during the period of leave. Therapeutic leave is also limited to no more than 15 days within one calendar quarter (three months).

- a. The taking of such leave must be for therapeutic purposes only, and must be agreed upon by the consumer's treatment team. The necessity for such leave and the expectations involved in such leave shall be documented in the consumer's treatment/habilitation plan and the therapeutic justification for each instance of such leave entered into the consumer's record maintained at the Residential Facility's site.
- b. Therapeutic leave shall be defined as the absence of a consumer from the residential facility overnight, with the expectation of return, to participate in a medically acceptable therapeutic or rehabilitative facility as agreed upon by the treatment team and documented on the treatment/habilitation plan.
- c. Facilities must reserve a therapeutically absent consumer's bed for him, and are prohibited from deriving any Medicaid revenue for that consumer other than the reimbursement for that bed during the period of absence. Facilities shall be reimbursed at their full current Medicaid bed rate for a bed reserved due to

therapeutic leave. Facilities shall not be reimbursed for therapeutic leave days taken which exceed the legal limit.

- d. No more than five consecutive days may be taken without the approval of the consumer's treatment team.
- e. Facilities must keep a cumulative record of therapeutic leave days taken by each consumer for reference and audit purposes. In addition, consumers on therapeutic leave must be noted as such on the facility's midnight census. Facilities shall bill Medicaid for approved therapeutic leave days as regular residence days.
- f. The official record of therapeutic leave days taken for each patient shall be maintained by the State or its agent.
- g. Therapeutic leave is not applicable in cases when the therapeutic leave is for the purpose of receiving inpatient services or any other Medicaid-covered service in the facility of current residence or in another facility. Therapeutic leave cannot be paid when Medicaid is paying for any other 24-hour service.
- h. Transportation from a facility to the site of therapeutic leave is not considered to be an emergency; therefore, ambulance service for this purpose shall not be reimbursed by Medicaid.

6.0 Providers Eligible to Bill for the Service

PRTF programs:

- a. Must be under the direction of a board-eligible or certified child psychiatrist or general psychiatrist with experience in the treatment of children.
- b. The Joint Commission on Accreditation of Healthcare Organizations, the Commission on Accreditation of Rehabilitation Facilities, or the Council on Accreditation must accredit the program as a residential treatment facility.
- c. Hospital licensure is required if the treatment is hospital based.

7.0 Additional Requirements

Documentation of PRTF services must meet both the requirements of the accrediting body and Medicaid guidelines.

Utilization reviews, including initial and continuing stay authorizations, are performed by an independent utilization review contractor. The utilization review contractor notifies the fiscal agent of the certified days.

8.0 Billing Guidelines

Reimbursement requires compliance with all Medicaid guidelines, including obtaining appropriate referrals for recipients enrolled in Medicaid managed care programs.

8.1 Claim Type

Providers must bill services on the UB-92 or UB-04 claims.

8.2 Diagnosis Codes that Support Medical Necessity

Providers must bill the ICD-9-CM diagnosis code to the highest level of specificity that supports medical necessity.

8.3 Billing Codes

Providers must code service in form locator 42 with the revenue code (RCC) 911 billed as one unit per day. A recipient is permitted up to 45 days of therapeutic leave per calendar year from the facility without the facility losing reimbursement.

8.4 Reimbursement Rate

Providers must bill their usual and customary charges.

9.0 Policy Implementation/Revision Information

Original Effective Date: December 1, 2001

Revision Information:

Date	Section Revised	Change
9/1/05	Section 2.0	A special provision related to EPSDT was added.
12/1/05	Section 2.3	The web address for DMA's EDPST policy instructions was added to this section.
1/1/06	Section 3.1	The section was revised to clarify the criteria for admissions.
1/1/06	Section 3.2	The section was revised to clarify the criteria for continuing treatment.
1/1/06	Section 3.3	The section was revised to clarify the criteria for discharge.
5/1/06	Attachment A	The level of care and initial and continuing authorization criteria for Level D services was deleted from the policy.
9/1/06	Section 5.2	Requirements and limitations related to therapeutic leave were added to the policy, effective with CMS date of approval, 8/19/2004.
12/1/06	Section 2.3	The special provision related to EPSDT was revised.
12/1/06	Sections 3.0 and 4.0	A note regarding EPSDT was added to these sections.
5/1/07	Sections 2 through 5	EPSDT information was revised to clarify exceptions to policy limitations for recipients under 21 years of age.
5/1/07	Section 8.1	Added UB-04 as an accepted claims form.

Appendix B

List of Non-Public Schools with Approved Special Education Programs



PUBLIC SCHOOLS OF NORTH CAROLINA

STATE BOARD OF EDUCATION Howard N. Lee, *Chairman*

DEPARTMENT OF PUBLIC INSTRUCTION June St. Clair Atkinson, Ed.D., *State Superintendent*

WWW.NCPUBLICSCHOOLS.ORG

April 21, 2008

MEMORANDUM

TO: Superintendents
Directors, Exceptional Children Programs
Directors, Charter Schools
Directors, State Operated Programs

FROM: Robert L. Logan, Associate State Superintendent *R.L.L.*
Office of Innovation and School Transformation

Mary N. Watson, Director *MNW*
Exceptional Children Division

SUBJECT: Non-Public Schools Approved to Provide Special Education for Children
Placed by the Local Education Agency in Private Schools or Out-of-District
Placements

The Individuals with Disabilities Education Act (PL 108-446) and Article 9 of Chapter 115C of the North Carolina General Statutes require that the Department of Public Instruction monitor and approve non-public schools and facilities that provide special education and related services to children with disabilities who are placed in or referred to them by a local education agency (LEA).

According to Policies Governing Services For Children With Disabilities the LEA may utilize special education funds to contract for the provision of special education and related services for children placed in approved programs. Local school administrative units may place children with disabilities out-of-district in programs (public or private) approved for children with disabilities by the appropriate public agency in the state where the school is located. The out-of-district placement must be approved annually.

All children placed in out-of-district school settings are entitled to the same rights and procedural safeguards as provided to those children whose IEPs are implemented in the local education agency. These rights and protections include provisions that tie their IEP goals and objectives to the general education curriculum, establish measures of performance and outcomes consistent with those established for their nondisabled peers, and require their participation in the same general State and district-wide assessments (or alternate assessment) as nondisabled students.

INNOVATION AND SCHOOL TRANSFORMATION

Robert L. Logan, *Associate State Superintendent* | rlogan@dpi.state.nc.us

6368 Mail Service Center, Raleigh, North Carolina 27699-6368 | (919) 807-3200 | Fax (919) 807-4065

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Non-Public Schools
Page 2

Community Residential Centers are monitored also through the Continuous Improvement Focused Monitoring System (CIFMS) by the LEA where the center is located.

A directory of approved Non-Public Schools and Community Residential Centers in North Carolina is attached for your use.

If you should have any questions, you may contact Ira B. Wolfe, Section Chief for the Policy, Monitoring and Audit Section, at (919) 807-3976.

MNW/IBW:bs

Attachments

c: Regional Consultants
Community Residential Centers Directors

**North Carolina Non-Public Schools
Offering Approved Special Education Services**

County	Name of Non-Public School	Age Range	Program	Grades	Disability Categories	Approved Duration Date
Wake	Fletcher Academy 400 Cedarview Court Raleigh, 27609 (919) 782-5082 Contact: Junell Blaylock	6-18	Day Full-time	1-12	SLD OHI	2011-2012
Forsyth	Greenhills School 1360 Lyndale Drive Winston-Salem, 27106 (336) 924-4908 Contact: Marjory J. Roth	6-12	Day Full-time	1-5	SLD	2011-2012
Buncombe	Stone Mountain School 126 Camp Elliot Road Black Mountain, NC 28711 (828) 669-8639 Contact: John Steele	11-17	Residential Full-time	6-12	OHI LD BED	2011-2012
Durham	The Hill Center 3200 Picket Road Durham, NC 27705 (919) 489-7464 Contact: Dr. Sharon Maskel	5-18	Day Part-time	K-12	SLD	2012-2013
Guilford	The Piedmont School, Inc. 815 Old Mill Road High Point, NC 27265 (336) 883-0992 Contact: Dorie Sturgill	6-14	Day Full-time	1-8	SLD OHI	2011-2012
Henderson	New Leaf Academy 2075 N. Rugby Road Hendersonville, NC 28791 (828) 697-5029 Contact: Bryan Tomes	10-16	Residential Full Time	6-10	OHI SLD BED EMD	2012-2013

Appendix C

Directory of Approved Community Residential Centers

**Directory of Approved Community Residential Centers (CRC) in
Local Education Agencies**

Local Education Agency (LEA)	LEA Exceptional Children Program Director	Community Residential Center (LEA Attendance Area)	CRC Director/Administrator	Approved Duration Date
Buncombe County 175 Bingham Road Asheville, 28806	Jana Griggs (828) 255-5970	Irene Wortham Center 916 West Chapel Road Asheville, NC 28803	Robert Renzi (828) 274-7518	2009-2010
Cabarrus County 4401 Old Airport Road Concord, 28025	Victor Shandor (704) 786-6191	Piedmont Residential Center P.O. Box 909 Concord, NC 28026-0909	Lisa Azzarello (704) 788-2304	2008-2009
Charlotte/Mecklenburg County 701 East Second Street Charlotte, 28202-2825	Jane Rhyne (980) 343-3000	Howell Center/Clear Creek 11950 Howell Center Drive Charlotte, NC 28277	Melissa Riveria 704-545-7200	2008-2009
Craven County 3600 Trent Road New Bern, 28562-2224	Donna Lamb (252) 514-6300	Howell Center/River Bend 140 Pirates Road New Bern, NC 28562	Tina Stewart 252-638-6519	2008-2009
Gaston County 943 Osceola Street Gastonia, 28054-1397	Cathy Boshamer (704) 866-6100	Holy Angels, Inc. 6600 Wilkerson Blvd. P.O. Box 710 Belmont, NC 28012	Regina Moody (704) 825-4161	2008-2009
Lenoir County 2017 West Vernon Avenue Kinston, 28504	Danielle Parrish (252) 527-1109	Howell Center/Bear Creek 5840 Greenwood Avenue LaGrange, NC 28551	Diane Champion 252-566-9181	2008-2009
Onslow County 200 Broadhurst Road Jacksonville, 28540-3551	Clara Talton (910) 455-2211	Elizabeth Bell Midgett School Carobell, Inc. 198 Cinnamon Drive Hubert, 28539	Vanessa Ervin (910) 326-7600	2008-2009
Pitt County 1717 West Fifth Street Greenville, 27834	Cathy Keeter (252) 830-4200	Howell Center/Tar River 500 Sean Drive Greenville, NC 27834	Tonya Lyons 252-758-1101	2008-2009
Wake County 4404 Atlantic Avenue Raleigh, 27604	Bob Sturey (919) 850-1600	Hilltop Home 3006 New Bern Avenue Raleigh, 27610 Tammy Lynn Center 739 Chappell Drive Raleigh, 27606	Etherlene Pearce Executive Director (919) 231-8315 Mary Freeman (919) 832-3909	2008-2009 2008-2009
Wayne County 2001 East Royall Avenue Goldsboro, 27534	Jane Walston (252) 731-5900	Howell Center/Walnut Creek 5709 U.S. 70 East Goldsboro, 27534	Thelma Harper 919-778-3521	2008-2009
Winston Salem/Forsyth County 1605 Miller Street Winston-Salem, 27103	Sam Dempsey (336) 727-2816	Horizons Residential Care 100 Horizons Lane Rural Hall, 27045	Tom Byrd (336) 767-2411	2008-2009

Appendix D

Correspondence with PRTFs

PARKER POE

PARKER POE ADAMS & BERNSTEIN LLP

Attorneys and Counselors at Law

Tracy W. Kimbrell

Associate

Telephone: 919.835.4628

Direct Fax: 919.834.4564

tracykimbrell@parkerpoe.com

Wachovia Capitol Center

150 Fayetteville Street

Suite 1400

Raleigh, NC 27601

Post Office Box 389

Raleigh, NC 27602-0389

Telephone 919.828.0564

Fax 919.834.4564

www.parkerpoe.com

December 3, 2007

U.S. Mail

Ira Wolfe

Exceptional Children Division

NC Department of Public Instruction

6356 Mail Service Center

Raleigh, North Carolina 27601

Re: Village Academy

Dear Mr. Wolfe:

Our firm represents Psychiatric Solutions Inc. which owns Brynn Marr Hospital ("Brynn Marr") in Jacksonville, North Carolina. Brynn Marr has established Village Academy, a school within the hospital, for the purpose of educating school-aged patients while they are receiving treatment. In connection with broader discussions with the North Carolina Department of Public Instruction ("NCDPI"), Brynn Marr submitted a "Non-Public School Annual Exceptional Children Program Self-Assessment Form" on February 16, 2007 for the purpose of being recognized as a Non-Public Residential Exceptional Children School. On November 21, 2007, Brynn Marr received notice from NCDPI of a proposed on-site visit in connection with Brynn Marr's self-assessment form. Due to the course of the broader discussions between Brynn Marr and NCDPI, the on-site visit is not necessary at this time. However, Brynn Marr reserves the right to pursue such a visit in the future.

Thank you for your assistance, and please do not hesitate to contact me if you have any questions.

Sincerely,



Tracy W. Kimbrell

TWK:lrb

cc: Mary Watson
Barbara Scriven

CHARLESTON, SC
CHARLOTTE, NC
COLUMBIA, SC
MYRTLE BEACH, SC
SPARTANBURG, SC



PUBLIC SCHOOLS OF NORTH CAROLINA

STATE BOARD OF EDUCATION Howard N. Lee, Chairman

DEPARTMENT OF PUBLIC INSTRUCTION June St. Clair Atkinson, Ed.D., State Superintendent

WWW.NCPUBLICSCHOOLS.ORG

November 5, 2007

Ms. Sarah Wiltgen
Village Academy of Brynn Marr Hospital
192 Village Drive
Jacksonville, NC 28546

Dear Ms. Wiltgen:

The Individuals with Disabilities Education Improvement Act (P.L. 108-446) and Article 9 of Chapter 115C of the North Carolina General Statutes require that the Department of Public Instruction monitor on a regular basis non-public schools and facilities that provide special education and related services to children with disabilities who are placed or referred by a local education agency (LEA).

Village Academy has completed the Non-Public School Self-Assessment for the 2006-2007 school year, and is to be commended for its efforts in completing an excellent analysis of the system's strengths and needs. The next step in the approval system is an on-site visit.

During the visit the review team will conduct an interview with the Program Administrator/Education Director, review program documentation, and review student Individualized Education Programs (IEPs). In preparation for the on-site visit please review the enclosed On-site Review Activities Document. The on-site team will be at Village Academy on Thursday, November 29, 2007 at 9:00 a.m. Following the on-site review, a parent survey may be sent to parents of students with disabilities currently enrolled in your school.

We look forward to working with you and your staff, and we are available to assist you in any way that we can. If you have questions about the on-site activities of the approval process, please contact Ira B. Wolfe, Section Chief for the Policy, Monitoring, and Audit Section, at (919) 807-3976.

Sincerely,


John B. Buxton, Deputy Superintendent


Mary N. Watson, Director
Exceptional Children Division

JBB/MNW/IBW/bs

Enclosures

EXCEPTIONAL CHILDREN DIVISION

Mary N. Watson, Director

6356 Mail Service Center, Raleigh, North Carolina 27699-6356 | (919) 807-3669 | Fax (919) 807-3212

PUBLIC SCHOOLS OF NORTH CAROLINA
State Board of Education
Department of Public Instruction
Exceptional Children Division
301 North Wilmington Street
Raleigh, North Carolina 27601-2825

Non-Public Schools' Exceptional Children Program On-Site Review Activities

The On-site Review will occur upon request for initial approval and then at least once every five years, and can occur more often as deemed necessary. The On-site Review Team is composed of staff member(s) from the North Carolina Department of Public Instruction Exceptional Children Division. The school Director should be available throughout the on-site visit to clarify information and/or answer questions for the review team. A room should be made available for the team to review materials and information after the entrance interview and building visit.

On-site activities will usually proceed as follows:

- A. The team will conduct an entrance interview the Director of the school.
- B. The team will review the following prepared materials:
 - 1. Documentation of approval from the Division of Non-Public Education;
 - 2. A copy of the Non-Public Schools Approval System Self-Assessment Document with appropriate attachments;
 - 3. A written list of all persons having access to confidential records;
 - 4. List of all students referred and/or placed by the public school and the LEA who placed them;
 - 5. Copies of licensure for all teachers of Exceptional Children;
 - 6. Copies of licensure for all related service personnel; and
 - 7. Copies of IEP forms and curriculum materials; and
 - 8. List of parent names, addresses and phone numbers for all students with disabilities currently enrolled.
- C. The team will visit selected classrooms and conduct program observations.
- D. The team will review Exceptional Children Program records.
- E. The team will conduct an exit interview with the school's Director at this meeting the team will discuss findings from the visit and inform the Director of any corrective action that will be needed. Program commendations and recommendations are also made at this time.

Note: The Director of the school may invite other school staff to the entrance and exit interviews as desired.



PUBLIC SCHOOLS OF NORTH CAROLINA

STATE BOARD OF EDUCATION Howard N. Lee, *Chairman*

DEPARTMENT OF PUBLIC INSTRUCTION June St. Clair Atkinson, Ed.D., *State Superintendent*

WWW.NCPUBLICSCHOOLS.ORG

December 17, 2007

Ms. Crystal Whitley
Keys of the Carolina
1715 Sharon Road West
Charlotte, NC 28210

Dear Ms. Whitley:

The Individuals with Disabilities Education Act (PL 108-446) and Article 9 of Chapter 115C of the North Carolina General Statutes require that the Department of Public Instruction evaluate and approve non-public schools and facilities that provide special education and related services to children with disabilities who are placed in or referred to them by a local education agency (LEA).

As per your request, the following information and forms are enclosed which pertain to the process for initial approval of your Non-Public School's Exceptional Children Program:

1. *Initial Non-Public Schools' Exceptional Children Program Approval*- explains the steps for initial application, evaluation and approval in North Carolina as a Non-Public School.
2. *Prerequisites for Non-Public Schools' Exceptional Children Program Approval*- Describes essential components for approval. This document must be signed, dated, and returned to the Exceptional Children Division before an on-site visit can be arranged.
3. *Non-Public Schools' Exceptional Children Program Self Assessment*- must be completed and returned to the Exceptional Children Division. This Self Assessment document is used by the review team to examine all programs.
4. *Non-Public Schools' Exceptional Children Program On-Site Review Activities*- outlines the sequence of events during the on-site visit.
5. *Non-Public Schools' Exceptional Children Program On-Site Review Checklist*- lists documents and program components examined by the review team during the on-site visit.

EXCEPTIONAL CHILDREN DIVISION

Mary N. Watson, *Director*

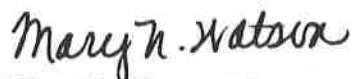
6356 Mail Service Center, Raleigh, North Carolina 27699-6356 | (919) 807-3969 | Fax (919) 807-3243

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Ms. Crystal Whitley
Page 2

I hope that this information will be helpful. If you have further questions or need assistance with the forms, feel free to call Barbara Scriven at (919) 807-3296. Thank you for your interest in providing instructional services for students with disabilities.

Sincerely,

A handwritten signature in cursive script that reads "Mary N. Watson".

Mary N. Watson, Director
Exceptional Children Division

MNW/IBW:bs

PUBLIC SCHOOLS OF NORTH CAROLINA
State Board of Education
Department of Public Instruction
Exceptional Children Division
301 North Wilmington Street
Raleigh, North Carolina 27601-2825

Initial Non-Public Schools' Exceptional Children Program Approval Process

The steps outlined below will be used for the initial evaluation and approval of Exceptional Children Programs in North Carolina non-public schools.

1. Each non-public facility must be registered with and recognized as a non-public school by the Division of Non-Public Education, before special education program approval may be initiated. Contact the Director, Division of Non-Public Education, 1309 Mail Service Center, Raleigh, North Carolina 27699-1309, (919) 733-4276.
2. The Division of Non-Public Education should be advised that you plan to seek Exceptional Children Program approval.
3. Upon recognition as a non-public school by the Division of Non-Public Education, all Exceptional Children Programs for which approval is desired are eligible for evaluation. Contact the Director, Exceptional Children Division, North Carolina Department of Public Instruction, 6356 Mail Service Center, Raleigh, North Carolina, 27699-6356, (919) 807-3969.
4. The Exceptional Children Division will provide the non-public school with copies of the *Prerequisites for Exceptional Children Program Approval*, *Non-Public Schools' Program Self-Assessment Document*, *Non-Public Schools' Exceptional Children Program Onsite Activities*, and the *Non-Public Schools' Exceptional Children Program On-Site Review Checklist*. Following the review of these documents, an on-site visit will be scheduled.
5. After the on-site visit, the non-public school will receive written notification of its Exceptional Children Program approval status.
6. Exceptional Children Program approval is for a five-year period, pending annual program self-assessment reviews. A review team will conduct an on-site visit every 5 years, in combination with annual program self-assessments during the intervening years, to evaluate the program.
7. Exceptional Children Programs are provided at two types of "Non-Public Schools":
 - a. A "Special Non-Public School" offers special education and related services to exceptional students only.
 - b. A "General Non-Public School" offers a general and comprehensive education program

to regular students, and also has a program or curriculum component for students with disabilities.

8. Both types of non-public schools can be subcategorized as follows:
 - a. Day Program only, Residential Program only, or Combination Day and Residential Program; and
 - b. Full-time Program, Part-time Program, or Combination Full and Part-time Program.
9. Public education funds may not be used for students with disabilities in unapproved programs. Funding shall be available only from the date of Exceptional Children Program approval.
10. Upon request, Local Education Agencies (LEAs) and other State Education Agencies (SEAs) will be advised of the current Exceptional Children Program approval status of specific non-public schools.

PUBLIC SCHOOLS OF NORTH CAROLINA
State Board of Education
Department of Public Instruction
Exceptional Children Division
301 North Wilmington Street
Raleigh, North Carolina 27601-2825

Non-Public Schools' Exceptional Children Program On-Site Review Activities

The On-site Review will occur upon request for initial approval and then at least once every five years, and can occur more often as deemed necessary. The evaluation team is composed of staff member(s) from the North Carolina Department of Public Instruction, Exceptional Children Division. The school director should be available throughout the on-site visit to clarify information and/or answer questions for the evaluation team. A room should be made available for the team to review materials and information after the entrance interview and building visit.

The sequence of on-site events is usually as follows:

- A. Conduct an entrance interview with the school's Director.
- B. Review the On-Site evaluation form and prepared materials:
 - 1. Information submitted with the Exceptional Children Program Annual Self-Assessment Form;
 - 2. Documentation of approval from the Division of Non-Public Education;
 - 3. List of all students referred and/or placed by the public schools and the LEA who placed them;
 - 4. Written list of persons having access to confidential records;
 - 5. Copies of teacher licensure;
 - 6. Copies of licensure for related service personnel; and
 - 7. Copies of IEP forms and curriculum materials.
- C. Visit selected classrooms for program observations.
- D. Review Exceptional Children Program records.
- E. Conduct an exit interview with the school's Director. This meeting is held with the Director to discuss findings and to inform him/her whether corrective action is needed. Program commendations and recommendations are made at this time.

Note: The school's Director may invite other school staff to the entrance and exit conferences as desired.

**Non-Public Schools' Exceptional Children Program
On-Site Review Checklist**

School: _____

Directions: These items should be made available at the time of the Department of Public Instruction (DPI) on-site team visit.

- _____ Documentation of approval from the Division of Non-Public School
- _____ List of all students with disabilities referred and placed by school system(s).
Indicate the disability category, continuum of services, and school system making placement.
- _____ Written list of persons having access to confidential records
- _____ Teacher licensure information
- _____ Copies of Board Examiner licensure for related services personnel providing services
- _____ Copy of the overall curriculum including physical education, music, vocational education, etc. for full day programs
- _____ Copy of the Class Size Enrollment form for each Exceptional Children Program Teacher
- _____ Exceptional Children records made available for review by the DPI on-site team

Person completing checklist: _____

Date: _____

Non-Public Schools

Approval System

Self Assessment

**Exceptional Children Division
North Carolina Department of Public Instruction**

Improving Outcomes for Students with Disabilities

School Name _____

School Year _____

**Public Schools of North Carolina
State Board of Education
Exceptional Children Division
301 North Wilmington Street
Raleigh, North Carolina 27601-2825**

Non-Public School Annual Exceptional Children Program Self-Assessment Document

For DPI Use Only

_____ Initial

_____ Annual Review

_____ On-site

This evaluation document has been developed in conformance with the requirements of Public Law 108-446, General Statute 115C-111.2, and Policies Governing Programs and Services for Children with Disabilities (Procedures). A review team from the North Carolina Department of Public Instruction, Exceptional Children Division, will conduct an on-site visit every five years, in combination with annual program reviews during the intervening years, to evaluate the Exceptional Children Program in accordance with these standards.

1. Official Name of the School _____

2. Address: _____

3. City: _____ State: _____ Zip: _____

4. Telephone: () _____ Fax: () _____

5. Contact Person: Name: _____

Title: _____

E-mail: _____

6. Grades Served: _____ Age Range: _____

7. Total Current Student Enrollment: _____ Capacity: _____

8. Total Exceptional Children Enrollment: _____
(Complete the enclosed Exceptional Children Program Student Roster for Non-Public Schools)

9. Type of school (Check the section that applies to your school.)

_____ **Special Non-Public School** A "Special Non-Public School" offers special education and related services to exceptional students only.

_____ **General Non-Public School** A "General Non-Public School" offers a general and comprehensive education program to regular students, and also has a program or curriculum component for students with disabilities.

10. Type of Program (*Check one from item "a" and one from item "b" below.*)

a. ☐ Day Program ☐ Residential ☐ Combination

b. ☐ Full Time Program ☐ Part-Time Program

11. Instructional Program (*Check appropriate section(s) for the current school year only.*)

	Beginning Date	Ending Date	Total Days	Length of School Day
Regular Program				
Summer Program				
Continuous (Year Round)				

12. Operating or Sponsoring Organization

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

13. Fees Charged (*Please indicate Annually, Monthly, or Weekly Fees*)

Education: _____

Related Services: _____

Other (*Specify*): _____

14. Name of accreditation agency: _____

15. List or attach any additional information that you feel is relevant.

Exceptional Children Educational Personnel

School Name _____

Provide exceptional children and related services staff information indicated below. Attach copies of current professional certification. Do not list non-educational personnel (ex. Technicians, bus drivers, cooks, etc.)

A. Administrative Personnel

Name	Position/Title	Degree/ Major Field	Area/s of Certification	Expiration Date

B. Educational Personnel *Include those who provide direct instructional services (teachers, instructors, etc.) with at least a four year degree. Be sure to enclose copies of current certification.*

Name	Position/Title	Degree/ Major Field	Area/s of Certification	Expiration Date

C. Related Service Personnel *Include those employed by school or through contract (speech-language specialists, social workers, psychologists, physical therapists, occupational therapists, etc.) Be sure to enclose copies of current certification or licensure.*

Name	Position/Title	Degree/ Major Field	Area/s of Certification	Expiration Date

Check each disability category for which your school is requesting program approval.

- | | |
|--|---|
| <input type="checkbox"/> Autistic | <input type="checkbox"/> Multihandicapped |
| <input type="checkbox"/> Behaviorally/Emotionally Disabled | <input type="checkbox"/> Orthopedically Impaired |
| <input type="checkbox"/> Deaf/Blind | <input type="checkbox"/> Other Health Impaired |
| <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Specific Learning Disabled |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Speech-Language Impaired |
| <input type="checkbox"/> Educable Mentally Disabled | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Trainable Mentally Disabled | <input type="checkbox"/> Visually Impaired |
| <input type="checkbox"/> Severely/Profoundly Mentally Disabled | |

Directions: Select one response for each statement below. Select "Not Applicable" for items that do not apply to your non-public school. Include comments for items marked "Not Applicable" on the attached page.

Curriculum and Instruction

1. The school offers a structured curriculum of sequential instruction at appropriate levels, comparable to the standard course of study in public schools.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

2. The school has a written statement of its goals and objectives and evaluates its performance against them. If yes, submit with the self-assessment.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

3. The school has an adequate supply of appropriate instructional materials, textbooks, equipment, and supplementary resources available.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

4. The teacher/pupil ratio for exceptional children is in accordance with Procedures Governing Students with Disabilities (2004 Edition). (Complete the enclosed Class Enrollment Form for each exceptional children class or class in which exceptional children inclusion services are provided).

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

5. The school complies with State standards regarding the number of days and hours within the day of education.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

6. Training and resources are available to help general education classroom teachers serve students with disabilities.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

7. All personnel providing direct educational services to students with disabilities has a copy of the student's current IEP.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

A. Student Records

1. Confidentiality

a. Signature, date, and purpose (sign-off access sheet) required for record access are maintained within each exceptional children folder.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

b. Procedures are in place to provide parents and eligible students the opportunity to inspect, review, and copy educational records.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

2. Individualized Education Program (IEP)

a. All required personnel and parents are involved in planning and developing the IEP.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

b. Efforts to obtain parent participation in the development and subsequent reviews of the IEP are documented.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

c. Efforts to invite and obtain student participation in the development of the IEP when transition educational services are discussed and subsequent review of the IEP are documented.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

d. All students with disabilities enrolled by a Public Local Education Agency have an IEP.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

e. All required IEP components are included. Enclose a copy of your IEP form(s) with this self-assessment document.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

f. Reevaluations occur at least every three (3) years or more often if deemed necessary by the IEP Team.

☐ Yes ☐ No

g. The IEP is reviewed/revised by appropriate staff, parents and students (when transition education is discussed) and placement decisions are made annually.

☐ Yes ☐ No

3. Identification, Evaluation, Placement and Reevaluation Procedures

The following information is on file for students with disabilities placed by Public Local Education Agencies:

a. A current edition of Policies Governing Programs and Services for Children with Disabilities which is used in the identification of eligible children enrolled in your program.

☐ Yes ☐ No

b. A current edition of the Handbook on Parents' Rights, which is distributed to parents to inform them of procedural safeguards.

☐ Yes ☐ No

B. Facilities

1. Programs are accessible to children with disabilities enrolled and are equipped to provide an appropriate education.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

C. Student Performance and Outcomes

1. Students with disabilities placed by Public Local Education Agencies participate in regular state-wide and district wide assessments, as well as alternate assessments, as appropriate.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

D. Discipline

1. Policies Governing Programs and Services for Children with Disabilities are followed when disciplining students with disabilities.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

Certification of School Official/s

I certify that:

1. Identification guidelines outlined in the current Policies Governing Programs and Services for Children with Disabilities have been followed in placing eligible school children in special education programs;
2. Verification is on file of the contact person for the education of the child when the parent has relinquished his/her rights and responsibilities for educational decisions; and
3. Comments for any question marked "Not Applicable" are enclosed. Information provided on this form is complete and accurate.

Signature: _____ Title _____ Date _____

Signature: _____ Title _____ Date _____

Non-Public School Approval System

Comments for Items Marked “Not Applicable”

Directions: Complete this form for all items marked "Not Applicable". Indicate the item number and page prior to each comment.

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be from a notebook or a standard ruled sheet of paper. There is no handwriting or other markings on the page.

Name of School

[illegible]

From: Ira Wolfe
To: Barbara Scriven
Date: 11/19/2008 5:05 PM
Subject: Non publics
Attachments: House Bill 2306

Please send Mr. Barnes the information for non publics schools making application for our certification process.

Ira B. Wolfe, Section Chief
Policy, Monitoring and Audit Section
Exceptional Children Division
NC Department of Public Instruction
iwolfe@dpi.state.nc.us
(919) 807-3976

"All e-mail correspondence to and from this address is subject to the North Carolina Public Records Law, which may result in monitoring and disclosure to third parties, including law enforcement."

Ira Wolfe - RE: Non-Public School Approval process

From: "Barnes, David"
To: "Barbara Scriven"
Date: 11/24/2008 4:06 PM
Subject: RE: Non-Public School Approval process
CC: "Ira Wolfe"

Thank you so much for your assistance.

From: Barbara Scriven [mailto:BScriven@dpi.state.nc.us]
Sent: Monday, November 24, 2008 3:10 PM
To: Barnes, David
Cc: Ira Wolfe
Subject: Non-Public School Approval process

Mr. Barnes,

Attached are the documents that you requested regarding the process for a Non-Public School to become an approved provider of special education and related services. Please feel free to contact me for clarification regarding the use of these documents.

Thank You.

Barbara Scriven
Monitoring Consultant
Exceptional Children Division
6356 Mail Service Center
Raleigh, NC 27699-6356
(919) 807-3296

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To ensure compliance with requirements imposed by the IRS, unless specifically indicated otherwise, any tax

Non-Public Schools

Approval System

Self Assessment

**Exceptional Children Division
North Carolina Department of Public Instruction**

Improving Outcomes for Students with Disabilities

School Name _____

School Year _____

**Public Schools of North Carolina
State Board of Education
Exceptional Children Division
301 North Wilmington Street
Raleigh, North Carolina 27601-2825**

Non-Public School Annual Exceptional Children Program Self-Assessment Document

For DPI Use Only

_____ Initial

_____ Annual Review

_____ On-site

This evaluation document has been developed in conformance with the requirements of Public Law 108-446, Article 9 of Chapter 115C of the North Carolina General Statutes, and Policies Governing Programs and Services for Children with Disabilities. A review team from the North Carolina Department of Public Instruction, Exceptional Children Division, will conduct an on-site visit every five years, in combination with annual program reviews during the intervening years, to evaluate the Exceptional Children Program in accordance with these standards.

1. Official Name of the School _____
2. Address: _____
3. City: _____ State: _____ Zip: _____
4. Telephone: () _____ Fax: () _____
5. Contact Person: Name: _____
Title: _____
E-mail: _____
6. Grades Served: _____ Age Range: _____
7. Total Current Student Enrollment: _____ Capacity: _____
8. Total Exceptional Children Enrollment: _____
(Complete the enclosed Exceptional Children Program Student Roster for Non-Public Schools)
9. Type of school (Check the section that applies to your school.)

_____ **Special Non-Public School** A "Special Non-Public School" offers special education and related services to exceptional students only.

_____ **General Non-Public School** A "General Non-Public School" offers a general and comprehensive education program to regular students, and also has a program or curriculum component for students with disabilities.

10. Type of Program (*Check one from item "a" and one from item "b" below.*)

a. ☐ Day Program ☐ Residential ☐ Combination

b. ☐ Full Time Program ☐ Part-Time Program

11. Instructional Program (*Check appropriate section(s) for the current school year only.*)

	Beginning Date	Ending Date	Total Days	Length of School Day
Regular Program				
Summer Program				
Continuous (Year Round)				

12. Operating or Sponsoring Organization

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

13. Fees Charged (*Please indicate Annually, Monthly, or Weekly Fees*)

Education: _____

Related Services: _____

Other (*Specify*): _____

14. Name of accreditation agency: _____

15. List or attach any additional information that you feel is relevant.

Exceptional Children Educational Personnel

School Name _____

Provide exceptional children and related services staff information indicated below. Attach copies of current professional certification. Do not list non-educational personnel (ex. Technicians, bus drivers, cooks, etc.)

A. Administrative Personnel

Name	Position/Title	Degree/ Major Field	Area/s of Certification	Expiration Date

B. Educational Personnel *Include those who provide direct instructional services (teachers, instructors, etc.) with at least a four year degree. Be sure to enclose copies of current certification.*

Name	Position/Title	Degree/ Major Field	Area/s of Certification	Expiration Date

C. Related Service Personnel *Include those employed by school or through contract (speech-language specialists, social workers, psychologists, physical therapists, occupational therapists, etc.) Be sure to enclose copies of current certification or licensure.*

Name	Position/Title	Degree/ Major Field	Area/s of Certification	Expiration Date

Check each disability category for which your school is requesting program approval.

- | | |
|--|---|
| <input type="checkbox"/> Autistic | <input type="checkbox"/> Multihandicapped |
| <input type="checkbox"/> Serious Emotionally Disabled* | <input type="checkbox"/> Orthopedically Impaired |
| <input type="checkbox"/> Deaf/Blind | <input type="checkbox"/> Other Health Impaired |
| <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Specific Learning Disabled |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Speech-Language Impaired |
| <input type="checkbox"/> Intellectually Disabled* | <input type="checkbox"/> Traumatic Brain Injured |
| <input type="checkbox"/> Visually Impaired | |

* Effective November 1, 2007, the category of Behaviorally Emotionally Disabled, is changed to Serious Emotionally Disabled. The categories of Educable Mentally Disabled, Trainable Mentally Disabled, and Severe and Profoundly Mentally Disabled are changed to Intellectually Disabled (Mild, Moderate, and Severe).

Directions: Select one response for each statement below. Select "Not Applicable" for items that do not apply to your non-public school. Include comments for items marked "Not Applicable" on the attached page.

Curriculum and Instruction

1. The school offers a structured curriculum of sequential instruction at appropriate levels, comparable to the standard course of study in public schools.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

2. The school has a written statement of its goals and objectives and evaluates its performance against them. If yes, submit with the self-assessment.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

3. The school has an adequate supply of appropriate instructional materials, textbooks, equipment, and supplementary resources available.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

4. The teacher/pupil ratio for exceptional children is in accordance with Policies Governing Services for Children with Disabilities. (Complete the enclosed Class Enrollment Form for each exceptional children class or class in which exceptional children inclusion services are provided).

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

5. The school complies with State standards regarding the number of days and hours within the day of education.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

6. Training and resources are available to help general education classroom teachers serve students with disabilities.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

7. All personnel providing direct educational services to students with disabilities has a copy of the student's current IEP.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

A. Student Records

1. Confidentiality

- a. Signature, date, and purpose (sign-off access sheet) required for record access are maintained within each exceptional children folder.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

- b. Procedures are in place to provide parents and eligible students the opportunity to inspect, review, and copy educational records.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

2. Individualized Education Program (IEP)

- a. All required personnel and parents are involved in planning and developing the IEP.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

- b. Efforts to obtain parent participation in the development and subsequent reviews of the IEP are documented.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

- c. Efforts to invite and obtain student participation in the development of the IEP when transition educational services are discussed and subsequent review of the IEP are documented.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

- d. All students with disabilities enrolled by a Public Local Education Agency have an IEP.
☐ Yes ☐ No ☐ In Progress ☐ Not Applicable
- e. All required IEP components are included. Enclose a copy of your IEP form(s) with this self-assessment document.
☐ Yes ☐ No ☐ In Progress ☐ Not Applicable
- f. Reevaluations occur at least every three (3) years or more often if deemed necessary by the IEP Team.
☐ Yes ☐ No
- g. The IEP is reviewed/revised by appropriate staff, parents and students (when transition education is discussed) and placement decisions are made annually.
☐ Yes ☐ No

3. Identification, Evaluation, Placement and Reevaluation Procedures

The following information is on file for students with disabilities placed by Public Local Education Agencies:

- a. A current edition of Policies Governing Programs and Services for Children with Disabilities which is used in the identification of eligible children enrolled in your program.
☐ Yes ☐ No
- b. A current edition of the Handbook on Parents' Rights, which is distributed to parents to inform them of procedural safeguards.
☐ Yes ☐ No

B. Facilities

1. Programs are accessible to children with disabilities enrolled and are equipped to provide an appropriate education.
☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

C. Student Performance and Outcomes

1. Students with disabilities placed by Public Local Education Agencies participate in regular state-wide and district wide assessments, as well as alternate assessments, as appropriate.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

D. Discipline

1. Policies Governing Programs and Services for Children with Disabilities are followed when disciplining students with disabilities.

☐ Yes ☐ No ☐ In Progress ☐ Not Applicable

Certification of School Official/s

I certify that:

1. Identification guidelines outlined in the current *Policies Governing Programs and Services for Children with Disabilities* have been followed in placing eligible school children in special education programs;
2. Verification is on file of the contact person for the education of the child when the parent has relinquished his/her rights and responsibilities for educational decisions; and
3. Comments for any question marked "Not Applicable" are enclosed. Information provided on this form is complete and accurate.

Signature: _____ Title _____ Date _____

Signature: _____ Title _____ Date _____

Non-Public School Approval System

Comments for Items Marked “Not Applicable”

Directions: Complete this form for all items marked "Not Applicable". Indicate the item number and page prior to each comment.

This image shows a single page of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

Exceptional Children Program Non-Public School Student Roster

Name of School _____ **School Year** _____

[illegible]

PUBLIC SCHOOLS OF NORTH CAROLINA
State Board of Education
Department of Public Instruction
Exceptional Children Division
301 North Wilmington Street
Raleigh, North Carolina 27601-2825

Non-Public Schools' Exceptional Children Program On-Site Review Activities

The On-site Review will occur upon request for initial approval and then at least once every five years, and can occur more often as deemed necessary. The On-site Review Team is composed of staff member(s) from the North Carolina Department of Public Instruction Exceptional Children Division. The school director should be available throughout the on-site visit to clarify information and/or answer questions for the review team. A room should be made available for the team to review materials and information after the entrance interview and building visit.

On-site activities will usually proceed as follows:

- A. The team will conduct an entrance interview the Director of the school.
- B. The team will review the following prepared materials:
 - 1. Documentation of approval from the Division of Non-Public Education;
 - 2. A copy of the Non-Public Schools Approval System Self-Assessment Document with appropriate attachments;
 - 3. A written list of all persons having access to confidential records;
 - 4. List of all students referred and/or placed by the public schools and the LEA who placed them;
 - 5. Copies of licensure for all teachers of Exceptional Children;
 - 6. Copies of licensure for all related service personnel; and
 - 7. Copies of IEP forms and curriculum materials;
 - 8. List of parent names, addresses and phone numbers for all students with disabilities currently enrolled.
- C. The team will visit selected classrooms and conduct program observations.
- D. The team will review Exceptional Children Program records.
- E. The team will conduct an exit interview with the school's Director. This meeting the team will discuss findings from the visit and inform the Director of any corrective action that will be needed. Program commendations and recommendations are also made at this time.

Note: The Director of the school may invite other school staff to the entrance and exit interviews as desired.

PUBLIC SCHOOLS OF NORTH CAROLINA
State Board of Education
Department of Public Instruction
Exceptional Children Division
301 North Wilmington Street
Raleigh, North Carolina 27601-2825

Non-Public Schools' Exceptional Children Program On-Site Review Activities

The On-site Review will occur upon request for initial approval and then at least once every five years, and can occur more often as deemed necessary. The evaluation team is composed of staff member(s) from the North Carolina Department of Public Instruction, Exceptional Children Division and Exceptional Children Program Administrators from your area. The school director should be available throughout the on-site visit to clarify information and/or answer questions for the evaluation team. A room should be made available for the team to review materials and information after the entrance interview and building visit.

The sequence of on-site events is usually as follows:

- A. Conduct an entrance interview with the school's Director.
- B. Review the On-Site evaluation form and prepared materials:
 - 1 The Exceptional Children Program Self-Assessment Document;
 - 2. Documentation of approval from the Division of Non-Public Education;
 - 3. List of all students referred and/or placed by the public schools and the LEA who placed them;
 - 4. Written list of persons having access to confidential records;
 - 5. Copies of teacher licensure;
 - 6. Copies of licensure for related service personnel; and
 - 7. Copies of IEP forms and curriculum materials.
- C. Visit selected classrooms for program observations.
- D. Review Exceptional Children Program records.
- E. Conduct an exit interview with the school's Director. This meeting is held with the Director to discuss findings and to inform him/her whether corrective action is needed. Program commendations and recommendations are made at this time.

Note: The school's Director may invite other school staff to the entrance and exit conferences as desired.