

§ 122C-142.2. Presentation at a hospital for mental health treatment.

(a) Definitions. – The following definitions apply in this section:

- (1) Assessment. – A comprehensive clinical assessment, psychiatric evaluation, or a substantially equivalent assessment.
- (2) Director. – The director of the department of social services in the county in which the juvenile resides or is found, or the director's representative as authorized in G.S. 108A-14.

(b) If a juvenile in the custody of a department of social services presents to a hospital emergency department for mental health treatment, the director shall contact the appropriate LME/MCO or prepaid health plan within 24 hours of the determination that the juvenile should not remain at the hospital and no appropriate placement is immediately available, to request an assessment.

(c) Consistent with the care coordination responsibilities under G.S. 122C-115.4(b)(5), the LME/MCO or prepaid health plan must, when applicable or required by their contract with the Department, arrange for an assessment performed by either the juvenile's clinical home provider; the hospital, if able and willing; or other qualified licensed clinician within five business days following notification from the director.

(d) Based on the findings and recommendations of the assessment, all of the following must occur:

- (1) If the comprehensive clinical assessment recommends a traditional foster home or a Level I group home, the director shall identify and provide the placement within five business days. The county department of social services shall be responsible for transporting the juvenile to the identified placement within five business days.
- (2) If the assessment recommends a level of care requiring prior authorization by the LME/MCO or prepaid health plan, the LME/MCO or prepaid health plan shall authorize an appropriate level of care and identify appropriate providers within five business days and assign a care coordinator for the duration that the LME/MCO or prepaid health plan provides services to the juvenile. Once an appropriate level of care has been authorized and providers identified, the director shall place the juvenile in the appropriate placement within five business days. The county department of social services shall be responsible for transporting the juvenile to the identified placement.

(e) The county department of social services shall provide ongoing case management, virtually or in person, to address the juvenile's educational and social needs during the juvenile's stay in the hospital. The hospital shall cooperate with the county department of social services to provide access to the juvenile during the juvenile's stay in the hospital.

(f) If, on completion of the assessment, the director under subdivision (d)(1) of this section or LME/MCO or prepaid health plan under subdivision (d)(2) of this section is unable to identify an appropriate available placement or provider for the juvenile, or if the assessment recommendations differ, the director shall immediately notify the Department of Health and Human Services' Rapid Response Team. The director, pursuant to G.S. 7B-302(a1)(1), is authorized to disclose confidential information to the Rapid Response Team to ensure the juvenile is protected from abuse or neglect and for the provision of protective services to the juvenile. All confidential information disclosed to the Rapid Response Team shall remain confidential, shall not be further redisclosed unless authorized by State or federal law or regulations, and shall not be considered a public record. Notification to the Rapid Response Team does not relieve the director, LME/MCO, prepaid health plan, or any other entity from carrying out their responsibilities to the juvenile.

(g) The Rapid Response Team shall be comprised of representatives of the Department of Health and Human Services from the Division of Social Services; the Division of Mental Health, Developmental Disabilities, and Substance Use Services; the Division of Child and Family Well-Being; and the Division of Health Benefits. Upon receipt of a notification from a director, the Rapid Response Team shall evaluate the information provided and coordinate a response to address the immediate needs of the juvenile, which may include any of the following:

- (1) Identifying an appropriate level of care for the juvenile.
- (2) Identifying appropriate providers or other placement for the juvenile.
- (3) Making a referral to qualified services providers.
- (4) Developing an action plan to ensure the needs of the juvenile are met.
- (5) Developing a plan to ensure that relevant parties carry out any responsibilities to the juvenile. (2021-132, s. 5(a); 2023-65, ss. 3.4, 5.2(b).)