CHAPTER 75-03-17
PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES FOR CHILDREN

SECTION 1. Section 75-03-17-01 is amended as follows:

75-03-17-01. Definitions.

1. "Accredited" means to be accredited and in good standing by an independent, not-for-profit accreditation organization approved by the United States department of health and human services and the department, including the commission on accreditation of rehabilitation facilities, the joint commission, and the council on accreditation.

2. "Active treatment" means a strength based, culturally competent, and medically appropriate treatment designed to meet immediate needs with specific outcome and return to the family or another less restrictive

community setting as soon as clinically possible and when treatment in a facility is no longer medically necessary.

3. "Aftercare" means followup support and services provided to a resident and family after discharge from a facility.

4. "Applicant" means the entity requesting licensure as a psychiatric residential treatment facility for children under this chapter.

5. "Child", "children", or "resident" means ~~a person~~an individual or ~~persons~~individuals under the age of twenty-one.

6. "Clinical supervision" means the oversight responsibility for individual treatment plans and individual service delivery.

7. "Condition" means a violation of the requirements of any applicable law or regulation.

8. "Department" means the department of health and human services.

9. "Diagnostic assessment" means a written summary of the history, diagnosis, and individual treatment needs of ~~a person~~an individual with a mental illness using diagnostic, interview, and other relevant assessment techniques.

10. "Discharge planning" means the multidisciplinary process that begins at the time of admission that identifies the child's and family's needed services and supports upon discharge.

11. "Employee" means an individual compensated by the facility to work, including contracted service providers who conduct onsite training, treatment groups, individual therapy, or other facility services.

12. "Family-driven" means the family has a primary ~~decisionmaking~~decision-making role in the care of its own children.

13. "Individual with a mental illness" means an individual with an organic, mental, or emotional disorder that substantially impairs the capacity to use self-control, judgment, and discretion in the conduct of personal affairs and social relations. "Individual with a mental illness" does not include an individual with intellectual disabilities of significantly subaverage general intellectual functioning that originates during the developmental period and is associated with impairment in adaptive behavior, although an individual who has intellectual disabilities may also be an individual who has a mental illness. A substance use disorder does not per se constitute mental

illness, although an individual who has a substance use disorder may also be an individual who has a mental illness.

14. "Individual person-centered treatment plan" means a youth-guided and family-driven written plan of intervention, treatment, and services that is developed under clinical supervision on the basis of a diagnostic assessment.

~~14.~~15. "Initial license" means a license for a new facility that is in effect for one year.

~~15.~~16. "Nonemployee" means an individual, including a volunteer or student intern, who is not compensated by the facility.

~~16. "Person with a mental illness" means an individual with an organic, mental, or emotional disorder that substantially impairs the capacity to use self-control, judgment, and discretion in the conduct of personal affairs and social relations. "Person with a mental illness" does not include an individual with intellectual disabilities of significantly subaverage general intellectual functioning that originates during the developmental period and is associated with impairment in adaptive behavior, although an individual who has intellectual disabilities may also be an individual who has a mental illness. A substance use disorder does not per se constitute mental illness, although an individual who has a substance use disorder may also be an individual who has a mental illness.~~

17. "Psychiatric residential treatment facility for children" or "facility" means a facility or a distinct part of a facility that provides to children and adolescents a total, twenty-four-hour, therapeutic environment integrating group living, educational services, and a clinical program based upon a comprehensive, interdisciplinary clinical assessment and an individualized treatment plan that meets the needs of the child and family. The services are available to children in need of and able to respond to active psychotherapeutic intervention and who cannot be effectively treated in their own family, in another home, or in a less restrictive setting. The facility must be in compliance with requirements for psychiatric residential treatment facilities under 42 U.S.C. 1396d [Pub. L. 89-97; 79 Stat. 351] and title 42, Code of Federal Regulations, subpart D, part 441 and subpart G, part 483.

18. "Residential treatment" means a twenty-four-hour a day program under clinical supervision in a community residential setting other than an acute care hospital, for the active treatment of ~~persons~~individuals with mental illness.

19. "Sentinel event" means any serious injury or trauma to a resident, death of a resident, or inappropriate sexual contact.

20. "Serious injury" means any significant impairment of the physical condition of the child as determined by qualified medical personnel. This includes burns, lacerations, bone fractures, substantial hematoma, and injuries to internal organs, whether self-inflicted or inflicted by someone else.

21. "Serious risk of harm" means a substantial likelihood of:

    a. Suicide, as manifested by current suicidal threats, attempts, or significant depression creating immediate risk of suicide;

    b. Killing or inflicting serious bodily harm to self or another ~~person~~individual, as manifested by current act; or

    c. Substantial deterioration in physical health or substantial injury, disease, or death based on current poor self-control or judgment.

22. "Special treatment procedures" are defined as follows:

    a. "Drug used as a restraint" means any drug that:

        (1) Is administered to manage a resident's behavior in a way that reduces the safety risk to the resident or others;

        (2) Has a temporary effect of restricting the resident's freedom of movement; and

        (3) Is not a standard treatment for the resident's medical or psychiatric condition.

    b. "Emergency safety interventions" means the use of restraint or seclusion as an immediate response to an emergency safety situation.

    c. "Emergency safety situation" means unanticipated resident behavior that places the resident or others at serious threat of violence or injury if no intervention occurs and that calls for an emergency safety intervention.

    d. "Mechanical restraint" means any device attached or adjacent to the resident's body that the resident cannot easily remove that restricts freedom of movement or normal access to the resident's body.

e. "Personal restraint" means the application of physical force without the use of any device, for the purposes of restraining the free movement of a resident's body. The term personal restraint does not include briefly holding without undue force a resident in order to calm or comfort the resident, or holding a resident's hand to safely escort a resident from one area to another.

f. "Physical escort" means the temporary touching or holding of the hand, wrist, arm, shoulder, or back for the purpose of inducing a resident who is acting out to walk to a safe location.

g. "Restraint" means a personal restraint, mechanical restraint, or drug used as a restraint.

h. "Seclusion" means the confinement of a resident alone in a room or an area from which the resident is physically prevented from leaving.

i. "Timeout" means the voluntary option of a resident to move to a designated area from which the resident is not physically prevented from leaving, for the purpose of providing the resident an opportunity to regain self-control.

23. "Tier 1 mental health professional" means a licensed psychiatrist, licensed psychologist, licensed physician or a physical assistant, or an advanced practice registered nurse.

24. "Trauma-informed" means an understanding of the prevalence of traumatic experiences in a child who receives mental health services and of the profound neurological, biological, psychological, and social effect of trauma and violence on the child being treated.

25. "Youth-guided" means a child has the right to be empowered, educated, and given a ~~decisionmaking~~decision-making role in the care of the child's own life.

History: Effective December 1, 1989; amended effective September 1, 1998; April 1, 2008; July 1, 2012; April 1, 2014; April 1, 2016; July 1, 2022; April 1, 2024.
General Authority: NDCC 25-03.2-10
Law Implemented: NDCC 25-03.2-01, 25-03.2-03

SECTION 2. Subsection 7 of section 75-03-17-02 is amended as follows:

7. **Denial and revocation of a license.** Failure to comply with any of the standards of this chapter or other state law or regulation is cause for refusal or revocation of a license. Conviction of an offense by an owner or operator of a facility does not disqualify the facility from licensure unless

the department determines that the offense has a direct bearing upon ~~a person's~~an individual's ability to serve the public as an owner or operator of a psychiatric residential treatment facility for children, or that, following conviction of any offense, the ~~person~~individual is not sufficiently rehabilitated under section 12.1-33-02.1.

History: Effective December 1, 1989; amended effective September 1, 1998; April 1, 2008; April 1, 2014; April 1, 2016; July 1, 2022; April 1, 2024.
General Authority: NDCC 25-03.2-10
Law Implemented: NDCC 25-03.2-02, 25-03.2-03, 25-03.2-05

SECTION 3. Section 75-03-17-03 is amended as follows:

75-03-17-03. Organization and administration.

1. **Governing body.** The applicant must have a governing body that designates or assigns responsibility for the operation, policies, program, and practice of the facility. The governing body shall:

   a. Define:

      (1) The facility's philosophy;

      (2) The facility's purpose;

      (3) The facility's function;

      (4) The geographical area served by the facility;

      (5) The ages and types of children accepted for care by the facility; and

      (6) The clinical disorders addressed by the facility's program;

   b. Ensure that all policies and procedures required by this chapter are in writing and on file at the facility and are accessible to all employees, family members, and residents;

   c. Develop a records retention policy and procedures consistent with state and federal law;

   d. Assure that all vehicles transporting children are:

      (1) Subject to routine inspection and maintenance;

      (2) Licensed by the state motor vehicle department;

(3) Equipped with seatbelts for every passenger;

(4) Equipped with a first-aid kit and a fire extinguisher;

(5) Carrying no more individuals than the manufacturer's recommended maximum capacity;

(6) Disability accessible where appropriate; and

(7) Driven by an individual who holds a valid driver's license, of a class appropriate to the vehicle driven, issued by the driver's jurisdiction of residence; and

e. Obtain sufficient insurance, including:

(1) Liability insurance covering bodily injury, property damage, personal injury, professional liability; and

(2) Automobile or vehicle insurance covering property damage, comprehensive, collision, uninsured motorist, bodily injury, and no fault.

2. **Quality improvement.** The applicant and facility shall implement a quality improvement program. The applicant and facility shall submit the quality improvement program and evaluations of the program to the department for review at a minimum of every six months. The applicant shall create policies and procedures and have them in place to implement its facility's quality improvement program. The facility must monitor and evaluate the quality and appropriateness of care of children, and identify performance indicators that will be monitored to assess the program's effectiveness. The quality improvement program must include:

a. A plan for child and employee safety and protection;

b. A method to evaluate personnel performance and the utilization of personnel;

c. A plan to ensure the facility accesses and maintains copies of the current license of all employees, contract workers, and consultants when relevant for that ~~person's~~individual’s role or function;

d. A system of credentialing, granting, and withholding employee privileges;

e. A method to review and update policies and procedures assuring the usefulness and appropriateness of policies and procedures;

f. A method to review the appropriateness of admissions, care provided, and employee utilization;

g. A plan for the review of individual treatment plans that ensures compliance with paragraph 3 of subdivision b of subsection 3 of section 75-03-17-05;

h. A plan for program evaluations that includes measurements of progress toward the facility's stated goals and objectives; and

i. A method to evaluate and monitor standards of resident care.

3. **Outcomes and data collection.** The department shall require a facility to engage in data management practices to collect and report outcomes every six months. Data collection efforts will offer facilities a continuous quality improvement process that measures and monitors the safety, wellbeing, and service delivery provided to children in placement. Facilities must have written policy to identify a plan to implement, collect, and measure outcomes data requirements. The policy must also include how a facility will respond to identified data outcomes by utilizing one or more facility improvement plans every six months.

4. **Children's case records.** The facility shall establish and implement policies and procedures to ensure the facility maintains a confidential record for each child which must be current and reviewed monthly. Each record must contain:

a. An application for service;

b. A social history;

c. A release of information and medical treatment consent form signed by a person who may lawfully act on behalf of the child and any consent for the use of psychotropic medications as required under subdivision d of subsection 10 of section 75-03-17-07;

d. The name, address, and telephone number of individuals to be contacted in an emergency;

e. Reports on medical examinations, including immunizations, any medications received, allergies, dental examinations, and psychological and psychiatric evaluations which occurred prior to the placement;

f. An explanation of custody and legal responsibility for the child and relevant court documents, including custody or guardianship papers;

g. Documentation on all medical examinations, including immunizations, all medications received, allergies, dental examinations, and psychological and psychiatric evaluations received during placement;

h. Documentation of medical care given during placement as a result of an admission to the hospital or inpatient care, including:

(1) Hospitalization admission and discharge records to include history and physical;

(2) Medications administered, with the quantity, directions, physician's name, date of issue, and name of the pharmacy indicated; and

(3) Significant illnesses or accidents;

i. Records of the annual medical examination required under section 75-03-17-07; and

j. A written agreement between a person who may lawfully act on behalf of the child and the facility and a record that the person who acted on behalf of the child received a copy. The agreement must include:

(1) A statement as to who has financial responsibility;

(2) How payments are to be made to cover the cost of care;

(3) Which items are covered by the normal or regular facility charges for care;

(4) Medical arrangements, including the cost of medical care;

(5) Visiting arrangements and expectations;

(6) Arrangements for clothing and allowances;

(7) Arrangements for therapeutic leave;

(8) Regulations about gifts permitted;

(9) Arrangements for participation by the person who acted on behalf of the child through regularly scheduled interviews with designated employee;

(10) The facility's policy on personal monetary allowance to be provided to the child at the facility;

(11) Records of special treatment orders; and

(12) Educational arrangements agreed upon discharge.

History: Effective December 1, 1989; amended effective September 1, 1998; April 1, 2008; April 1, 2014; April 1, 2016; July 1, 2022; April 1, 2024.
General Authority: NDCC 25-03.2-10
Law Implemented: NDCC 25-03.2-03, 25-03.2-07

SECTION 4. Section 75-03-17-07 is amended as follows:

75-03-17-07. Medical care.

The facility shall institute policies and procedures to address the medical care for each child during placement at the facility, including:

1. **Medical examination.** Each child must have a medical examination within thirty days prior to admission or within seventy-two hours of admission.

2. **Immunizations.** Each child must have current immunizations as required by North Dakota Century Code section 23-07-17.1.

3. **Medical care arrangements.** A facility shall make arrangements with a physician for medical care of each child.

4. **Annual medical examination.** Each child shall have a medical examination at least annually.

5. **Employee instruction.** The facility shall train employees what medical care, including first aid, may be given by employees without specific orders from a physician. The facility shall instruct employees how to obtain further medical care and how to handle emergency cases.

6. **Hospital admission.** Each facility shall institute policies and procedures regarding transfers and discharges from an admission to the hospital. A facility's policies and procedures must include arrangements made with a hospital for the admission of children from the facility in the event of serious illness or an emergency.

7. **Hospitalization or death reports.** A facility shall report all hospitalizations immediately to an individual who lawfully may act on behalf of the involved child. The facility shall report any death immediately to the department, an individual who lawfully may act on behalf of the child, a law enforcement agency, and the county coroner. The facility shall document these contacts in the involved child's case file.

8. **Prescription labels.** The facility shall obtain prescribed medications on an individual prescription basis and labeled according to state and federal rules.

9. **Administration of medications.**

   a. The facility shall institute policies and procedures for guidance in the administration of all medications. Medications must be administered by a designated employee who is medication-certified. All medications must be labeled and stored in a locked cabinet, with the keys for the cabinet kept under the supervision of the designated employee assigned to administer the medications. The medication cabinet must be equipped with separate cubicles, plainly labeled with each child's name.

   b. The facility shall return medications belonging to a child to the person who lawfully may act on behalf of the child upon discharge, or the designated ~~person~~individual in charge of medication storage shall dispose of the medications according to the facility's policies and procedures for the disposal of medications. The facility's policies and procedures for the disposal of medications must be in accordance with state and federal requirements for the disposal of medications.

   c. The facility may possess a limited quantity of nonprescription medications. The medications must be ordered by a physician and administered under the supervision of medication-certified employee.

   d. (1) The facility shall obtain written consent, including via electronic mail, or shall obtain verbal consent witnessed by another ~~person~~individual, from a person who lawfully may act on behalf of the child prior to administering:

      (a) A newly prescribed medication to the child except in an emergency situation;

      (b) A psychotropic medication; or

(c) A medication dosage or dosage range change. A person who lawfully may act on behalf of the child who receives medication must be informed of benefits, risks, and the potential side effects of all prescribed medication. The facility shall obtain written consent within fourteen days verifying verbal consent received. The facility shall document and file all consents in the child's case file.

(2) The facility shall institute policies and procedures governing the use of psychotropic medications, which require documentation in the case file justifying the necessity and therapeutic advantages for the child receiving psychotropic medication. Documentation must reflect that a trauma screening has been completed and that the symptomology that the psychotropic medication is attempting to treat is not more effectively treated through therapeutic interventions that specifically address symptomology related to trauma.

e. Upon admission, when a new psychotropic medication is prescribed, and when a psychotropic medication is discontinued, a child's psychotropic medication regime must be reviewed by the attending psychiatrist every seven days for the first thirty days and every thirty days thereafter. Additionally, the facility's nursing staff shall complete an involuntary movement assessment prior to the start of, or a change in the dose of, a psychotropic medication. An involuntary movement assessment must be repeated every three months, or sooner if determined necessary, following completion of the initial involuntary movement assessment to monitor the child for side effects of the psychotropic medication.

History: Effective December 1, 1989; amended effective September 1, 1998; April 1, 2008; April 1, 2014; April 1, 2016; July 1, 2022; April 1, 2024.
General Authority: NDCC 25-03.2-10
Law Implemented: NDCC 25-03.2-03, 25-03.2-07

SECTION 5. Section 75-03-17-16.2 is amended as follows:

75-03-17-16.2. Criminal conviction - Effect on operation of facility or employment by facility.

1. A facility operator may not be, and a facility may not employ, in any capacity that involves or permits contact between the employee, contracted service providers, or nonemployee and any child cared for by the facility, an individual who is known to have been found guilty of, pled guilty to, or pled no contest to:

a. An offense described in North Dakota Century Code chapter 12.1-16, homicide; 12.1-17, assaults - threats - coercion - harassment; 12.1-18, kidnapping; 12.1-27.2, sexual performances by children; ~~or 12.1-40~~12.1-41, ~~human trafficking~~Uniform Act on Prevention of and Remedies for Human Trafficking; or 19-03.1, Uniform Controlled Substance Act, if class A, B, or C felony under that chapter; or in North Dakota Century Code section 12.1-20-03, gross sexual imposition; 12.1-20-03.1, continuous sexual abuse of a child; 12.1-20-04, sexual imposition; 12.1-20-05, corruption or solicitation of minors; 12.1-20-05.1, luring minors by computer or other electronic means; 12.1-20-06, sexual abuse of wards; 12.1-20-07, sexual assault; 12.1-20-12.3, sexual extortion; 12.1-21-01, arson; 12.1-22-01, robbery, if class A or B felony under subsection 2 of that section; 12.1-22-02, burglary, if a class B felony under subdivision b of subsection 2 of that section; 12.1-29-01, promoting prostitution; 12.1-29-02, facilitating prostitution; 12.1-31-05, child procurement; 12.1-31-07, endangering an eligible adult – penalty; 12.1-31-07.1, exploitation of an eligible adult – penalty; 14-09-22, abuse ~~or neglect~~ of ~~a~~ child; or 14-09-22.1, neglect of a child;

b. An offense under the laws of another jurisdiction which requires proof of substantially similar elements as required for conviction under any of the offenses identified in subdivision a; or

c. An offense, other than an offense identified in subdivision a or b, if the department determines that the individual has not been sufficiently rehabilitated.

(1) The department will not consider a claim that the individual has been sufficiently rehabilitated until any term of probation, parole, or other form of community corrections or imprisonment~~, without subsequent charge or conviction,~~ for all other criminal convictions has elapsed.

(2) An offender's completion of a period of five years after final discharge or release from any term of probation, parole, or other form of community corrections or imprisonment, without subsequent charge or conviction, is prima facie evidence of sufficient rehabilitation.

2. A facility shall establish written policies, and engage in practices that conform to those policies, to effectively implement subsection 1.

3. The department has determined the offenses enumerated in subdivisions a and b of subsection 1 have a direct bearing on the individual's ability to serve the public in a capacity involving the provision of foster care to

children.

4. In the case of ~~a misdemeanor simple assault~~offenses described in North Dakota Century Code section 12.1-17-01, simple assault; 12.1-17-03, reckless endangerment; 12.1-17-06, criminal coercion; 12.1-17-07, harassment; 12.1-17-07.1, stalking; 12.1-22-01, robbery, if a class C; or 12.1-31-07.1, exploitation of an eligible adult – penalty, if class B felony under subdivision c of subsection 2 of that section or a class B felony under subdivision d of subsection 2 of that section; or chapter 19-03.1, Uniform Controlled Substances Act, if a class A, B, or C felony; or equivalent conduct in another jurisdiction which requires proof of substantially similar elements as required for conviction, the department may determine that the individual has been sufficiently rehabilitated if five years have elapsed after final discharge or release from any term of probation, parole, or other form of community corrections or imprisonment~~, without subsequent charge or conviction~~ for all other criminal convictions. The department may not be compelled to make such determination.

5. The department may discontinue processing a request for a criminal background check for any individual who provides false or misleading information about the individual's criminal history.

6. An individual is known to have been found guilty of, pled guilty to, or pled no contest to an offense when it is:

   a. Common knowledge in the community;

   b. Acknowledged by the individual; or

   c. Discovered by the facility, authorized agent, or department as result of a background check.

7. The facility shall require a fingerprint-based criminal background check and child abuse or neglect index be completed for each employee and nonemployee.

8. The facility shall make an offer of employment to an employee or an offer of placement to a nonemployee conditional upon the individual's consent to complete required background checks. While awaiting the results of the required background checks, a facility may choose to provide training and orientation to an employee or nonemployee. However, until the completed and approved required background check results are placed in the employee or nonemployee file, the employee or nonemployee shall only have supervised interaction with any child cared for by the facility.

9. A facility shall establish written policies specific to how the facility will proceed if a current employee or nonemployee is known to have been found guilty of, plead guilty to, or pled no contest to ~~an~~a criminal offense.

10. If a prospective employee has previously been employed by one or more group homes, residential child care facilities, or facilities, the facility shall request a reference from all previous group home, residential child care facility, and facility employers regarding the existence of any determination or incident of reported child abuse or neglect in which the prospective employee is the perpetrator subject.

11. The facility shall perform a background check for reported suspected child abuse or neglect each year on each facility employee. Each employee, including direct care staff, supervisors, administrators, administrative, and facility maintenance staff, shall complete a department- approved authorization for child abuse and neglect background check form no later than the first day of employment and annually thereafter to facilitate the background checks required under this subsection.

12. The department may excuse ~~a person~~an individual from providing fingerprints if usable prints have not been obtained after two sets of prints have been submitted and rejected. If ~~a person~~an individual is excused from providing fingerprints, the department may conduct a nationwide name-based criminal history record investigation in any state in which the ~~person~~individual lived during the eleven years preceding the signed authorization for the background check.

13. A facility shall establish written policies and engage in practices that conform to those policies, to effectively implement this section.

14. Review of fingerprint-based criminal background check results.

    a. If an individual disputes the accuracy or completeness of the information contained in the fingerprint-based criminal background check required under this chapter, the individual may request a review of the results by submitting a written request for review to the department within thirty calendar days of the date of the results. The individual's request for review must include a statement of each disputed item and the reason for the dispute.

    b. The department shall assign the individual’s request for review to a department review panel.

    c. An individual who has requested a review may contact the department for an informal conference regarding the review any time before the department has issued its final decision.

d. The department shall notify the individual of the department's final decision in writing within sixty calendar days of receipt of the individual's request for review.

e. The final decision of the review panel may not be appealed.

History: Effective April 1, 2016; amended effective July 1, 2022; April 1, 2024.
General Authority: NDCC 25-03.2-10
Law Implemented: NDCC 25-03.2-03, 25-03.2-04.1, 25-03.2-07

SECTION 6. Section 75-03-17-17 is amended as follows:

75-03-17-17. Facility employee.

1. The facility's employees shall include:

   a. An executive director who has a bachelor's degree in a behavioral science, or a bachelor's degree in any field and two years of experience in administration;

   b. A program director who has a ~~master's~~bachelor's degree in social work, psychology, or in a related field with ~~two years of~~ professional experience ~~in the treatment of~~working with children suffering from mental illnesses or emotional disturbances;

   c. Facility care employees who are at least twenty-one years of age and have sufficient training and demonstrated skills experience to perform assigned duties;

   d. A sufficient number of qualified psychiatric professionals, employed or contracted, to meet the resident needs; and

   e. Educators, where onsite education is provided.

2. Nonemployees may be used to augment and assist other employees in carrying out program or treatment plans. Nonemployees shall receive orientation training regarding the program, employees, and children of the facility, and the functions to be performed.

History: Effective December 1, 1989; amended effective September 1, 1998; April 1, 2008; April 1, 2016; July 1, 2022; April 1, 2024.
General Authority: NDCC 25-03.2-10
Law Implemented: NDCC 25-03.2-03, 25-03.2-07

SECTION 7. Subdivision b of subsection 1 of section 75-03-17-18 is amended as follows:

b. Sanitation. Compliance with sanitation standards is shown by submitting a statement prepared by a licensed environmental health professional or authorized public health officer, following an initial or subsequent annual inspection, that the building's plumbing, sewer disposal, water supply, milk supply, and food storage and handling comply with the applicable rules of the ~~state~~ department ~~of health~~ and the department of environmental quality.

History: Effective December 1, 1989; amended effective September 1, 1998; April 1, 2008; April 1, 2014; April 1, 2016; April 1, 2024.
General Authority: NDCC 25-03.2-10
Law Implemented: NDCC 25-03.2-03, 25-03.2-07

SECTION 8. Subsection 5 of section 75-03-17-20 is amended as follows:

5. **License refusal or revocation.** Failure to comply with any of the standards of this chapter or other state law or regulation is cause for refusal or revocation of a license. Conviction of an offense by an owner or operator of a facility does not disqualify the facility from licensure unless the department determines that the offense has a direct bearing upon ~~a person's~~an individual's ability to serve the public as an owner or operator of a psychiatric residential treatment facility for children or that, following conviction of any offense, the ~~person~~individual is not sufficiently rehabilitated under North Dakota Century Code section 12.1-33-02.1.

History: Effective December 1, 1989; amended effective September 1, 1998; April 1, 2008; April 1, 2014; July 1, 2022; April 1, 2024.
General Authority: NDCC 25-03.2-10
Law Implemented: NDCC 25-03.2-02, 25-03.2-03, 25-03.2-07, 25-03.2-08, 25-03.2-09