

cooperation, contract, or direct operation, all necessary FACILITIES AND services to [facilitate] ALLOW FOR the early detection, accurate evaluation, proper referral, adequate protection, and optimal CARE AND development of mentally retarded persons in need of TREATMENT OR services, whether in a residential program or a program providing less than 24 hour care.

(h) He shall promote effective planning for and citizen support of TREATMENT AND programs related to the mentally retarded.

10.

(c) If the comprehensive evaluation finds that the answer to either subsections (b) (1), (k) (2) herein, or both is in the negative, the director or his designee shall not approve the application for admission. If the comprehensive evaluator finds that the answer to both (b) (1) and (k) (2) is in the affirmative, then the director or his designee shall approve the application for admission to the appropriate facility, [Provided] PROVIDED that there is no less restrictive form of [intervention] CARE AND TREATMENT available which is consistent with the person's welfare and safety.

(d) If the comprehensive evaluation finds that the answer to subsection (b) (1) is in the affirmative and the answer to subsection (k) (2) is in the negative, but that the person being evaluated needs care in a program providing less than 24-hour care OR TREATMENT, the director or his designee shall recommend an appropriate program.

15.

(e) A mentally retarded person may not be transported to or from any State OPERATED residential facility unless accompanied by a person of the same sex authorized by the facility, or unless accompanied by his or her parent, spouse, adult sibling, or adult offspring.

19.

(c) At least 2 percent, but not to exceed 4 percent of the total beds in all public facilities, EXCEPT PUBLIC GROUP HOMES, under the jurisdiction of the Administration shall be reserved, in accordance with rules and regulations promulgated by the Department of Health and Mental Hygiene, for respite care. However, a person who is a resident of a facility on July 1, 1977 may not be displaced in order to implement this subsection, but instead, this subsection shall be implemented through attrition as vacancies arise in existing beds. For purposes of this subsection, respite care, means care for a period up to 28 consecutive days within any 12-month period, made available for a mentally retarded person in a public facility maintained by the Administration, in order to provide relief for parents or guardians with whom the retarded person ordinarily lives.