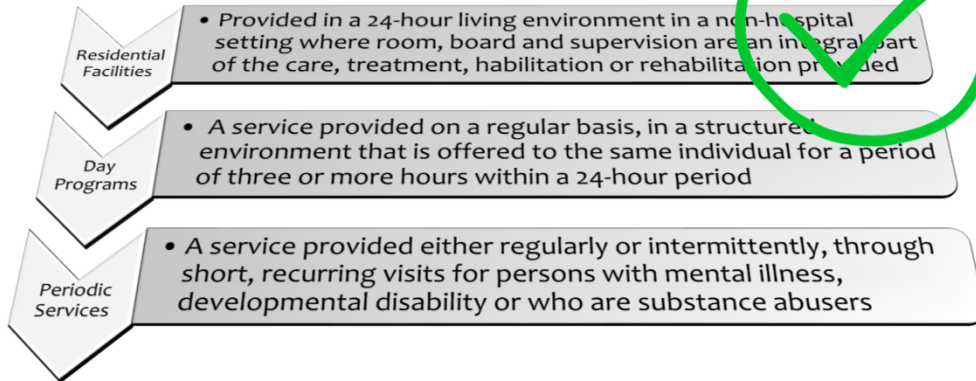




# The Basics of Mental Health Licensing Process

Division of Health Service Regulation  
Mental Health Licensure & Certification Section

## Mental Health Licensure and Certification Section Licensure & Training Section Licenses:



## Mental Health Licensure and Certification Section Licensure & Training Section

The Licensure & Training Section does **NOT** license:

- Assertive Community Treatment (ACT) Programs
- Community Support (CST) Teams
- Peer Support Services
- Adult Care Homes
- Family Care Homes
- Outpatient Therapy



*Mental Health Licensure and Certification licenses*

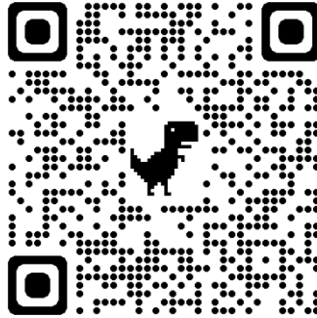
*31 Specific Services*



There is [31 specific services](#) that Mental Health Licensure and Certification does license. The complete listing is shown in this slide and can also be found on the DHSR Website.

***QR code to Service categories and building codes.***

## The Rules and Statutes



QR Code for Rules and General Statutes

## The Rules Statute, Rule, Policy & Procedure



Knowing the general statutes, licensure rules, and your organization's policies and procedures is critical for running a successful Mental Health facility.

Statutes and licensure rules are different and have distinct meanings.

Statutes are legislative acts that declare, command, or prohibit something. Rules are created based on General Statutes and provide guidance on how to meet the requirements of the law.

Policies and procedures are specific to each organization and outline the necessary steps for safe and efficient operation of the facility.

## North Carolina General Statutes

Outline the basic requirements for licensure



Define what constitutes a mental health licensable facility



Explain the client rights available to all people served



Include requirement not set forth in rule such as information about penalties and sanctions



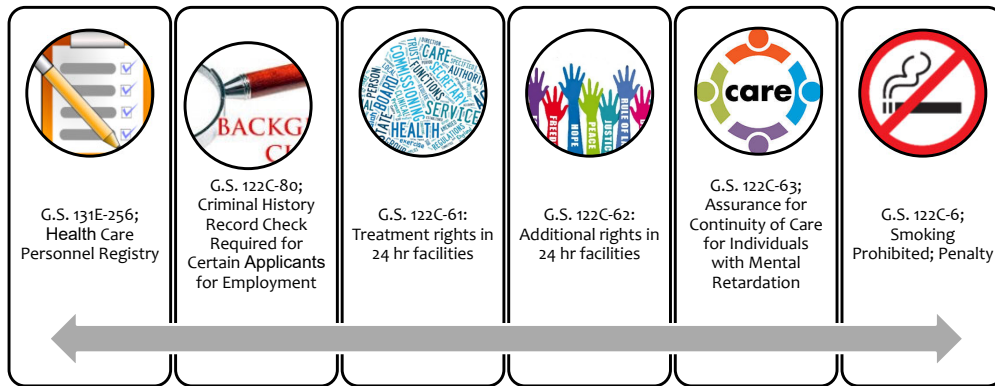
General Statutes are laws passed by the NC General Assembly and signed by the Governor of North Carolina.

*Statute Is an act of a legislature that declares, proscribes, or commands something; like a specific law, expressed in writing.*

The Department of Health and Human Services creates rules from General Statutes to provide guidance on how to meet the requirements of the law.

## General Statutes

Facilities must adhere to a variety of General Statutes (G.S) aimed at protecting the clients served.



Mental Health Licensure & Certification Section

<http://www.ncdhhs.gov/dhsr>

Facilities must adhere to a variety of General Statutes aimed at protecting the clients served. Some but not all general statutes are:

Health Care Personnel Registry

Criminal History Record Check requirements

Treatment rights in 24-hour facilities

Assurance for Continuity of Care for Individuals with IID.



## Session Law 2015-36: Burt's Law



- Licensure requirements already require anyone who has knowledge of an allegation of abuse, neglect, or exploitation to report to authorized personnel designated by the facility.
- It is also already a licensure requirement for the facility management to report allegations to health care personnel registry and conduct internal investigations.
- This law expands reporting requirements to anyone who witnesses a sexual offense. And requires the witness to report to specific state and, or county agencies within 24 hours.
- The statute is very specific about what needs to be reported, where, and when.
- Article 7A and Article 26 define sexual offenses and, offenses against morality.
- Class A1 misdemeanors are the most serious type in North Carolina and carries a maximum penalty of 150 days in jail, and a discretionary fine.
- The final outcome in any particular case depends on the individual facts of the case and the defendant's criminal record.
- Some examples of other Class A1 misdemeanors include:
  - assault with a deadly weapon
  - assault inflicting serious injury
  - assault on a female or a government employee
  - violation of a restraining order
  - sexual battery.

North Carolina Administrative Code  
Rules and Regulations

10A NCAC Chapter  
26 Mental Health,  
General

- Subchapter C: Other General Rules

10A NCAC Chapter  
27 Mental Health,  
Community  
Facilities and  
Services

- Subchapter C: Procedures and General Information
- Subchapter D: General Rights
- Subchapter E: Treatment or Habilitation Rights
- Subchapter F: 24-Hour Facilities
- Subchapter G: Rules for Mental Health, Developmental Disabilities, and Substance Abuse Facilities and Services

Rules-based on General Statutes provide guidance for licensed mental health facilities.

Compliance with these rules outlined in Chapters 26 and 27 of the 10A North Carolina Administrative Code is essential.

As a licensed mental health provider, you are responsible for ensuring compliance with all rules and regulations.

Annual, Complaint and follow-up surveys conducted by the Mental Health

Licensure and Certification Sections ensure compliance with both rules and General Statutes.

If a facility is found out of compliance, it is the provider's responsibility to rectify the situation, and the results of all surveys are public records.

NCAC 27G  
.0400 –  
Licensing  
Procedures

Section 27G .0400 of the North Carolina Administrative Code sets forth the requirements for mental health licensure.

Licensing Procedures can be located in, NCAC 27G 0.400.

Rules in this section include, but are not limited to:

The requirement that DHSR conducts inspections without advance notice

The requirement for annual surveys for residential facilities

The requirement that providers notify DHSR, in writing 30 days, prior to an increase or decrease in capacity, change of program service, change of location and, or construction of a new facility, or renovations to an existing facility.

## Core Licensure Rules

Every licensed facility must adhere to all  
core rules in 27G .0100 - .0905

### Core Licensure Rules

Every licensed facility must adhere to, all core rules that are found in, NCAC 27G, .0100 - .0905

## Core Licensure Rules

Core rules include but are not limited to:

General & staff definitions

Governing body policy requirements

Client record requirements

Staff record & training requirements

Client services & treatment plan requirements

Emergency plan requirements

Medication requirements

Physical plant requirements

Licensing requirements

Incident reporting requirements

Core rules include, but are not limited to:

General & staff definitions

Governing body policy requirements

Client record requirements

Staff record & training requirements

Client services & treatment plan requirements

Emergency plan requirements

Medication requirements

Physical plant requirements

Licensing requirements

Incident reporting requirements

## Program Specific Licensure Rules



**In addition to core rules,  
facilities must also adhere to  
the program specific rules for  
the licensed service category.**

**Program specific  
rules are within 10A  
NCAC Chapter 27G  
.1000 - .7101**



Apart from the core rules, facilities must also adhere to program-specific rules for their licensed service category.

## Program Specific Licensure Rules

Providers must know the service they are licensed to provide and ensure they adhere to the correct program specific rules

As an example, a provider licensed to offer residential services to adults with mental illness would be licensed as a "5600A." In addition to core rules, this provider must also adhere to rules located in NCAC 27G .5601 - .5604.

NC Department of Health and Human Services  
Division of Health Service Regulation

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DHSR

# Client Rights Rules

- In addition to core and program specific rules, facilities must adhere to all client rights rules.
- Client rights rules are within 10A NCAC Chapter 27 in separate subchapters.
- Client rights rules cannot be waived

Mental Health Licensure & Certification Section <http://www.ncdhhs.gov/dhsr>

In addition, to core and program-specific rules, facilities must adhere to all client rights rules.

**Client rights rules are within, 10A NCAC, Chapter 2, and include:**

Subchapter C: Procedures and General Information

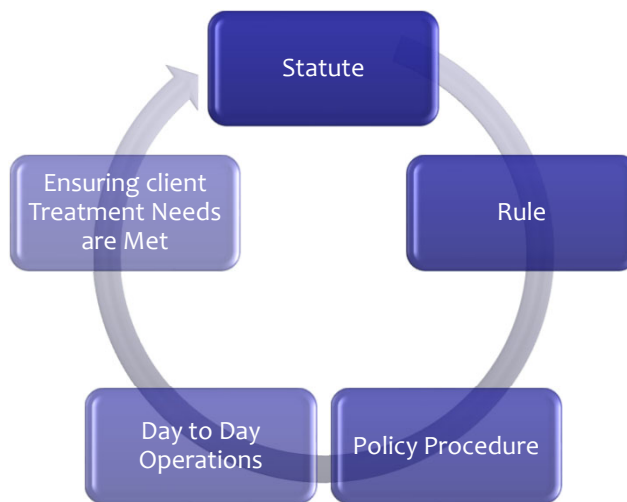
Subchapter D: General Rights

Subchapter E: Treatment or Habilitation Rights

and Subchapter F: Please note Subchapter F, Applies only to 24-hour Facilities.



## Why is all this so important to me?



Why are all these rules and regulations important?

Rules and regulations might seem intimidating, but they're actually here to help!

They ensure that your clients receive the best possible care by maintaining a safe and effective environment.

As a licensee, it can be challenging to understand how all of these complex statutes and multiple rules relate to your day-to-day responsibilities.

However, by following them, you can create a welcoming and supportive atmosphere that prioritizes the safety, dignity, and treatment needs of your clients.



NC Division of Health Service Regulation  
Mental Health Licensure and Certification Section



What We Do | Citizens | Providers | A-Z Index | The Point

Home Mental Health Licensure and Certification Section

- Staff and Contacts
- Licensed Facilities
- Announcements
- Facility Licensure Information
- Frequently Asked Questions
- Provider Trainings
- Rules and Resources
- Forms and Applications
- Emergency Relocation of Clients
- Public Records
- Frequently ask Questions

- General Information
- Contact Information
- Customer Service Surveys

**General Information**

The Mental Health Licensure and Certification Section of the Division of Health Service Regulation is responsible for licensing and regulating mental health, substance abuse, intellectual disability and developmental disability facilities in North Carolina. These facilities include:

- Intermediate care facilities for individuals with intellectual disabilities (ICF/IID),
- Group homes for children and adults with mental illness, developmental disabilities and substance abuse issues.
- Day services for children and adults with mental illness, developmental disabilities and substance abuse issues.

The section is responsible for conducting initial, annual, and complaint investigations. The main office is in Raleigh. There is a regional office in Black Mountain. The section is divided into two branches:

- ICF/IID Branch
- Mental Health Licensure Branch.

The ICF/IID branch is responsible for surveying intermediate care facilities for individuals with intellectual disabilities. The ICF/IID teams certify that ICF/IID programs meet federal standards required for participation in Medicaid. This branch has teams based in Raleigh and Black Mountain.

The Mental Health Licensure branch is responsible for licensing and surveying mental health residential and day programs for minors and adults with substance abuse, mental illness and developmental disabilities. This branch has teams based in Raleigh, Clinton and Asheville.

You can find the general statutes and NCAC rules on the DHSR website under rules and resources.

## *Choosing a Service Category*



Mental Health Licensure & Certification Section

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Choosing a service category can be overwhelming.

By breaking your options and it can assist you in determining what is right for you.

Let's start by Asking yourself What is your knowledge and expertise in?

## What type of Service?

### Residential Services



### Day/Periodic Services



Next: You need to determine you will provide residential 24-hour services or Day/Periodic services.



# Residential Services

10A NCAC 27G:	Description of Service Category	Minor: 0-17	Adult: 18+	Day	Residential	MI	IDD	SUD
.1300	Residential Treatment Facilities For Children & Adolescents	X			X	X		
.1700	Residential Treatment Staff Secure for Children or Adolescents	X			X			
.1800	Intensive Residential Treatment for Children or Adolescents	X			X			
.1900	PRTF-Psychiatric Residential Treatment Facility for children and adolescents (allow service up to age 21)	X			X	X		X
.2100	Specialized Community Residential Centers for Individuals with Developmental Disabilities	X	X		X		X	
.3100	Non-hospital Medical Detoxification-Individuals who are Substance Abusers	X	X		X			X
.3200	Social Setting Detoxification for Substance Abuse	X	X		X			X
.3400	Residential Treatment-Individuals with Substance Abuse Disorders	X	X		X			X
.4100	Residential Recovery Programs for Individuals with Substance Abuse Disorders and their Children		X		X			X
.4300	Therapeutic Community		X		X			X
.5000	Facility Based Crisis Service for Individuals of all Disability Groups	X	X		X		X	X
.5100	Community Respite Services for Individuals of all Disability Groups	X	X	X	X		X	X
.5200	Residential Therapeutic Camps-Children & Adolescents-all Disability Groups	X			X			
.5600A	Supervised Living for Adults with Mental Illness		X		X	X		
.5600B	Supervised Living for Minors with Developmental Disabilities	X			X		X	
.5600C	Supervised Living for Adults with Developmental Disabilities		X		X		X	
.5600D	Supervised Living for Minors with Substance Abuse Dependency	X			X			X
.5600E	Supervised Living for Adults with Substance Abuse Dependency		X		X			X
.5600F	Supervised Living: Alternative Family Living in a Private Residence	X	X		X			

Note: MI (Mental Illness), IDD (Intellectual/Developmental Disabilities), SUD (Substance Use Disorder)

Residential Programs are 24 hours a day, every day of the year.



## Day/Periodic Services

10A NCAC 27G	Description of Service Category	Minor: 0-17	Adult: 18+	Day	Residential	MI	IDD	SUD
.1100	Partial Hospitalization for Individuals who are acutely Mentally Ill	X	X	X		X		
.1200	Psychosocial Rehabilitation facilities for individuals with severe and persistent mental illness		X	X		X		
.1400	Day Treatment for children and adolescents with emotional or behavioral disturbances	X		X		X		
.2200	School Year, Before/After School and Summer Developmental Day Services for Children	X		X			X	
.2300	Adult Developmental Vocational Programs for Individuals with Developmental Disabilities		X	X			X	
.3300	Outpatient Detoxification for Substance Abuse	X	X	X				X
.3600	Outpatient Opioid Treatment	X	X	X				X
.3700	Day Treatment Facilities for Individuals with Substance Abuse Disorders	X	X	X				X
.4400	Substance Abuse Intensive Outpatient Program (SAIOP)	X	X	X				X
.4500	Substance Abuse Comprehensive Outpatient Treatment (SACOT)		X	X				X
.5100	Community Respite Services for Individuals of all Disability Groups	X	X	X		X	X	X
.5400	Day Activity for Individuals of all Disability Groups	X	X	X		X	X	X
.5500	Sheltered Workshops for Individuals of All Disability Groups		X	X		X	X	X

Note: MI (Mental Illness), IDD (Intellectual/Developmental Disabilities), SUD (Substance Use Disorder)

Day Services are services provided on a regular basis, in a structured environment that is offered to the same individual, for a period of three or more hours, within a 24-hour period.



# People to Serve

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Mental Health Licensure & Certification Section<http://www.ncdhhs.gov/dhsr>

What is your passion and knowledge skill set?

What is the age of the people you wish to serve?

Adults

Minors

What diagnosis will the people you serve have?

Mental Illness?

Intellectual Individual Disability

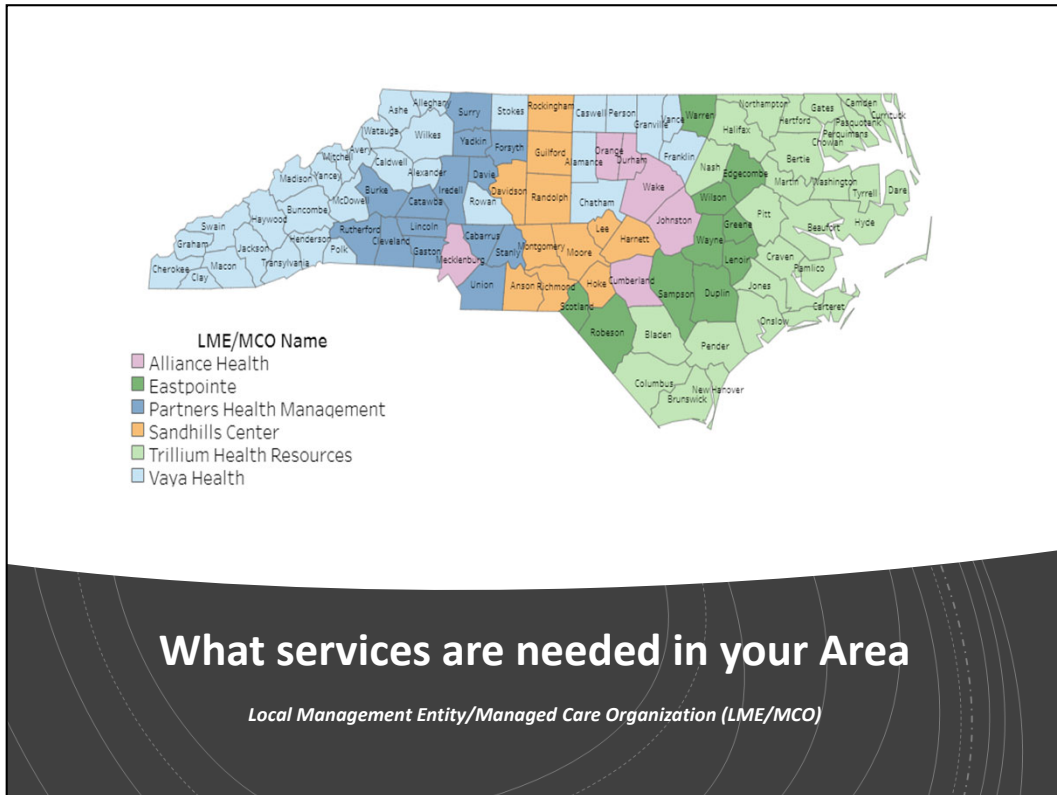
Substance use disorders?

Mix of diagnoses?

As the licensee you should know

- What service category you have applied for
  - What is the program code for the service category
  - What age group is permitted for the service category
  - Diagnoses allowed to serve. If multiple what diagnoses can be combined.
  - Is the service needed in the area in which you wish to open a facility?

Once you have determined the type of facility and service you need to determine if that service is needed for the county you wish to service individuals in.



## What services are needed in your Area

*Local Management Entity/Managed Care Organization (LME/MCO)*

If you're unsure which mental health service is needed in your county, contacting your Local Management Entity (LME) Managed Care Organization (MCO) is a great place to start.

The LME/MCO serves people in their geographic area who need mental health or substance abuse services.

They are an essential partner for providers of mental health services.

To find out which LME/MCO serves your county, please refer to our website for more information.





## Letter of Support from LME/MCO

reflects a need for the service in the LME/MCO catchment area

If interested in opening a residential program, check with your LME/MCO FIRST to see if a letter of support will be given prior to taking any other steps towards licensure.

The letter of support reflects a need for the service in the LME/MCO catchment area.

- All residential facilities must obtain a letter of support from the LME/MCO *prior* to submitting an initial licensure application to DHSR.
- A letter of support can only come from the LME/MCO serving the geographical area in which the home is to be located. It states there is a need for the residential service in the geographical area served by LME/MCO.
- A residential application brought to DHSR without a letter of support will not be processed and will be immediately returned to the applicant.

DHSR has no control over the LME/MCO's processes

## How will I get Paid?



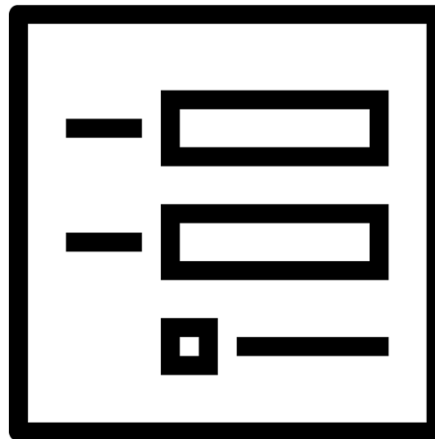
It's common for prospective mental health providers to wonder about payment and funding. However, it's important to note that the Division of Health Service Regulation (DHSR) does not regulate funding.

Before applying for a mental health license with DHSR, prospective providers should determine their funding source.

If your plan includes being reimbursed with state dollars or Medicaid dollars, you will need to contact the LME/MCO you wish to work with to find out the process for contracting with them.

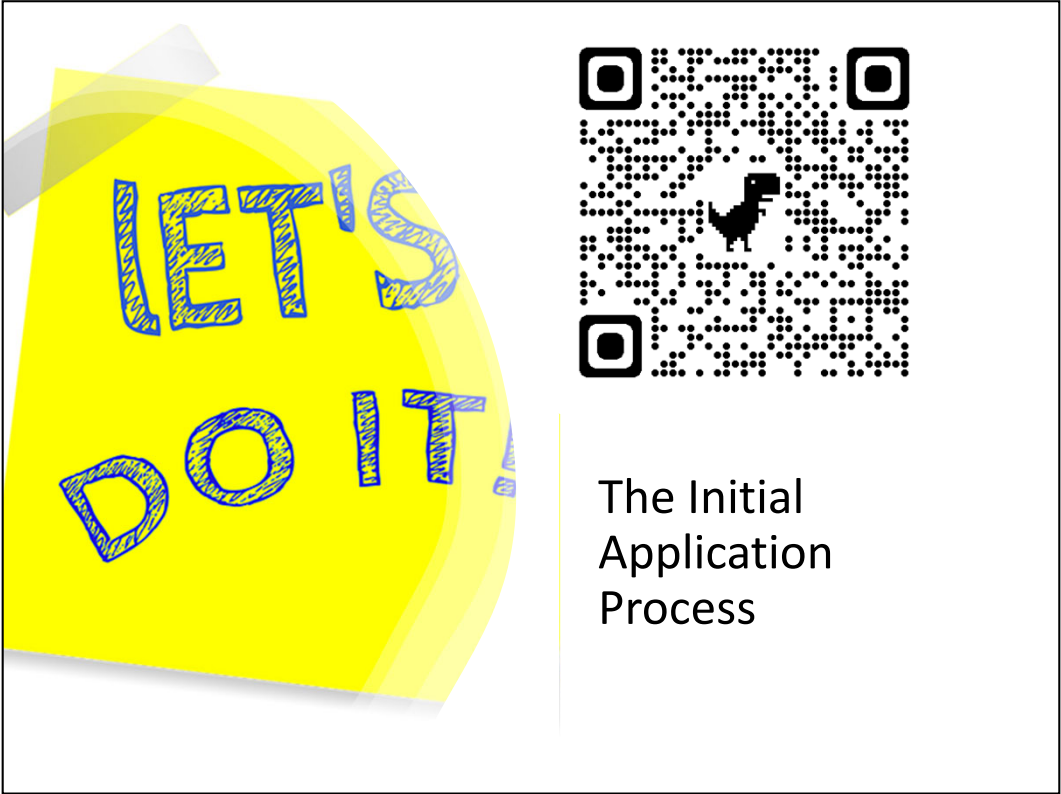
They may be able to provide you with more information on payment and funding options available to you.

## Application Process



Navigating the application process for a mental health license can be a bit overwhelming, but it's important to take it step by step.

To apply for a mental health license, it's important to complete the entire Initial Mental Health Licensure Application Packet. This packet contains detailed information on how to submit the application and ensure that you have provided all necessary documentation. Be sure to carefully review the application and follow all instructions to ensure that you complete the process correctly.

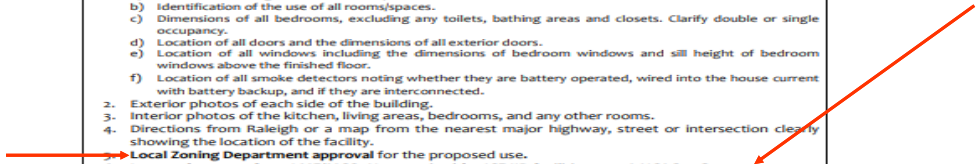


The Initial  
Application  
Process



### License Application Requirements & Checklist

- Requirements for 24-hour Residential Programs—Existing Structures**  
 Note: Before construction of a new 24-hour residential facility, you must submit blueprints and receive approval from the DHSR Construction Section. For additional information contact DHSR Construction at 919-855-3893.
- In addition to your cover letter, application, and fee, please submit the following:
1. A floor plan that specifies the following:
    - a) All levels including basements and upstairs.
    - b) Identification of the use of all rooms/spaces.
    - c) Dimensions of all bedrooms, excluding any toilets, bathing areas and closets. Clarify double or single occupancy.
    - d) Location of all doors and the dimensions of all exterior doors.
    - e) Location of all windows including the dimensions of bedroom windows and sill height of bedroom windows above the finished floor.
    - f) Location of all smoke detectors noting whether they are battery operated, wired into the house current with battery backup, and if they are interconnected.
  2. Exterior photos of each side of the building.
  3. Interior photos of the kitchen, living areas, bedrooms, and any other rooms.
  4. Directions from Raleigh or a map from the nearest major highway, street or intersection clearly showing the location of the facility.
  5. **Local Zoning Department approval for the proposed use.**
  6. Letter of support from LME/MCO. Not required for ICF-IID facilities or 10A NCAC 27G .3400.
  7. Certificate of Need: Required for any new ICF/IID facilities or 10A NCAC 27G .3400.
  8. Appointments for Fire & Sanitation Inspections.



24-Hour Residential Checklist		
Item		Completed
1.	Cover Letter	
2.	Completed Initial Licensure Application (form DHSR 5001)	
3.	Fee	
4.	Floor Plan Identifying all spaces in facility (all levels/floors, dimensions, doors, windows, smoke detectors, bathrooms, closets)	
5.	Pictures (Interior & Exterior)	
6..	Directions to Facility	
7.	Zoning Approval (original) <small>Required for application to move forward</small>	
8.	LME-MCO Support Letter if not ICF-IID or 10A NCAC 27G .3400.	
9.	Certificate of Need: if ICF-IID Facility or 10A NCAC 27G .3400	
10.	Appointments For Fire & Sanitation Inspections. <small>Actual inspections are not needed when submitting the application but will be needed prior to DHSR Construction section approval.</small>	

The Application checklist must have all the required materials for the Application to be considered complete.

Incomplete Applications are returned with a letter explaining the incorrect or missing information.

For a 24-hour Residential Program, required items include

a floor plan's dimensions,

exterior and interior photos,

Local Zoning Department approval,

an LME/MCO letter of support,

and Appointments for Fire & Sanitation Inspections.

A letter of support is not required for ICF-IID facilities, but a Certificate of Need is mandatory for new ICF/IID facilities.

Actual inspections are not needed when submitting the Application but will be required before DHSR Construction section approval.



## Day Program Checklist

### Requirements for Day Programs

**Note:** Day Programs for children and adolescents must be located in a building classified as a Business Occupancy. These programs are required to meet either Group E-Educational Occupancy or Group I-4 - Child Daycare Occupancy under the NCSBC.

In addition to your cover letter, application, and fee, please submit the following:

1. A floor plan of the entire building or floor within the building of the space to be licensed that specifies the following:
  - a. Identification and dimensions of rooms to be licensed.
  - b. Exits from the licensed space and building.
  - c. Toilet areas and other required support spaces.
2. Exterior photos of each side of the building. Interior photos of the proposed licensed space.
3. Directions from Raleigh or a map from the nearest major highway, street or intersection clearly showing the location of the facility.
4. Local Zoning Department approval or verification the facility is classified under building/planning for intended use.
5. Current local Fire Marshal's Inspection Report for the building.
6. Current local Sanitation Inspection report if serving any food.
7. A preliminary program approval letter is required from the State Opioid Treatment Authority (SOTA) for all Service Category 3600 facilities.
8. New Construction/Renovation: the local Building Officials approval.
9. Existing Structure: If this is an existing Business Occupancy building (as classified under the North Carolina state building code) and it is only a change of tenant use (for a program that is classified as a "Business Occupancy use") approval from the local Building Official may not be required. Contact your local Building Official and provide them with a copy of your application to verify if your program is classified as a Business Occupancy and if they need to provide any type of documentation.

Day Program Checklist

Item	Completed
1. Cover Letter	
2. Completed Initial Licensure Application (form DHSR 5001)	
3. Fee	
4. Floor Plan with dimensions	
5. Pictures (interior & exterior)	
6. Directions to Facility	
7. Zoning Approval (original) <i>Required for application to move forward</i>	
8. Fire Inspection (clear copy or original)	
9. Sanitation Inspection (clear copy or original) if serving food	
10. Preliminary Program approval from SOTA (Service category 3600)	
11. Building Inspection (original) if applicable for new construction or renovation of building	

For a Day Program, items needed are but not limited to:

1. A floor plan Exterior photos
2. Interior photos
3. Local Zoning Department approval or verification that the facility is classified under building/planning for intended use.
4. Current local Fire Marshal's Inspection report for the building.
5. Current local Sanitation Inspection report if serving any food.
6. A preliminary program approval letter is required from the State Opioid Treatment Authority (SOTA) for all Service Category .3600 facilities.
7. for New Construction or Renovation: the local Building Officials' approval is needed.



**1. FACILITY NAME:**  
Name which the facility is advertised or presented to the public. This is the name that will be printed on your license. Refer to this facility name in all inquiries

**2. FACILITY SITE ADDRESS: (NO P.O. BOXES)**  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
\* Must have an operable facility designated telephone that is clearly visible, accessible, on site and available 24 hours.

**3. FACILITY CORRESPONDENCE MAILING ADDRESS:**  
Name of Contact Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**4. NAME OF FACILITY DIRECTOR:** (First, MI, Last) \_\_\_\_\_

**5. SIGNATURE OF LICENSEE OR PERSON WITH SIGNATORY AUTHORITY:** The undersigned, representing the governing authority, submits information for the above named facility and certifies the accuracy of this information in accordance with 10A NCAC 27G.  
Name: (First, MI, Last) \_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL APPLICATIONS MUST BE MAILED TO ABOVE ADDRESS AND MUST HAVE AN ORIGINAL SIGNATURE**

OFFICIAL USE ONLY: DHSR Form 4080  
Licensure Categories: \_\_\_\_\_  
Licensure Recommendation: \_\_\_\_\_ DHSR Consultant: \_\_\_\_\_  
Remarks: \_\_\_\_\_

When applying for a license, the facility's name should be chosen carefully as it will be printed on the license.

Remember the Licensee is the person who owns the company and is responsible for the facility.



**6. MANAGEMENT COMPANY:** If facility is managed by a company **other than the licensee**, provide the following information about the Management Company:

Name of Company/Contact Person: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**7. LOCAL MANAGEMENT ENTITY/ MANAGED CARE ORGANIZATION (LME/MCO)** (List name(s) of LME/MCOs with which the facility has a contract): \_\_\_\_\_

**8. LEGAL IDENTITY OF OWNERSHIP/LICENSEE:**

Full legal name of individual, partnership, corporation or other legal entity, which owns the mental health facility business, is required. Owner/Licensee means any person/business entity (Corp., LLC, etc.) that has legal or equitable title to or a majority interest in the mental health facility. This entity is responsible for financial and contractual obligations of the business and will be **recorded as the licensee on the license**.

**(a) Name of Owner/Corporation:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**(b) Federal Tax ID number of Owner/Licensee:** \_\_\_\_\_

**(c) NATIONAL PROVIDER IDENTIFIER (NPI):** \_\_\_\_\_

If the facility is managed by a management company other than the licensee, you must provide information.

Full legal name of the individual, partnership, corporation or other legal entity, which owns the mental health facility business, is required.





**Building Owner:** If the above entity (partnership, corporation, etc.) **does not** own the building from which services are offered, please provide the following information:

**Name of Building Owner:** \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Lease expires: \_\_\_\_\_

**9. OWNERS, PRINCIPLES, AFFILIATES, SHAREHOLDERS** (Confidential Information for Official Use Only)

**For-Profit Individuals or Companies**

Complete the information below on **all** individuals who are owners, principles, affiliates or shareholders holding an interest of 5% or more of the licensing entity listed on page 2. Attach additional pages if necessary. If you are the only owner, complete the information below, listing the percentage interest as 100%.

Shareholder Name: ( First, MI, Last) _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____
Percentage interest in this facility: _____ Title: _____

Shareholder Name: ( First, MI, Last) _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Email: _____
Percentage interest in this facility: _____ Title: _____

For-Profit Individuals or Companies you must:

Complete the information on all individuals who are owners, principles, affiliates or shareholders of the licensing entity. If you are the only owner, complete and list the percentage interest as 100%.

NC Department of Health and Human Services  
 Division of Health Service Regulation

**DHSR**  
Division of Health Service Regulation

## Initial Fees

**License Fees**

Type of Facility	Number of Beds	Base Fee	Per Bed Fee
Non-ICF/IID Facilities	6 or less	\$350.00	\$0
Non-ICF/IID Facilities	7 or more	\$525.00	\$19.00
ICF/IID Facilities	6 or less	\$900.00	\$0
ICF/IID Facilities	7 or more	\$850.00	\$19.00
Non Residential Facilities	N/A	\$265.00	N/A

**Construction Fees**

Type of Facility	Number of Beds	Project Fee
Non-ICF/IID Facilities	1-3	\$125.00
Non-ICF/IID Facilities	4-6	\$225.00
Non-ICF/IID Facilities	7-9	\$275.00
ICF/IID Facilities	1-6	\$350.00
Other Residential Facilities	10 or more	\$275.00 + \$.15/sq.ft. project space

Mental Health Licensure & Certification Section <http://www.ncdhhs.gov/dhsr>

The initial license fee structure was revised on October 5<sup>th</sup>, 2005. The General Statute 122C-23 prohibits the issuance of a license until the fees are paid in full.

Fees are with initials only.

There is a, one-time per project fee to review physical plant requirements. The fee will be assessed for all initial licenses. The DHSR construction section will bill providers, prior to the on-site visit of construction.



## Initial Application

A letter of support from the LME/MCO must be submitted if a residential facility

Ensure the correct building approval is submitted for a day program/periodic facility.

***Key things to remember when completing the initial application:***

For a Residential facility, the applicant must submit a letter of support from the LME/MCO.

The applicant must submit the correct building approval.

Remember, day programs for children and adolescents cannot be in a building classified as a business occupation. These programs are required to meet either Group E- Educational Occupancy or Group I-4 - Child Daycare Occupancy under the North Carolina Building Codes.

**If you begin operating a facility before the license has been granted, you will be operating an unlicensed facility, which is a class H Felony.**

## What is an Unlicensed Facility?



An unlicensed facility is currently operating without a valid mental health license. The implementation of "Michelle's Law" significantly increases the penalty for those who illegally operate such programs from a misdemeanor to a felony. A facility found to be running as a licensed, however unlicensed, is placed on the penalty tracking database. This is a public database that contains information related to ULF, complaints, violations, and any actions taken by the Division of Health Services Regulation.

### Change of Ownership = CHOW

- The current licensee must notify DHSR in writing at least 30 days prior to the planned change of ownership
- The prospective provider must submit a Change Licensure Application
- **DO NOT begin operating until DHSR issues a license to the new owner**



Mental Health Licensure & Certification Section



OWNERSHIP



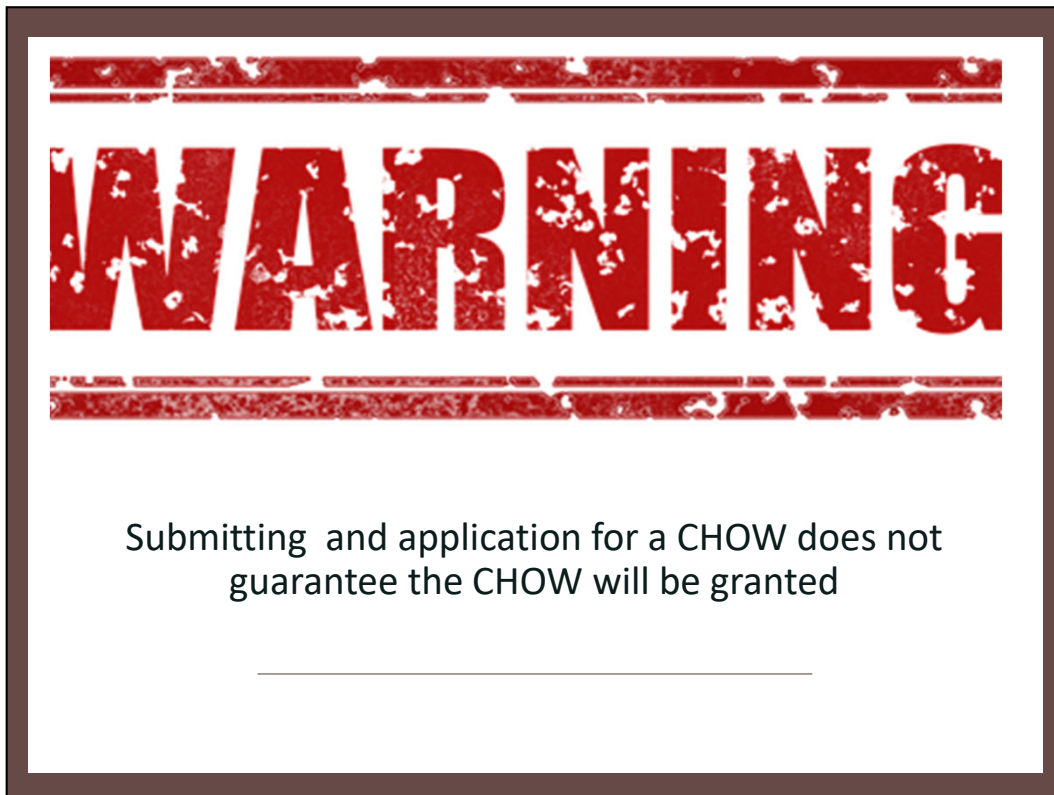
## Change of Ownership Application

If a provider decides to transfer their license to another provider, it is called a "Change of Ownership."

This process requires completing a Change Application and review by the MHLC Section.

It is important to note that the Change of Ownership of the license is entirely separate from any business transaction between providers.

Until the license has officially been granted by DHSR to the new prospective provider, the original owner/licensee is responsible for their facility and the people served.



Submitting a Change of Ownership application, does not, guarantee the CHOW will be granted! The applicant will still need to, successfully, complete the application process.

If you begin operating a facility, before the license has been granted, you will be operating an unlicensed facility.



When registering an entity, ensure that the name provided reflects the official name on file with the NC Secretary of State.

If it's a unit of government, use the name of the unit with ownership responsibility and liability for services offered.

Provide Management Company information if applicable.

For shareholders, list names and addresses of all owners, affiliates, and members holding a percentage interest of the license. Enter 100% if you're the sole owner.

## Other changes to your license...

Change of Location

Change of Capacity

Change of Service Category/Code

Change of Facility Name

Change of Licensee/Ownership

Change Ambulatory Bed(s) to Non-Ambulatory Bed(s)

Adding a Mental Health Service to a Mental Health Hospital

Change of Shareholders

**Do NOT implement the change until an amended license is approved!**

There are other changes that an application is warranted and completed using an application found on the DHSR website:

Change of Location

Change of Capacity

Change of Service Category/Code

Change of Facility Name

Change Ambulatory Bed(s) to Non-Ambulatory Bed(s)

Adding a Mental Health Service to a Mental Health Hospital

Change of Shareholders







## Construction Section Mission Statement

To ensure that the construction and operation of buildings regulated by the Division provide a safe, healthy and suitable environment for residents, and patients using those facilities.

 **Overview MHL Physical Plant Presentation**

The purpose of this presentation is to provide general information about the review and inspection process once your application is received in the Construction Section. In this presentation we will provide information on:

1. Construction Section fees and project assignments
2. What to submit with your application
3. Minimum physical plant requirements
4. Frequently asked questions (FAQ)



# Construction Section

## Fees and project assignments



## Construction Section Fees and Project Assignments

- MHL applications must be sent to DHSR MHL Licensure and Certification. For facility licensure information, please see DHSR MHL Licensure and Certification website at <https://info.ncdhhs.gov/dhsr/mhlcs/establish.html#apply>
- DHSR MHL Licensure and Certification will forward your application and other documentation to the Construction Section for review and approval
- Once your application and documentation is received in the Construction Section, a project review fee will be assessed, and an application acknowledgement letter and invoice will be sent to the contact person listed on the application



## Construction Section Fees and Project Assignments

- It is **very important** to have accurate, complete contact information to ensure all correspondences are sent to the correct person. Be sure the application is provided with an email address and working phone number. Not having correct information could delay the review and approval of your project.
- Once the review fee has been received, your project will be assigned to an architect and/or engineer for review.
- The Construction Section **will not** review a project or make any site visits until the **construction fee is paid.**



## Construction Section Fees and Project Assignments

- Once the project has been assigned, the assigned architect and/or engineer will contact you either via review letter or phone call.
- The architect and/or engineer assigned to the project is your contact **until the completion and recommendation for licensure** to Mental Health Licensure and Certification. Once the project is assigned, all project questions should be directed to the assigned architect and/or engineer.



# WHAT TO SUBMIT WITH YOUR APPLICATION



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DHSR Construction Section MHL Physical Plant Licensure Requirements

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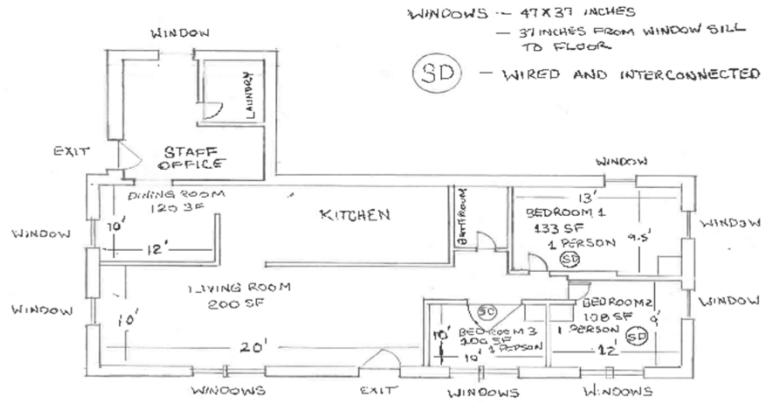


## What To Submit With Your Application

- A floor plan that specifies the following:
  - a. All levels including basements and upstairs
  - b. Identification of the use of all rooms/spaces
  - c. Dimensions of all bedrooms, excluding any toilets and bathing areas. Clarify whether bedroom will be single or double or single occupancy. Also show the location of any live-in person's bedroom
  - d. Location of all doors and the dimensions of all exterior doors
  - e. Location of all windows including the dimensions of bedroom windows
  - f. Location of all smoke detectors noting whether they are battery operated, wired into the house current with battery backup, and if they are interconnected (one sound they all sound)
  - g. Floor plan must be legible AND accurately reflect the floor plan of the house.**



# Floor Plan Example





## What To Submit With Your Application

- Exterior photos of each side of the building
- Interior photos of the kitchen, living areas, bedrooms, and any other rooms
- Directions from Raleigh or a map from the nearest major highway, street or intersection clearly showing the location of the facility
- **Local Zoning Department** approval for the proposed use
- Letter of Support from LME/MCO

**Providing the correct, accurate information will make it easier for you project to be reviewed!**



# Construction Section

## Minimum physical plant requirements



## MINIMUM PHYSICAL PLANT REQUIREMENTS

### **Important definitions to know and understand:**

**Ambulatory Client** – a client who is able to respond and evacuate the facility (home) without verbal or physical assistance

**Non-Ambulatory Client** – a client who is not able to respond and evacuate the facility (home) without verbal or physical assistance

**\*\*These definitions are very important at the initial licensing of the facility (home) and as the clients age in place. Due to changes in client's needs, the facility (home) may have to change ambulation status over time.\*\***



# MINIMUM PHYSICAL PLANT REQUIREMENTS

## PLEASE READ THE RULES



North Carolina  
Division of Health Service Regulation



What We Do | Citizens | Providers | A-Z Index | The Role

GET THE LATEST INFORMATION on Coronavirus, COVID-19 in North Carolina



The Division of Health Service Regulation oversees medical, mental health and adult care facilities, emergency medical services, and local labs. We check to see that people receiving care in these facilities are safe and receive appropriate care. We make certain that medical buildings are built only when there is a need for them.

The MHL Licensure Rules can be found on the DHSR Website

### What's New?

Declaratory Rulings  
Legislative Actions  
Public Notices  
Reports  
Rule Actions

### Quick Links

File a Complaint | Presente una Queja  
Adult Care Facility Inspections, Ratings and Penalties  
Adult Care Home Violations and Penalties  
Adult Care Star Rating Program  
Adult Care Training Resource  
Certificate of Public Advantage

Customer Service Surveys  
Forms and Applications  
Home Care Licensure Information  
How to Start a Facility  
Licensed Facilities  
Mental Health Public Records  
NC Automated Background Check Management System (ABCMS)

NC State Medical Facilities Plan  
Provider Allegation  
**Rules and Regulations**  
Volunteer Health Services Act

### Sections

Complaint Intake and Health Care Personnel Investigations  
Construction  
- Jails and Detention  
Health Care Personnel Education and Credentialing

Healthcare Planning and Certificate of Need  
Office of Emergency Medical Services  
Radiation Protection

### Licensure and Certification

Acute and Home Care  
Adult Care  
Mental Health  
Nursing Home

### Commissions/Council

NC Medical Care Commission  
NC Radiation Protection Commission  
NC State Health Coordinating Council



Contact us or send questions and comments to:  
DHSR Webmaster, 2751 Mail Service Center, Raleigh, NC 27699-2705



Contact Us | Rules and Regulations | Glossary | Site at NC DHSR | Directions | Disclaimer

This page was last modified on 08/25/2020 10:42:00  
Division of Health Service Regulation



## MINIMUM PHYSICAL PLANT REQUIREMENTS

	Chapter 13 Subchapter 4	Emergency Preparedness Final Rule # (PDF, 783 KB)
Hospital	10A NCAC Chapter 13 Subchapter 6	Appendix 4 # (PDF, 2,117 KB) Appendix 7 # (PDF, 292 KB) Emergency Preparedness Final Rule # (PDF, 783 KB)
Hospital - Psychiatric Units	10A NCAC Chapter 13 Subchapter 6  Chapter 27 Subchapter C # D # E # F #	
Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)	10A NCAC Chapter 26 Subchapter C #  Chapter 27 Subchapter C # D # E # F # G #	Appendix 1 # (PDF, 432 KB) Emergency Preparedness Final Rule # (PDF, 783 KB)
Jails, Local Confinement Facilities	10A NCAC Chapter 14 Subchapter 7	
Laboratory, Pap Smear, HIV Testing, Mammogram	10A NCAC Chapter 13 Subchapter H #	Appendix C # (PDF, 3,78 KB)
Public Health	10A NCAC Chapter 13 Subchapter O #	
Mental Health	10A NCAC Chapter 26 Subchapter C # D # E # F # G #	
Nurse Aide I Registry	10A NCAC Subchapter D # Subchapter O #	
Nurse Aide Training	10A NCAC Chapter 13 Subchapter O #	
Nursing Home	10A NCAC Chapter 13 Subchapter O #	Appendix PP # (PDF, 1,21 KB) Emergency Preparedness Final Rule # (PDF, 783 KB)
Nursing Pool	10A NCAC Chapter 13	

## PLEASE READ THE RULES

- Once you get to this page, Select "G" to get to the Rules (10A NCAC 27G)
- The overall Physical Plant Rules are outlined under Section .0300
- Certain programs have additional Physical Plant Rules that will apply or in some cases may supersede certain aspects



# MINIMUM PHYSICAL PLANT REQUIREMENTS

**PLEASE  
READ THE  
RULES**

We urge you to  
contact us at  
**919-855-3893** with  
any questions  
concerning Physical  
Plant Rules

## SECTION 0300 - PHYSICAL PLANT RULES

- 10ANCAC 27G-0301 COMPLIANCE WITH BUILDING CODES**
- (a) Each new facility shall be in compliance with all applicable portions of the North Carolina State Building Code in effect on the date of construction.
  - (b) Each facility operating under a current license issued by DHS upon the effective date of this Rule shall be in compliance with all applicable portions of the North Carolina State Building Code in effect at the time the facility was constructed or last renovated.
  - (c) Each facility shall maintain documented evidence of compliance with applicable fire, sanitation and building codes including an annual fire inspection.
  - (d) As used in these Rules, the term "new facility" refers to a facility that has not been licensed previously and for which an initial license is sought. The term includes buildings converted from another use or containing facilities licensed for a different use than the facility for which an initial license is sought.
- History Note: Authority G.S. 122C-26, 143B-147; Eff. May 1, 1996; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 20, 2019.*
- 10ANCAC 27G-0302 FACILITY CONSTRUCTION/ALTERATIONS/ADDITIONS**
- (a) When construction, use, alterations or additions are planned for a new or existing facility, work shall not begin until after consultation with the DFS Construction Section and with the local building and fire officials having jurisdiction. Governing bodies are encouraged to consult with DHS prior to purchasing property intended for use as a facility.
  - (b) All required permits and approvals shall be obtained from the local authorities having jurisdiction.
- History Note: Authority G.S. 122C-26, 143B-147; Eff. May 1, 1996; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 20, 2019.*
- 10ANCAC 27G-0303 LOCATION AND EXTERIOR REQUIREMENTS**
- (a) Each facility shall be located on a site where:
    - (1) fire protection is available,
    - (2) water supply, sewage and solid waste disposal services have been approved by the local health department,
    - (3) occupants are not exposed to hazards and pollutants that may constitute a threat to their health, safety, and welfare, and
    - (4) local ordinances and zoning laws are met.
  - (b) The site at which a 24-hour facility is located shall have sufficient outdoor area to permit clients to exercise their right to outdoor activity in accordance with the provisions of G.S. 122C-62.
  - (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.
  - (d) Buildings shall be kept free from insects and rodents.
- History Note: Authority G.S. 122C-26, 143B-147; Eff. May 1, 1996; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. July 20, 2019.*
- 10ANCAC 27G-0304 FACILITY DESIGN AND EQUIPMENT**
- (a) Privacy: Facilities shall be designed and constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities.
  - (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.
    - (1) All hallways, doorways, entrances, ramps, steps and corridors shall be kept clear and unobstructed at all times.
    - (2) All mattresses purchased for existing or new facilities shall be fire resistant.
    - (3) Electrical, mechanical and water systems shall be maintained in operating condition.
    - (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 110-116 degrees Fahrenheit.
    - (5) All indoor areas to which clients have routine access shall be well-lighted. Lighting shall be adequate to permit occupants to comfortably engage in normal and appropriate daily activities such as reading, writing, working, sewing and grooming.
  - (c) Comfort Zone: Each 24-hour facility shall provide heating and air-cooling equipment to maintain a comfort range between 68 and 80 degrees Fahrenheit.
    - (1) This requirement shall not apply to therapeutic (habilitative) camps and other 24-hour facilities for six or fewer clients.
    - (2) Facilities licensed prior to October 1, 1988 shall not be required to add or install cooling equipment if not already installed.
  - (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements:





## MINIMUM PHYSICAL PLANT REQUIREMENTS

### Bedrooms [27G .0304(d)]

- a) **Single occupancy** bedrooms a minimum of **100 square feet**
- b) **Double occupancy** bedrooms a minimum of **160 square feet**

\*No more than two (2) clients may share an individual bedroom regardless of bedroom size.

\*Closets should not be added to get in this calculation to achieve the minimum room sizes.

- c) **Separate** bedroom for overnight accommodations for persons other than clients
- d) **No client** is permitted to sleep in an unfinished basement or in an attic
- e) **In a residential facility licensed under residential building code standards and without elevators\*\***, bedrooms above or below the ground level shall be used only for **individuals who are capable of moving up and down the steps independently (ambulatory)**.

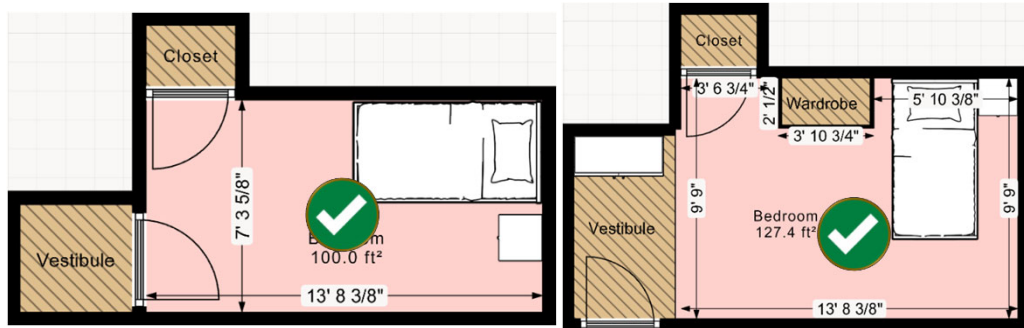
\*\*If the Licensure application has a request for non-ambulatory clients, these non-ambulatory clients' bedroom must be on the main ground floor.



## MINIMUM PHYSICAL PLANT REQUIREMENTS

### Bedrooms – Examples of Sufficient Square Footage:

Single occupancy bedrooms a minimum of 100 square feet





## MINIMUM PHYSICAL PLANT REQUIREMENTS

### Bedrooms – Examples of Sufficient Square Footage:

**Double occupancy bedrooms a minimum of 160 square feet**

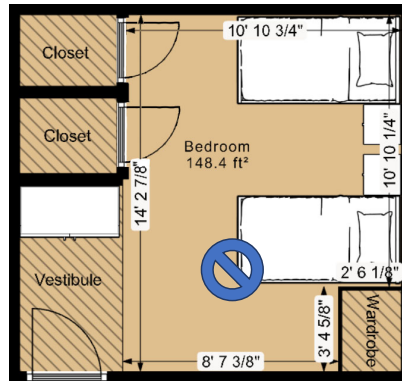




## MINIMUM PHYSICAL PLANT REQUIREMENTS

**Bedrooms – Example of Insufficient Square Footage:**

**Double occupancy bedrooms a minimum of 160 square feet**





## MINIMUM PHYSICAL PLANT REQUIREMENTS



### **Bathrooms [27G .0304(d)(10)]**

**At least one full bathroom for each five or fewer persons, including staff of the facility and their family.**



## MINIMUM PHYSICAL PLANT REQUIREMENTS

### Water Temperature [27G .0304(b)(4)]

Between **100** degrees  
(minimum) and **116** degrees  
(maximum)





## MINIMUM PHYSICAL PLANT REQUIREMENTS

**\*\*The following slides are additional requirements from the 2018 North Carolina State Building Codes which are applicable to all Licensed Residential Care Facilities. These slides do not contain all the requirements of the 2018 North Carolina State Building Codes. Please consult with the local authority having jurisdiction in your town or county.\*\***



## MINIMUM PHYSICAL PLANT REQUIREMENTS (Applicable Building Code Requirements)



### Smoke Detectors

- 120 volt smoke detectors permanently connected to the house current and battery backed-up.
- Smoke detector installed in each bedroom.
- Smoke detector installed outside of any bedroom or cluster of bedrooms.
- Smoke detector installed on each story of the home including the basement (if habitable).
- All smoke detectors interconnected such that when one detector is activated, all smoke detectors activate.



### Ground Fault Interrupter Protection

Along kitchen countertops, in garages, outdoor outlets, crawl spaces, within 6 feet from sinks, laundry areas, and bathrooms

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DHSR Construction Section MHL Physical Plant Licensure Requirements

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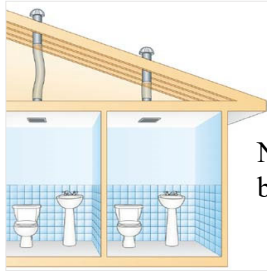
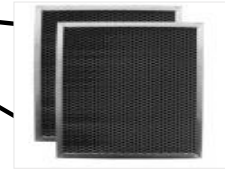




## MINIMUM PHYSICAL PLANT REQUIREMENTS (Applicable Building Code Requirements)

### **Kitchen Range Hood**

Vented to the outdoors or if its an unvented hood with an approved charcoal filter



### **Bathroom Ventilation**

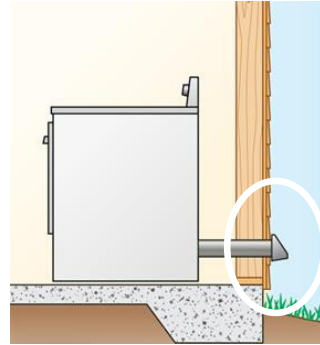
Not required unless there is no window. If installed it must be vented to the outside of the home not into the attic



## MINIMUM PHYSICAL PLANT REQUIREMENTS (Applicable Building Code Requirements)

### Clothes Dryer

Non-combustible metallic flex duct connecting the dryer to the transition duct. The transition duct to the **OUTSIDE** of the home must be smooth lined metal duct. Dryer duct must be connected to a backdraft with a damper





## MINIMUM PHYSICAL PLANT REQUIREMENTS (Applicable Building Code Requirements)

### Fire Extinguishers

Fire extinguishers shall be installed in Licensed Residential Care Facilities in accordance with the North Carolina Fire Code.

**\*Required for facilities with 4 to 6 clients under 2018 North Carolina State Building Code, 428.1.1**





## MINIMUM PHYSICAL PLANT REQUIREMENTS (Applicable Building Code Requirements)

### Interior Finish

Any wood paneling must be treated with an approved fire retardant paint and must meet a minimum Class 'C' or greater flame spread. If mill lumber with Varnish is present in the home it must also be treated.

(Does not include knotty pine or cabinets).

**\*Required for facilities with 4 to 6 clients under 2018 North Carolina State Building Codes, 428.2.3.**

**\*\*DHSR also requires this protection in any licensed facility with this type of wood paneling. Treating wood paneling is added protection for the clients in the event of a fire.**





## MINIMUM PHYSICAL PLANT REQUIREMENTS (Applicable Building Code Requirements)

The listed paints or additives may be purchased from your local paint dealer, hardware store, or you may search online to locate a dealer who sells the product. After your purchase maintain copies of your receipts as verification of your purchase.



***Flame Control*** - Fire Retardant Paint  
Contact: **Flame Control Coatings, LLC**  
Phone: **716-282-1399**



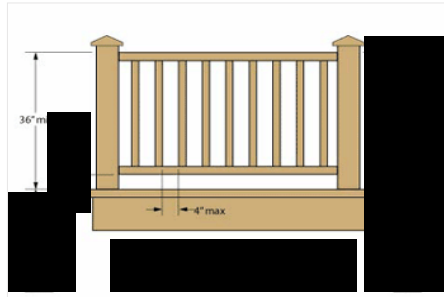
***FR-1*** - Fire Retardant Paint Additive for Water Based Latex Paints  
Contact: **Project Fire Safety, Inc.**  
Phone: **800-468-2876**



***Flame Guard*** - Fire Retardant Treatment for Water Based Latex Paints  
Contact: **Hy-Tech Thermal Solutions**  
Phone: **321-984-9777**



## MINIMUM PHYSICAL PLANT REQUIREMENTS (Applicable Building Code Requirements)



### Railings

Porches, balconies or raised floor surfaces that are 30" or more above grade must have guardrails not less than 36" in height.

**\*For the safety of clients, staff, and visitors, consideration should be to provide railings for porches, balconies, or raised floor surfaces regardless how far above grade.**



## MINIMUM PHYSICAL PLANT REQUIREMENTS (Applicable Building Code Requirements)

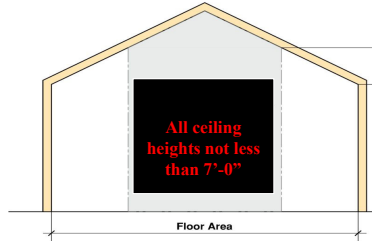


### Emergency Egress

Every sleeping room must have at least one operable window OR an exterior door that is approved for emergency egress. The window size and clear opening must be in accordance with the requirements at the time the facility was built.

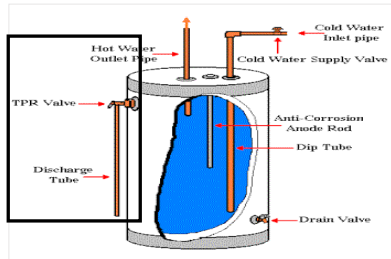


## MINIMUM PHYSICAL PLANT REQUIREMENTS (Applicable Building Code Requirements)



### Minimum Ceiling Height

Residential ceiling heights must be no less than 7 feet for every room in the house.



### Discharge Relief Valve

The discharge relief valve should terminate no less than 6" above the floor and may be piped to the outside of the home or piped to a drain pan (must not terminate under the home). For example, **CPVC** or **Copper** piping or other material acceptable by Code.





## MINIMUM PHYSICAL PLANT REQUIREMENTS (Applicable Building Code Requirements)



### 2-Story Homes – Remote Exit

If the home is requesting 4 to 6 clients or if the home is a two-story home, the home must meet the requirements of **2018 NC Building Code, Section 428.2.1** which requires each normally occupied story of the facility shall have two remotely located exits.



**MINIMUM PHYSICAL PLANT  
REQUIREMENTS  
(Applicable Building Code Requirements)**

**Manufactured/Mobile and Modular Home Use  
Within the MHL Program**

- **Manufactured/Mobile Homes** may serve three or fewer residents including occupants of the facility that require care by the caregivers
- **Manufactured/Mobile Homes** may be licensed under .5600 Supervised Living or .5100 Community Respite Services programs only
- **Modular Homes** may serve any program as they are classified as Single Family Residential
- **Manufactured/Mobile Homes and Modular Homes** still require the approvals from the local jurisdiction



## MINIMUM PHYSICAL PLANT REQUIREMENTS (Applicable Building Code Requirements)

### Manufactured/Mobile and Modular Home Use Within the MHL Program

#### How Manufactured/Mobile Homes are Identified

##### HUD Certification Label for Manufactured/Mobile Homes

This label is the manufacturer's certification that the home was manufactured in accordance with HUD's Construction and Safety Standards that were in effect at the time the home was manufactured. **The Certification Label is usually located on the outside of the home, generally on the front, left corner or on the rear, left corner.**



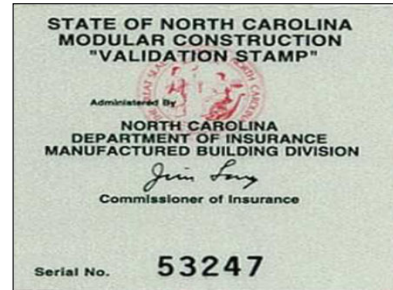


**MINIMUM PHYSICAL PLANT  
REQUIREMENTS  
(Applicable Building Code Requirements)  
Manufactured/Mobile and Modular Home Use  
Within the MHL Program**

**How Modular Homes are Identified**

**North Carolina Validation  
Stamp for Modular Homes**

This label and the Building Manufacturer's Data Plate certifies the structure has been manufactured and inspected in accordance with the North Carolina's inspection requirements. **The Validation Stamp is usually located in the cabinet above the range hood or in a utility closet.**





# Construction Section

## Frequently asked questions

[\\*If the answer to questions you have are not in this presentation, please contact the Construction Section Help Desk at \(919\) 855-3893](#)



## FREQUENTLY ASKED QUESTIONS

### 1. What are my options if my bedrooms don't have the required square footage?

*The Licensure Rules are the minimum requirements that all facilities to be licensed are required to meet. It may be necessary to limit the capacity of the facility due to bedroom sizes or renovate the facility to ensure the minimum requirements are met.*



1/2024TMS

DHSR Construction Section MHL Physical Plant Licensure Requirements

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## FREQUENTLY ASKED QUESTIONS

**2. Can a client access a bedroom through another client's bedroom?**

*No. Access to clients' bedrooms cannot be through another room being occupied by a client as a bedroom.*

**3. If I don't have built-in closets can it still be used as a bedroom?**

*Yes, but a wardrobe, dresser, or other means to store clothing and other personal items must be provided.*





## FREQUENTLY ASKED QUESTIONS

### 4. I received notice from the Construction Section that my application has been received. When will I get an inspection?

- *Once your application is received, the construction invoice outlining the appropriate fee will be emailed to you.*
- *The construction fee must be returned and paid before a review and/or an initial inspection can be done.*
- *If an initial inspection is warranted in lieu of a review, an inspection will be scheduled 3-4 weeks after payment is received. If your application is for 4 or more ambulatory or non-ambulatory clients, a project plan review must be sent out prior to any inspections being scheduled and performed.*
- *The individual listed on the application as the contact person will be notified to schedule the inspection, so accurate information must be provided.*





## FREQUENTLY ASKED QUESTIONS

### **5. Can Construction inspect my facility before I submit my application?**

*No. You will be invoiced by Construction. Once that fee has been paid Construction will make an onsite inspection visit to your facility (if warranted).*

### **6. Are my clients allowed to smoke in my facility?**

*House Bill 1294 Section 3, Article 1 of Chapter 122C of the General Statutes prohibits smoking inside licensed facilities by any person living or employed at such location.*





## FREQUENTLY ASKED QUESTIONS

**7. If I have a second story will I be required to install an exterior exit at that location?**

*Yes. If you have 4 or more residents, even if the upstairs will be used as office space for staff.*

**8. Will a handicap ramp be required?**

*Depends. If you provide services for a non-ambulatory client and those non-ambulatory clients have a physical impairment that requires a handicap ramp; i.e. wheelchair, walker, etc., then a ramp(s) will be required.*



## FREQUENTLY ASKED QUESTIONS

### **9. Am I required to have a fire retardant on my interior walls?**

*If the walls have wood paneling, they must be treated with an approved\* fire retardant paint unless documentation is provided that verifies the finish is a Class C or higher. Knotty Pine, mill lumber with no varnish finish is acceptable. If mill lumber has varnish it must be treated.*

*\*Please see Slides #28 and #29 for more information on this.*



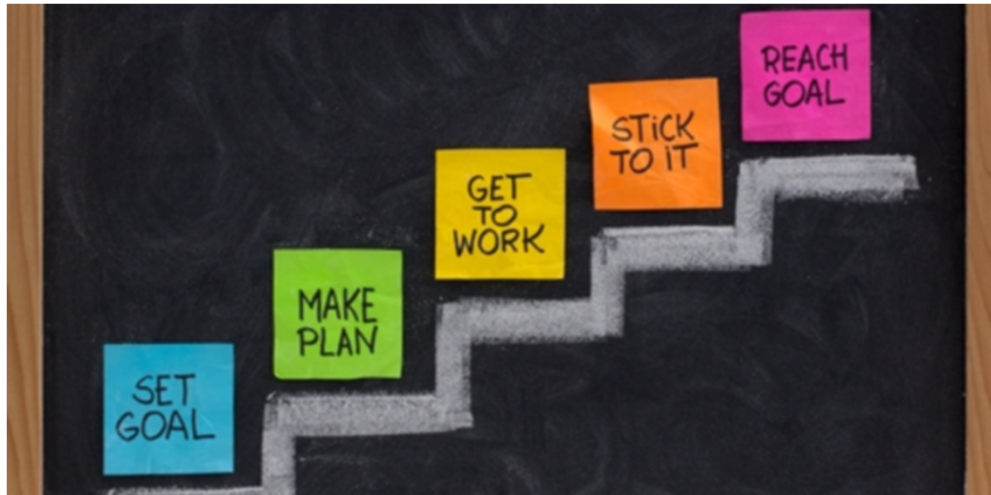
After an application is sent back from construction with the approval of the physical plant, it is sent to the L&T team.

An LTC will then be assigned to that application and will schedule a meeting with the designated contact person provided by the applicant. It is essential to ensure that the correct email address is provided and that only one contact person is used, as they will be responsible for gathering the necessary information for the review.

Note that a construction review is ONLY the physical plant review,

Successful completion of the program review with the Licensure & Training Consultant is required for licensure.

## The Application Review



Mental Health Licensure & Certification Section


<http://www.ncdhhs.gov/dhsr>

In the first meeting, the LTC will discuss the Applicant's visions this is a crucial time for us to develop a fluid timeline with the applicant by understanding where they currently are in the process. What restrictive intervention training is the agency using?

- What CPR/FA training they are using
- Are they still hiring staff?
- Have they completed the P&P Worksheet and manual
- Inconsistency with Applications
- Staffing patterns with dual services

Our licensure team is ready to assist. Remember the key to a more efficient review is organization and submitting the correct documentation.

*There is a delay in program reviews when the agency fails to submit organized, required and correct materials.*



## Policies and Procedures

- Policy = Clear simple statement of intent of what your organization wants to do, a set of principles to guide decisions and achieve outcomes.
- Procedure = The steps to put the policy in to action, who will do what, what steps they need to take, what forms or documents to use.

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As we previously discussed, it is important to submit your organization's specific Policies & Procedures within the designated time frame. Policies and procedures play a crucial role in aligning an organization's mission and goals with the applicable laws and rules while also providing a structure for the work to be done. It is important to note that policies are general in nature and reflect governing rules, while procedures indicate the specific implementation of a given policy. For instance, if a rule documents that fire and disaster drills must be conducted quarterly on each shift, the provider's policy may state that they will conduct these drills at each licensed facility quarterly on each shift. The provider's procedure would then state that the Residential Director should create a fire & disaster drill schedule for each licensed facility, including the times and dates for every drill in the fiscal year. To accompany your agency's Policies & Procedures, you will need to complete the Policy and Procedure worksheet.

Mental Health Licensure and Certification Section



fillable form

## Mental Health Licensure Policies and Procedures Worksheets

### Use of form:

Mental Health Licensure requires the licensee to develop written policies and procedures. Therefore, policies and procedures must be submitted to the Licensure and Training Consultant at the first review. Please see our F and Q on the [DHSR mental health Licensure and Certification Section website](#) if you need guidance on writing a P&P.

### Instructions:

1. Use the policy worksheet to identify the **specific page number(s)** where each policy and procedure is documented in the agency's P&P.
2. This worksheet must be completed and submitted with the agency's Policies and Procedures manual. **If worksheet is not completed or incorrect the P&P manual will be returned with the worksheet.**
3. **The Policy and Procedure Manual must be submitted in one PDF.**
4. **The Policy and Procedure worksheet should be in a separate PDF.**
5. **If No/NA is checked must be documented reason in the comment section.**

This worksheet is NOT a substitution for the rules. The licensee is responsible for complying with all applicable rules and statutes. Therefore, the information below is only a snapshot of the actual rules and is not a substitute for obtaining a licensure rule book.



Licensees seeking mental health licenses are required to submit written policies and procedures to the licensure and training consultant prior to receiving a license.

In case you need assistance with writing P&P, you can refer to the F and Q section on the DHSR Mental Health Licensure and Certification Section website. The instructions for completing the policy worksheet are mentioned on the worksheet itself.

Please note that if the policy and procedure manual is incomplete or incorrect, it will be returned to you. Also, keep in mind that the worksheet is not a substitute for the regulations.

**Should I just use  
someone else's  
Policies and  
Procedures  
Manual???**



Policies and procedures will vary between facilities because they reflect the values, approaches and commitments of an organization

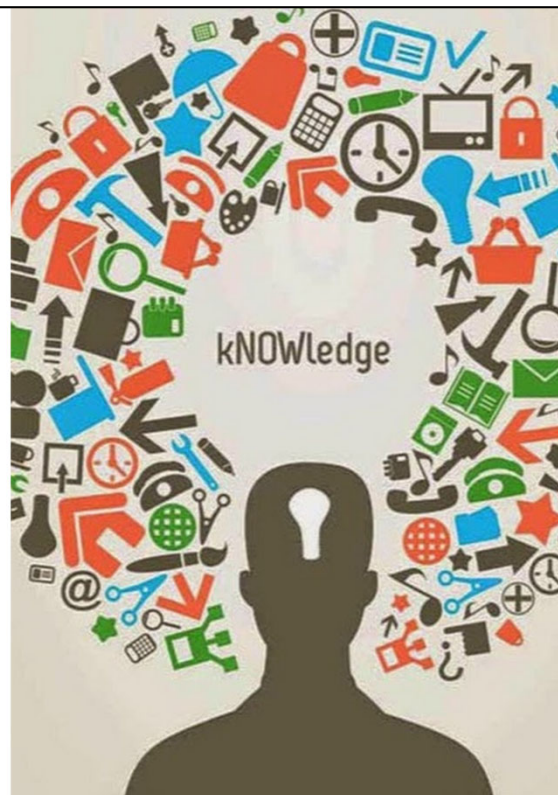
Your policies and procedures must be unique to your facility and service category. Know your P&P.



## The Licensee/ the Qualified Professional/Staff/Personnel



## The Licensee



As part of the application review process, we conduct an interview with the Licensee to ensure that they possess a thorough understanding of the program they intend to open.

To be eligible to open a facility, the Licensee must demonstrate their knowledge about the program and articulate their vision regarding the services they wish to provide.

The most common reason for the rejection of licensure applications is the lack of understanding of the applied service or the non-compliance with the licensure rules of NC.

It is important to remember that knowledge is a powerful tool and an essential requirement for obtaining licensure.

## The Qualified Professional



The importance of the Qualified Professional cannot be overstated in licensed programs. As a fundamental staff member, they play a vital role in coordinating services and ensuring person-centeredness throughout the service planning process and in the facility's operations.

## Staff



Mental Health Licensure & Certification Section

<http://www.ncdhhs.gov/dhsr>

There are different staffing rules for different service categories/programs, each requiring specific types of staff.

Core staffing rules include staff definitions, educational requirements, training requirements, and competency & supervision requirements.

On the other hand, program-specific staffing rules include staffing pattern requirements for the licensed service.

It is imperative that all staff are hired and trained before a license is issued.

Additionally, all staff must be competent in providing services to the clients served in the licensed facility.

It is important to note that you, as the responsible party, are accountable for all actions of your staff.

## Personnel Records



Job Descriptions and  
Qualifications



Degrees



Criminal Background  
Check



CPR/First Aid



Alternatives to  
Restricted  
Interventions



H CPR Verification



General org/Client  
Rights/ Confidentiality



Special Populations  
Training



Training Instructors  
Credentials



Medication Training

There are various submission requirements for applications. The LTC will discuss in the application review what is needed and send a check sheet form for your agency to use.

The list of required materials check sheet is a crucial tool for the applicant to use when submitting staff records.

We will now discuss some of the requirements for personnel. For a full list, refer to our list of materials check sheet on the DHSR website.

## Criminal Background Checks



All staff members must undergo a Criminal Record Check within 180 days of application review. If an applicant has been a State resident for less than five years, employment offer is subject to a State and national criminal record check, including a fingerprint scan. For residents of five or more years, only a State check is required. The provider cannot employ an applicant who refuses the criminal history check.



# Health Care Personnel Registry Verifications



N.C. Department of Health and Human Services  
Division of Health Service Regulation  
Health Care Personnel Registry Section



[Home](#) | [Education Office](#) | [About Us](#)

#### Verify Registry Listings

Data Provided by this Search Page  
Confirmation Numbers  
Start Registry Verification  
Verify Home Care Aide Specialty Training  
Who Must Access Registry Verification  
Work Restrictions

[Mental Health Licensure & Certification Section](#)

<http://www.ncdhhs.gov/dhsr>

**Health Care Personnel Registry Verification** checks **(including the Licensee) Must be completed within 90 days of licensure review.**

## Training in Alternatives to Restrictive Interventions and Physical restraint training.



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<http://www.ncdhhs.gov/dhsr>

**Approved Curricula for the Use of De-Escalation Strategies and Restrictive Interventions by DMH must be used. You can find the approved curricula on the DMH website.**

**Training in Seclusion, Physical Restraint & Isolation Time-Out** Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the training. ***In-person training.***

**Training in Alternatives to Restrictive Interventions. Service providers shall maintain documentation of initial and refresher training for at least three years.**



## Job Descriptions and Education Verification



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<http://www.ncdhs.gov/dhsr>

According to 10A NCAC 27G .0202, all facilities are required to have a written job description for both the director and each staff position.

The job description should specify the necessary qualifications, including minimum education, work experience, and competency, for each position.

Additionally, the job description should outline the duties and responsibilities of each position.

The document must be signed by both the staff member and supervisor and kept in the employee's file.

Furthermore, a signed copy of the job description should be maintained in the employee's file.

Finally, the facility must conduct an education background check, which includes verifying the employee's education claims through official transcripts, diplomas, or web-based educational verification services.

## CPR and First Aid Training



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With CPR training, we Will not accept if a course training is online only.

- **Blended courses** use a variety of eLearning assets such as dramatizations, eSimulations, animations, self-directed learning, and interactive activities to teach students BLS knowledge and skills. After completing the online portion, students attend a structured BLS Hands-On Session with an AHA Instructor.

- **On-Line courses** use a variety of eLearning assets such as dramatizations, eSimulations, animations

Doctors and Nurses must have CPR as well.

## Other Trainings



Other trainings that will be required to submit are:

1. General organization orientation (organization of agency) training
2. Training in Client Rights
3. Training in Confidentiality
4. Training to meet the needs of the population served - based on licensure category (training must reflect the population served at the facility). With special populations, the agency must submit the curriculum used to train staff to meet the needs of the population served. (Training must relate to the population that will be served).

## Medication Administration Training In-Person



Medication Administration can only be trained by RNs, Physicians, and licensed medical persons. An LPN can not be a trainer of Medication Administration.

The training must be in-person training and the agency must show verification that the trainers are current to practice/work in NC.

## Additional Documentation



Trainer certifications must be submitted to show that the trainer is currently trained to provide the training.

You must show proof that the medication trainer (for example, a nurse) holds a current license and that the license is valid in NC.

A written Disaster Plan must be submitted and include documentation that the [local county emergency management services](#) reviewed the plan.

If Indoor Pet(s) current vaccination records must be submitted.



When providing staff training, it is crucial to ensure that the trainer is competent in the area where the staff requires training. For instance, training in medication administration should be conducted by a licensed registered nurse, pharmacist, or any other legally qualified person according to 10A NCAC 27G .0209(c)(3). Similarly, training in client rights, including restrictive interventions, must be conducted by a person who has received training to teach others. Your qualified professional can assist in developing or performing some of the required training.



## The Walk-Through












*Mental Health Licensure and Certification Section*



Facility Walk-Through Attestation

Once the Licensee has successfully completed the application review process, the Licensure and Training Consultant will schedule a walk-through of the facility. All items must be complete for a successful walk-through. We have developed a walk-through checklist to assist you in preparing for the walk-through that is located on our website under forms and resources.

## The Walk Through Checklist

 Medication Storage	 Client Record storage area	 First Aid Kits for facility and vehicle(s)
 Hazardous Storage area	 Disaster Plan	 Hot water Checks
 Furnishings	 Fire Extinguisher(s)	 Various postings
 Operable phone		 Evacuation diagram

*Examples of what you will see and must comply with before licensure is:*

1. *Beds and Bed frames*
2. *Bedding*
3. *Bedside Tables ( not bins or outdoor furniture)*
4. Personal storage for personal belongings
5. windows in the client's bedrooms are open fully.
6. Medication Storage Is Securely locked
7. Storage for refrigerated medication (yes, you must have storage)
8. Designated Operable Phone: This is a phone that stays at the facility and belongs in the facility. This is a designated number for the facility.
9. The disaster plan (*location of the plan at the facility*)
10. Video/camera equipment: where is it? No cameras in private areas. If you are a substance abuse, 3600 exceptions may apply in UA room only.

**To ensure no DELAY in Licensure. If you do not have an NCID, apply for an NCID. When NCID is secured, send information to [pam.pridgen@dhs.nc.gov](mailto:pam.pridgen@dhs.nc.gov)**



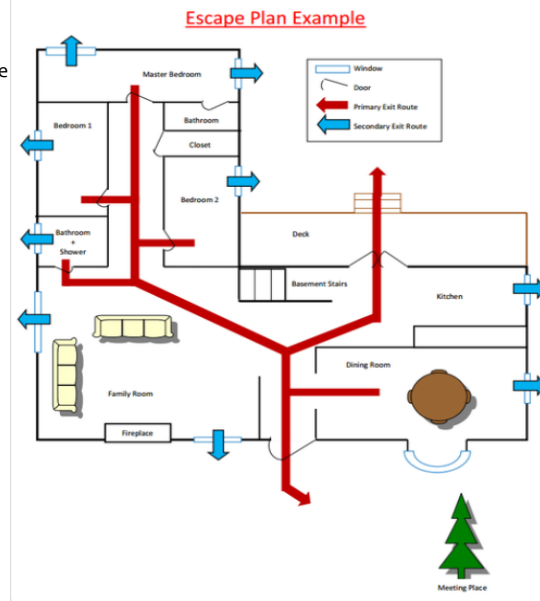
## Hot Water



Water Must be between 100-116 degrees

### Evacuation Plans

- Document Route of exit
- Document Meeting Place



Make sure to document the headcount and show the egress route on the diagram. If not, you will not pass your walk-through.

# Are you Ready?

- Required policies and procedures are developed and documented
- Key personnel are secured, and personnel records are compiled
- zoning & building inspections are accurate
- Fire and Sanitation current
- facility is clean, furnished and ready to accept clients
- Ensuring you demonstrate competency and compliance with all licensure rules

**the facility is ready to accept a resident!**

After your successful walk-through and program review of the facility, you are ready for licensure! When you are approved, you will be able to accept clients into your new licensed facility.

The facility must be furnished and ready to serve before a license can be granted.

## Licensed!

The Licensure & Training Consultant will notify you when you are able to begin operating and accepting residents!



FYI...



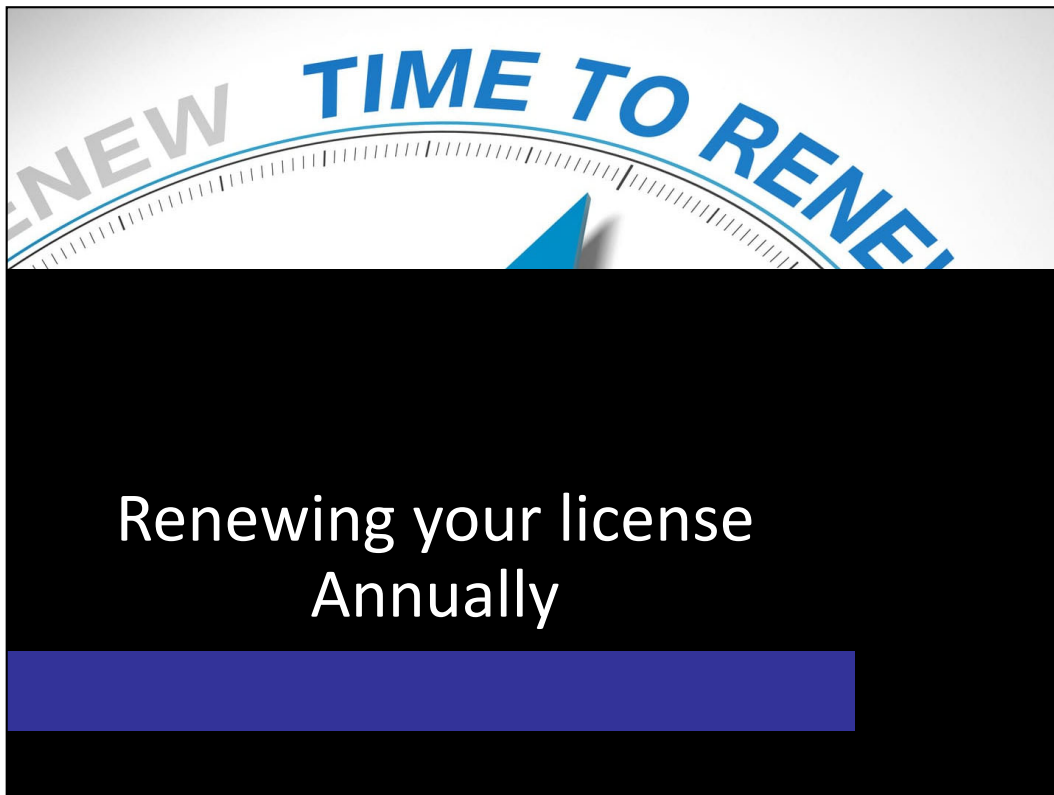
MHLC does not assist you in finding residents, nor do they refer residents to your facility.

You will be notified by the licensure and training consultant when you are able to begin operating and accepting residents.

After 6 months, the application will be rescinded



Remember, We provide the applicant six months to successfully complete the program review of the application process; however, we are ready to license much sooner. Please understand that the amount of time it takes to process an application for the program review weighs heavily if the licensee is prepared and has all the necessary material completed for the application process.



Life after Licensure:

You must renew your license every year. The deadline to complete and submit the application for renewal is December 31st.

Each license shall be renewed annually thereafter and shall expire at the end of the calendar year.

Licenses for facilities that have not served any clients during the previous 12 months shall not be renewed.

You are responsible for ensuring that your renewal application is submitted on time.

All licenses must be posted in a prominent location, accessible to public view, within the licensed premises.

## Annual Surveys

Performed to determine compliance or non-compliance of key rules.

The surveyor focuses on the rule areas with the greatest impact on the health, safety and welfare of clients.

Findings indicating non-compliance trigger a more detailed and comprehensive survey of that specific rule area and related rules.

DHSR will complete Annual surveys. They are conducted on all residential facilities, as well as all outpatient Opioid Treatment Programs.

The annual survey focuses on the rule areas with the greatest impact on the health, safety and welfare of the people served.



## ***Compliance Vs Non-compliance***

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- DHSR/MHL&C conducts annual surveys and investigates complaints to ensure that facilities comply with licensure regulations. This process is critical to safeguarding the health and well-being of residents in these facilities. By ensuring compliance, we can provide a safe and secure environment for residents and promote the highest level of care possible. This is an essential part of our mission to protect the people served, and we take our responsibility very seriously.
- Evidence of noncompliance with the rules is evaluated for both scope and severity.
- Citations are issued either as standard deficiencies or violations.





Being a mental health provider is a rewarding and challenging job. It is more than full-time... it is 24 hours a day, 7 days a week, of responsibility.

You can make a life-changing impact on those affected by mental health conditions, and we help shift the social and systemic barriers that prevent people from building better lives.

Frequently Asked Questions  
can be found on the [DHSR Web page](http://www.ncdhhs.gov/dhsr)

