

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

ARTMENT OF
HEALTH AND HUMAN SERVICES

DHSR

The Basics of Mental Health Licensing Process

Division of Health Service Regulation
Mental Health Licensure & Certification Section

Mental Health Licensure & Certification Section

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

1

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DHSR Website

Rules and Statutes

31 Service Categories

Frequently Asked Questions

Mental Health Licensure & Certification Section

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2

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Purpose of this Training



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3

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



- Residential Facilities**
 - Provided in a 24-hour living environment in a non-hospital setting where room, board and supervision are an integral part of the care, treatment, habilitation or rehabilitation provided
- Day Programs**
 - A service 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
- Periodic Services**
 - A service provided either regularly or intermittently, through short, recurring visits for persons with mental illness, developmental disability or who are substance abusers

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4

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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



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5

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[Mental Health Licensure and Certification licenses](#)

[31 Specific Services](#)




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6

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Division of Health Service Regulation

DEPARTMENT OF
HEALTH AND HUMAN SERVICES

The Rules and Statutes




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7


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The Rules Statute, Rule, Policy & Procedure



General Statutes
*General Assembly
*Signed by Governor



Licensure Rules
*Mental Health Commission
*Department of Health & Human Services (DHHS) Secretary



Policy & Procedure
*Policy = Clear simple statement of intent
*Procedure = The steps to put the policy into action

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8

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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

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9

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General Statutes

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

					
G.S. 131E-256: Health Care Personnel Registry	G.S. 122C-80: Criminal History Record Check Required for Certain Applicants for Employment	G.S. 122C-61: Treatment rights in 24 hr facilities	G.S. 122C-62: Additional rights in 24 hr facilities	G.S. 122C-63: Assurance for Continuity of Care for Individuals with Mental Retardation	G.S. 122C-65: Smoking Prohibited; Penalty

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10

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Session Law 2015-36: Burt's Law




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11

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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	<ul style="list-style-type: none"> • 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

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12

NCAC 27G .0400 – Licensing Procedures

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

13

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Core
Licensure
Rules

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

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14

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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

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15

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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

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16

Program
Specific
Licensure
Rules

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

17

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Client Rights Rules

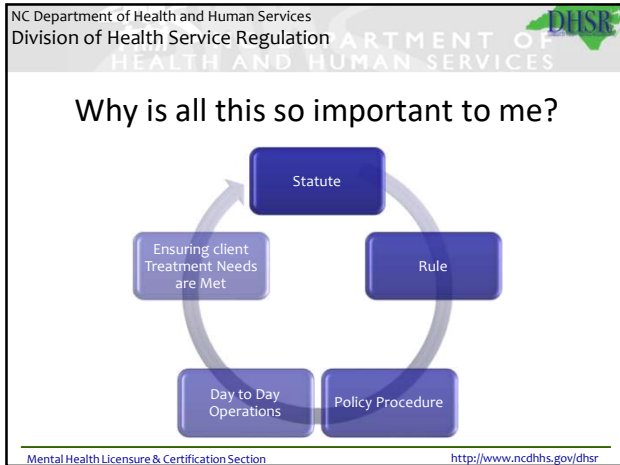
In addition to core and program specific rules, facilities must adhere to all client rights rules.

Client rights rules are within 10A NCAC Chapter 27 in separate subchapters.

Client rights rules cannot be waived

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18



19

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Division of Health Service Regulation

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

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

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

More 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.

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20

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Choosing a Service Category

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21

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What type of Service?

Residential Services



Day/Periodic Services



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22

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Residential Services

NAHCAC 210	Description of Service Category	Minor 12+	Adult 18+	Day	Residential	MI	DO	SUD
1200	Residential Treatment Facilities for Children & Adolescents	X			X			
1205	Residential Treatment Staff Secure for Children or Adolescents	X			X			
1800	Intensive Residential Treatment for Children or Adolescents	X			X			
1810	PIIT Psychiatric Residential Treatment Facility for children and adolescents (allow service up to age 21)	X			X	X		X
1205	Specialized Community Residential Centers for Individuals with Developmental Disabilities	X	X		X		X	
1300	Non-hospital Medical Detoxification-Individuals who are Substance Abusers	X	X		X			X
1320	Social Spring Detoxification for Substance Abuse	X	X		X			X
1400	Residential Treatment-Individuals with Substance Abuse Disorders	X	X		X			X
1405	Residential Recovery Programs for Individuals with Substance Abuse Disorders and their Children		X		X			X
1410	Therapeutic Community		X		X			X
1500	Facility Based Crisis Service for Individuals of all Disability Groups	X	X		X		X	X
1505	Community Respite Services for Individuals of all Disability Groups	X	X	X	X		X	X
1508	Residential Therapeutic Camps-Children & Adolescents all Disability Groups	X			X			
1600A	Supervised Living for Adults with Mental Illness		X		X	X		
1600B	Supervised Living for Minors with Developmental Disabilities		X		X		X	
1600C	Supervised Living for Adults with Developmental Disabilities		X		X		X	
1600D	Supervised Living for Minors with Substance Abuse Dependency	X			X			X
1600E	Supervised Living for Adults with Substance Abuse Dependency	X			X			X
1600F	Supervised Living-Alternative Family Living in a Private Residence	X	X		X			

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

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23

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Division of Health Service Regulation

Day/Periodic Services

NAHCAC 210	Description of Service Category	Minor 12+	Adult 18+	Day	Residential	MI	DO	SUD
1100	Partial Hospitalization for Individuals who are acutely Mentally Ill	X	X	X		X		
1105	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		
1200	School Year, Before/After School and Summer Developmental Day Services for Children	X		X			X	
1300	Adult Developmental Vocational Programs for Individuals with Developmental Disabilities		X	X			X	
1305	Outpatient Detoxification for Substance Abuse	X	X	X				X
1600	Outpatient Outpatient Treatment	X	X	X				X
1700	Day Treatment Facilities for Individuals with Substance Abuse Disorders	X	X	X				X
1400	Substance Abuse Intensive Outpatient Program (SAIOP)	X	X	X				X
1450	Substance Abuse Comprehensive Outpatient Treatment (SACOT)	X	X	X				X
1500	Community Respite Services for Individuals of all Disability Groups	X	X	X		X	X	X
1400	Day Activity for Individuals of all Disability Groups	X	X	X		X	X	X
1500	Sheltered Workshops for Individuals of All Disability Groups	X	X	X		X	X	X

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

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24




People to Serve

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25

Local Management Entity/Managed Care Organizations (LME/MCOs)
NCDHHS Currently Has 4 LME/MCOs Operating Under the Medicaid 1915 b/c Waiver



LME/MCO Name

- Alliance Health
- Epicare Health Transitions
- TriColumb Health Resources
- Vista Health

This map shows LME/MCO configuration effective 2/1/24.

What services are needed in your Area

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

26



Letter of Support from LME/MCO


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

27

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How will I get Paid?



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28



The Initial
Application
Process

29

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Division of Health Service Regulation

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HEALTH AND HUMAN SERVICES

License Application Requirements & Checklist



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30

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Division of Health Service Regulation



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Residential Checklist Requirements

Requirements for 24-hour Residential Programs—Existing Structures
Note: Before the 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 919-855-3803.

Please submit the information below:

1. A floor plan that specifies the following:
 - a) All levels, including basements and upstairs.
 - b) Identification and dimensions 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 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. Provide current *Secretary of State Report* (<https://www.sosnc.gov/corporations>) documenting Active Status.
5. Local Zoning Department approval for the proposed use.
6. Letter of support from LME/MCO. Not required for ICF-IID facilities.
7. Certificate of Need: Required for any new ICF/IID facilities.
8. Appointments for Fire & Sanitation Inspections.

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31

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Division of Health Service Regulation



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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.


Please submit the following below:

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. Provide current *Secretary of State Report* (<https://www.sosnc.gov/corporations>) documenting Active Status.
4. Local Zoning Department approval or verification that the facility is classified under building/planning for the 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.

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32

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Division of Health Service Regulation



ARTMENT OF
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Building Occupancy for Day Programs for Adolescents

Building Code Guidelines:
North Carolina State Building Code (NCSBC) Requirements:

- Group E – Educational Occupancy: Designed for educational spaces like schools and daycare centers for children above a certain age. Must comply with fire safety, accessibility, ventilation, and emergency exit standards.
- Group I-4 – Child Day Care: A more stringent classification requiring enhanced safety features, such as fire sprinklers and accessible exits.
- R-3 Exception: Facilities accommodating eight or fewer individuals, with no more than five preschool-aged children, are not considered day programs. This is because day programs are licensed for a capacity of zero occupants.

Occupancy Classification Requirements:

- Ensure all day program facilities under categories 1400, 3700, 4400 (children), and 5400 (children) meet one of the following classifications:
 - Group E (Educational)
 - Group I-4 (Institutional)

Zoning Approval:

- Confirm that Group E – Educational Occupancy is permitted within the building's jurisdiction.

Documentation:

- Records should:
 - Be less than one year old at the time of review by the L&T team for licensure.
 - Include the facility's address.

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33

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Division of Health Service Regulation

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: (Print, M.D., L.M.D.) _____

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: (Print, M.D., L.M.D.) _____
Signature: _____ Title: _____ Date: _____

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

Licensure Category: _____ OFFICIAL USE ONLY: DHSR Form 400b
Licensure Recommendation: _____ DHSR Consultant: _____
Remarks: _____

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34

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Division of Health Service Regulation

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): _____

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35

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Division of Health Service Regulation

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 1. 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: _____

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36

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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	\$235.00
Non-ICF/IID Facilities	7-9	\$275.00
ICF/IID Facilities	1-6	\$350.00
Other Residential Facilities	10 or more	\$275.00 + \$19/sq.ft. project space

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

37



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.

38

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Division of Health Service Regulation



What is an Unlicensed Facility?



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39

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Division of Health Service Regulation
HEALTH AND HUMAN SERVICES

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



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40

WARNING

Submitting an application for a CHOW does not guarantee the CHOW will be granted

41

OWNERSHIP


Ownership Disclosure

- Legal Identity of Licensee
- Legal Entity
- Management Company
- Owners
- Principles
- Affiliates
- Shareholders
- Members



42

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Division of Health Service Regulation



ARTMENT OF
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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!

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43




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Construction Section
MHL Physical Plant Licensure
Requirements

1/2024-TMSDHSR Construction Section MHL Physical Plant Licensure Requirements44

44




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.

1/2024-TMSDHSR Construction Section MHL Physical Plant Licensure Requirements45

45




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)

1/2024-TMS
DHSR Construction Section MHL Physical Plant Licensure Requirements
46

46




Construction Section

Fees and project assignments

1/2024-TMS
DHSR Construction Section MHL Physical Plant Licensure Requirements
47

47




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

1/2024-TMS
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48

48




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.**

1/2024-TMS
DHSR Construction Section MHL Physical Plant Licensure Requirements
49

49




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.

1/2024-TMS
DHSR Construction Section MHL Physical Plant Licensure Requirements
50

50




WHAT TO SUBMIT WITH YOUR APPLICATION



1/2024-TMS
DHSR Construction Section MHL Physical Plant Licensure Requirements
51

51



What To Submit With Your Application


- A floor plan that specifies the following:
 - All levels including basements and upstairs
 - Identification of the use of all rooms/spaces
 - 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
 - Location of all doors and the dimensions of all exterior doors
 - Location of all windows including the dimensions of bedroom windows
 - 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)
- Floor plan must be legible AND accurately reflect the floor plan of the house.**

1/2024-TMS

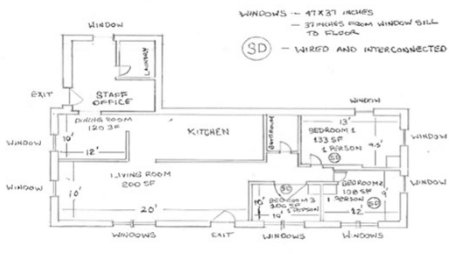
DHSR Construction Section MHL Physical Plant Licensure Requirements

52

52



Floor Plan Example




LEGEND:
WINDOWS -- 41 X 57 INCHES
-- 37 INCHES MEAN WINDOW SILL TO SILL
SD -- WIREED AND INTERCONNECTED

1/2024-TMS

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53

53



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!

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54

54

DHSR MINIMUM PHYSICAL PLANT REQUIREMENTS

Bedrooms – Examples of Sufficient Square Footage:

Single occupancy bedrooms a minimum of 100 square feet

1/2024-TMS DHSR Construction Section MHL Physical Plant License Requirements 61

61

DHSR MINIMUM PHYSICAL PLANT REQUIREMENTS

Bedrooms – Examples of Sufficient Square Footage:

Double occupancy bedrooms a minimum of 160 square feet

1/2024-TMS DHSR Construction Section MHL Physical Plant License Requirements 62

62

DHSR MINIMUM PHYSICAL PLANT REQUIREMENTS

Bedrooms – Example of Insufficient Square Footage:

Double occupancy bedrooms a minimum of 160 square feet

1/2024-TMS DHSR Construction Section MHL Physical Plant License Requirements 63

63



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.

1/2024-TMS

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64


64



MINIMUM PHYSICAL PLANT REQUIREMENTS

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

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




1/2024-TMS

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65

65



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.****

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66

66




MINIMUM PHYSICAL PLANT REQUIREMENTS

(Applicable Building Code Requirements)



Before
After



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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

DHSR Construction Section MHL Physical Plant License Requirements 67

67

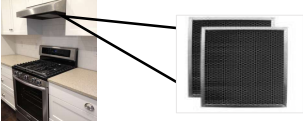



MINIMUM PHYSICAL PLANT REQUIREMENTS

(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



1/2024-TMS DHSR Construction Section MHL Physical Plant License Requirements 68

68



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



1/2024-TMS DHSR Construction Section MHL Physical Plant License Requirements 69

69




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



1/2024-TMS DHSR Construction Section MHL Physical Plant Licensure Requirements 70

70



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.



1/2024-TMS DHSR Construction Section MHL Physical Plant Licensure Requirements 71

71



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



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



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

1/2024-TMS DHSR Construction Section MHL Physical Plant Licensure Requirements 72

72



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.**

1/2024-TMS

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73

73



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.

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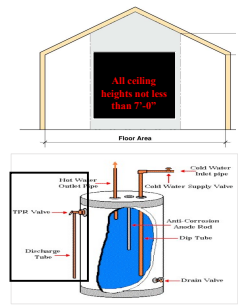
74

74



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.

1/2024-TMS

DHSR Construction Section MHL Physical Plant Licensure Requirements

75

75



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.

1/2024-TMS

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76

76



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

1/2024-TMS

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77

77



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 manufacturers 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.**



1/2024-TMS

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78

78



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.



1/2024/TMS
DHSR Construction Section MHL Physical Plant Licensure Requirements
79

79




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*

1/2024/TMS
DHSR Construction Section MHL Physical Plant Licensure Requirements
80


80



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.



1/2024/TMS
DHSR Construction Section MHL Physical Plant Licensure Requirements
81

81




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.



1/2021TMSDHSR Construction Section MHI, Physical Plant Licensure Requirements82

82




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.*

1/2021TMSDHSR Construction Section MHI, Physical Plant Licensure Requirements83

83




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.



1/2021TMSDHSR Construction Section MHI, Physical Plant Licensure Requirements84

84

 **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.

1/2021TMS DHSR Construction Section MHL Physical Plant License Requirements 85

85

 **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.*

1/2021TMS DHSR Construction Section MHL Physical Plant License Requirements 86

86



87

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The Application Review



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88



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 into action, who will do what, what steps they need to take, what forms or documents to use.

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89

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Mental Health Licensure Policies and Procedures Worksheets

Mental Health Licensure requires agencies to develop written policies and procedures (P&P). The P&Ps must be submitted to the Licensure and Training Consultant during the initial and some change review processes.

For guidance on writing the agency policies and procedures, please refer to the FAQs on the [DHSR Mental Health Licensure and Certification Section website](#).

1. Use the policy worksheet to identify the **specific page numbers** where each policy and procedure is located in the **P&P manual**.
2. This worksheet must be completed and submitted alongside the agency's P&P manual. **If it is incomplete or incorrect, the P&P manual will be returned.**
3. The **P&P manual** must be submitted as a **single PDF**.
4. The **policy worksheet** should be submitted as a **separate PDF**.
5. If "No" or "N/A" is checked, the agency must document and provide a reason in the comment section explaining why it is submitted as No or N/A.
6. Submitting flow charts as a policy is unacceptable.

Please note that this worksheet is not a substitute for the rules. Agencies are responsible for complying with all applicable rules and statutes.



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90

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FILLABLE FORM

Mental Health Licensure and Certification Section

Facility Name: _____ NMLE _____ Service Category(s): _____
 Agency Name: _____ County: _____ Type of Review (Change or Initial): _____
 Consultant Name: _____ Date of Review: _____

Policy / Procedure Checklist

Policy Page Number Must be Entered	1. The procedure for defining the delegation of management authority for the agency's operations and its services (the chain of command).	2. Procedure for the release for discharge of the client from the facility/agency: • The reasons why a client might be discharged from the program/agency and • The notice period given and who the recipients of the notice	3. Procedure on Client Record Management outlining how the agency is managing client records, which include: • Transportation of records when necessary • Safeguarding records against loss, tampering, and destruction • Ensuring that authorized users can access records at all times • Maintaining the confidentiality of client records • Providing access to information for clients	4. A procedure that outlines guidelines for safe transportation of clients, tailored to their individual needs, including methods for moving and securing emergency information during transport.	5. Procedures outlining the components and activities of a Quality Assurance/Quality Improvement (QA/QI) committee. Activities of the QA/QI should include:	Yes	No	Comments

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91

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

WARNING

Beware of false knowledge; it is more dangerous than ignorance.

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

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92

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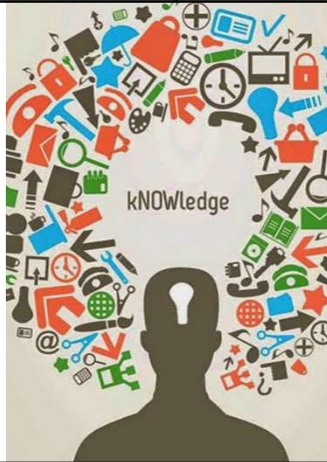
The Licensee/The Qualified Professional/Staff/Personnel



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93

The Licensee



94

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The Qualified Professional

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95

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Staff

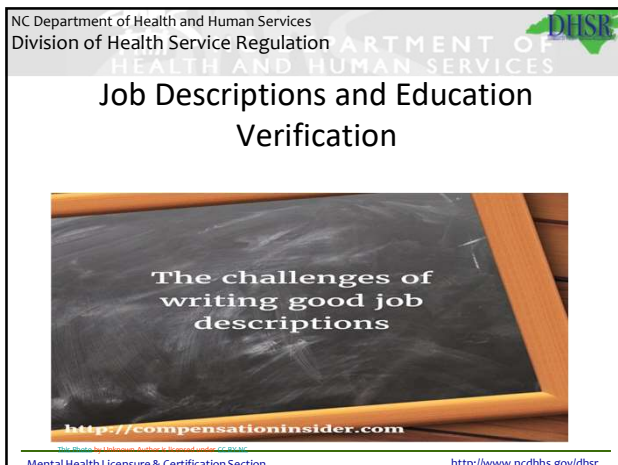
96



100



101



102



103



104



105

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Additional Documentation



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106



Where Can I find Trainers and Trainings?

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107

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North Carolina Identity Management (NCID)

Register for an NCID



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108

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Hot Water



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112

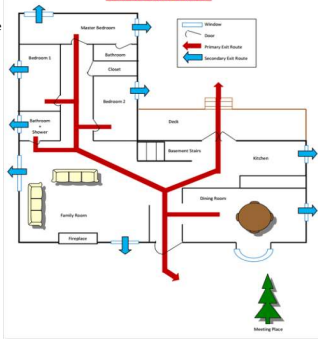
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Evacuation Plans

- Document Route of exit
- Document Meeting Place

Escape Plan Example



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113

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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!

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114

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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.

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115

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After 6 months, the application will be rescinded



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116



Renewing your license
Annually

117

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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.

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118

Compliance Vs Non-compliance

119

24 hours a day 7 days a week of responsibility.

120

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



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121

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THANK YOU

The Licensure & Training Team

Stacy Silvia| Team Leader

Miguel Sabillon| LTC

Natalie Haith-Edwards| LTC

Savannah Alford| LTC

Connie Anderson| LTC Child Residential

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122

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Resources

NCAC Rules and General Statutes



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123

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Contact Information

Division of Health Service Regulation
Mental Health Licensure & Certification Section
2718 Mail Service Center
Raleigh, NC 27699-2718

<http://www.ncdhhs.gov/dhsr/mhlc/mhstaff.html>

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124

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Office Location

Physical Address: 1800 Umstead Drive, Raleigh, NC 27603

Mailing Address: 2718 Mail Service Center, Raleigh, NC 27699-2718

Telephone: 919-855-3795

Fax: 919-715-8078

Website: [Division of Health Service Regulation Mental Health Licensure and Certification Section](#)

Email: MHLC.Support@dhhs.nc.gov

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125

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Forms

[Initial Mental Health Licensure Application](#)
[Mental Health Change of Licensure Application](#)
[Facility Walk-Through Form](#)
[List of Needed Materials for Initial and Change Licensure review](#)
[Policies & Procedures Worksheets](#)

Provider Forms

[N.C. Licensed Care Facilities Disaster Plan Portal](#)

- You must have an NCID account to access the portal.
- you can register for a [free NCID account online](#).

[Emergency Relocation of Clients form](#)

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126

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DHSR Website

You can download and print Mental Health Rules and General Statutes at

<https://info.ncdhhs.gov/dhsr/mhlcs/rules.html#rules>



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127

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DHSR Enterprise

[Register or sign in to DHSR Enterprise](#)
[Renew Application Sign-In](#)
[DHSR Enterprise Training](#)



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128

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LME/MCO


DMH/DD/SAS LME/MCO Contact Information

- <http://www.ncdhhs.gov/mhddsas/lmeonbluebyname.htm>
- <http://www.ncdhhs.gov/mhddsas/lmeonblue.htm>

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129

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Emergency Management Information for Disaster Plans


North Carolina's Division of Emergency Management has a list of phone numbers for each county's Emergency Management (EM) office on their web site: <https://www.ncdps.gov/emergency-management/em-community/directories/counties> or call 919-825-2500

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

130

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Service Definition Questions?

Send the emails to BHIDD.HelpCenter@dhhs.nc.gov

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131
