

# The Basics of Mental Health Licensing Process

Division of Health Service Regulation  
Mental Health Licensure & Certification Section



*DHSR Website*



*Rules and Statutes*



*31 Service Categories*



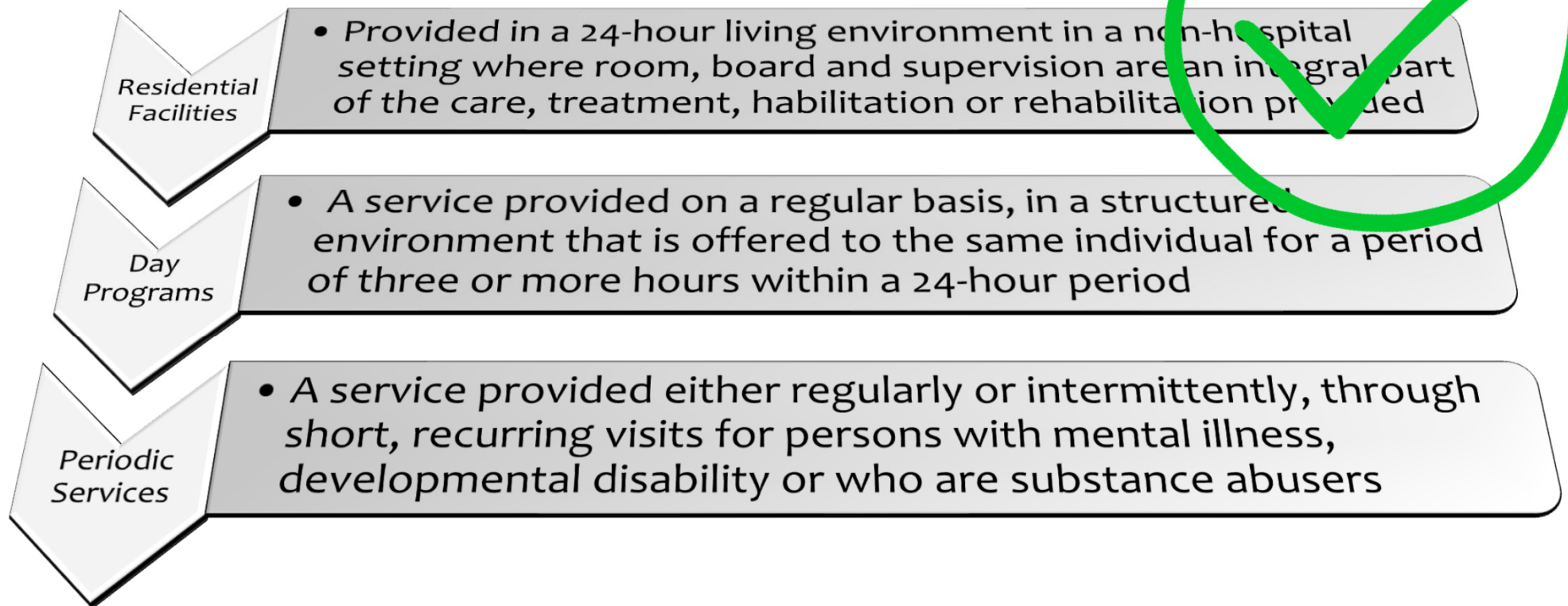
*Frequently Asked Questions*



# Purpose of this Training



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



# Mental Health Licensure and Certification Section Licensure & Training Section

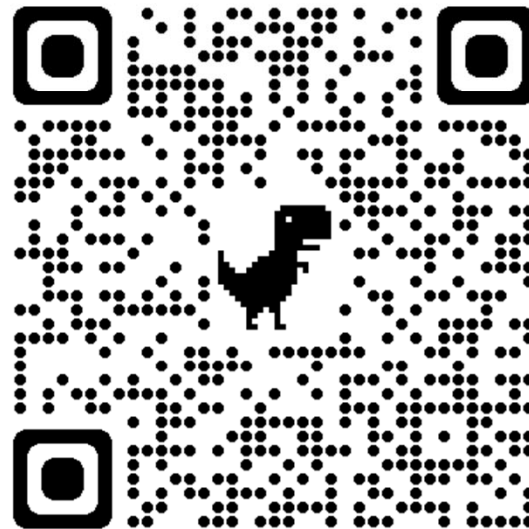
The Licensure & Training Section does **NOT** license:

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

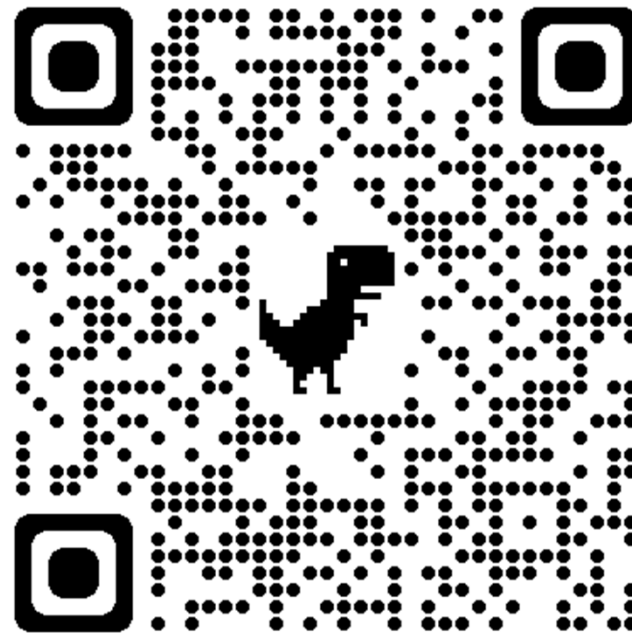


## *Mental Health Licensure and Certification licenses*

### *31 Specific Services*

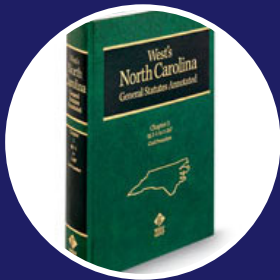


# The Rules and Statutes



# 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





# 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

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-6;  
Smoking  
Prohibited; Penalty

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



## 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

NCAC 27G  
.0400 –  
Licensing  
Procedures

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

# Core Licensure Rules

Every licensed facility must adhere to all  
core rules in 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

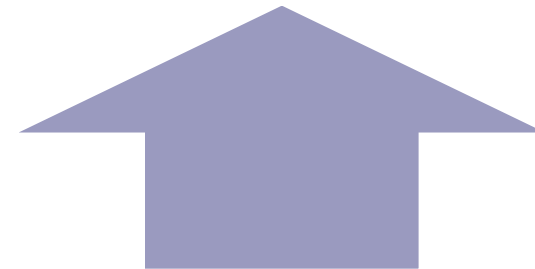
Incident reporting requirements

# 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**





# Program Specific Licensure Rules

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

# Client Rights Rules

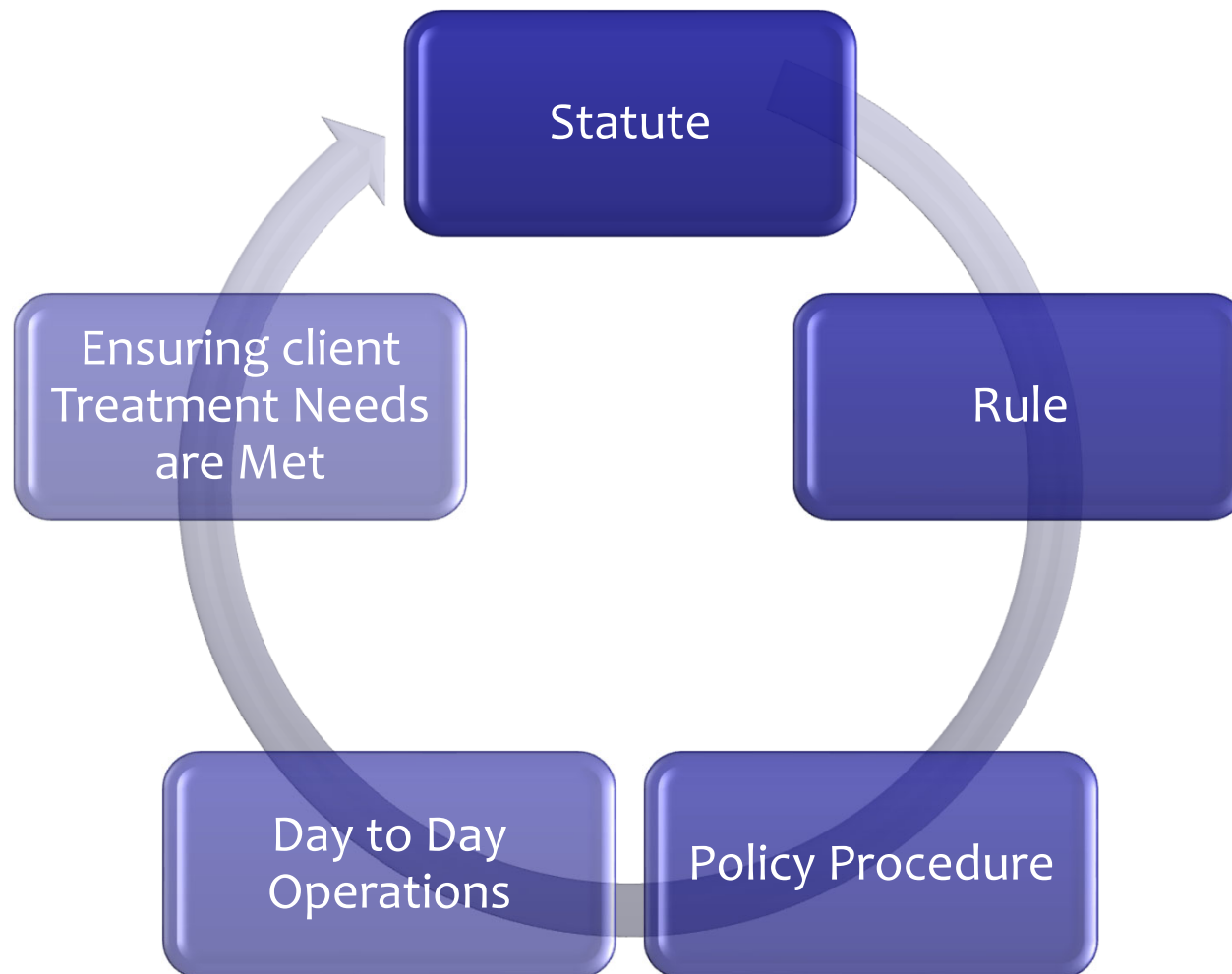
In addition to core and program specific rules,

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

# Why is all this so important to me?





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



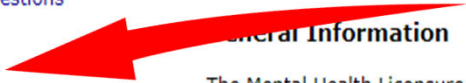
NCDHHS

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.

# *Choosing a Service Category*



# What type of Service?

## Residential Services



## 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)

# 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

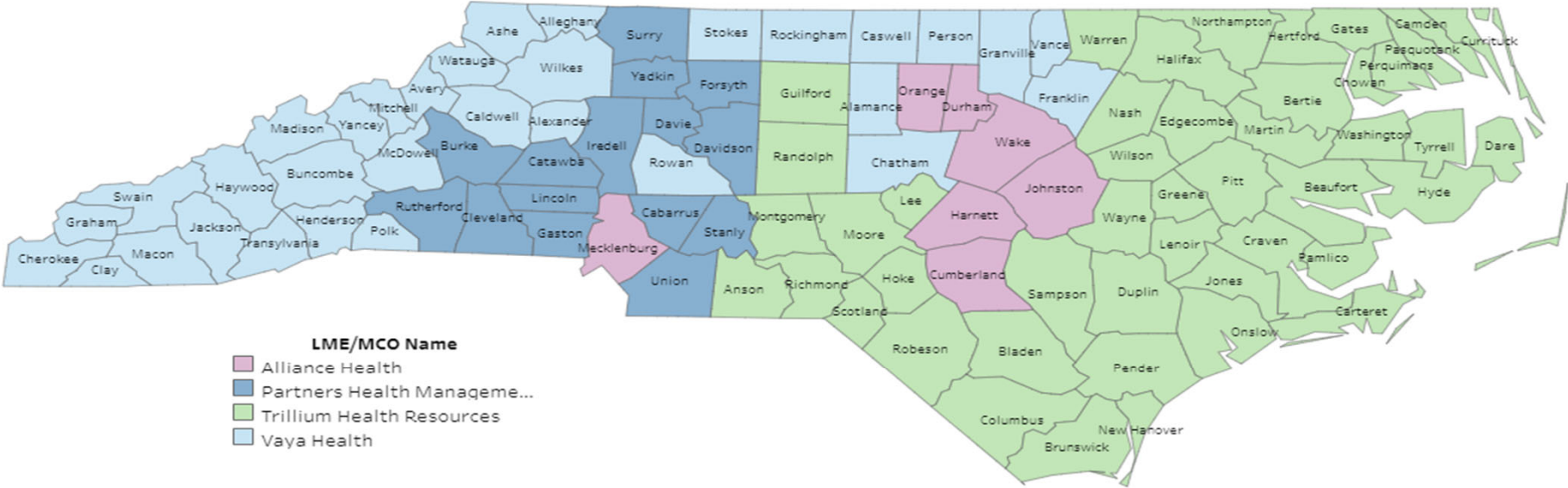
Note: MI (Mental Illness), IDD (Intellectual/Developmental Disabilities), SUD (Substance Use Disorder)





# People to Serve

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



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)*



# Letter of Support from LME/MCO

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

# How will I get Paid?





The Initial  
Application  
Process

## License Application Requirements & Checklist



## Day Program Checklist

### Requirements for Day Programs

**Note:** Day Programs for children and adolescents cannot 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	

# NC Department of Health and Human Services 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: (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: \_\_\_\_\_





**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):** \_\_\_\_\_



**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%.

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

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

# Initial 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



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



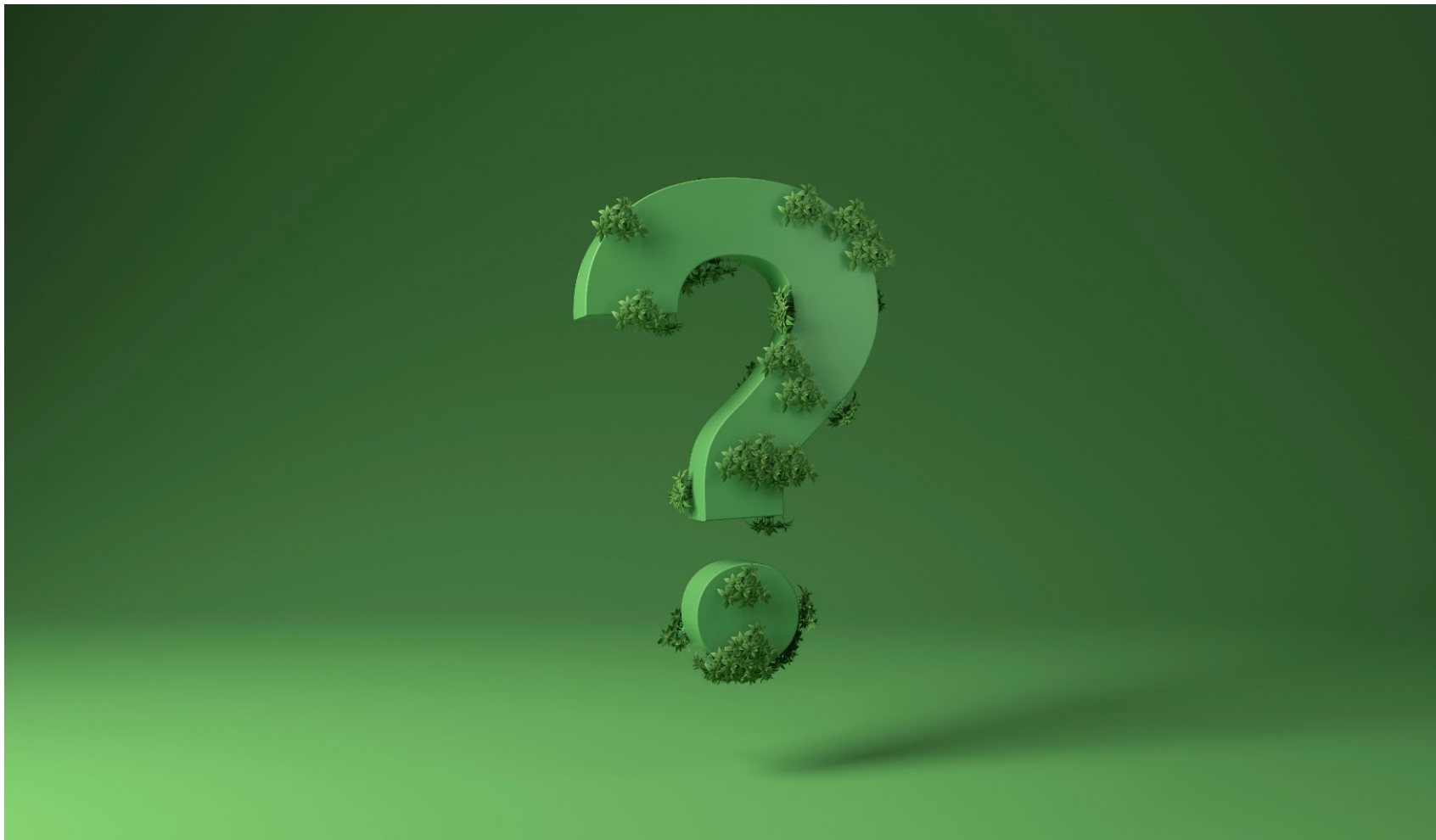
## Initial Application

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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.

# What is an Unlicensed Facility?



## 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



OWNERSHIP



# WARNING

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

---

# OWNERSHIP

## Ownership Disclosure

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





## 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!**





# 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



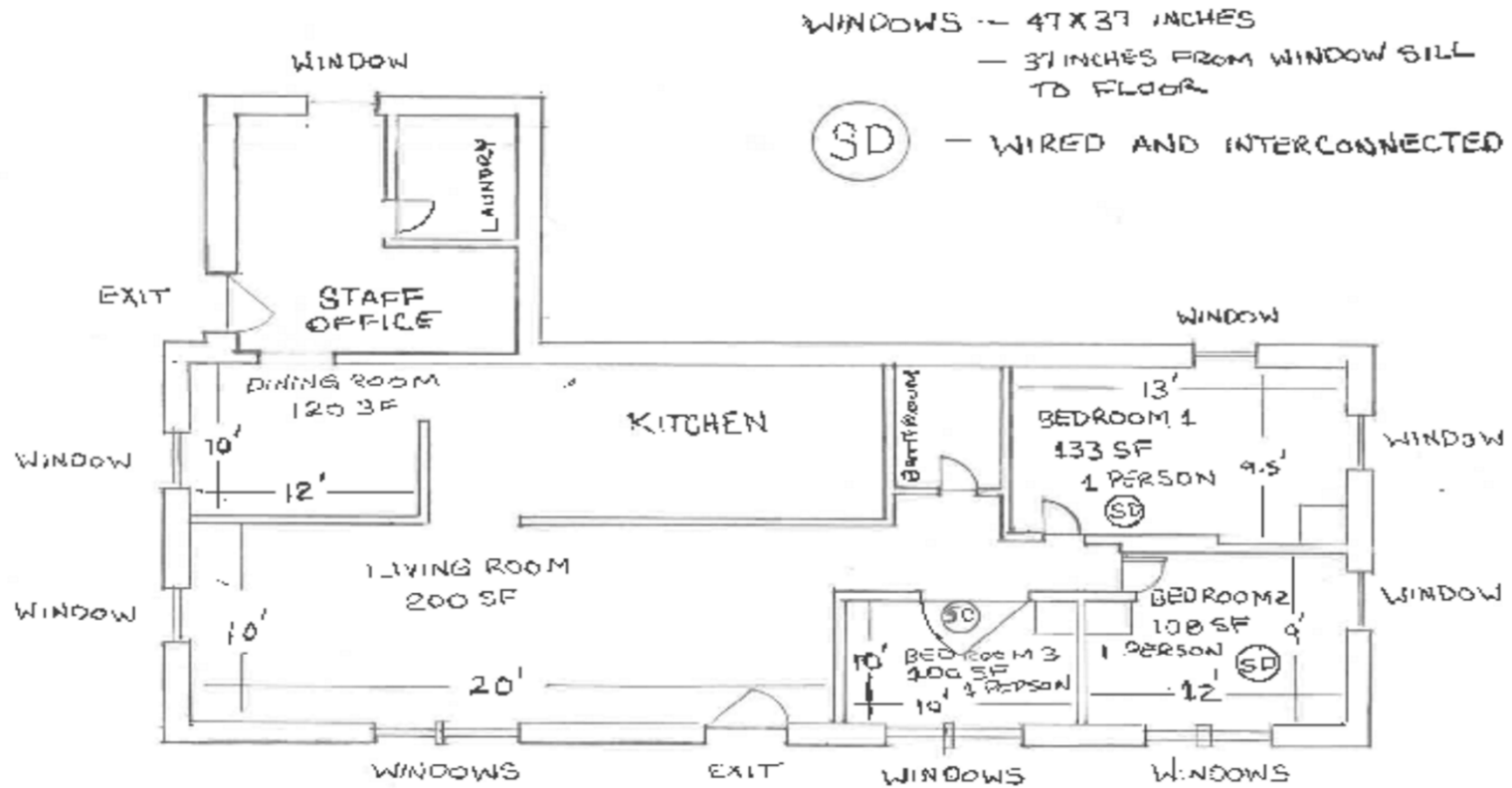


## What To Submit With Your Application

- 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 Point

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 jails. 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 Resources  
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**  
Costs  
Verify Registry Listings  
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, 2701 Mail Service Center, Raleigh, NC 27699-2701



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

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Division of Health Service Regulation



# MINIMUM PHYSICAL PLANT REQUIREMENTS

## 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

	Chapter 13 Subchapter K <a href="#">Ⓞ</a>	Emergency Preparedness Final Rule <a href="#">Ⓞ</a> (PDF, 783 KB)
Hospital	10A NCAC Chapter 13 Subchapter B <a href="#">Ⓞ</a>	Appendix A <a href="#">Ⓞ</a> (PDF, 2.13 MB) Appendix V <a href="#">Ⓞ</a> (PDF, 392 KB) Emergency Preparedness Final Rule <a href="#">Ⓞ</a> (PDF, 783 KB)
Hospital - Psychiatric Units	10A NCAC Chapter 13 Subchapter B <a href="#">Ⓞ</a>  Chapter 27 Subchapter C <a href="#">Ⓞ</a> D <a href="#">Ⓞ</a> E <a href="#">Ⓞ</a> F <a href="#">Ⓞ</a>	
Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)	10A NCAC Chapter 26 Subchapter C <a href="#">Ⓞ</a>  Chapter 27 Subchapter C <a href="#">Ⓞ</a> D <a href="#">Ⓞ</a> E <a href="#">Ⓞ</a> F <a href="#">Ⓞ</a> G <a href="#">Ⓞ</a>	Appendix J <a href="#">Ⓞ</a> (PDF, 432 KB) Emergency Preparedness Final Rule <a href="#">Ⓞ</a> (PDF, 783 KB)
Jails, Local Confinement Facilities	10A NCAC Chapter 14 Subchapter J <a href="#">Ⓞ</a>	
Laboratory, Pap Smear, HIV Testing, Mammogram	10A NCAC Chapter 13 Subchapter M <a href="#">Ⓞ</a>	Appendix C <a href="#">Ⓞ</a> (PDF, 3.78 MB)
Medication Aide	10A NCAC Chapter 13 Subchapter O <a href="#">Ⓞ</a>	
Mental Health	10A NCAC Chapter 26 Subchapter C <a href="#">Ⓞ</a>  Chapter 27 Subchapter C <a href="#">Ⓞ</a> D <a href="#">Ⓞ</a> E <a href="#">Ⓞ</a> F <a href="#">Ⓞ</a> G <a href="#">Ⓞ</a>	
Nurse Aide I Registry	10A NCAC Chapter 26 Subchapter D <a href="#">Ⓞ</a> Subchapter O <a href="#">Ⓞ</a>	
Nurse Aide Training	10A NCAC Chapter 13 Subchapter D <a href="#">Ⓞ</a>	
Nursing Home	10A NCAC Chapter 13 Subchapter D <a href="#">Ⓞ</a>	Appendix PP <a href="#">Ⓞ</a> (PDF, 1.21 MB) Emergency Preparedness Final Rule <a href="#">Ⓞ</a> (PDF, 783 KB)
Nursing Pool	10A NCAC Chapter 13	





# MINIMUM PHYSICAL PLANT REQUIREMENTS

**PLEASE  
READ THE  
RULES**

## SECTION .0300 - PHYSICAL PLANT RULES

### 10A NCAC 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 at the time of licensing.
- (b) Each facility operating under a current license issued by DFS 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.

### 10A NCAC 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 DFS 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.

### 10A NCAC 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.

### 10A NCAC 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 retardant.
  - (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 100-116 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:

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



# 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**).

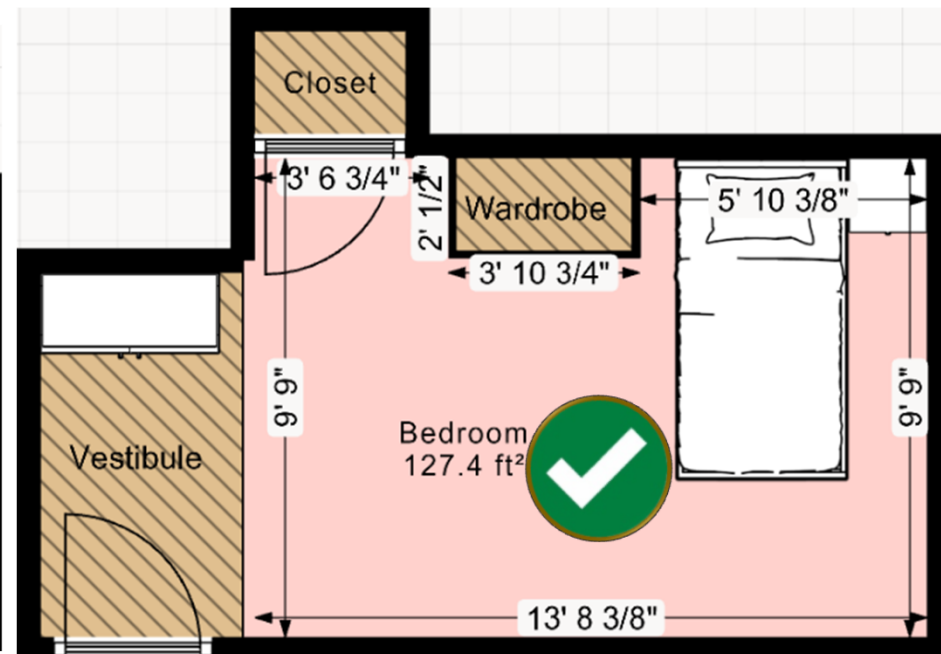
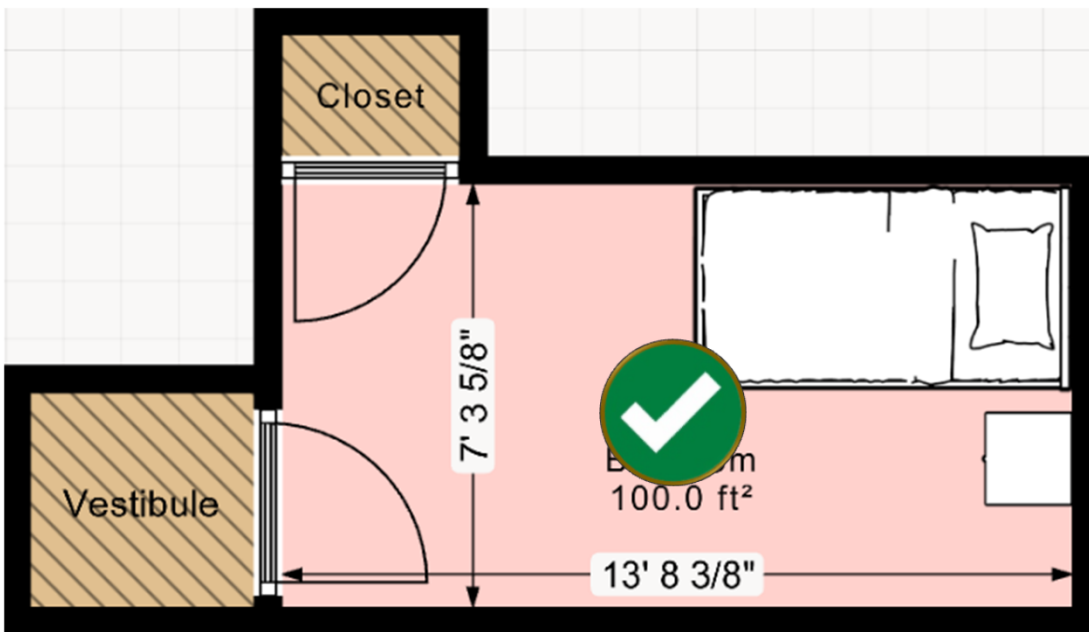
\*\*If the Licensure application has a request for non-ambulatory clients, these non-ambulatory clients' bedroom must be on the main ground floor.



# MINIMUM PHYSICAL PLANT REQUIREMENTS

## Bedrooms – Examples of Sufficient Square Footage:

Single occupancy bedrooms a minimum of 100 square feet

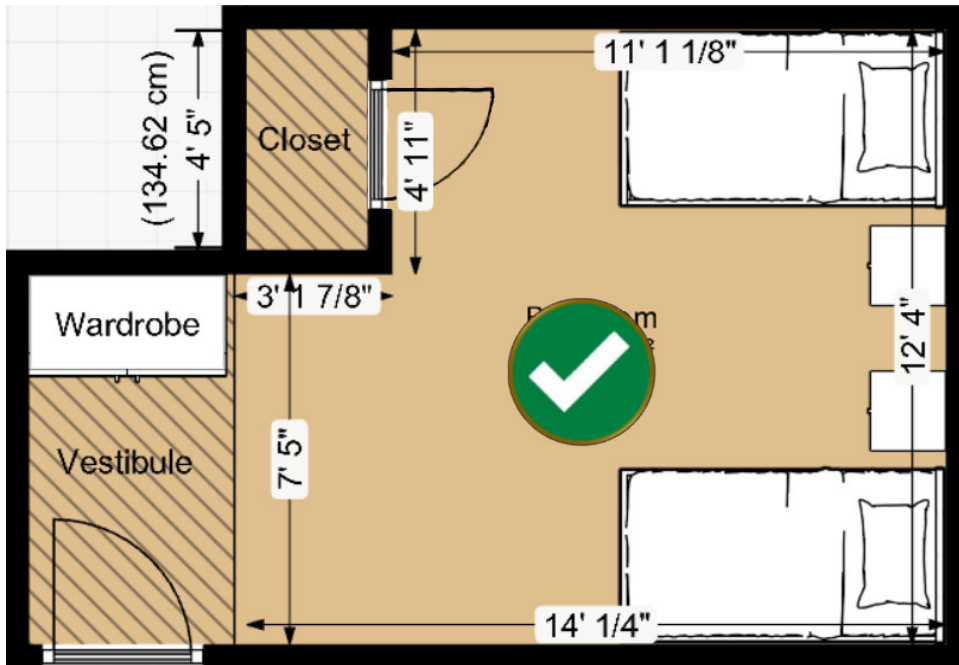




# MINIMUM PHYSICAL PLANT REQUIREMENTS

## Bedrooms – Examples of Sufficient Square Footage:

Double occupancy bedrooms a minimum of 160 square feet

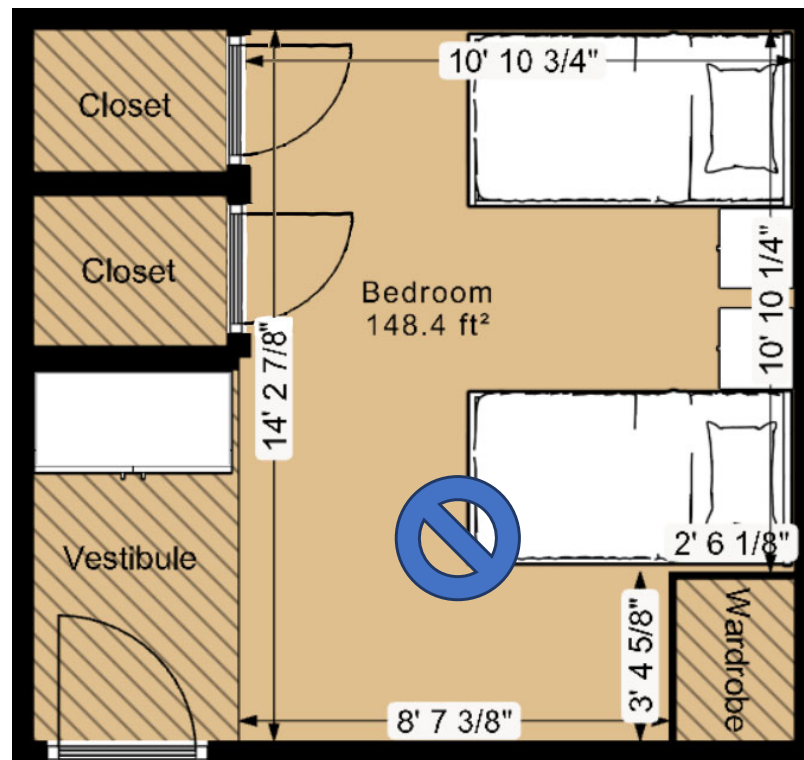




# MINIMUM PHYSICAL PLANT REQUIREMENTS

## 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

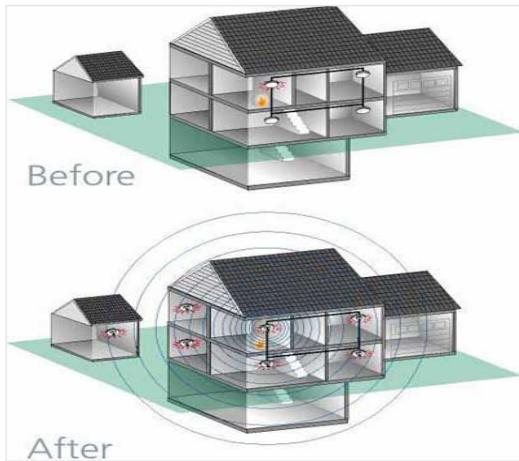
**\*\*The following slides are additional requirements from the 2018 North Carolina State Building Codes which are applicable to all Licensed Residential Care Facilities. These slides do not contain all the requirements of the 2018 North Carolina State Building Codes. Please consult with the local authority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



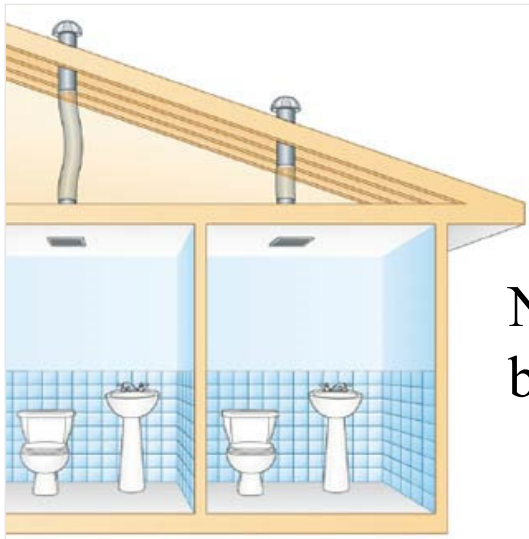
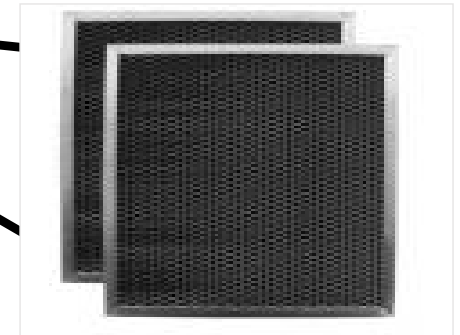


# MINIMUM PHYSICAL PLANT REQUIREMENTS

## (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

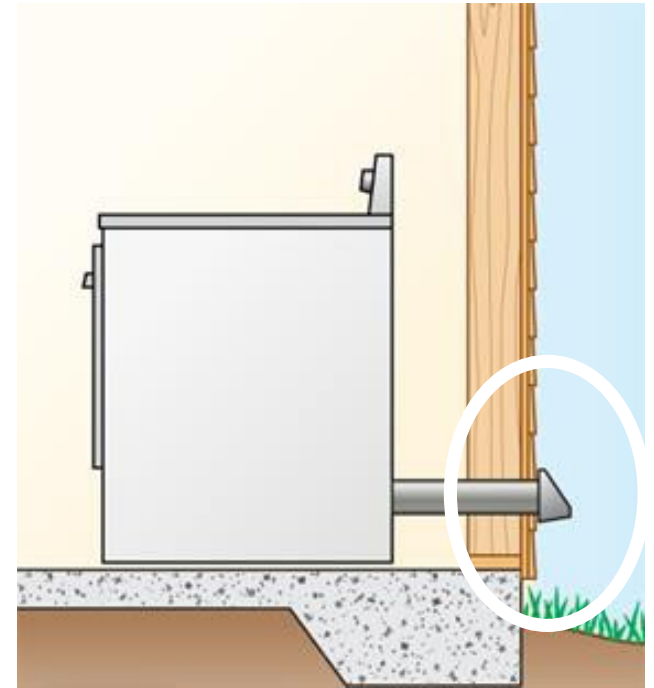


# MINIMUM PHYSICAL PLANT REQUIREMENTS

## (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**

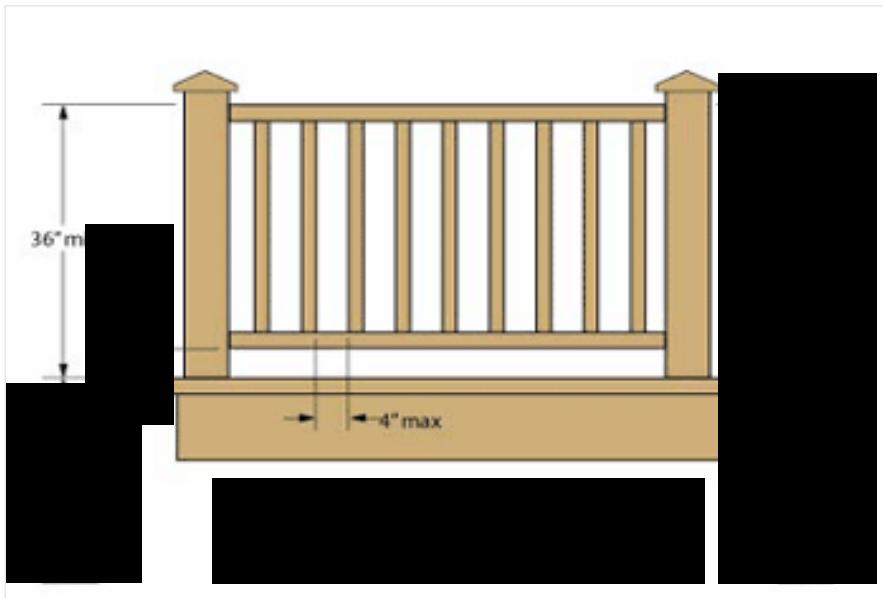


**Flame Guard** - Fire Retardant Treatment for Water Based Latex Paints  
Contact: **Hy-Tech Thermal Solutions**  
Phone: **321-984-9777**



# 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)

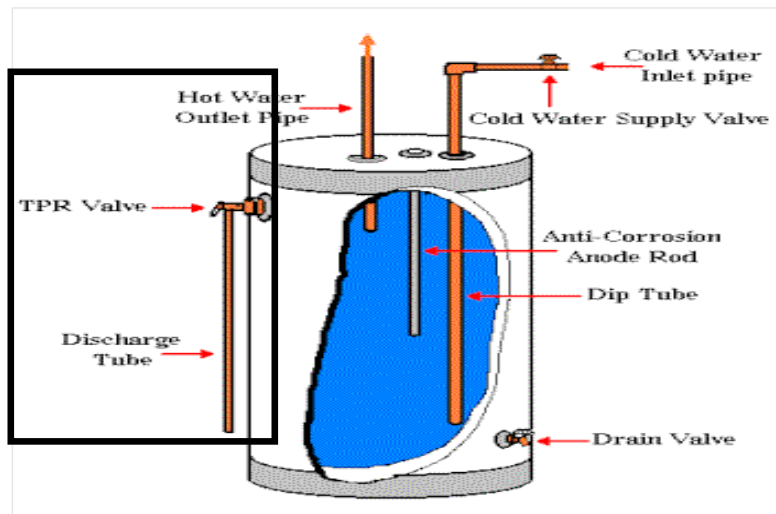
### Minimum Ceiling Height

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.**





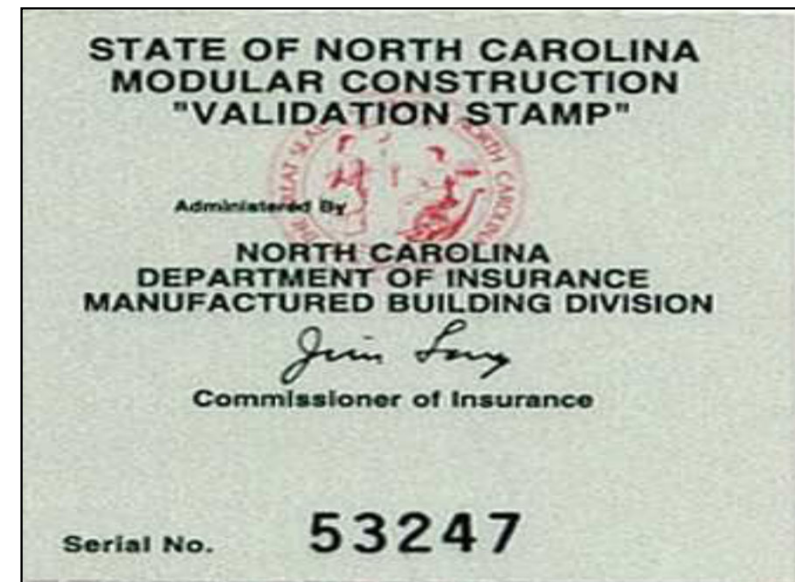
# MINIMUM PHYSICAL PLANT REQUIREMENTS (Applicable Building Code Requirements)

## 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.*





## 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.*

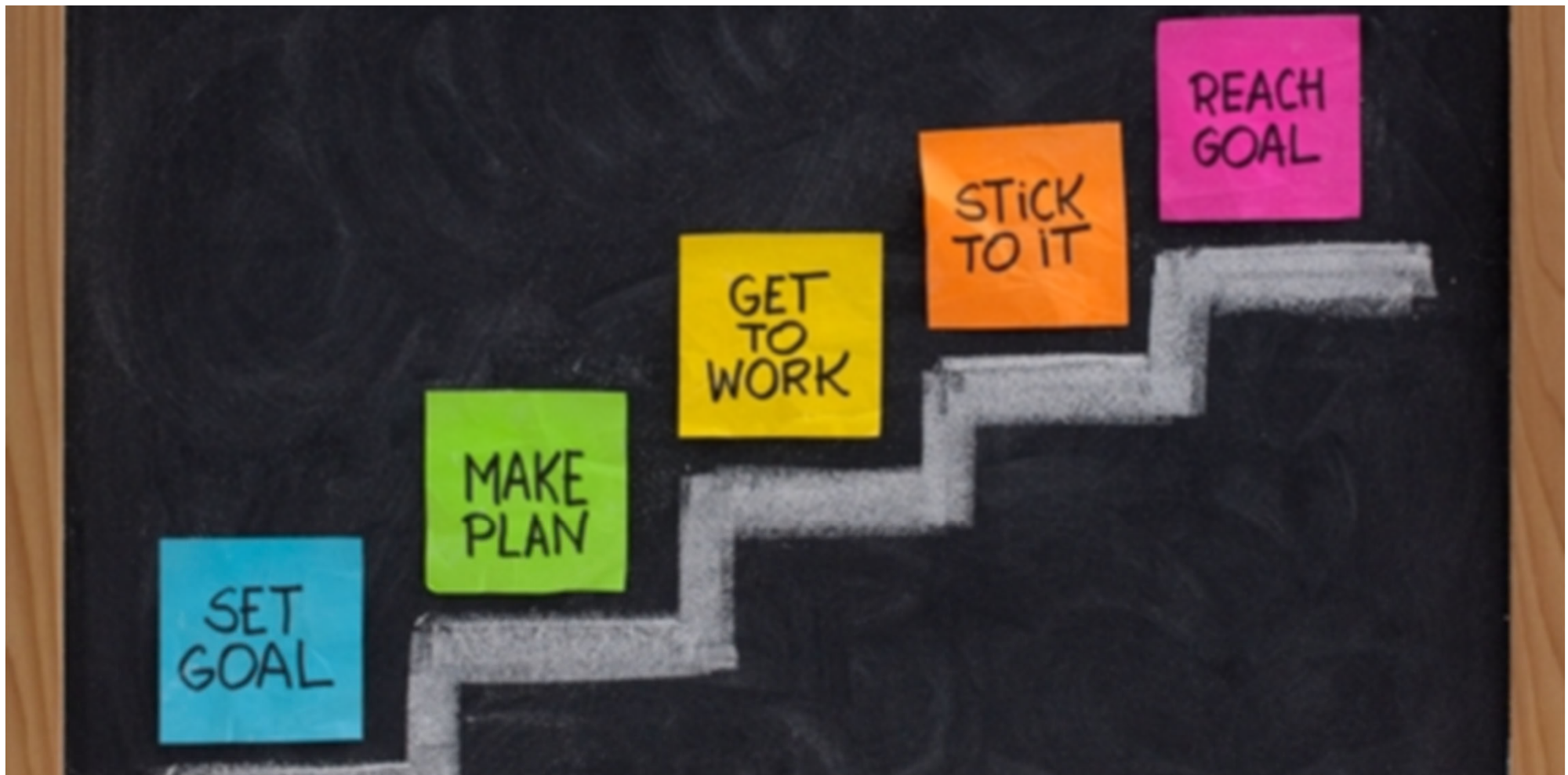
*\*Please see Slides #28 and #29 for more information on this.*



**TIME FOR**

**REVIEW**

# The Application Review





## Policies and Procedures

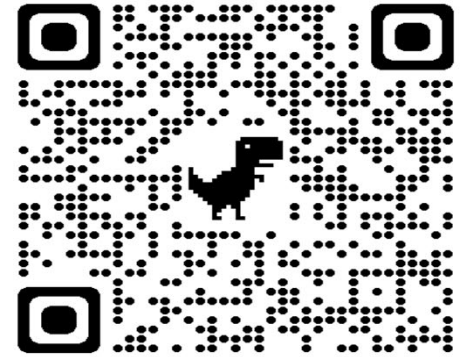
- Policy = Clear simple statement of intent of what your organization wants to do, a set of principles to guide decisions and achieve outcomes.
- Procedure = The steps to put the policy into action, who will do what, what steps they need to take, what forms or documents to use.

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.***



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



**FILLABLE FORM**

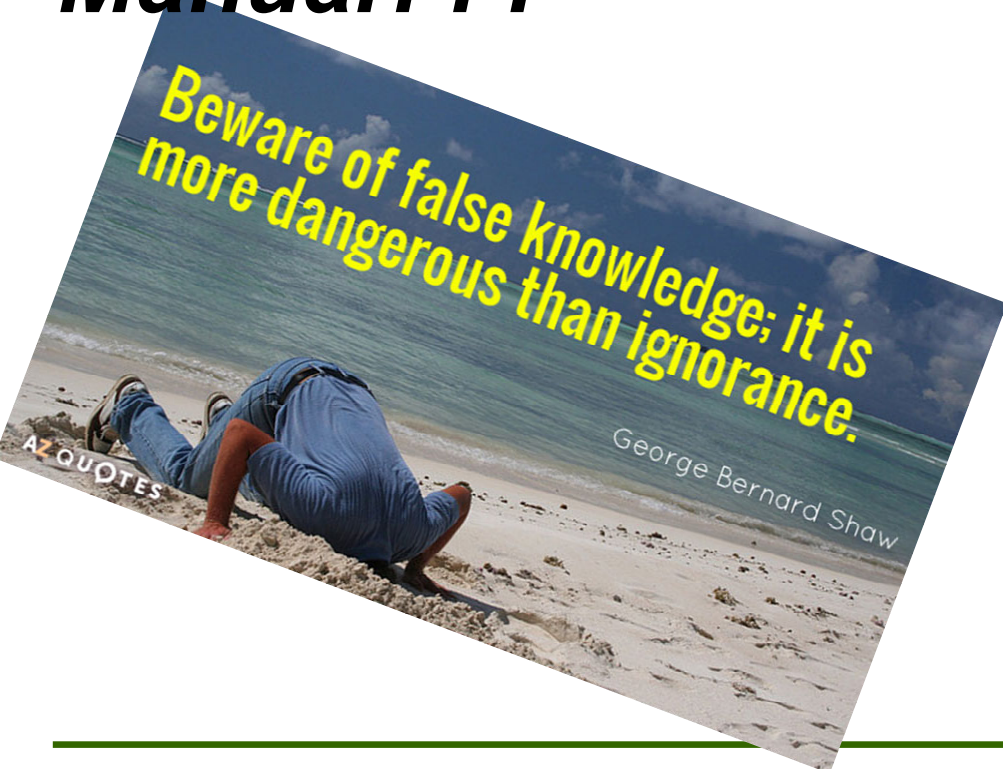
**Mental Health Licensure and Certification Section**



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

Policy / Procedure Checklist				
<u>SUBCHAPTER G. RULES FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES, AND SUBSTANCE ABUSE FACILITIES AND SERVICES</u>				
Policy Page Number Must be Entered	<u>10A NCAC 27G .0201 Governing Body Policies</u>	Yes	No	Comments
	1. The procedure of defining the delegation of management authority for the agency's operation and its services (the chain of command).	<input type="checkbox"/>	<input type="checkbox"/>	
	2. Procedure for the criteria for discharge of the client from the facility/agency: <ul style="list-style-type: none"> <li>• The reasons why a client might be discharged from the program/agency and</li> <li>• The notice period given and who the recipients of the notice</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
	3. Procedure on Client Record Management outlining how the agency is managing client records, which include: <ul style="list-style-type: none"> <li>• Transportation of records when necessary</li> <li>• Safeguarding records against loss, tampering, and defacement</li> <li>• Ensuring that authorized users can access records at all times</li> <li>• Maintaining the confidentiality of client records</li> <li>• Providing access to information for clients</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	
	4. A procedure that outlines guidelines for safe transportation of clients, tailored to their individual needs, including methods for securing and accessing emergency information during transit.	<input type="checkbox"/>	<input type="checkbox"/>	
	5. Procedures outlining the composition and activities of a Quality Assurance/Quality Improvement (QA/QI) committee. Activities of the QA/QI should include:	<input type="checkbox"/>	<input type="checkbox"/>	

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

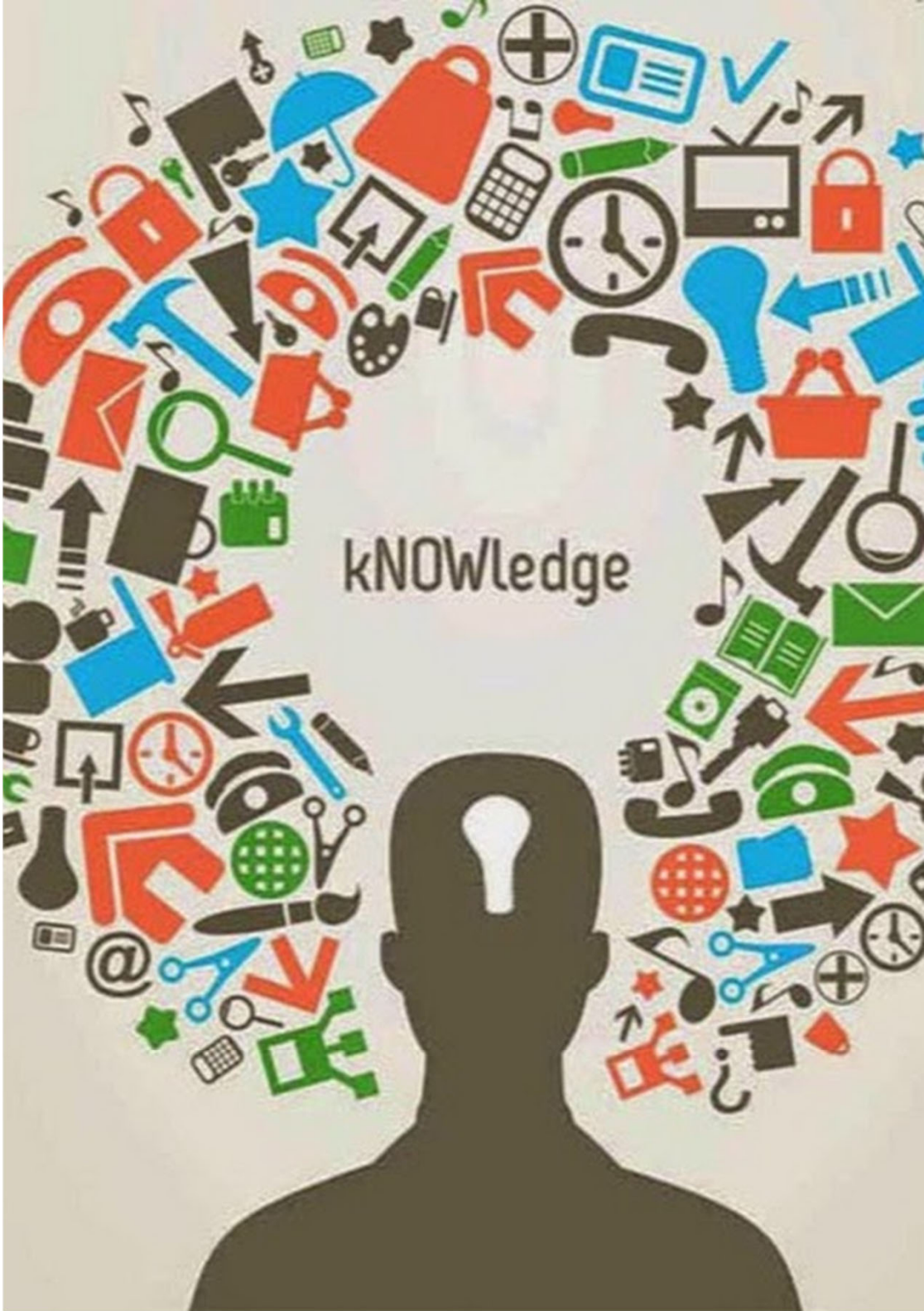


Policies and procedures will vary between facilities because they reflect the values, approaches, and commitments of an organization

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



# The Licensee



# The Qualified Professional



# Staff





# Personnel Records



Job Descriptions and Qualifications



Degrees



Criminal Background Check



CPR/First Aid



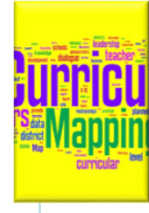
Alternatives to Restricted Interventions



HCPR Verification



General org/Client Rights/ Confidentiality



Special Populations Training



Training Instructors Credentials



Medication Training

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



DEPARTMENT OF HEALTH AND HUMAN SERVICES

<i>Policy and Procedures</i>	
Mental Health Licensure requires the applicant/ licensee to submit the agency policies and procedures manual.	
<a href="#">MH Licensure Policies and Procedures Worksheet</a> <b>MUST</b> be completed and attached to P&P. (The worksheet is not a substitution for the rules. The licensee is responsible for complying with all applicable rules and statutes.	

<i>Personnel Records</i>	
<i>This includes All personnel working at the facility and with clients. Direct Care, Qualified Professionals, Licensed Professionals, all staff</i>	
Staff's Name and Date of Hire	
A SIGNED Job Description ( <i>must be signed by the employee and employer</i> )	
The Qualified Professional's (QP) and Staff resume or application <b>must be submitted.</b>	
Verification of Education (An education background check confirms a person's education claims. Examples are transcripts, diplomas or official web-based educational verification services). See below for LP's	
Licensed Professionals (LPs): Professional license verification	
<a href="#">Health Care Personnel Registry Verification</a> checks ( <i>including the Licensee &amp; affiliates with direct client care access</i> ) <i>Must be completed within 90 days of Licensure review.</i>	
*State/National criminal check documentation <i>Criminal Check(s) must be completed within 180 days of initial licensure review</i>	
Physical and Tuberculosis Screening (per agency policy)	
General organization orientation (organization of agency) training	
Training in Client Rights	
Training in Confidentiality	
Training to meet the needs of the population served - based on licensure category (training must reflect the population served at the facility).	
First Aid Training	
CPR Heimlich Maneuver or equivalent. <i>Will not accept if a course training is online only.</i>	
Medication Administration Training ( <i>RN, pharmacist or MD privileged to administer medications is allowed to teach. Medication training must be specific to the facility and in-person training.</i> )	
Training in infectious Diseases and Bloodborne Pathogens	
<a href="#">Training in Alternatives to Restrictive Interventions</a> ( <i>all staff must have De-Escalation Training</i> )	
<a href="#">Training in Seclusion, Physical Restraint &amp; Isolation Time-Out</a> <b>IN PERSON TRAINING</b> <i>All staff must be trained if the facility utilizes restrictive interventions.</i>	
<a href="#">List Approved Curricula for the use of De-Escalation and Restrictive Interventions</a>	

<i>Training Curriculums</i>	
Submit the curriculum used to train staff to meet the needs of the population served. ( <i>Training must relate to the population that will be served</i> ).	

<i>Instructor Credentials for staff training</i>	
Medication Administration ( <i>RNs, Physicians, licensed medical persons with a valid NC license</i> )	
CPR trainer certification(s)	
First Aid trainer certification(s)	
<a href="#">Alternatives to Restrictive Training</a> (De-escalation training) trainer certification(s)	
<a href="#">Restrictive Intervention Training</a> trainer certification(s)	

<i>Disaster Plan</i>	
Written Disaster Plan *	
Must include documentation that the <a href="#">local county emergency management services</a> reviewed the plan	

<i>Additional Documentation</i>	
<i>For 24-hour facilities:</i> Facility Rules (house rules) about clients' rights (i.e., making & receiving phone calls; receiving visitors; being outdoors, exercise; personal clothing; religious worship; driver's license; individual storage space; vocational training; access to own money)	
Days and hours of operation/staff shift patterns and staff ratios for each service category.	
Facility Pet(s) current vaccination records, if applicable	
<b>If a new Licensee must submit NCID USER NAME</b> (not password) before Licensure. The directions to secure NCID at Enterprise website under Training - <a href="#">It is the Register and Log In Job Aid</a> .	

\*For applicants trying to contact the "local authority," North Carolina's Division of Emergency Management has a list of phone numbers for each county's Emergency Management(EM) office on their website: <https://www.ncdps.gov/emergency-management/em-community/directories/counties>

*Camera/video recording are prohibited in private areas, such as bedrooms and bathrooms, except in 3600 Service Category UA restrooms. Cameras in common areas must not be positioned to capture private areas. If you have questions, please ask the Licensure & Training Consultant assigned to your application process.*



# Criminal Background Checks



# Health Care Personnel Registry Verifications



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



NC DEPARTMENT OF  
HEALTH AND HUMAN SERVICES

[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](#)

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## Training in Alternatives to Restrictive Interventions and Physical Restraint Training.



# Job Descriptions and Education Verification



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# CPR and First Aid Training



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# Other Trainings



## Medication Administration Training In-Person



# Additional Documentation





A close-up photograph of a woman with dark skin and short, dark, curly hair. She has a confused or frustrated expression, with furrowed brows and a slightly downturned mouth. Her right hand is raised to her head, with her fingers running through her hair. She is wearing a dark grey, ribbed sweater. The background is plain white.

Where Can I find Trainers and Trainings?

Q r u k # F d u r o d d # I g h o w t | # P d o d j h p h o w # Q F I G ,

## Register for an NCID

The image shows a screenshot of the NCID registration page. At the top, the "NCID" logo is displayed in a large, blue, serif font, with a yellow padlock icon to its right. Below the logo, the text "NCID" appears in a smaller, blue, sans-serif font. The main content area is a white rounded rectangle containing a "USERNAME" label with a red asterisk, followed by a light blue input field. Below the input field is a blue "Next" button. Underneath the button are two links: "Trouble Signing On?" and "Don't have an account? Register Now". At the bottom of the white box is a "Need Help?" link. Below the white box, there are two links: "Privacy and Other Policies" on the left and "Contact Us" on the right. A warning message is centered below these links, flanked by the North Carolina state flag on the left and the DHSR logo on the right. The warning text reads: "WARNING: This is a government computer system, which may be accessed and used only for authorized business by authorized personnel. Unauthorized access or use of this computer system may subject violators to criminal, civil and/or administrative action." At the very bottom of the page, there is a copyright notice: "© State of North Carolina - Department of Information Technology - All rights reserved".

# The Walk-Through

*Mental Health Licensure and Certification Section*



**Facility Walk-Through Attestation**

# The Walk-Through Checklist



Medication Storage



Client Record storage area



First Aid Kits for facility and vehicle(s)



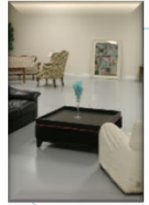
Hazardous Storage area



Disaster Plan



Hot water checks



Furnishings



Fire Extinguisher(s)



Various postings



Operable phone



Evacuation diagram

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



## Facility Walk-Through Attestation

Walk-Through attestation must be signed below, attesting that you and the Licensure & Training Consultant completed a virtual or onsite walk-through, and your facility meets the below requirements.

Facility Name: \_\_\_\_\_ MHL#: \_\_\_\_\_  Minors  
 Site Address: \_\_\_\_\_ FID#: \_\_\_\_\_  Adults  
 Agency Person Present: \_\_\_\_\_ Persons Email: \_\_\_\_\_  
 Capacity Approved: \_\_\_\_\_ Category(s) Approved: \_\_\_\_\_  
 L&T Team Member: \_\_\_\_\_ Effective Date of Licensure: \_\_\_\_\_

Hot Water		
Hot water that is accessible to clients must be maintained between 100-116 degrees Fahrenheit		
Room	Temperature	Notes

Residential Bedrooms (must be furnished at time of walk-through)	Yes	No	NA	Notes
The bedrooms presented during the walk-through are the bedrooms approved by DHSR Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bed(s) (in addition, bedding and linens for each bed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal storage for personal belongings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bedside table(s)/ Night Stands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Windows in Client bedrooms open fully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Client bedrooms CANNOT have locking systems on doors that prevent a client from exiting the room if inside.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Day Program Areas	Yes	No	NA	Notes
Furnished reception area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Furnished group rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other furnishings (per service category)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Medication Storage	Yes	No	NA	Notes
Securely locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Separate storage for each client	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage for refrigerated medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Other Storage	Yes	No	NA	Notes
Hazardous Chemical Storage Areas(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Client Records storage in a confidential area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Conspicuous (Visible) Postings in Public Areas	Yes	No	NA	Notes
DHSR Hotline Number (1-800-624-3004) <a href="#">Link to a PDF DHSR Hotline poster</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No Smoking Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Diagrams: Document the meeting location where headcount is performed and document the exit route	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Fire Extinguishers	Yes	No	NA	Notes
Operable Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Safety	Yes	No	NA	Notes
The surrounding area is in a safe and healthy environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unobstructed hallways and doorways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safe and clean conditions on the exterior and interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Requirements	Yes	No	NA	Notes
Designated operable phone (Phone is stationed and accessible at facility at all times)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid kit available for facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid kit available for vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
The disaster plan (location of the plan at the facility)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CAMERAs	Yes	No	NA	Notes
Video/camera equipment in the facility (list locations) No Cameras allowable in private areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Licensor/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Comments:

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

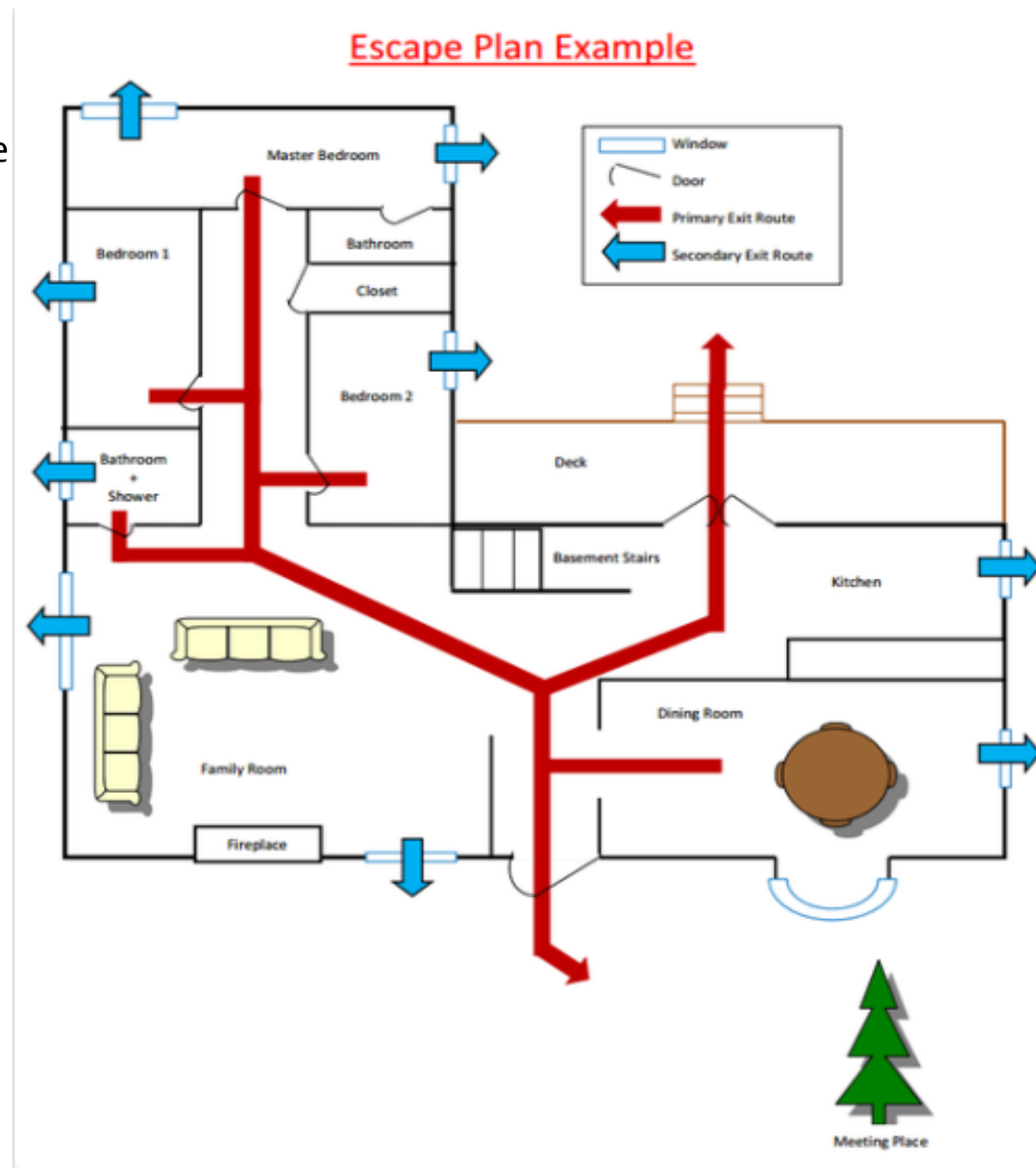
It may take up to 3 weeks for a paper copy or new MHL # to be generated.

# Hot Water



## Evacuation Plans

- Document Route of exit
- Document Meeting Place



# 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!

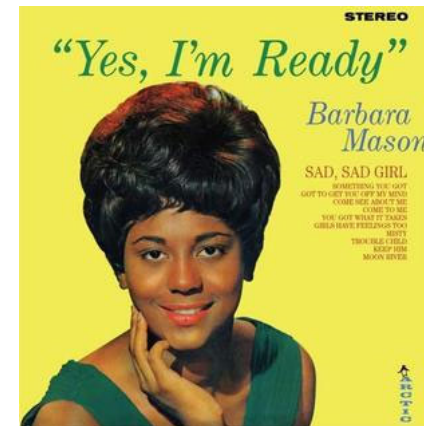


# Licensed!

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



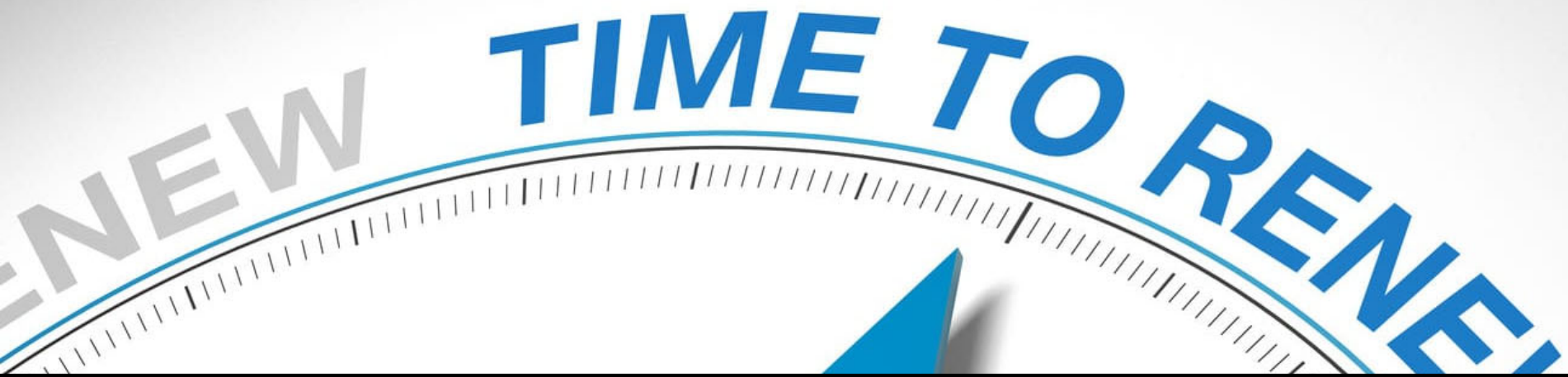
FYI...



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

After 6 months, the application will be rescinded





Renewing your license  
Annually



# 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.



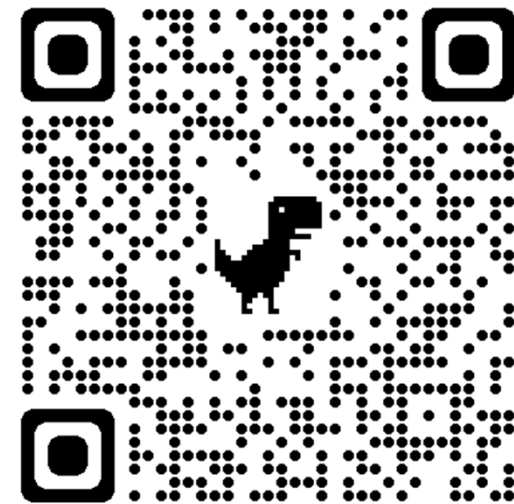
## ***Compliance Vs Non-compliance***

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24 hours a day 7 days a week of  
responsibility.

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



# THANK YOU

The Licensure & Training Team

Stacy Silvia| Team Leader

Arlean Brooks| LTC

Miguel Sabillon| LTC

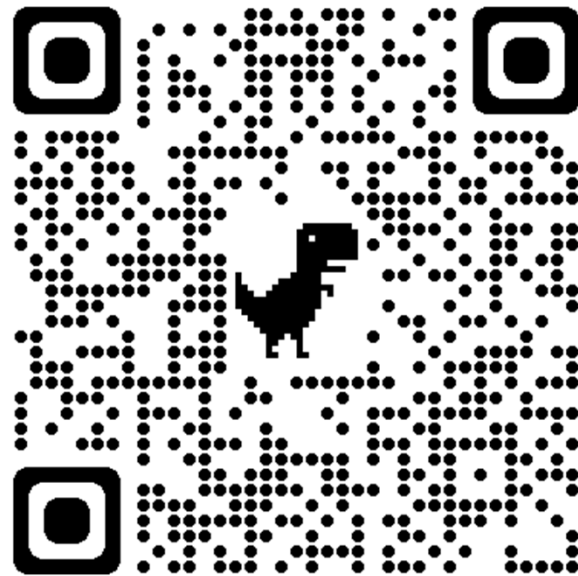
Natalie Haith-Edwards| LTC

Savannah Alford| LTC



# Resources

NCAC Rules and General Statutes



# 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/mhlcs/mhstaff.html>

# 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](mailto:MHLC.Support@dhhs.nc.gov)

# 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](#)

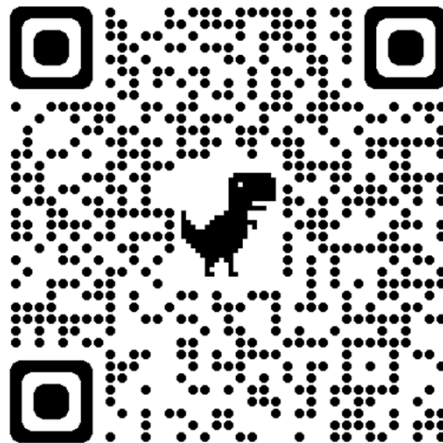
- You must have an NCID account to access the portal.
- you can register for a [free NCID account online](#).

[Emergency Relocation of Clients form](#)

# DHSR Website

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

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

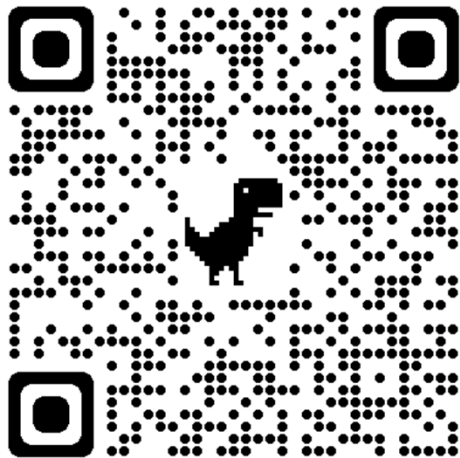


# DHSR Enterprise

[Register or sign in to DHSR Enterprise](#)

[Renew Application Sign-In](#)

[DHSR Enterprise Training](#)



# LME/MCO

## DMH/DD/SAS LME/MCO Contact Information

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

# 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



# Service Definition Questions?

Send the emails to [BHIDD.HelpCenter@dhhs.nc.gov](mailto:BHIDD.HelpCenter@dhhs.nc.gov)