











NC Department of Health and Human Services Division of Health Service Regulation A R T M E N T OF Mental Health Licensure and Certification Section Licensure & Training Section 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 & Certification Section



NC Department of Health and Human Services Division of Health Service Regulation The Rules and State	
Mental Health Licensure & Certification Section	http://www.ncdhhs.gov/dhsr







NC Department o Division of He				1 E N T SERVIO	C E S
	G	eneral	Statute	es	
	ust adhere cting the cli	,	of General S	Statutes (G.	S) aimed
	BACKG	CAR and SERVICE HAIH		care	
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
	$\square$	$\square$		$\square$	
Mental Health Lice	nsure & Certificatio	n Section		http://www	.ncdhhs.gov/dhsr









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

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







































	Residential Checklist Requirements
	residential checkist hequi chients
	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 919-855-3893.
P	ease submit the information below:
	A floor plan that specifies the following:
	a) All levels, including basements and upstairs.
	<li>b) Identification and dimensions of the use of all rooms/spaces.</li>
	c) Dimensions of all bedrooms, excluding any toilets, bathing areas and closets. Clarify double or single occupancy.
	<ul> <li>d) Location of all doors and the dimensions of all exterior doors.</li> <li>e) Location of all windows, including bedroom windows and sill height of bedroom windows above the finishes floor.</li> </ul>
	<ol> <li>Location of all smoke detectors noting whether they are battery-operated, wired into the house current with battery backup, and if they are interconnected.</li> </ol>
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.
	Letter of support from LME/MCO. Not required for ICF-IID facilities.
	Certificate of Need: Required for any new ICF/IID facilities.
	Appointments for Fire & Sanitation Inspections.

NC Department of Health and Human Services
Division of Health Service Regulation
Department approval or verification that the following:
Department approval or verification that the facility is classified under building/planning
for the Intended use.
Department approval or verification that the facility is classified under building/planning
for the Intended use.
Department approval or verification that the facility is classified under building/planning
for the Intended use.
Department approval or verification that the facility is classified under building/planning
for the Intended use.
Department Regrow Restrict Service Regord (https://www.sons.gov/corporations) documenting Active
Status.
Deconstruction/Renovation: the local Building Officials approval.
Department Approval or verification that the facility is classified under building/planning
for the Intended use.
Department to approve the local Building Officials approval.
Department approval or serving any food.
Department approval or serving any food.
Department capport approval the local Building Officials approval.
Desisting Structure: If this is an existing Buisness Occupancy building (as classified under the North
Corroling state building code) and is to shy a change of the approgram that is classified as a
fuel Building Official and provide them with a copy of your application to verify if your program is
classified as a Bui

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Mental Health Licensure & Certification Section



http://www.ncdhhs.gov/dh

	facility is advertised or presented to the p this facility name in <u>all</u> inquiries	public. This is the name that will be printed on your
2. FACILITY SITE ADDRE	SS: (NO P.O. BOXES)	
Street Address:		
		Code:County:
	Email:	
* Must have an operable fa available 24 hours.	acility designated telephone that is clearly	visible, accessible, on site and
	NDENCE MAILING ADDRESS:	
	State: Email:	Zip Code:
Phone:	Email	
4. NAME OF FACILITY D	IRECTOR: (first, Mi, Last)	
governing authority, information in accord	submits information for the above na fance with 10A NCAC 27G.	UTHORITY: The undersigned, representing the med facility and certifies the accuracy of this
Name: (nest, Mi, Lost)		
Signature:	Title:	Date:
ALL APPLICATI	ONS MUST BE MAILED TO ABOVE ADDRESS	AND MUST HAVE AN ORIGINAL SIGNATURE
	OFFICIAL USE ONLY: DHSR	Form 4080
Licensure Categories: Licensure Recommendation:	DHSR	











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	Init	ial Fees		
		40500	~	-
	Type of Facility	Number of Beds	Base Fe	Per Bed Fee
	Non-ICF/IID Facilities	6 or less	\$350.00	\$0
	Non-ICF/IID Facilities	7 or more	\$525.00	\$19.00
ense Fees	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 o	Beds	Project Fee
N	Non-ICF/IID Facilities	1-3		\$125.00
	Non-ICF/IID Facilities	4-6		\$225.00
onstruction	Non-ICF/IID Facilities	7-9		\$275.00
Fees	ICF/IID Facilities	1-6		\$350.00
	Other Residential Facilitie	s 10 or m	are	\$275.00 + \$.15/sq.ft. projec space









Mental Health Licensure & Certification Section





ision of Health Service	Regulation		O F CES
Other ch	anges to yo	our 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 Hospita	l	
Change of Shareholders			
Do NOT implement th	ne change unti approved!	l an amended li	cense is









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### 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



• The Construction Section <u>will not</u> review a project or make any site visits until the <u>construction fee is paid.</u>

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# 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 <u>AND</u> accurately reflect the floor plan of the bouse.

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## • 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!



ININITIAL DEPARTMENTS
ININITIAL PLATA LEVANCE
<p



























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#### MINIMUM PHYSICAL PLANT REQUIREMENTS

\*\*The following slides are additional requirements from the 2018 North Carolina State Building Codes which are applicable to <u>all</u> Licensed Residential Care Facilities. These slides <u>do not</u> 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.\*\*

tion MHL Physical Plant Lic

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DHSR

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This fact is the 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.



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LLABLE FORM	Mental Health Licensure and C	ertificat	tion Se	tection
facility Name:	MHLE	Servic	e Cate	igory(s):
Agency Name:	County	Type o	of Rovie	w (Change or Initial):
Consultant Name:	i.	Dated	of Revie	ew:
	Policy / Procedure C	hecklist		
SUI	ICHAPTER G. RULES FOR MENTAL HEALTH. DEVELOPMENTAL DISABILITI	S. AND	SUBST/	INCE ABUSE FACILITIES AND SERVICES
Policy Page Number Must be Entered			No	Comments
	Proceedure for the cuteria for discharge of the client from the facility/agency;     The reasons why a client might be discharged from the program/agency and the second given and who the recipients of the the second given and who the recipients of the			
	<ol> <li>Procedure on Cleric Recent Management outlang: how the agency in managing clear records, which and/ode Transportation of records when accentary Sofegoarding records against loss, tampoing, and deforment and an antionized users can access records at all time Maintaining the confidentiality of clinit records Providing access to information for cleans     </li> </ol>			_
	<ol> <li>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.</li> </ol>			
	securing and accessing emergency information thing transit. 5. Procedures outlaining the composition and activities of a Quality Assurance/Quality Improvement (QA/QI) committee. Activities of the QA/QI should include:			



















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Personne	el Records
Job Descriptions and Qualifications	25 Criminal Background
CPR/First Aid	Alternatives to Restricted Interventions
HCPR Verification	al org/Client / Confidentiality
Training Instructors Credentials	Medication Training
Mental Health Licensure & Certification Section	http://www.ncdhhs.gov/dhsr
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Hea	alth Care Personnel Regis Verifications	stry
DHSR	N.C. Department of Itabilis and Ruman Services Division of Itabili Service Regulation Health Care Personnal Registry Section	<b>60</b>
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